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

Screening

Version 1/14/09

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.

## 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.)

For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact posnerk@nyspi.columbia.edu

SUICIDAL IDEATION				
	nuestions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", uestions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.		Past X Months	
1. Wish to be Dead				
Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  Have you wished you were dead or wished you could go to sleep and not wake up?		Yes	No	
If yes, describe:			_	
2. Non-Specific Active Suicidal Thoughts				
	tide (e.g., "I've thought about killing myself") without thoughts of ways to kill	Yes	No	
If yes, describe:				
3. Active Suicidal Ideation with Any Methods (Not Plan)		Yes		
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 itand I would never go through with it."  Have you been thinking about how you might do this?			No	
If yes, describe:				
4. Active Suicidal Ideation with Some Intent to Act, with	out Specific Plan	+		
Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."  Have you had these thoughts and had some intention of acting on them?			No	
If yes, describe:				
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked Have you started to work out or worked out the details of how to kill y	l out and subject has some intent to carry it out.	Yes	No	
If yes, describe:				
INTENSITY OF IDEATION				
	severe type of ideation (i.e., 1-5 from above, with 1 being the least severe			
and 5 being the most severe). Ask about time he/she was feeling the most suicidal.		Most		
Most Severe Ideation:		Se	vere	
<i>Type # (1-5)</i>	Description of Ideation			
Frequency  How many times have you had these thoughts?  (1) Less than once a week (2) Once a week (3) 2-5 times in we	eek (4) Daily or almost daily (5) Many times each day	_		
Duration				
When you have the thoughts, how long do they last?				
(1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time	(4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	_		
(3) 1-4 hours/a lot of time	(b) More than 6 noting persistent of continuous			
Controllability				
Could/can you stop thinking about killing yourself or want				
<ul><li>(1) Easily able to control thoughts</li><li>(2) Can control thoughts with little difficulty</li></ul>	<ul><li>(4) Can control thoughts with a lot of difficulty</li><li>(5) Unable to control thoughts</li></ul>			
(3) Can control thoughts with some difficulty	(0) Does not attempt to control thoughts			
Deterrents				
	a, pain of death) - that stopped you from wanting to die or acting on			
thoughts of committing suicide? (1) Deterrents definitely stopped you from attempting suicide	(4) Deterrents most likely did not stop you	_		
(2) Deterrents probably stopped you	(5) Deterrents definitely did not stop you			
(3) Uncertain that deterrents stopped you	(0) Does not apply			
	ing to die or killing yourself? Was it to end the pain or stop the way			
you were feeling (in other words you couldn't go on living revenge or a reaction from others? Or both?	with this pain or how you were feeling) or was it to get attention,			
(1) Completely to get attention, revenge or a reaction from others	(4) Mostly to end or stop the pain (you couldn't go on	_		
<ul><li>(2) Mostly to get attention, revenge or a reaction from others</li><li>(3) Equally to get attention, revenge or a reaction from others and to end/stop the pain</li></ul>	living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply			

SUICIDAL BEHAVIOR			Past X	Years	
(Check all that apply, so long as these are separate events; must ask about all types)					
Actual Attempt:  A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.  Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal				No	
act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.	of a flight floor/s	.ory). A180, 11			
Have you made a suicide attempt? Have you done anything to harm yourself?					
Have you done anything to narm yoursely: Have you done anything dangerous where you could have died?			Total	l#of	
What did you do?			Atte	mpts	
Did you as a way to end your life? Did you want to die (even a little) when you?					
Were you trying to end your life when you?					
Or did you think it was possible you could have died from?	ross fool bottom	a at aum athu			
Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)					
If yes, describe:					
			Yes	No	
Has subject engaged in Non-Suicidal Self-Injurious Behavior?					
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred).				No	
Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.				1# of	
Has there been a time when you started to do something to end your life but someone or something stopped you before you				Total # of interrupted	
actually did anything? If yes, describe:					
Aborted Attempt:				No	
When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.					
Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did					
anything? If yes, describe:					
Preparatory Acts or Behavior:					
Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).  Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?					
If yes, describe:					
Suicidal Behavior:			Yes	No	
Suicidal behavior was present during the assessment period?					
Answer for Actual Attempts Only	Most Recent Attempt Date:	Attempt	Initial/First Attempt Date:		
Actual Lethality/Medical Damage:	Enter Code	Enter Code	Enter	Code	
<ol> <li>No physical damage or very minor physical damage (e.g., surface scratches).</li> <li>Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).</li> <li>Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree</li> </ol>	rsical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).  physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree				
<ul> <li>burns; bleeding of major vessel).</li> <li>3. Moderately severe physical damage; <i>medical</i> hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).</li> <li>4. Severe physical damage; <i>medical</i> hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).</li> </ul>					
5. Death  Death					
Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).	Enter Code	Enter Code	Enter	Code	
0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care					