



THE CHECKLIST OF YOUTH SUICIDAL RISK FACTORS (Detailed version)

This checklist consolidates international and local research findings on youth suicidal risk factors. It can be used as an exploratory guide with students about whom you are concerned. This checklist serves as a guideline and can be used for reference only. Checklist items derived from research findings of the Prevalence Study on Suicidality among Youth Aged 15-19 in Hong Kong (1st wave, Centre for Suicide Research and Prevention). Suicidality consists of a range of thoughts and behaviours, and suicide risk is often a combination of many factors. You must seek consultation and make appropriate referrals to mental health professionals when you suspect any students who are at risk.

Youth Suicidal Risk Factors

Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
Socio-demographics factors				
<i>Family</i>				
_ Low household income	<input type="checkbox"/> What is the total amount of money your family makes a month?	_ \$10K or above	_ \$4K – below \$10K	_ Below \$4K or no income
_ Poor family support	<input type="checkbox"/> Do you think your family members will help you when you need them? <input type="checkbox"/> Do you think your family members can give you emotional	_ Some stress due to insufficient support from family		_ Severe stress due to no support from family





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	support? <input type="checkbox"/> Can you talk to your family members about your personal problems? <input type="checkbox"/> Are your family members willing to make decisions for you?			
_ Unhappy relationship with family members	<input type="checkbox"/> How is it like for you to live at home? <input type="checkbox"/> How are you getting along with your parents? <input type="checkbox"/> How are you getting along with your siblings?	_ Some distress from unhappy family relationship	_ Moderate distress from unhappy family relationship	_ Severe distress from unhappy family relationship
_ Distress due to discipline from senior family members	<input type="checkbox"/> Do you feel comfortable with the way senior members in your family treat you?	_ Some distress due to discipline from senior family members	_ Moderate distress due to discipline from senior family members	_ Severe distress due to discipline from senior family members
<i>Interpersonal Relationships</i>				
_ Socially isolated and withdrawn	<input type="checkbox"/> Do you have a close friend from whom you can receive concerns and help?	_ Help available; others are concerned and willing to help	_ Family and friends available but unwilling to help consistently	_ Family and friends not available or hostile, exhausted
_ Serious interpersonal	<input type="checkbox"/> Have you had serious problems	_ No significant stress from	_ Moderate reaction to	_ Severe reaction to





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
problems in the past 12 months	with any of your family members? <input type="checkbox"/> Have you had any problems with any of your neighbours, friends, or relatives? <input type="checkbox"/> Have you broken off a steady relationship?	interpersonal problems	serious interpersonal problems	serious interpersonal problems
_ Episodes of serious interpersonal problems in the past 12 month	<input type="checkbox"/> Have you encountered any serious problems with people? <input type="checkbox"/> How many problems have you encountered in the past 12 months?	_ One (or no) episode of serious interpersonal problems		_ Multiple episodes of serious interpersonal problems
<i>Loneliness</i>				
_ Feelings of loneliness	<input type="checkbox"/> Do you find yourself lonely? <input type="checkbox"/> Do you get along with other people well? <input type="checkbox"/> Do you think other people understand you?	_ Feeling lonely sometimes; still able to get along with people		_ Feeling lonely all the time; this feeling affects the quality of social life
<i>Religious belief</i>				
_ Multiple religious beliefs	<input type="checkbox"/> Belief in more than one religion			_ Multiple religious beliefs





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
Life event variables (past 12 months)				
<i>School</i>				
_ Stress from academic activities	<input type="checkbox"/> Do you find pressure from your study? <input type="checkbox"/> Do you find your academic performance worse than that of others? <input type="checkbox"/> Do you think your exam results in the past year were poor?	_ No significant stress from academic activities	_ Moderate reaction to academic activities	_ Severe reaction to academic activities
_ Pressure over extra-curricular activities	<input type="checkbox"/> Are you being overwhelmed by extra-curricular activities?	_ No significant stress from extra-curricular activities	_ Moderate reaction to pressure from extra-curricular activities	_ Severe reaction to pressure from extra-curricular activities
_ Loss interest in extra-curricular activities	<input type="checkbox"/> I noticed your change or loss of interest in extra-curricular activities quite suddenly recently, what happened?	_ No significant change or loss of interest in extra-curricular activities	_ Moderate reaction to changes or loss of interest in extra-curricular activities	_ Severe reaction to changes or loss of interest in extra-curricular activities
_ Unusual drop in grades or academic performance	<input type="checkbox"/> I noticed your grades changed quite suddenly recently, what happened?	_ No unusual drop in grades or academic performance	_ Moderate drop in grades or academic performance suddenly	_ Severe drop in grades or academic performance suddenly
_ Being	<input type="checkbox"/> Were you	_ No significant	_ Moderate	_ Severe





