

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Handout #8

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></i>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan. <i><u>Have you actually had any thoughts of killing yourself?</u></i>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.</i> " <i><u>Have you been thinking about how you might kill yourself?</u></i>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> " <i><u>Have you had these thoughts and had some intention of acting on them?</u></i>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <i><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></i>		
6) Suicide Behavior Question: <i><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></i> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <i><u>How long ago did you do any of these?</u></i> <input type="checkbox"/> Over a year ago? <input type="checkbox"/> Between three months and a year ago? <input type="checkbox"/> Within the last three months?		

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

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RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.				
Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)	
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Aborted or Self-Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>	Mixed affective episode (e.g. Bipolar)
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	<input type="checkbox"/>	Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent	<input type="checkbox"/>	<input type="checkbox"/>	Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			<input type="checkbox"/>	Substance abuse or dependence
<input type="checkbox"/>	Wish to be dead		<input type="checkbox"/>	Agitation or severe anxiety
<input type="checkbox"/>	Suicidal thoughts		<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/>	Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Suicidal intent (without specific plan)		<input type="checkbox"/>	Homicidal ideation
<input type="checkbox"/>	Suicidal intent with specific plan		<input type="checkbox"/>	Aggressive behavior towards others
Activating Events (Recent)			<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
Describe:			<input type="checkbox"/>	Sexual abuse (lifetime)
			<input type="checkbox"/>	Family history of suicide (lifetime)
<input type="checkbox"/>	Pending incarceration or homelessness		Protective Factors (Recent)	
<input type="checkbox"/>	Current or pending isolation or feeling alone		<input type="checkbox"/>	Identifies reasons for living
Treatment History			<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments		<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment		<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Non-compliant with treatment		<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment		<input type="checkbox"/>	Engaged in work or school
Other Risk Factors			Other Protective Factors	
<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	
Describe any suicidal, self-injurious or aggressive behavior (include dates)				