

Person's name: Date of birth: d m y

Gender: male female

Marital status: single (never married) married (first marriage) remarried
 separated but legally married divorced widowed

Does the person share his or her living accommodation with anyone (if no, ignore all indented questions, as explained in the instructions)? yes no

Does the person live with any dependents (older relatives or children)? yes no

number of dependents Approximate age of youngest dependent

Which non-dependents share the living accommodation (tick all that apply)? partner carer friends/communal other service users
 sibling(s) parent(s) other relatives

Please tick the most appropriate ethnic group for the person

white: british irish other white background

mixed: white/black caribbean white/black african white/asian other mixed background

asian: indian pakistani bangladeshi other asian background

black: caribbean african other black background
 chinese other ethnic group

RISK SUMMARY

OVERALL RISK COMMENTS

Suicide	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="text"/>	<input type="checkbox"/>
Self harm	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="text"/>	<input type="checkbox"/>
Self neglect	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="text"/>	<input type="checkbox"/>
Harm to others / damage to property	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="text"/>	<input type="checkbox"/>
Vulnerability	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="text"/>	<input type="checkbox"/>
Risk to dependents	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="text"/>	<input type="checkbox"/>

ACTION PLAN

Rapid screening questions

SCREENING QUESTIONS LINKED TO A PARTICULAR RISK

SUICIDE

- Has the person ever made a suicide attempt? *If yes, → p6* yes no ^{dk}
- Are you concerned about the person’s current intention to commit suicide? *If yes, → p6* yes no ^{dk}
- Are you concerned about the person being exposed to circumstances or emotions that could trigger suicide attempts? *If yes, → p7* yes no ^{dk}
- Is the person having suicidal thoughts or fantasies? *If yes, → p7* yes no ^{dk}

SELF-HARM

- Has the person ever engaged in self-harming behaviour? *If yes, → p7* yes no ^{dk}
- Are you concerned about the person being exposed to circumstances or emotions that could trigger self-harm? *If yes, → p7* yes no ^{dk}
- Is the person having self-harming thoughts or fantasies? *If yes, → p8* yes no ^{dk}

HARM TO OTHERS OR DAMAGE TO PROPERTY

Has the person ever engaged in episodes of harm to people/animals or damage to property (fire setting, vandalism, etc)? *If yes, → p8 but also record the most important information below* yes no ^{dk}

Tick all groups of people who are known to have been the target of any harm by the person. people in domestic setting health and social care workers friends/acquaintances/work colleagues ethnic groups authority figures

- Were any of the episodes physical or sexual assaults/abuse? *If yes, → p8* yes no ^{dk}
- Has the person ever engaged in fire setting behaviour? *If yes, → p8* yes no ^{dk}
- Do you believe the person has an intention to cause harm or damage? *If yes, → p9* yes no ^{dk}
- Are you concerned about the person being exposed to circumstances or emotions that could trigger harm or damage? *If yes, → p9* yes no ^{dk}
- Is the person having thoughts or fantasies about harming people/animals or damaging property? *If yes, → p9* yes no ^{dk}
- Are there any child protection issues? yes no ^{dk}

SELF NEGLECT

Are you concerned about the person being at risk of self neglect or neglect by others? *If yes, → p10* yes no ^{dk}

VULNERABILITY OF SERVICE USER

- Does the person have a history of falls or other accidents? *If yes, → p10* yes no ^{dk}
- Are you concerned about any other issues that may be putting the person at risk due to his or her vulnerability (consider physical, emotional, sexual, and financial vulnerability)? *If yes, → p10* yes no ^{dk}

RISK TO DEPENDENTS?

