

### LCPS Resource Information Sheet

	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Plan of Suicide</b>			
Time Frame	Today	Within 7 days	Maybe sometime
Method	Thought out	Has an idea	Unclear
Availability	Has means	Can get it	Not readily available
Location	Picked location	Knows some places	Not planned
<b>Mood</b>	Upset	Unsettled	Calm
	Crying/agitated	Irritable/distracted	In control
	Severely depressed	Moderately depressed	Situational sadness
<b>Behaviors</b>			
Eating Pattern	Overeating/No appetite	Appetite	Normal
Health	Body aches	No energy	Listless
Isolation	Wants to be alone	Alone at times	No
Reckless	Risk taking history	Considers risks	Safe behaviors
Sleeping Patterns	Excessive sleep/ Unable to sleep	Overly tired/ Restless sometimes	Rarely has sleep problems
Talks/Jokes of Death	States desire for death	Has made comments	No comments made
Possessions	Giving away	Planning on giving away	No plans for possessions
<b>Feelings</b>			
Suicidal	Now	Has felt in past	No
Helpless	Always/nothing	Sometimes helps	No
Restless	Yes/can't focus	Easily distracted	No
Worthless	Constantly	Sometimes	No
<b>Chemical Use/Abuse</b>			
Drugs	Daily	Regularly	Experimented
Alcohol	Daily	Regularly	Experimented
<b>Previous Suicide Attempt</b>			
Number of Attempts	Several	One	None
Time Frame of Attempts	Within last 4 weeks	Last 4-6 months	Past year or longer
<b>Loss (or Trauma)</b>			
Real	In past month	Within past 3 mos.	None
Perception	Actually happened	Just realized	Thinks it happened
<b>Psychiatric Care</b>			
Current	Hospitalized within past 3 months	Under care	None
Past	Within 3 months	Within 6 months	None