

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
**Screener/Recent – Self-Report**

Answer Questions 1 and 2	In The Past Month	
	YES	NO
1) <b><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></b>		
2) <b><i>Have you actually had any thoughts about killing yourself?</i></b>		
If <b>YES</b> to 2, answer questions 3, 4, 5, and 6. If <b>NO</b> to 2, go directly to question 6		
3) <b><i>Have you thought about how you might do this?</i></b>		
4) <b><i>Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</i></b>		
5) <b><i>Have you started to work out or worked out the details of how to kill yourself?</i></b> <b><i>Do you intend to carry out this plan?</i></b>		
	In the Past 3 Months	
6) <b><i>Have you done anything, started to do anything, or prepared to do anything to end your life?</i></b>  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><i>In your entire lifetime, how many times have you done any of these things?</i></b>		