Are you concerned about risks to dependents? *If yes, → p5* yes no ^{dk}

SCREENING QUESTIONS RELEVANT TO MORE THAN ONE RISK

Are you concerned about risks due to the person's **feelings/emotions**? *If yes, → p11* ... *yes* *no* ^{dk}

Are you concerned about risks due to the person's sense of **self worth**? *If yes, → p11* . *yes* *no* ^{dk}

Is there any history of **depression or serious mental illness**, including any current episode? *If yes, → p11* *yes* *no* ^{dk}

Are you concerned about risks due to the person's **mental faculties/cognitive capacity**? *If yes, → p12* *yes* *no* ^{dk}

Are you concerned about **personality factors** and their impact on risks? *If yes, → p12* *yes* *no* ^{dk}

Are you concerned about the person's **motivation and engagement with the world**? *If yes, → p12* *yes* *no* ^{dk}

Are you concerned about risks due to the person's **social context** (relationships, living arrangements, finances, employment, any detrimental changes)? *If yes, → p13* *yes* *no* ^{dk}

Are you concerned about the person's **general current behaviour** (eg risk-taking, sleep patterns, daily activities, challenging behaviour)? *If yes, → p13* *yes* *no* ^{dk}

Does the person have a history of misusing **drugs or alcohol**? *If yes, → p14* *yes* *no* ^{dk}

Are you concerned about the person's lack of **insight and sense of responsibility**? *If yes, → p14* *yes* *no* ^{dk}

Are you concerned about risks due to any **physical health problems**? *If yes, → p14* ... *yes* *no* ^{dk}

Are you concerned about the person's **concordance** with mental-health treatment? *If yes, → p14* *yes* *no* ^{dk}

Does the person have a history of **adverse life events** (eg suffered abuse, criminal justice proceedings, detrimental upbringing/education, eating disorders)? *If yes, → p15*
Consider also social context (p.13) and physical health (p.14). *yes* *no* ^{dk}

Are you concerned about the person's **behavioural presentation** with respect to potential risks (eg verbal and physical behaviour, uneasy 'gut' feeling in yourself)? *If yes, → p15* *yes* *no* ^{dk}

Are you concerned about the person's **diet**? *If yes, → p16* *yes* *no* ^{dk}

END OF SCREENING QUESTIONS

General comments

Additional questions specific to a particular risk

These questions only need to be answered if flagged by the screening questions as relevant or appropriate for this particular assessment. Indented questions can also be ignored if the root (filter) question is 'no' or 'dk' (don't know).

Additional questions for SUICIDE

Further questions on past and current suicide attempts

- When was the last suicide attempt? d m y dk
- Has there been more than one suicide attempt? yes no dk
 - When was the first suicide attempt? d m y dk
 - Approximately how many suicide attempts have there been? approx dk
 - How have the suicide attempts been changing in frequency over the last two years? decreasing same increasing dk
- To what extent were the suicide attempts well planned?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- Was a suicide note written for any previous or current suicide attempts? yes no dk
- To what extent were the suicide attempts concealed to prevent discovery?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How lethal was the most serious method used by the person in any of the suicide attempts (i.e. how likely to succeed in killing the person without any intervention)?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent do you believe the person wanted the suicide attempts to succeed at the time?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How much does the person fail to show any regret or remorse over having tried to commit suicide in the past?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent does the person lack awareness about how dangerous the suicide attempts were?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

Further questions on current intention to commit suicide

- Does the person have any plans for making a future suicide attempt? yes no dk
 - To what extent can the person easily carry out the suicide plan (consider realism of plan, access to means of putting it into effect, and any collusion with others)?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
 - How clear and detailed is the suicide plan?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
 - To what extent has the person taken steps towards implementing the suicide plan?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
 - How likely is the chosen method to succeed once the attempt has started?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- Has the person told anyone about an intention to commit suicide? yes no dk
 - To what extent has the person made end-of-life preparations matching those that would cause you most concern about suicide risk (eg written a will, sorted finances, put house in order, written suicide note)?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

Further questions on potential triggers for prospective suicide

To what extent is the person exposed to circumstances or emotions that may trigger a suicide attempt? ... min low medium high max 0 1 2 3 4 5 6 7 8 9 10 dk

To what extent do the person's current emotions or circumstances match those that are known to have triggered previous suicide attempts? ... 0 1 2 3 4 5 6 7 8 9 10 dk

Further questions on suicidal ideation

To what extent does the person lack ability to control suicidal thoughts or fantasies? ... 0 1 2 3 4 5 6 7 8 9 10 dk

How much does the content of the suicidal thoughts or fantasies raise serious concerns about suicide risk? ... 0 1 2 3 4 5 6 7 8 9 10 dk

