

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

RISK ASSESSMENT VERSION	Past Month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: <i>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> If yes, please explain:		
2) Non-Specific Active Suicidal Thoughts: <i>General non-specific thoughts of wanting to end one's life/die by suicide without general thoughts of methods, intent, or plan.</i> <u>Have you had any actual thoughts of killing yourself?</u> If yes, please explain:		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Active Suicidal Ideation with Any Methods/Mean (Not Plan) without Intent to Act: <i>Person endorses thoughts of suicide and has thought of at least one method. e.g. "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>Have you been thinking about (how) you might do this?</u> If yes, how? (means) If yes, do you have access to the methods/means?		
4) Active Suicidal Ideation with Some Intent to Act, without Specific Plan: <i>Active suicidal thoughts of killing oneself and reports having some intent to act on such thoughts. e.g. "I have the thoughts but I definitely will not do anything about them."</i> <u>Have you had these thoughts and had some intention of acting on them?</u> If yes, please explain:		
5) Active Suicidal Ideation with Specific Plan and Intent: <i>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?</u> If yes, do you intend to carry out this plan? If yes, do you have a timeframe (when)? If yes, do you have a location (where)?		
6a) Preparatory Acts or Behavior: <i>Examples: Collected pills, obtained a gun, gave away valuables, <u>wrote a will or suicide note</u>, 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.</i> <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> If yes, please explain:	Lifetime	
6b) If yes, ask: <u>Was this within the past 3 months?</u>	Past 3 Months	

Response Procedure to C-SSRS Screening: **Low Risk** **Moderate Risk** **High Risk**

- 1) Seek behavioral health counseling services and/or contact crisis line.
- 2) Seek behavioral health counseling services and/or contact crisis line.
- 3) Seek behavioral health counseling services, psychiatric services/evaluation, and/or contact crisis line.
- 4) Seek psychiatric services/evaluation by behavioral health intake/emergency room/EMT.
- 5) Seek psychiatric services/evaluation by behavioral health intake/emergency room/EMT.
- 6a) Seek behavioral health counseling services, psychiatric services/evaluation, and/or contact crisis line.
- 6b) Within 3 months: Seek psychiatric services/evaluation by behavioral health intake/emergency room/EMT.

Any **YES** indicates that the person should seek behavioral health counseling and/or contact crisis lines at: National Suicide Prevention Lifeline (Call or Text) **988**, Behavioral Health Response (BHR) 1-800-811-4760, Provident Crisis Services 314-647-4357, KUTO 1-888-644-5886, Trevor Project (LGBTQ) 1-866-488-7386. However, if the answer to 4, 5 or 6 is **YES**, seek immediate help: contact behavioral health intake, go to the emergency room, or call **911**.

Do Not Leave an "At-Risk" Person Alone. Secure All Means. Remain Calm, Listen, Provide Love & Support.