

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Inpatient Setting – Discharge Screener

Ask questions that are bold and <u>underlined</u>	Discharge	
	YES	NO
Ask Questions 1 and 2		
1) <u>While you were here in the hospital, have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had thoughts about 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 kill yourself?</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 or do you have some intention of acting on them after you leave the hospital?</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 either for while you were here in the hospital or for after you leave the hospital? Do you intend to carry out this plan?</u>		
6) <u>While you were here in the hospital, have you 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.		

- Low Risk
- Moderate Risk
- High Risk