How often do the suicidal thoughts or fantasies occur? ... daily weekly monthly less dk

How persistent, intrusive, or intense are the suicidal thoughts? ... min low medium high max 0 1 2 3 4 5 6 7 8 9 10 dk

General suicide questions

What effect do the person's religious values, beliefs, or attitudes to dying have on risk of suicide? ... strongly reduce reduce no effect increase strongly increase dk

To what extent does the person have a pattern of self-harming that indicates suicide risk? ... min low medium high max 0 1 2 3 4 5 6 7 8 9 10 dk

Has there been any history of suicide attempts in the person's family? ... yes no dk

Additional questions for SELF-HARM

Further questions on past and current episodes of self-harm

When was the last self-harm episode? ... d m y dk

Has there been more than one self-harm episode? ... yes no dk

When was the first self-harm episode? ... d m y dk

Approximately how many episodes of self-harm have there been? ... approx dk

Are the self-harm episodes increasing or decreasing in frequency over the last two years? ... decreasing same increasing dk

How much planning was generally involved in the self-harm episodes? ... min low medium high max 0 1 2 3 4 5 6 7 8 9 10 dk

To what extent are the self-harming attempts concealed to prevent discovery? ... 0 1 2 3 4 5 6 7 8 9 10 dk

In general, how likely is it that the chosen self-harm methods could lead to death? ... 0 1 2 3 4 5 6 7 8 9 10 dk

How much were the self-harm episodes more than a cry for help? ... 0 1 2 3 4 5 6 7 8 9 10 dk

Did the self-harm episodes help the person cope with difficulties? ... yes somewhat no dk

Further questions on potential triggers for prospective self-harm

To what extent is the person exposed to circumstances or emotions that may trigger self-harm episodes? ... min low medium high max 0 1 2 3 4 5 6 7 8 9 10 dk

To what extent do the person's current emotions or circumstances match those that are known to have triggered any previous episodes of self harm? ... 0 1 2 3 4 5 6 7 8 9 10 dk

Further questions on self-harm ideation

- How persistent, intrusive, and intense are the self-harming thoughts?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- How often do the self-harming thoughts or fantasies occur? daily weekly monthly less dk

General self-harm questions

- To what extent does the person display evidence of self-harming cuts?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- Has there been any history of self-harm in the person's family? yes no dk

Additional questions for HARM TO OTHERS OR DAMAGE TO PROPERTY

Further questions on past and current episodes of harm or damage

Further questions on any violent assault/physical abuse

- How serious was the most severe assault or physical abuse?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- When was the first episode of assault/physical abuse? d m y dk
- When was the most recent episode of assault/physical abuse? d m y dk

Questions on sexual assault/abuse

- Were any of the assaults rape or some other form of sexual abuse? yes no dk
- Tick the most serious form of sexual assault by the person? indecent exposure forcible fondling sexual assault with an object forcible oral or anal intercourse forcible rape dk
- When was the first episode of sexual assault? d m y dk
- When was the most recent episode of sexual assault? d m y dk
- Did any previous episodes of harm to others involve weapons (eg guns, knives)? yes no dk

Further questions on any fire-setting

- How serious were the acts of fire setting?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- When was the first episode of fire setting? d m y dk
- When was the most recent episode of fire setting? d m y dk

Questions on emotional episodes of harm to others

- Has the person ever inflicted emotional cruelty on others (including racial abuse)? .. yes no dk
- How serious was the emotional cruelty?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- When was the first episode of emotional cruelty? d m y dk
- When was the most recent episode of emotional cruelty? d m y dk

Questions on destructive acts against property

- Has the person ever engaged in destructive acts concerning property (excluding fire setting)? yes no dk

- How serious were the destructive acts concerning property?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

- When was the first destructive act concerning property?

<input type="text"/>	d	<input type="text"/>	m	<input type="text"/>	y	<input type="checkbox"/>
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- When was the most recent destructive act concerning property?

<input type="text"/>	d	<input type="text"/>	m	<input type="text"/>	y	<input type="checkbox"/>
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Questions on abuse of animals

- Has the person ever abused animals?

