

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Lifetime-Recent Screen with Risk Levels

	Lifetime		Past Month	
	YES	NO	YES	NO
Ask Questions 1 and 2				
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>				
2) <u>Have you actually had any thoughts of killing yourself?</u>				
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.				
3) <u>Have you been thinking about how you might do this?</u> <i>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>				
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>				
5) <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>				
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</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.	Lifetime		Past 3 Months	

Risk Level = Highest risk of all positively endorsed questions

Possible Next-Steps

Low Risk -

Moderate Risk -

High Risk -