­­­­­­­

**Intervention Interview**

SAMPLE QUESTIONS TO ASK IN RELATION TO THE SUICIDE RISK OBSERVATION FORM

*Note: If students are non-compliant and/or hostile about answering questions, interviewer should assume moderate/high risk.*

**SYMPTOMS**

**Depression:**

* Have you been feeling sad?
* Overwhelmed?
* Are you finding that your moods are up and down or feeling out of your control?

**Stress:**

* Are there things in your life that are hard to handle?
* Are there things that you have trouble seeing a solution for?

**Demeanor:**

*(Interviewer will make this assessment based on responses throughout the interview.)*

**Attendance:**

* How is your attendance? *(Interviewer will verify with school records)*

**Hopelessness:**

* What are you looking forward to?
* What activities are you involved in or want to get involved in?
* What do you see yourself doing in the future?

**Discipline/Legal:**

* How are things going at school?
* Have you had any referrals to the office? *(Interviewer will verify with school records)*
* What about outside of school – any trouble with the police? *(Interviewer will verify with police records)*

**SUICIDE PLAN**

**Details, Availability of Means, Time, Chance for Intervention:**

* Have you thought about how you might hurt yourself?
* Do you have a plan? If so, what is it?
* Do you have access to the means you mentioned in your plan?
* When would you do this?
* How long have you been thinking about hurting yourself?
* Have you talked to anyone about this?

**Prior Attempts:**

* Have you hurt yourself before? If so, when was that?
* Any other times?
* Have you been hospitalized? If so, when?

**MEDICAL HISTORY**

* How has your health been?
* Have you been sick lately?
* When was your last check-up?
* Are you taking any medications right now?

**PROTECTIVE FACTORS**

**Resources:**

* Are there people in your life that you feel would be worried about you right now?
* Are those people willing to help you?
* Do they know/have you told them how you are feeling?
* Can you talk to them today?
* Which adults do you know that you can trust and talk to?
* Who do you go to when things are hard?
* Are you in counseling now? Have you ever been to counseling before?

**Coping Behaviors:**

* Describe your sleeping patterns. How many hours? When do you sleep? Is this a change from your routine?
* How about school – are you doing as well as you would like in school?
* Has your appetite changed?
* Are there any significant changes to your daily routine?
* What do you like to do in your free time?
* What activities, organizations, community, religious, etc. are you involved in?
* Are you still attending practice/rehearsal/club meetings?

**Lifestyle:**

* How are things at school?
* Are you getting along with friends?
* How about your teachers?
* Describe your home environment and who you live with?
* What do you like to do in your free time?

**\*\*\*These questions are not designed to get you in trouble. Sometimes people who are feeling down/sad/suicidal find themselves drinking or using. Talk to me about partying.**

* Are you drinking or using drugs?
* Are you partying/using more than usual?
* Is it affecting your ability to complete your daily routines?

**NOTES:**