<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	dk
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- How serious was the animal abuse?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

- When was the first episode of animal abuse?

<input type="text"/>	d	<input type="text"/>	m	<input type="text"/>	y	<input type="checkbox"/>
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- When was the most recent episode of animal abuse?

<input type="text"/>	d	<input type="text"/>	m	<input type="text"/>	y	<input type="checkbox"/>
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General questions relating to any previous episodes of harm or damage

- Approximately how many episodes of all types of harm or damage are there known to have occurred?

<input type="text"/>	approx	<input type="checkbox"/>	dk
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- How are the episodes of harm or damage changing in frequency?

<input type="checkbox"/>	decreasing	<input type="checkbox"/>	same	<input type="checkbox"/>	increasing	<input type="checkbox"/>	dk
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- To what extent does the person continue to believe there was nothing wrong with causing harm or damage?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

Further questions on intention for harm or damage

- To what extent does the person's plan for harm or damage match one that would cause you most concern?

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
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- To what extent does the person have the means and know-how for carrying out the plan to harm or damage?

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
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- To what extent has the person taken steps towards implementing the plan to harm or damage (eg made threats, monitored the victim)?

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
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- Has the person got any particular victims (specific individuals) in mind for harming?

<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	dk
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Further questions on potential triggers for prospective harm or damage

- To what extent is the person exposed to emotions or circumstances that could trigger episodes of harm or damage?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

- To what extent do the person's current emotions or circumstances match those that have previously triggered episodes of harm or damage?

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
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Further questions on ideation about violence

- To what extent does the content of the person's thoughts or fantasies raise serious concerns about risk of harm or damage?

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
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- How often do the thoughts or fantasies about harm or damage occur?

<input type="checkbox"/>	daily	<input type="checkbox"/>	weekly	<input type="checkbox"/>	monthly	<input type="checkbox"/>	less	<input type="checkbox"/>	dk
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- How persistent, intrusive, or intense are the thoughts/fantasies of harm or damage?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

- To what extent do the thoughts/fantasies of harm or damage relate to the people, events, and circumstances in the person's own world (ie the realism of the thoughts)?

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
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General questions on harm or damage

What effect do the person’s religious values or beliefs have on the risk of harm or damage? *strongly reduce* *reduce* *no effect*
 increase *strongly increase* *dk*

To what extent is there a history of violence, abuse, or aggression in the person’s family?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

To what extent does the person have an interest in pursuits related to violence (eg weapons, violent videos or computer games)?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

To what extent does the person’s appearance (not body language or behaviour) match one that would cause you most concern about risk of harm or damage (eg sweating, blood, state of clothes)?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

Additional questions for SELF NEGLECT

To what extent do the person’s hair and clothing indicate a failure to look after oneself?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

To what extent does the person have poor personal hygiene (eg smell, dirty hair and nails)?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

To what extent has there been a recent change in appearance suggestive of failing to look after oneself?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

To what extent does the person’s skin (condition, lesions, injuries, etc) indicate a failure to look after oneself?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

Additional questions for VULNERABILITY OF SERVICE USER

Further questions on falls

– Have any of the falls or accidents occurred recently (within 6 to 9 months approximately)? *yes* *no* *dk*

– Are the reasons for the falls or accidents known (eg physical health problems, hazards in the home)? *yes* *no* *dk*

Further questions on person’s appearance and behaviour indicators of vulnerability

To what extent does the person’s appearance match one that would cause you most concern about vulnerability to abuse by others (eg bruises, scratches, blood, state of clothes)?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

– To what extent does the person’s behaviour make the person vulnerable to sexual harrassment or abuse?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

– To what extent does the person’s behaviour make the person vulnerable to physical harrassment or abuse?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

– To what extent does the person’s behaviour make the person vulnerable to emotional harrassment or abuse?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

– To what extent does the person’s behaviour make the person vulnerable to financial abuse?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

– Does the person have a history of wandering behaviour? *yes* *no* *dk*

To what extent is the person dependent on carers?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

To what extent is the person confused or disorientated as a result of recent changes in circumstances (eg hospital admission, new carer)?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

To what extent does the person lack the ability to look after daily living requirements (cooking, shopping, cleaning, etc)?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

Additional questions for information that is relevant to more than one risk

Further questions on feelings/emotions

- To what extent does the person have unstable moods or mood swings?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	
- To what extent does the person have negative feelings about him or herself (eg self-hatred, guilt, shame, humiliation)?