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
suspended/expelled from school	suspended or expelled from school in the past 12 months?	reaction to being suspended or expelled from school	reaction to being suspended or expelled from school	reaction to being suspended or expelled from school
<i>Financial</i>				
_ Distress due to financial situation	<input type="checkbox"/> Do you find yourself in distress due to the financial situation in the past year?	_ No significant distress due to financial situation	_ Moderate distress due to financial situation	_ Severe distress due to financial situation
<i>Social</i>				
_ Distress due to appearance	<input type="checkbox"/> Are you satisfied with your weight and/or looks? <input type="checkbox"/> Do your friends criticize your appearance?	_ No significant distress due to appearance	_ Moderate distress due to appearance	_ Severe distress due to appearance
_ Change in relationships with friends	<input type="checkbox"/> How are you getting along with your friends? <input type="checkbox"/> Do you enjoy your social life?	_ No significant changes in relationships with friends	_ Moderate changes in relationships with friends	_ Severe changes in relationships with friends
<i>Health</i>				
_ Distress due to health problem	<input type="checkbox"/> Does your health bring you distress?	_ No significant distress due to health problem	_ Moderate distress due to health problem	_ Severe distress due to health problem
<i>Bereavement and suicide</i>				
_ Distress due to bereavement	<input type="checkbox"/> Did any of your relatives or friends pass	_ No significant distress due to bereavement	_ Moderate distress due to bereavement	_ Severe distress due to bereavement





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	away?			
_ Distress due to suicides among family and friends	<input type="checkbox"/> Did any of your family or friends attempt suicide? <input type="checkbox"/> Did any of your family or friends pass away due to suicide?	_ No significant distress due to suicides among family and friends	_ Moderate distress due to suicides among family and friends	_ Severe distress due to suicides among family and friends
Clinical and psychological factors				
<i>Depressive symptoms (present nearly every day for 2 weeks; valid either by subjective account or observation by others)</i>				
_ Depressed or irritable mood	<input type="checkbox"/> How are you feeling? Do you feel happy or sad? <input type="checkbox"/> (If sad) How long has it been? <input type="checkbox"/> Did you cry?		_ Feeling down or depressed sometimes	_ Feeling down or depressed most of the time
_ Loss of pleasure in usual daily activities	<input type="checkbox"/> What do you like to do? <input type="checkbox"/> Do you still enjoy doing them?	_ Daily activities continue but having less pleasure as usual	_ Diminished interest or pleasure in some daily activities	_ Disruption of most usual daily activities due to bad mood
_ Change in appetite and/or weight	<input type="checkbox"/> Do you eat well? <input type="checkbox"/> Do you eat as much as usual? <input type="checkbox"/> Is there any change in your weight? <input type="checkbox"/> Do your clothes still fit?	_ Appetite and/or weight as usual with little change	_ Appetite and/or weight change; but still eat as usual	_ Loss of appetite and/or loss in weight due to bad mood _ Do not feel like eating almost every day





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
_ Insomnia or hypersomnia	<input type="checkbox"/> Do you have problem with sleeping? <input type="checkbox"/> Do you wake up in the middle of the night?	_ Little disruption in sleeping but does not affect daily routines	_ Some disruptions in sleeping as well as daily routines	_ Disruptions of daily routines due to poor sleep almost everyday
_ Psychomotor retardation or agitation	<input type="checkbox"/> Do you find yourself slower (retarded in psychomotor functioning) than usual? <input type="checkbox"/> Do you find yourself anxious or agitated?	_ Little change in psychomotor activities	_ Some disruptions in thoughts, speech, or emotional control which affects daily life	_ Disruptions of daily life due to retardation or agitation
_ Fatigue or loss of energy	<input type="checkbox"/> You look sad/tired/thin these days?	_ Feeling tired/exhausted but daily routines continue	_ Feeling exhausted that affected some daily activities	_ Feeling exhausted all the time
_ Feelings of worthlessness or excessive guilt	<input type="checkbox"/> How do you feel about yourself?	_ Some (unnecessary or excessive) worries about not meeting people's expectations	_ (Unnecessarily or excessively) criticizing oneself for not being good enough	_ Feeling that oneself is not good enough and that things will never get better
_ Difficulty thinking or concentrating	<input type="checkbox"/> Is it hard for you to concentrate in classes or in your studies these days?		_ Losing trains of thoughts or having difficulties with concentration sometimes	_ Unable to concentrate or think most of the time
_ Thoughts of death	<input type="checkbox"/> Have you thought about	_ Thoughts of own death	_ Specific plan of suicide	_ Suicidal attempt





