

Client Name \_\_\_\_\_

Program **Select**

Region **Select**

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

Date \_\_\_\_\_

*Screen Version*

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past month	
	YES	NO
<b>Ask questions that are bolded and underlined.</b>		
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan." <u><b>Have you actually had any thoughts of killing yourself?</b></u>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> 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 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." <u><b>Have you been thinking about how you might kill yourself?</b></u>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <u><b>Have you had these thoughts and had some intention of acting on them?</b></u>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u><b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></u>		
<b>6) Suicide Behavior Question</b> <u><b>"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"</b></u> 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.		
<b>If YES, ask: <u>How long ago did you do any of these?</u></b> • Over a year ago? • Between three months and a year ago? • Within the last three months?		
	If Yes, select one	

Client Name \_\_\_\_\_

Program Select

Region Select

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screening Version – Since Last Visit*

Date \_\_\_\_\_

	Since Last Visit	
	YES	NO
<b>Ask questions that are bold and underlined</b>		
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/die by suicide, <i>"I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</i>  <u><b>Have you actually had any thoughts of killing yourself?</b></u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> 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>  <u><b>Have you been thinking about how you might kill yourself?</b></u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4) Suicidal Intent (without Specific Plan):</b> 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>  <u><b>Have you had these thoughts and had some intention of acting on them?</b></u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.  <u><b>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</b></u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6) Suicide Behavior</b>  <u><b>Have you done anything, started to do anything, or prepared to do anything to end your life?</b></u>  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.	<input type="checkbox"/>	<input type="checkbox"/>