

# Violence risk screening -10 (V-RISK-10)

At admission   
 At discharge   
 In polyclinic

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. Some examples of important scoring information are described under each item. 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

	No	Maybe/moderate	Yes	Do not know
<p><b>1. Previous and/or current violence</b></p> <p><i>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 Maybe/moderate.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>2. Previous and/or current threats (verbal/physical)</b></p> <p><i>Verbal: Statements, yelling and the like, that involve threat of inflicting other individuals physical harm.</i></p> <p><i>Physical: Movements and gestures that warn physical attack.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>3. Previous and/or current substance abuse</b></p> <p><i>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.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>4. Previous and/or current major mental illness</b></p> <p><i>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.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5. Personality disorder</b> <i>Of interest here are eccentric (schizoid, paranoid) and impulsive, uninhibited (emotionally unstable, antisocial) types.</i>	No <input type="checkbox"/>	Maybe/ moderate <input type="checkbox"/>	Yes <input type="checkbox"/>	Do not know <input type="checkbox"/>
<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 <input type="checkbox"/>	Maybe/ moderate <input type="checkbox"/>	Yes <input type="checkbox"/>	Do not know <input type="checkbox"/>
<b>7. Expresses 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 <input type="checkbox"/>	Maybe/ moderate <input type="checkbox"/>	Yes <input type="checkbox"/>	Do not know <input type="checkbox"/>
<b>8. Shows lack of empathy</b> <i>The patient appears emotionally cold and without sensitivity towards others' thoughts or emotional situation.</i>	No <input type="checkbox"/>	Maybe/ moderate <input type="checkbox"/>	Yes <input type="checkbox"/>	Do not know <input type="checkbox"/>
<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? It is important to assess whether the patient is cooperative and motivated with regard to following plans.</i>	No <input type="checkbox"/>	Maybe/ moderate <input type="checkbox"/>	Yes <input type="checkbox"/>	Do not know <input type="checkbox"/>
<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 <input type="checkbox"/>	Maybe/ moderate <input type="checkbox"/>	Yes <input type="checkbox"/>	Do not know <input type="checkbox"/>

### 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)*

<b>LOW</b>	<b>MODERATE</b>	<b>HIGH</b>
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- Suggestion following overall clinical evaluation: *(Put a check in one of the boxes)*

<b>NO MORE DETAILED VIOLENCE RISK ASSESSMENT</b>	<b>MORE DETAILED VIOLENCE RISK ASSESSMENT</b>
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<b>IMPLEMENTATION OF PREVENTIVE MEASURES</b>
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**Justifications/reasons/arguments should be detailed in patient record and/or discharge summary**