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	your own death or committing suicide?	_ Suicide ideation		
<i>Anxiety symptoms</i>				
_ Presence of anxiety symptoms in the past week	<input type="checkbox"/> Is there something that you are always worried about? <input type="checkbox"/> When you are anxious, do you sweat, shiver, have difficulty in breathing, feel dryness in your mouth, or have irregular heartbeat? <input type="checkbox"/> Are you worried that you would do something wrong in some situations?	_ Experience of such symptom(s) once in a while	_ Experience of such symptom(s) frequently	_ Experience of such symptom(s) most of the time
<i>Psychiatric illness</i>				
_ History of psychiatric illness	<input type="checkbox"/> Have you ever been diagnosed a psychiatric illness?	_ No history of illness	_ Past illness	_ Current illness or relapse
_ Family history of psychiatric illness	<input type="checkbox"/> Do you know any of your family relatives who are psychiatrically ill/ who has seen a psychiatrist?	_ No history of illness	_ Past illness	_ Current illness or relapse





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
_ Past history of sexual abuse	<input type="checkbox"/> Has anyone behaved in ways that makes you feel uncomfortable? <input type="checkbox"/> Has anyone touched you in ways that make you feel uncomfortable?	_ No history of abuse		_ History of abuse
<i>Physical illness</i>				
_ History of chronic physical illness or long-term pain	<input type="checkbox"/> Have you had chronic illness or disability? <input type="checkbox"/> Have you had long term pain in your body?	_ No significant stress from chronic physical illness or long term pain	_ Moderate reaction to chronic physical illness or long term pain	_ Severe reaction to chronic physical illness or long term pain
<i>Suicide-related clinical factors</i>				
_ Past suicide attempt(s)	<input type="checkbox"/> Have you ever tried to kill yourself before? <input type="checkbox"/> How did you do it?	_ No attempts in the past	_ Multiple attempts of low lethality or one attempt of medium lethality or a history of repeated threats	_ One attempt of high lethality or multiple attempts of moderate lethality or several attempts over past weeks
_ Family history of suicide	<input type="checkbox"/> Has anyone in your family committed suicide?	_ No	_ Yes	
Psychological factors				
<i>Impulsivity</i>				
_ Evidence of impulsive trait	<input type="checkbox"/> Are you an impulsive	_ Rarely	_ Sometimes	_ Most of the time





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	person? <input type="checkbox"/> Do you think twice before you act? <input type="checkbox"/> Do you think you can control your emotions?			
<i>Irrational belief</i>				
_ High irrational belief	<input type="checkbox"/> Do you need to be loved and accepted by others? <input type="checkbox"/> Do you accept wrongs in yourself? <input type="checkbox"/> Do you think you can live through adversities? <input type="checkbox"/> Do you think you can solve problems?	_ Rarely	_ Sometimes	_ Most of the time
<i>Self esteem</i>				
_ Low self esteem	<input type="checkbox"/> Are you satisfied with yourself in general? <input type="checkbox"/> Do you think you worth as much as others?	_ Satisfied with oneself most of the time	_ Question about self-worth sometimes	_ Not satisfied with oneself
<i>Hope</i>				
_ Belief in oneself	<input type="checkbox"/> Do you think that you have the ability to lead a life you desire?	_ Feels there is hope in future	_ Some hope for future	_ Cannot see any hope for future