0	1	2	3	4	5	6	7	8	9	10	
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- To what extent is the person displaying anger?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--
- To what extent does the person show anxiety (eg afraid, fearful)?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--
- To what extent does the person feel helpless?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--
- To what extent does the person seem sad or downbeat?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--
- To what extent is the person displaying or expressing distress?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--
- To what extent is the person expressing jealousy?

0	1	2	3	4	5	6	7	8	9	10	
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Questions on hopelessness

- To what extent does the person lack any plans for the future?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--
- To what extent does the person think life is not worth living?

0	1	2	3	4	5	6	7	8	9	10	
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Further questions on person's perspective of self worth

- To what extent does the person have an exaggerated self-worth or grandiosity?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	
- To what extent does the person regard him or herself as worthless?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--

Further questions on mental health problems

- Does the person have any history of depression (past or present)? yes no

--
- Tick the most appropriate label for the current episode of depression? first episode relapse

--

 recovery (first) recovery (repeat)
- Does the person have any history of serious mental illness (past or present)? yes no

--
- How much does the person lack insight into his or her mental-health problems?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	
- Is the person currently suffering from symptoms of a mental illness? yes no

--
- To what extent is the person displaying manic or hypomanic behaviour (mood swings, fast speech, excessive irritability, recklessness, impulsivity, etc)?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	

Questions on voice hallucinations

- Does the person hear voices that are not present in reality? yes no

--
- How much do the voices urge the person to be harmed or endangered?

min	low	medium	high	max	dk						
0	1	2	3	4	5	6	7	8	9	10	
- How much do the voices urge the person to harm/endanger other people?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--
- How likely is it that the person will act on the voices?

0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	--

Questions on paranoid delusions

- Does the person suffer from delusions (ie clearly incorrect and illogical ideas about his or her life and circumstances)? yes no dk
- How much is the person obsessed about the perceived bad behaviour of particular known people?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How much is the person obsessed about being harmed or persecuted by particular known people?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How likely is it that the person will act on any delusions?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

Further questions on mental faculties/cognitive capacity

- Does the person have impaired cognitive functions (thinking processes, memory, concentration) or dementia? yes no dk
- To what extent have the thinking processes and memory deteriorated?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How poor is the person's ability to concentrate?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent do you believe the person to have learning disabilities?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

Further questions on personality

- How assertive is the person? not assertive somewhat assertive normally assertive very assertive excessively assertive dk
- How much does the person lack empathy?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent is the person overdependent (weak, over-reliant on others, easily influenced, unable to function independently)?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How organised is the person's general approach to life? chaotic disorganised normal very organised obsessional/perfectionist dk
- How much does the person lack the ability to cope with major life stresses?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How hostile is the person?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How impulsive is the person?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How unreliable is the person (eg untrustworthy, unpredictable, shiftless)?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

Further questions on motivation and engagement with world

- How much is the person physically isolated from the world?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How much has the person mentally disengaged or withdrawn from the world?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent does the person lack motivation in general life?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent does the person appear listless or lacking energy and drives (eg loss of enthusiasm, libido, and/or interest)?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

Further questions on social context

Questions on current relationships

- Are you concerned about risks due to the person's current relationships? yes no dk
- How much does the person lack an external network of relationships?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- How much does the person lack supportive relationships?

0	1	2	3	4	5	6	7	8	9	10

 dk
- To what extent does the person have detrimental relationships (eg bullied, over-protected) or ones with people who have antisocial or exploitative behaviours? ...

0	1	2	3	4	5	6	7	8	9	10

 dk
- To what extent does the person perceive his or her relationships to have recently changed for the worse (eg bitter divorce or separation; rows; carer's role; bereavement)?

