

<p>1 <u>Going on? (what hurts)</u></p> <p><u>Narrative?</u></p> <p>Good?</p> <p>Bad?</p> <p>Change?</p>	<p>3 <u>Interpersonal?</u> Withdrawing – Angry/In Face</p> <p>Feel like a Burden on Others? Self-hate?</p> <p><u>Friends?</u></p> <p><u>Family?</u></p>	<p>6 <u>Overarousal/Mental Tor.?</u></p> <p><input type="checkbox"/> Insomnia</p> <p><input type="checkbox"/> Sleep Onset</p> <p><input type="checkbox"/> Middle-of-the-Night</p> <p><input type="checkbox"/> Early Awakening</p> <p><input type="checkbox"/> Sleeping 10+ hours</p> <p><input type="checkbox"/> Tortured Thinking/Agitation</p> <p><input type="checkbox"/> Ruminative Worry/Torment</p> <p><input type="checkbox"/> Bipolar Intensity/ Mind Going Fast</p> <p><input type="checkbox"/> Agitation/Irritability/Rage</p> <p><input type="checkbox"/> Unbearable Physical Pain</p> <p><input type="checkbox"/> Coming-out-of Skin Anxiety</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Posttraumatic Stress Symp.</p> <p><input type="checkbox"/> Intrusions <input type="checkbox"/> Startle?</p> <p><input type="checkbox"/> Numbing/All or None</p> <p><input type="checkbox"/> Nightmares</p> <p><input type="checkbox"/> Hearing Voices?</p>								
<p>2 <u>What are Triggers?</u> (break-up, bully...?)</p>	<p>4 <u>Neg. Thought Patterns?</u></p> <p>Unworthy/Self-hatred?</p> <p>Incompetent/Failure?</p> <p>Unlovable?</p> <p>Hopelessness?</p> <p>Demoralized/Don't care?</p> <p>No one cares/Don't fit in?</p> <p>Unbearable Pain?</p>	<p>8</p> <p>Bio. Family Hx Suicide? Y N</p> <p>Attempt? Y N Num? ____</p> <p>Mean to Die? Y N Worst Point? __</p> <p>Trauma Y N ACE ____ AOD Y N</p>								
<p>5 <u>Afraid to Die? (Capability)</u></p> <p>A Lot A Little Not Much Not at All</p>										
<p>7 <u>Thoughts - Plan - Means - Intent to Die - Rehearsal</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Y</td> <td style="width: 15%;">N</td> <td style="width: 15%;">Detail?</td> <td style="width: 15%;">Type?</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">N</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">N</td> </tr> </table>			Y	N	Detail?	Type?	Y	N	Y	N
Y	N	Detail?	Type?	Y	N	Y	N			

COPING CARD/SAFETY PLAN

<p>Some things to do if you are feeling overwhelmed (walk, talk, relax, connect, read, watch, distract):</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. TALK Line : 1-800-273-8255 (1-800-273-TALK) 10: Crisis Contact Number: _____ 	<p><u>Triggers for Crisis</u> (bullying, sad, fighting, pain, agitation, get high, etc.):</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ <p><u>Safety:</u> 1. Lock up/Get Rid of Pills <input type="checkbox"/></p> <p>2. Temp. store/get rid of guns <input type="checkbox"/></p> <p>3. Other: _____ <input type="checkbox"/></p> <p><u>People to Talk With:</u></p> <ol style="list-style-type: none"> 1. _____ ph. _____ 2. _____ ph. _____ 3. _____ ph. _____ <p><u>Important Things in Life (RFL).</u></p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____
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