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	<input type="checkbox"/> Do you have a goal you wish to pursue?			
_ Ability to find an alternative approach	<input type="checkbox"/> Are there many ways you can use to solve problems?	_ Feels there is hope in future	_ Some hope for future	_ Cannot see any hope for future
<i>Hopelessness</i>				
_ Sense of Hopelessness	<input type="checkbox"/> Do you think that the future is going to be as bad as today?	_ Feel that there is hope in the future		_ Feel hopeless in the future
<i>Reason for living</i>				
_ Survival and coping	<input type="checkbox"/> Are you confident that you can survive and cope with adverse life events?	_ Rarely	_ Sometimes	_ Most of the time
_ Responsibility to family	<input type="checkbox"/> Do you think you have to take care of the family during adverse life events?	_ Rarely	_ Sometimes	_ Most of the time
Behavioural factors (valid either by subjective account or observation by others)				
<i>Coping</i>				
_ Self distraction	<input type="checkbox"/> Do you tend to do other work or activity to distract yourself from a problem?	_ Rarely	_ Sometimes	_ Most of the time
_ Active	<input type="checkbox"/> Do you actively find	_ Rarely	_ Sometimes	_ Most of the time





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	ways to make things better?			
_ Denial	<input type="checkbox"/> When things do happen, do you choose not to believe in it?	_ Rarely	_ Sometimes	_ Most of the time
_ Substance use	<input type="checkbox"/> Do you use alcohol when facing life adversities?	_ Rarely	_ Sometimes	_ Most of the time
_ Behavioural disengagement	<input type="checkbox"/> Do you tend to do something more relaxing (e.g. watch movie/TV, surf the internet, daydream, sleep, go shopping) to distract yourself from a problem?	_ Rarely	_ Sometimes	_ Most of the time
_ Self blame	Do you blame or criticize yourself for things that have gone wrong?	_ Rarely	_ Sometimes	_ Most of the time
<i>Lifestyle</i>				
_ Smoking	<input type="checkbox"/> Do you smoke?	_ No	_ Yes	
_ Alcohol use	<input type="checkbox"/> Do you consume alcoholic drinks?	_ No	_ Yes	
_ Drug use	<input type="checkbox"/> Have you ever used drugs? What kind?	_ No	_ Use of soft drugs	_ Use of hard drugs
_ Gambling	<input type="checkbox"/> Have you	_ No	_ Irregular	_ Regular





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	gambled in the past 12 months?			
_ Problematic conducts	<input type="checkbox"/> In the past 12 months, have you engaged in the following activities: threaten others, physical fight, injuring others or animals intentionally, destroy others' possessions, set fires, have sexual activities, tell lies, steal, insist to go out against parents' prohibition, run away from home, and skip class.	_ No	_ Once	_ More than once
<i>Help seeking</i>				
_ Help seeking behaviours	<input type="checkbox"/> Do you feel OK to seek help when you are in need?	_ Feel that there are obstacles in seeking help from the people you know	_ Have considered seeking help but eventually do not do so	_ Have sought help from professional in the past 12 months
<i>Making arrangement for one's death</i>				
_ Has means to commit suicide	<input type="checkbox"/> Have you thought about buying charcoal? <input type="checkbox"/> How are you going to get to	_ Means not available	_ Means available, has close by	_ Has the means in hand





Factor(s)	Question to be asked	Severity of risk		
		Low	→	High
	the building? <input type="checkbox"/> Have you got the pills already?			
_ Saying goodbye	<input type="checkbox"/> Have you thought about making arrangements for your death?	_ Occasional thoughts about suicide	_ More than one suicidal thought per day	_ Constant suicidal thoughts _ Suffering from delusions, paranoia, with a loss of touch with reality
_ Giving away possessions	<input type="checkbox"/> Have you thought about passing your possessions to other people?	_ Occasional thoughts about giving possessions away (and about suicide)	_ Think about (suicide and) giving possessions away more than once per day	_ Constant suicidal thoughts _ Suffering from delusions, paranoia, with a loss of touch with reality
_ Writing suicide notes	<input type="checkbox"/> Have you thought about writing down your suicide plan or the reason behind the plan? <input type="checkbox"/> Do you want to leave a note to someone important before you die?	_ Occasional thoughts about suicide plan and leaving a note	_ Think about suicide plan and leaving a note more than once per day	_ Constant suicidal thoughts and plans _ Suffering from delusions, paranoia, with a loss of touch with reality





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