

Survivor Crisis Assessment Questionnaire

Personal Information

Full Name

Date of Birth

Contact Information

Date of Assessment

Presenting Problem

Please describe the reason for your visit:

History and Background

Brief history of crisis event(s):

Support systems (family, friends, professionals):

Current Situation

Current living situation:

Immediate needs:

Risk Assessment

Risk of self-harm

Risk to others

Comments on risk factors:

Mental & Physical Health

Describe current mental health symptoms:

Describe current physical health symptoms:

Resources & Coping

Personal strengths/resources identified:

Coping strategies used:

Action Plan

Steps to be taken:

Additional Notes: