

SUICIDE PREVENTION RISK FACTOR ASSESSMENT CARD

This card is for use by junior leaders to periodically assess Warriors and identify those who may need more support, Command attention, or professional services.

Instructions: The questions on the back of this card cover risk factors which are commonly seen in Warrior suicides. This card is an assessment tool for leaders to use based on their own knowledge of their subordinates. Items 1 and 2 are key demographics and coupled with positive responses to questions 3-12 increases a Warrior's risk for suicide. Any **Yellow** response represents elevated risk and requires leader-led informal counseling to assess a Warrior's level of stress. Any **Red** response requires action to include referral to the Commander/1SG for counseling, or referral to behavioral health. **Any Black response indicates immediate risk and requires a Command Directed Evaluation IAW DoDD 6490.1 and DoDI 6490.4.**

For Warriors you believe may be suicidal or at imminent risk, use the acronym "**ACE.**" **Ask** "Are you thinking about suicide?" Be direct and nonjudgmental. Asking about suicide will not increase the chances the person will act on their thoughts. **Care** for them by listening. Confiscate weapons and ammunition. **Escort** to emergency room / higher-level of care. Never leave them alone or out of your sight!

Turn card over for Questionnaire >>>

Warrior's Name:		Rank:	Unit:	Date:
#	Risk Factors:	√	ACTION REQUIRED	
1.	Is the Warrior a male, age 25 or under? Has the Warrior just reported to his or her permanent duty assignment in the last 3 months?		<ul style="list-style-type: none"> • Know your Soldier! • Ask, Care, Escort! • Be willing to intervene! 	
2.	Has the Warrior had one or more previous deployments to Iraq or Afghanistan? Is the Warrior cross-leveled for deployment purposes? New to the unit?			
3.	Has the Warrior displayed a noticeable change in behavior recently, such as a decline in work performance or withdrawing from friends and/or co-workers?		<ul style="list-style-type: none"> • Know your Soldier! • Ask, Care, Escort! • Be willing to intervene! 	
4.	Has the Warrior had significant problems with anger control in the past year, including road rage, domestic violence, or verbal and physical outbursts?		<ul style="list-style-type: none"> • Mandatory informal counseling with Unit Leadership 	
5.	Has the Warrior had any drug or alcohol-related incidents in the past 12 months?		<ul style="list-style-type: none"> • Refer to Unit Chaplain or Behavioral Health provider 	
6.	Does the Warrior have a personal history of Behavioral Health needs?			
7.	Is the Warrior pending nonjudicial punishment, under investigation by CID or any other agency, or facing UCMJ?		<ul style="list-style-type: none"> • Mandatory counseling with Company CDR &/or 1SG 	
8.	Has the Warrior recently experienced any stressful relationship problems? (This may include conflict within a marriage or a dating relationship.)		<ul style="list-style-type: none"> • Refer to Unit Chaplain or Behavioral Health provider 	
9.	Has the Warrior experienced the loss of a significant relationship in the past month, such as a divorce, legal separation, break-up or death of a loved one?		<ul style="list-style-type: none"> • Consider Precautionary Watch 	
10.	Is the Warrior currently expressing any thoughts of hopelessness, worthlessness or depression? Showing signs of disturbed appetite, sleep, interest or motivation?		<ul style="list-style-type: none"> • Initiate Escort Watch Protection Procedures 	
11.	Is the Warrior currently having thoughts or talking about Suicide as an answer?		<ul style="list-style-type: none"> • Mandatory Command-Directed Referral action to Behavioral Health 	
12.	Has the Warrior thought or talked about Homicide as an answer?		<ul style="list-style-type: none"> • Mandatory CCIR to higher echelon 	

The data recorded here contains individually identifiable health information and must be protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA).