

SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME
NAME OF FACILITY		NAME OF SCREENING OFFICER		Does detainee have prior ADM 330 on file. YES if yes, review NO	
Check appropriate column for each question					

	Column A YES	Column B NO	General Comments/Observations All "YES" Responses Require Note to Document
OBSERVATIONS OF ARRESTING/TRANSPORTING OFFICER 1. Arresting or transporting officer believes or has received information that detainee may be a suicide risk. If YES, notify supervisor.			
PERSONAL DATA 2. Detainee lacks support of family or friends in the community.	No Family Friends		
3. Detainee has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).			
4. Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).			
5. Detainee's family member or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.			
6. Detainee has history of drug or alcohol abuse. (Note drug and when last used.)			
7. Detainee has history of counseling or mental health evaluation/treatment. (Note current psychotropic medications and name of most recent treatment agency.)			
8. Detainee expresses EXTREME embarrassment, shame, or feelings of humiliation as result of charge/incarceration (ie. Are you worried arrest/incarceration will cause embarrassment for self or family). If YES, notify supervisor.			
9. Detainee is thinking about killing self. If YES, notify supervisor.			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred within last year. If YES, notify supervisor.			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to). If YES, notify supervisor.			
12. This is detainee's first incarceration in lockup/jail.			
BEHAVIOR/APPEARANCE			
13. Detainee shows signs of depression (e.g., crying, emotional flatness).			
14. Detainee appears overly anxious, panicked, afraid or angry.			
15. Detainee is displaying unusual behaviors or is acting and/or talking in a strange manner. (e.g., cannot focus attention; hearing or seeing things which are not there).			
16a. Detainee is apparently under the influence of alcohol or drugs.			
b. Detainee self reports or is showing signs of withdrawal from alcohol or drugs.			
c. Detainee is incoherent, disoriented, or showing signs of mental illness. If YES to b or c, notify supervisor.			

TOTAL Column A _____

Officer's Comments / Impressions

ACTION

If total checks in Column A are 8 or more, or any shaded box is checked, or if you feel it is necessary, institute constant supervision and notify supervisor.

Constant Supervision Instituted: YES _____ NO _____

Supervisor Notified: YES _____ NO _____

	EMERGENCY	NON-EMERGENCY
Detainee Referred to Medical / Mental Health:	If YES:	
YES _____ NO _____	medical _____	medical _____
	mental health _____	mental health _____

Signature and Badge Number of Screening Officer: _____

Signature and Badge Number of Supervisor (if required): _____