

# COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version – Recent

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Low Risk

Moderate Risk

High Risk

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
Ask questions that are bolded and <u>underlined</u> .		YES	NO
<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/die by 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>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
<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 do this?</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>Were any of these in the past 3 months?</u></b>		<b>Lifetime</b>	
		<b>Past 3 Months</b>	

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