

# CAMS Suicide Status Form (SSF-IV-R) Initial Session

Patient: \_\_\_\_\_ Clinician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Section A (Patient):

Rate and fill out each item according to how you feel right now.

Rank Then rank in order of importance 1 to 5 (1=most important to 5=least important).

_____	1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ): <p style="text-align: center;"><b>Low pain: 1 2 3 4 5 :High pain</b></p> What I find most painful is: _____
_____	2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ): <p style="text-align: center;"><b>Low stress: 1 2 3 4 5 :High stress</b></p> What I find most stressful is: _____
_____	3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ): <p style="text-align: center;"><b>Low agitation: 1 2 3 4 5 :High agitation</b></p> I most need to take action when: _____
_____	4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ): <p style="text-align: center;"><b>Low hopelessness: 1 2 3 4 5 :High hopelessness</b></p> I am most hopeless about: _____
_____	5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ): <p style="text-align: center;"><b>Low self-hate: 1 2 3 4 5 :High self-hate</b></p> What I hate most about myself is: _____
N/A	6) RATE OVERALL RISK OF SUICIDE: <b>Extremely low risk: 1 2 3 4 5 :Extremely high risk (will <u>not</u> kill self) (will kill self)</b>

1) How much is being suicidal related to thoughts and feelings about yourself? **Not at all: 1 2 3 4 5 : completely**

2) How much is being suicidal related to thoughts and feelings about others? **Not at all: 1 2 3 4 5 : completely**

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

<b>Rank</b>	REASONS FOR LIVING	<b>Rank</b>	REASONS FOR DYING

**I wish to live to the following extent:** Not at all: 0 1 2 3 4 5 6 7 8 : Very much

**I wish to die to the following extent:** Not at all: 0 1 2 3 4 5 6 7 8 : Very much

The one thing that would help me no longer feel suicidal would be: \_\_\_\_\_

## CAMS Suicide Status Form (SSF-IV-R) Initial Session

### Section B (Clinician):

Y N Suicide ideation Describe: \_\_\_\_\_

o Frequency \_\_\_\_\_ per day \_\_\_\_\_ per week \_\_\_\_\_ per month

o Duration \_\_\_\_\_ seconds \_\_\_\_\_ minutes \_\_\_\_\_ hours

Y N Suicide plan When: \_\_\_\_\_

Where: \_\_\_\_\_

How: \_\_\_\_\_ Access to means Y N

How: \_\_\_\_\_ Access to means Y N

Y N Suicide preparation Describe: \_\_\_\_\_

Y N Suicide rehearsal Describe: \_\_\_\_\_

Y N History of suicidal behaviors

- Single attempt Describe: \_\_\_\_\_
- Multiple attempts Describe: \_\_\_\_\_

Y N Impulsivity Describe: \_\_\_\_\_

Y N Substance abuse Describe: \_\_\_\_\_

Y N Significant loss Describe: \_\_\_\_\_

Y N Relationship problems Describe: \_\_\_\_\_

Y N Burden to others Describe: \_\_\_\_\_

Y N Health/pain problems Describe: \_\_\_\_\_

Y N Sleep problems Describe: \_\_\_\_\_

Y N Legal/financial issues Describe: \_\_\_\_\_

Y N Shame Describe: \_\_\_\_\_

### Section C (Clinician):

#### TREATMENT PLAN (Refer to Sections A & B)

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	<i>Self-Harm Potential</i>	<i>Safety and Stability</i>	<i>Stabilization</i>  <i>Plan Completed</i> <input type="checkbox"/>	
2				
3				

YES \_\_\_\_\_ NO \_\_\_\_\_ Patient understands and concurs with treatment plan?

YES \_\_\_\_\_ NO \_\_\_\_\_ Patient at imminent danger of suicide (hospitalization indicated)?

