

**Dr Marti Fausold-Mowers  
Suicide Risk Assessment**

NAME

DATE of BIRTH

To Day's DATE

Answer each item of the test that you believe most accurately describes your condition in the past two weeks. Please explain your answers in the spaces below the statement if you have any suicidal thoughts – for example – in certain settings, certain conflicts, certain times of day or night, etc

1. I cannot see any reason to live
2. I am concerned with my feelings of hopelessness
3. I feel that I cannot take the anguish of living this life anymore
4. I have a feeling that everyone would be better off if I was dead
5. I wish I was dead already
6. The idea of killing myself is haunting me
7. I'm planning to kill myself