|  |  |  |
| --- | --- | --- |
| **TRIGGERS – What kind of things lead to having thoughts of suicide/self-harm (events/places/people/thoughts)** | **RISK – How would I hurt myself**  **(sharp objects/ ropes etc./ medication/ poison/ fire/ other)**  **How likely is it that I would hurt myself? 1 2 3 4 5 6 7 8 9 10** | |
| **WARNING SIGNS – what changes do I notice in my thoughts, feelings, body sensations or behaviour that tell me that I am at risk?** | | |
| **What helps? How? (seeing, hearing, tasting, touching, smelling)** | **Who can help? How?** | |
| **ACTION PLAN**  **What needs to be done? Includes immediate actions and follow up support within the next 24 hours.** | | **Who will do it?** |
| 1. | |  |
| 2. | |  |
| 3. | |  |
| 4 | |  |
| 5. | |  |
| **EMERGENCY CONTACTS – how can I reach them – what is their phone number/address?** | | |