



## Suicide Safety Plan Worksheet

**Name**

**Date**

These are the reminders of my reasons for living:

What warning signs or triggers make me feel less in control of suicidal behaviour?

What can I do to reduce the risk of acting on suicidal thoughts?

What have I done in the past that has helped?

What coping skills can I use now?

What can others do to help?



### Trusted Contact List

	Name	Phone
Friend or Family Member		
Backup Person		
Care Provider (family doctor, therapist)		

### Professional Assistance Resources

Canada Suicide Prevention Services	1-833-456-4566
Distress Centre Calgary	403-266-HELP (4357)
Distress Centre Edmonton	780-482-HELP (4357)

### Safe places I can go:

- I can go to the **emergency room at the nearest hospital.**
- **If I cannot get to the hospital safely, I will call 911** and request transportation to the hospital. They will send someone to transport me safely.