

# **COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)**

Pediatric/Cognitively Impaired - Since Last Visit - Clinical

Version 6/23/10

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*Disclaimer:*

*This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.*

*Definitions of behavioral suicidal events in this scale are based on those used in **The Columbia Suicide History Form**, developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M. A., Halberstam B. & Mann J. J., Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] Standardized Evaluation in Clinical Practice, pp. 103 -130, 2003.)*

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| SUICIDAL IDEATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|
| <p>Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is “yes”, complete “Intensity of Ideation” section below.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Since Last Visit                                                                               |
| <p><b>1. Wish to be Dead</b><br/>           Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.<br/> <i>Have you thought about being dead or what it would be like to be dead?</i><br/> <i>Have you wished you were dead or wished you could go to sleep and never wake up?</i><br/> <i>Do you wish you weren’t alive anymore?</i></p> <p>If yes, describe:</p>                                                                                                                                                                                                                                                                                                                          |  | <p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> |
| <p><b>2. Non-Specific Active Suicidal Thoughts</b><br/>           General, non-specific thoughts of wanting to end one’s life/commit suicide (e.g., “I’ve thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.<br/> <i>Have you thought about doing something to make yourself not alive anymore?</i><br/> <i>Have you had any thoughts about killing yourself?</i></p> <p>If yes, describe:</p>                                                                                                                                                                                                                                                                |  | <p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> |
| <p><b>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</b><br/>           Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “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.”<br/> <i>Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?</i></p> <p>If yes, describe:</p> |  | <p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> |
| <p><b>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</b><br/>           Active suicidal thoughts of killing oneself and subject 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.”<br/> <i>When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?</i><br/> <i>This is different from (as opposed to) having the thoughts but knowing you wouldn’t do anything about it.</i></p> <p>If yes, describe:</p>                                                                                                                             |  | <p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> |
| <p><b>5. Active Suicidal Ideation with Specific Plan and Intent</b><br/>           Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.<br/> <i>Have you decided how or when you would make yourself not alive anymore/kill yourself? Have you planned out (worked out the details of) how you would do it?</i><br/> <i>What was your plan?</i><br/> <i>When you made this plan (or worked out these details), was any part of you thinking about actually doing it?</i></p> <p>If yes, describe:</p>                                                                                                                                                                         |  | <p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> |
| INTENSITY OF IDEATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                |
| <p>The following feature should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).</p> <p><b>Most Severe Ideation:</b>      _____</p> <p style="text-align: center;"><b>Type # (1-5)</b>      <b>Description of Ideation</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Most Severe                                                                                    |
| <p><b>Frequency</b><br/> <i>How many times have you had these thoughts?</i>      <b>Write response</b> _____<br/>           (1) Only one time    (2) A few times    (3) A lot    (4) All the time    (0) Don’t know/Not applicable</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | _____                                                                                          |

