

Risk Assessment -Female

Date: / / 20

Prisoner ID:

1. Have you EVER intentionally cut yourself on purpose? Yes No
1 0

+5

2. Have you EVER intentionally starved yourself to hurt yourself? Yes No
1 0

+2

3. In the PAST YEAR have you recently heard voices saying a few words or sentences when there was no one around to account for this? Yes No
1 0

+4

4. Over the LAST 2 WEEKS have you been Feeling tired or having little energy?

Not at all	Several days	More than half the days	Nearly every day
0	0	1	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

-2

5. In the LAST WEEK have you told other people that you were going to kill yourself

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0	0	0	1	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+20

6. In your current time in prison have you been put on an ACCT? Yes No
0 1

-5

TOTAL

Risk Assessment – Male

Date: / / 20

Prisoner ID:

1. Have you ever tried to harm yourself in prison?

Yes 1 No 0

+3

2. Have you EVER intentionally exercised an injury on purpose?

Yes 1 No 0

+2

3. Have you EVER intentionally cut yourself on purpose?

Yes 1 No 0

+3

4. In the PAST YEAR have you previously seen a psychiatrist?

Yes 1 No 0

+2

5. In the PAST YEAR have you been taking longer over the things you do?

Yes 1 No 0

+2

6. In the LAST WEEK have you threatened or intimidated another person

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	0	1	1	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

-3

7. In the LAST WEEK have you hurt yourself by cutting, burning, strangling, head banging etc

Not at all	Once	2-3 Times	4-6 Times	Daily or More Often
0	0	0	1	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+4

8. Do you have any qualifications, e.g. GCSE, A' level, City & Guilds, Degree etc?

Yes 0 No 1

+2

9. Would you consider yourself to be dependent on alcohol?

Yes 1 No 0

-2

TOTAL