

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version – Lifetime/Recent

	Past Month		Lifetime (Worst Point)	
Ask questions that are bold and <u>underlined</u> .	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> 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 the 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 to kill yourself? Did you intend to carry out this plan?</u>				

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. If YES, ask: <u>Was this within the past three months?</u>	YES	NO

- Low Risk
- Moderate Risk
- High Risk