

Patient's name	Date of birth:	
Female <input type="checkbox"/> Male <input type="checkbox"/>	Patient number:	
Date of admittance:	Date of discharge:	Registration number:
Signed in by:	Date:	

*Scoring instruction:*

The rater collects information about each of the ten risk factors on the V-RISK-10 checklist. Under each item we have described some examples of important scoring information. Put a check in the box to indicate the degree of likelihood that the risk factor applies to the patient in question:

- **No:** Does not apply to this patient
- **Maybe/moderate:** Maybe applies/present to a moderately severe degree
- **Yes:** Definitely applies to a severe degree
- **Do not know:** Too little information to answer (circle the scores)

**1. Previous and/or current violence**

*Severe violence refers to physical attack (including with various weapons) towards another individual with intent to inflict severe physical harm. YES: The individual in question must have committed at least 3 moderately violent aggressive acts or 1 severe violent act. Moderate or less severe aggressive acts such as kicks, blows and shoving that does not cause severe harm to the victim is rated Perhaps/moderate.*

No      Maybe/  
moderate      Yes      Do not  
know

**2. Previous and /or current threats (verbal/physical)**

*Verbal: Statements, yelling and the like, that involve threat of inflicting other individuals physical harm. Physical: Movements and gestures that warn physical attack.*

No      Maybe/  
moderate      Yes      Do not  
know

**3. Previous and/or current substance abuse**

*The patient has a history of abusing alcohol, medication and/or other substances (e.g. amphetamine, heroin, cannabis). Abuse of solvents or glue should be included. To rate YES, the patient must have and/or have had extensive abuse/dependence, with reduced occupational or educational functioning, reduced health and/or reduced participation in leisure activities.*

No      Maybe/  
moderate      Yes      Do not  
know

**4. Previous and/or current severe mental illness**

*NB: Whether the patient has or has had a psychotic disorder (e.g. schizophrenia, delusional disorder, psychotic affective disorder). See item 5 to rate personality disorders.*

No      Maybe/  
moderate      Yes      Do not  
know

	No	Maybe/ moderate	Yes	Do not know
<b>5. Personality disorder</b> <i>Of interest here are eccentric (schizoid, paranoid) and impulsive, uninhibited (emotionally unstable, antisocial) types.</i>				
<b>6. Shows lack of insight into illness and/or behaviour</b> <i>This refers to the degree to which the patient lacks insight in his/her mental illness, with regard to for instance need of medication, social consequences or behaviour related to illness or personality disorder.</i>	No	Maybe/ moderate	Yes	Do not know
<b>7. Suspicion</b> <i>The patient expresses suspicion towards other individuals either verbally or nonverbally. The person in question appears to be “on guard” towards the environment.</i>	No	Maybe/ moderate	Yes	Do not know
<b>8. Shows lack of empathy</b> <i>The patient appears emotionally cold and without sensitivity towards others' thoughts or emotional situation.</i>	No	Maybe/ moderate	Yes	Do not know
<b>9. Unrealistic planning</b> <i>This assesses to which degree the patient him/herself has unrealistic plans for the future (inside or outside the inpatient unit). Is for instance the patient him/herself realistic with regard to what he/she can expect of support from family and of professional and social network. <u>It is important to assess whether the patient is cooperative and motivated with regard to following plans.</u></i>	No	Maybe/ moderate	Yes	Do not know
<b>10. Future stress-situations</b> <i>This evaluates the possibility that the patient may be exposed to stress and stressful situations in the future and his/her ability to cope with stress. For example (in and outside inpatient unit): reduced ability to tolerate boundaries, physical proximity to possible victims of violence, substance use, homelessness, spending time in violent environment/association with violent environment, easy access to weapons etc.</i>	No	Maybe/ moderate	Yes	Do not know

#### Overall clinical evaluation

- Based on clinical judgement, other available information and the checklist:
- How great do you think the violence risk is for this patient? *(Put a check in one of the boxes)*

LOW	MODERATE	HIGH
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Suggestions following overall clinical evaluation: *(Put a check in one of the boxes)*

No risk assessment	More detailed risk assessment
Implementation of preventive measures	

**Justifications/reasons/arguments should be detailed in journal and/or discharge summary**