

IMV Suicide Risk Formulation Form (ISRFF) [11-08-23] [beta version]

Section A

Gender:
Ethnicity:
Marital status:

Age:
Sexual identity:
Living arrangements:

Section B

Vulnerability factors (e.g., perfectionism, past mental health problems, alcohol/drug problems, sleep problems):

Environmental influences (e.g., early life adversity/attachment, parental mental health problems; internet use):

Triggering events (e.g., loss of job, relationship, status, bereavement, acute stressor):

Section C

For each of the following, **rate how you feel now (including in the past 24 hours):**

I feel **defeated** **Low Defeat** 1 2 3 4 5 **High Defeat**
What led you to feel defeated? _____

I feel **humiliated** **Low Humiliation** 1 2 3 4 5 **High Humiliation**
What led you to feel humiliated? _____

I feel **ashamed** **Low Ashamed** 1 2 3 4 5 **High Ashamed**
What led you to feel ashamed? _____

I feel **rejected** **Low Rejected** 1 2 3 4 5 **High Rejected**
What led you to feel rejected? _____

I feel **lost** **Low Lost** 1 2 3 4 5 **High Lost**
What led you to feel lost? _____

I feel **trapped** **Low Trapped** 1 2 3 4 5 **High Trapped**
What led you to feel trapped? _____

I feel **suicidal** **Not Suicidal** 1 2 3 4 5 **Extremely Suicidal**

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Section D

Access to means

Does individual have ready access to likely means of suicide?

[Yes No Don't Know] _____

Planning (if-then plans)

Has individual formulated a plan for suicide?

[Yes No Don't Know] _____

Exposure to suicide or suicidal behaviour

Has a family member/friend/colleague engaged in suicidal behaviour?

[Yes No Don't Know] _____

Impulsivity

Does individual tend to act impulsively / on spur of moment (affected by drugs/alcohol)?

[Yes No Don't Know] _____

Physical pain sensitivity/endurance

Has individual high (increased) physical pain endurance?

[Yes No Don't Know] _____

Fearlessness about death

Is individual fearful about death/has this changed?

[Yes No Don't Know] _____

Mental imagery

Does individual describe visualising dying/after death?

[Yes No Don't Know] _____

Past suicidal behaviour

Has the individual a history of suicide attempts or self-harm?

[Yes No Don't Know] _____

Section E

Strengths and Protective/Positive Factors (e.g., social support, problem-focused coping, reasons for living, access to appropriate clinical services):

Actions to manage factors potentially contributing to suicidal feelings:

Has a safety plan been co-created, reviewed or updated? [Yes No]