0	1	2	3	4	5	6	7	8	9	10

 dk

Questions on living arrangements

- Are you concerned about risks due to the person's living arrangements? yes no dk
- How often does the person's living place change? monthly or more several times per year every year less dk
- What type of supported living does the person have ... institution/fully supervised daily support limited support no support (own home) hostel homeless dk
- To what extent is the person's accommodation isolated from other living abodes and resources?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- To what extent does the neighbourhood or care environment exacerbate the person's particular risks (eg violent, easy access to drugs and unhelpful temptations)?

0	1	2	3	4	5	6	7	8	9	10

 dk
- To what extent is the person's accommodation showing lack of care?

0	1	2	3	4	5	6	7	8	9	10

 dk
- To what extent does the person think the accommodation is unfit to live in?

0	1	2	3	4	5	6	7	8	9	10

 dk

Questions on financial problems

- Are you concerned about risks due to financial problems? yes no dk
- How anxious is the person about perceived levels of debt?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- To what extent does the person's income fail to meet the basic essentials for supporting living requirements of the household (food, rent, heating, etc)?

0	1	2	3	4	5	6	7	8	9	10

 dk

Questions on employment

- Are you concerned about risks related to the person's employment or lack of it yes no dk
- How unstable is the person's employment history (eg always changing, poor disciplinary record)?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

 dk
- To what extent does the person believe a recent change in employment to be detrimental (eg loss of job, retirement, work stress)?

0	1	2	3	4	5	6	7	8	9	10

 dk

Further questions on general current behaviour

- To what extent does the person take reckless risks (eg with sexual behaviour, driving, gambling and other leisure pursuits)?

0	1	2	3	4	5	6	7	8	9	10

 dk

- To what extent does the person's behaviour lead to unintentional risks (eg fire or harm due to being careless, thoughtless or forgetful; self-injurious behaviour)?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person experience problems with sleeping?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent has the person been behaving out of character or unpredictably in recent weeks?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person display challenging behaviour (eg antisocial, disruptive, resistance to advice, predatory)

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person's day lack any structure?

0	1	2	3	4	5	6	7	8	9	10

dk
- What is the person's general level of activity? *passive/inert* *underactive* dk
 normal *overactive* *hyperactive*

Further questions on substance misuse

- To what extent does the person misuse alcohol to the detriment of his or her life? ...

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person misuse drugs to the detriment of his or her life?

0	1	2	3	4	5	6	7	8	9	10

dk

Further questions on insight and responsibility

- To what extent does the person lack insight into the potential consequences of his/her risk-taking behaviour?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person lack any sense of responsibility for the outcomes of risk-taking behaviour?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person fail to recognise any need for help with mental-health issues?

0	1	2	3	4	5	6	7	8	9	10

dk

Further questions on physical health problems

- If the person has a life-threatening or degenerative illness (eg cancer, multiple sclerosis, Parkinson's, emphysema, HIV), when was it first diagnosed?

	d		m		y
--	---	--	---	--	---

dk
- To what extent does the person suffer from chronic or periodic pain?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person suffer from problems that affect mobility and/or dexterity (eg eyesight, balance, disability due to disease or trauma)?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person suffer from physical problems affecting communication?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent has there been a deterioration in physical health over the last few months, including temporary or cyclical problems?

0	1	2	3	4	5	6	7	8	9	10

dk

Further questions on concordance with health services/medication/therapies

- To what extent is the person failing to concord with medication or therapies, either deliberately or due to complexity of polypharmacy, for example?

0	1	2	3	4	5	6	7	8	9	10

dk
- To what extent does the person fail to perceive health or social care services as supportive?

0	1	2	3	4	5	6	7	8	9	10

dk
- When did the person last access any health or social-care services or have ongoing medication reviewed?

