

Columbia Suicide Severity Rating Scale Screener

Ask questions that are in bold and underlined.	Past month	
	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 had any actual 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> (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.")		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how you would kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do any thing 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	
<u>If yes, ask: Was this within the past 3 months?</u>		

Low Risk Consider outpatient referral for community services

Medium Risk Item 3 - Psychiatric consult (Psychiatric Nurse/Social Worker) and consider patient safety precautions

High Risk Item 4 and 5 - Psychiatric consultation and patient safety precautions
Inpatient - Immediate notification of physician and/or psychiatric consultation and patient safety precautions

Medium Risk Item 6 - Over 3 months ago. Psychiatric consult and consider patient safety precautions

High Risk Item 6 three months ago or less: Immediate notification of physician and/or psychiatric consultation and patient safety precautions

Level of risk identified: _____

Date: _____ Completed by: _____

