SAD PERSONS Scale (Quick and Easy Assessment)

- **Sex** (1 if patient is male; 0 if female)
- **Age** 1 if patient is (25-34; 35-44; 65+)
- **Depression** (yes = 1, no = 0)
- **Previous attempt** (1 if present; 0 otherwise)
- **Ethanol abuse** (1 if present; 0 otherwise)
- **Rational thinking loss** (1 if patient is psychotic for any reason: schizophrenia, affective illness, organic brain syndrome; 0 otherwise)
- **Social support lacking** (1 if these are lacking, especially with recent loss of a significant other; 0 otherwise)
- **Organized plan** (1 if plan made and method lethal; 0 if no plan)
- **No spouse** (1 if divorced, widowed, separated, or single – for males only)
- **Sickness** (1 especially if chronic, debilitating, severe: e.g.: non-localized cancer, AIDS, MS, gastrointestinal disorders; 0 if nothing reported)


One method to gather this information that has been useful for healthcare providers is the SAD PERSONS scale. “S” stands for sex. Again, we know that males are likely to end life by suicide 2x’s that of females and females attempt 2x more than males. “A” stands for age. Remember the ages that have the highest suicide rates. “D” stands for depression. Does the patient have symptom logy or diagnosis of depression? Remember, depression is the mental illness with the closest link to suicide. “P”, previous attempt. Has the person attempted before and, if so, what means did they use and what factors where involved, how did they survive the attempt? “E” stands for ethanol abuse. “R” stands for rational thinking. Is the patient thinking rationally? “S” stands for social support deficit. Does the patient have a support system? “O” is for organized plan. Does the patient have a thought out plan for taking the steps to act on the thoughts? “N” is for no spouse. Is the patient without a spouse? “S” is for sickness. Does the person have a medical or physical illness? These letters represent 10 areas of assessment.

The scoring for this is as follows: 0-2 = little risk; 3-4 = following patient closely; 5-6 = strongly considering hospitalization; and 7-10 = a very high risk, hospitalize or commit.

Notes:

Counselor: ___________________________ Date: ________________

1/11/2010 (retyped 8/17/2012)