	d		m		y
--	---	--	---	--	---

dk
- To what extent does the person and/or carer believe that their medication/therapies are failing to have a beneficial effect?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10

dk

Further questions on adverse life events

- Has the person ever been the victim of any form of abuse (eg physical, sexual, financial, emotional)? yes no dk
- Has the person ever been sexually abused? yes no dk
- When was the most recent episode of sexual abuse? d m y dk
- Was the first episode of sexual abuse during childhood or early adolescence? . yes no dk
- Has the person ever been physically abused? yes no dk
- When was the most recent episode of physical abuse? d m y dk
- Was the first episode of physical abuse during childhood or early adolescence? yes no dk
- Has the person ever been emotionally or racially abused? yes no dk
- When was the most recent episode of emotional or racial abuse? d m y dk
- Was the first episode of emotional or racial abuse during childhood or early adolescence? yes no dk
- Has the person ever been financially abused? yes no dk
- Has the person ever faced serious criminal justice proceedings (court cases, custodial sentences, etc)? yes no dk
- To what extent did the person grow up in emotionally disturbed or disruptive environments?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How seriously has the person suffered from eating disorders in the past?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How much has the person had detrimental educational experiences?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

Further questions on person's behavioural presentation during assessment

- Are you concerned about the person's engagement with the assessor? yes no dk
- How difficult is it to have rapport and empathy with the person?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent is the person unwilling to communicate or respond to questions?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent do you have an uneasy 'gut' feeling about the person (eg about the person's honesty, something doesn't quite add up, something missing)?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- Are you concerned about verbal indicators of risk? yes no dk
- How aggressive/hostile is the person's tone of voice?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- How depressed and downbeat is the person's tone of voice?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- To what extent is the person failing to make sense (eg incoherent, irrational)? ...

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk
- Are you concerned about the person's body language and expression? yes no dk
- To what extent does the person's body language indicate distress?

min	low	medium	high	max						
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 dk

- To what extent do the person's movements, posture, and facial expression indicate a low, downbeat, or gloomy mood?

0	1	2	3	4	5	6	7	8	9	10

 dk

- How aggressive or threatening are the person's movements and posture?

0	1	2	3	4	5	6	7	8	9	10

 dk

- To what extent does the person appear detached or preoccupied?

0	1	2	3	4	5	6	7	8	9	10

 dk

- To what extent does the person avoid eye contact?

0	1	2	3	4	5	6	7	8	9	10

 dk

- What is the person's predominant form of eye movement? . unresponsive/glazed normal darting dk

- How inconsistent are the person's physical, verbal, and emotional presentations (lack of congruence)?

min		low		medium		high		max		dk	
0	1	2	3	4	5	6	7	8	9	10	

Further questions on appropriateness of diet

- To what extent does the person fail to eat appropriately?

0	1	2	3	4	5	6	7	8	9	10

 dk

- Is the person's weight a cause of concern? Tick the appropriate description. extreme underweight underweight weight OK overweight extreme overweight dk

- How much has the person experienced weight change in recent months?

min		low		medium		high		max		dk	
0	1	2	3	4	5	6	7	8	9	10	

- To what extent does the person fail to drink adequately?

0	1	2	3	4	5	6	7	8	9	10

 dk

Form completed by:

Setting (where completed):

Date: d m y

Instructions for completing the form

1. This tool records your risk judgements associated with the person's mental-health problems and the information supporting them. It is *not* an interview schedule: *it is your prerogative how and when to ask questions.*
2. Rapid screening questions are placed first in the document, with an arrow pointing to the page number, *p*, where additional questions can be found for the screening question (e.g. → *p4*). Relevance of information varies across assessments and further data is only required for screening questions that have been given a "yes" response. However, by answering all screening questions, GRiST will have recorded your comprehensive consideration of risk issues irrespective of how much information is actually supplied.
3. GRiST helps you record data only for those issues relevant to the particular circumstances and context of the current assessment. It has a number of questions that ask whether you are concerned about a concept or whether the concept applies and you only need to answer the questions indented beneath if your answer is *yes*.
4. Many questions have a ten-point rating scale to record your subjective judgement about the extent to which the item applies to the person. Response choices range from 0 for no extent, to 10 for maximum extent, with labels above the boxes to help interpret the meaning of the numbers. *Do not worry about the exact number: the ten-point scale allows for a margin of error and you are only expected to give a response that "feels right".*
5. Give dates as accurately as you can but leave the days and/or months blank if unknown.
6. If items were considered during assessment but no answer was obtained, mark the *dk* box for "Don't Know".