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

**CAMS Suicide Status Form (SSF-IV-R) STABILIZATION PLAN**

**Ways to reduce access to lethal means:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Things I can do to cope differently when I am in a suicide crisis (consider crisis card):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. **Life or death emergency contact number:** \_\_\_\_\_

**People I can call for help or to decrease my isolation:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Attending treatment as scheduled:**

Potential Barrier:

Solutions I will try:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Section D (Clinician Post-Session Evaluation):**

**MENTAL STATUS EXAM (circle appropriate items):**

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS  
OTHER: \_\_\_\_\_  
ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION  
MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY  
AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE  
THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL  
OTHER: \_\_\_\_\_  
THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY  
OTHER: \_\_\_\_\_  
ABSTRACTION: WNL NOTABLY CONCRETE  
OTHER: \_\_\_\_\_  
SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT  
OTHER: \_\_\_\_\_  
MEMORY: GROSSLY INTACT  
OTHER: \_\_\_\_\_  
REALITY TESTING: WNL  
OTHER: \_\_\_\_\_

NOTABLE BEHAVIORAL OBSERVATIONS: \_\_\_\_\_

**DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT'S OVERALL SUICIDE RISK LEVEL (check one and explain):**

- LOW (WTL/RFL)**      **Explanation:**
- MODERATE (AMB)**      \_\_\_\_\_
- HIGH (WTD/RFD)**      \_\_\_\_\_

**CASE NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Appointment Scheduled: \_\_\_\_\_ Treatment Modality: \_\_\_\_\_

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

# CAMS Suicide Status Form (SSF-IV-R) Tracking/Update Interim Session

Patient: \_\_\_\_\_ Clinician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Section A (Patient):

Rate each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, <b>not</b> stress, <b>not</b> physical pain</i> ):	<b>Low pain:</b> 1 2 3 4 5 <b>:High pain</b>
2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ):	<b>Low stress:</b> 1 2 3 4 5 <b>:High stress</b>
3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <b>not</b> irritation; <b>not</b> annoyance</i> ):	<b>Low agitation:</b> 1 2 3 4 5 <b>:High agitation</b>
4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ):	<b>Low hopelessness:</b> 1 2 3 4 5 <b>:High hopelessness</b>
5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ):	<b>Low self-hate:</b> 1 2 3 4 5 <b>:High self-hate</b>
6) RATE OVERALL RISK OF SUICIDE:	<b>Extremely low risk:</b> 1 2 3 4 5 <b>:Extremely high risk</b> (will <u>not</u> kill self) (will kill self)

**In the past week:** Suicidal Thoughts/Feelings Y\_\_ N\_\_ Managed Thoughts/Feelings Y\_\_ N\_\_ Suicidal Behavior Y\_\_ N\_\_

## Section B (Clinician):

Resolution of suicidality, if: current overall risk of suicide <3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings  1st session  2nd session  
**\*\*Complete SSF Outcome Form at 3<sup>rd</sup> consecutive resolution session\*\***

### TREATMENT PLAN UPDATE

Patient Status:

Discontinued treatment  No show  Cancelled  Hospitalization  Referred/Other: \_\_\_\_\_

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	<i>Self-Harm Potential</i>	<i>Safety and Stability</i>	<i>Stabilization</i> <i>Plan Updated</i> <input type="checkbox"/>	
2				
3				

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

**Section C (Clinician Post-Session Evaluation):**

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS:                   ALERT   DROWSY   LETHARGIC   STUPOROUS  
 OTHER: \_\_\_\_\_