Repeat assessments using the paper form

If people are using GRiST on paper rather than the online version, then carrying out repeat assessments is inefficient because much of the data that has not been changed needs to be put in again on a new form. We have tried to help with this by providing a *repeat assessment* form on the following two pages. Detach it from the full form, print as many copies as you like, and follow the instructions for how to identify changed information on the full GRiST form.

Repeat assessment form for GRiST

Each item of information on this repeat-assessment form equates to a screening question on the full form and is in the same order. All you need to do is:

1. choose a different coloured pen or some other form of identification that distinguishes the repeat data from the data on the original GRiST form;
2. tick those questions on this repeat form where the repeat assessment has identified a change in status and fill in the changed data on the original GRiST form using the chosen distinguishing pen/mark;
3. in the space provided at the end of the repeat assessment, record the name of the repeat assessor, the date, and how the new GRiST data will be identified;
4. attach the repeat assessment form to the original GRiST assessment.

Please note that the online version of GRiST automatically accounts for historical and persistent data, making the handling of repeat assessments and the reporting of changes very much easier.

Repeat assessment questions

For all the risk areas below, state whether the repeat assessment has changed their data. If so, add the new data to the original GRiST form as instructed above.

SUICIDE

Past and current suicide attempts? *If yes, → p6*

Current intention to commit suicide? *If yes, → p6*

Potential triggers for prospective suicide? *If yes, → p7*

Suicidal ideation? *If yes, → p7*

Data changed?

yes no

yes no

yes no

yes no

SELF-HARM

Past and current episodes of self-harm? *If yes, → p7*

Potential triggers for prospective self-harm? *If yes, → p7*

Self-harm ideation? *If yes, → p8*

Data changed?

yes no

yes no

yes no

HARM TO OTHERS OR DAMAGE TO PROPERTY

Past and current episodes of harm or damage? *If yes, → p8 but also record the most important information below*

 Targets of harm to others?

 Any violent assault/physical abuse? *If yes, → p8*

 Any fire-setting? *If yes, → p8*

Intention for harm or damage? *If yes, → p9*

Potential triggers for prospective harm or damage? *If yes, → p9*

Ideation about violence? *If yes, → p9*

Child protection issues?

Data changed?

yes no

yes no

yes no

yes no

yes no

yes no

yes no

SELF NEGLECT

Appearance indicators of self neglect? *If yes, → p10*

Data changed?

yes no

VULNERABILITY OF SERVICE USER

Falls? *If yes, → p10*

Person's appearance and behaviour indicators of vulnerability? *If yes, → p10*

Data changed?

yes no

yes no

RISK TO DEPENDENTS?

Any new information affecting risks to dependents? *If yes, → p5*

Data changed?

yes no

SCREENING QUESTIONS RELEVANT TO MORE THAN ONE RISK

Data changed?

Feelings/emotions? <i>If yes, → p11</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Person's perspective of self worth? <i>If yes, → p11</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Mental health problems? <i>If yes, → p11</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Mental faculties/cognitive capacity? <i>If yes, → p12</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Personality? <i>If yes, → p12</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Motivation and engagement with world? <i>If yes, → p12</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Social context? <i>If yes, → p13</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
General current behaviour? <i>If yes, → p13</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Substance misuse? <i>If yes, → p14</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Insight and responsibility? <i>If yes, → p14</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Physical health problems? <i>If yes, → p14</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Concordance with health services/medication/therapies? <i>If yes, → p14</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Adverse life events? <i>If yes, → p15 Consider also social context (p.13) and physical health (p.14).</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Person's behavioural presentation during assessment? <i>If yes, → p15</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
Appropriateness of diet? <i>If yes, → p16</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no

REPEAT RISK SUMMARY

OVERALL RISK COMMENTS

Suicide	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="checkbox"/>
Self harm	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="checkbox"/>
Self neglect	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="checkbox"/>
Harm to others / damage	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="checkbox"/>
Vulnerability	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="checkbox"/>
Risk to dependents	0 1 2 3 4 5 6 7 8 9 10 dk	<input type="checkbox"/>

UPDATED ACTIONS

Form completed by:

Method used to distinguish repeat assessment data:

Setting (where completed):

Date: d m y