ORIENTED TO:               PERSON   PLACE   TIME   REASON FOR EVALUATION

MOOD:                       EUTHYMIC   ELEVATED   DYSPHORIC   AGITATED   ANGRY

AFFECT:                    FLAT   BLUNTED   CONSTRICTED   APPROPRIATE   LABILE

THOUGHT CONTINUITY:     CLEAR & COHERENT   GOAL-DIRECTED   TANGENTIAL   CIRCUMSTANTIAL  
 OTHER: \_\_\_\_\_

THOUGHT CONTENT:       WNL   OBSESSIONS   DELUSIONS   IDEAS OF REFERENCE   BIZARRENESS   MORBIDITY  
 OTHER: \_\_\_\_\_

ABSTRACTION:             WNL   NOTABLY CONCRETE  
 OTHER: \_\_\_\_\_

SPEECH:                    WNL   RAPID   SLOW   SLURRED   IMPOVERISHED   INCOHERENT  
 OTHER: \_\_\_\_\_

MEMORY:                   GROSSLY INTACT  
 OTHER: \_\_\_\_\_

REALITY TESTING:         WNL  
 OTHER: \_\_\_\_\_

NOTABLE BEHAVIORAL OBSERVATIONS: \_\_\_\_\_

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PATIENT'S OVERALL SUICIDE RISK LEVEL (check one and explain):

- MILD (WTL/RFL)**      **Explanation:**
- MODERATE (AMB)**    \_\_\_\_\_
- HIGH (WTD/RFD)**     \_\_\_\_\_

CASE NOTES:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Next Appointment Scheduled: \_\_\_\_\_ Treatment Modality: \_\_\_\_\_

\_\_\_\_\_  
 Clinician Signature

\_\_\_\_\_  
 Date

**CAMS Suicide Status Form (SSF-IV-R) Outcome/Disposition Final Session**

Patient: \_\_\_\_\_ Clinician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Section A (Patient):**

Rate each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):

**Low pain: 1 2 3 4 5 :High pain**

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):

**Low stress: 1 2 3 4 5 :High stress**

3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):

**Low agitation: 1 2 3 4 5 :High agitation**

4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):

**Low hopelessness: 1 2 3 4 5 :High hopelessness**

5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):

**Low self-hate: 1 2 3 4 5 :High self-hate**

6) RATE OVERALL RISK OF SUICIDE:

**Extremely low risk: 1 2 3 4 5 :Extremely high risk  
(will not kill self) (will kill self)**

**In the past week:** Suicidal Thoughts/Feelings Y\_\_ N\_\_ Managed Thoughts/Feelings Y\_\_ N\_\_ Suicidal Behavior Y\_\_ N\_\_

Were there any aspects of your treatment that were particularly helpful to you? If so, please describe these. Be as specific as possible.

What have you learned from your clinical care that could help you if you became suicidal in the future?

**Section B (Clinician):**

Third consecutive session of resolved suicidality: \_\_\_\_ Yes \_\_\_\_ No (if no, continue CAMS tracking)

\*\*Resolution of suicidality, if for third consecutive week: current overall risk of suicide <3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings

**OUTCOME/DISPOSITION** (Check all that apply):

\_\_\_\_ Continuing outpatient psychotherapy \_\_\_\_ Inpatient hospitalization

\_\_\_\_ Mutual termination \_\_\_\_ Patient chooses to discontinue treatment (unilaterally)

\_\_\_\_ Referral to: \_\_\_\_\_

\_\_\_\_ Other. Describe: \_\_\_\_\_

Next Appointment Scheduled (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

**Section C (Clinician Outcome Evaluation):**

**MENTAL STATUS EXAM (circle appropriate items):**

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS  
OTHER: \_\_\_\_\_  
ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION  
MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY  
AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE  
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OTHER: \_\_\_\_\_  
MEMORY: GROSSLY INTACT  
OTHER: \_\_\_\_\_  
REALITY TESTING: WNL  
OTHER: \_\_\_\_\_

NOTABLE BEHAVIORAL OBSERVATIONS: \_\_\_\_\_

**DIAGNOSTIC IMPRESSSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT’S OVERALL SUICIDE RISK LEVEL (check one and explain):**

- LOW (WTL/RFL) Explanation:**
- MODERATE (AMB)** \_\_\_\_\_
- HIGH (WTD/RFD)** \_\_\_\_\_

**CASE NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Clinician Signature Date