

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

## RISK ASSESSMENT with C-SSRS HIGH RISK TRIAGE INDICATORS - YOUTH

<b>Instructions:</b> Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.				
<b>* Indicators of High Risk from the C-SSRS</b>				
Past 3 Months	Suicidal Behavior (from C-SSRS)	Lifetime	Clinical Status	
* <input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness
* <input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>	Major depressive episode
* <input type="checkbox"/>	Aborted or Self-Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>	Mixed affective episode (e.g. Bipolar)
* <input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	<input type="checkbox"/>	Command hallucinations to hurt self
<b>Suicidal Ideation (from C-SSRS) Check Most Severe</b>			<input type="checkbox"/>	Highly impulsive behavior, recklessness
<input type="checkbox"/>	Wish to be dead (1)		<input type="checkbox"/>	Substance abuse or dependence, cigarettes
<input type="checkbox"/>	Suicidal thoughts (2)		<input type="checkbox"/>	Agitation or severe anxiety (panic symptoms)
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act) (3)		<input type="checkbox"/>	Chronic physical pain or other acute medical problem (e.g. HIV/AIDS, cancer, etc.)
* <input type="checkbox"/>	Suicidal intent (without specific plan) (4)		<input type="checkbox"/>	Perceived burden on family or others
* <input type="checkbox"/>	Suicidal intent with specific plan (5)		<input type="checkbox"/>	Homicidal ideation, perpetrator of violence
<b>Activating Events</b>			<input type="checkbox"/>	Aggressive/Disruptive behavior
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (break-up, death, divorce, etc.)		<input type="checkbox"/>	History of sexual abuse, physical abuse or dating violence
Describe:			<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Exposure to suicide of peer		<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent
<input type="checkbox"/>	Disciplinary crisis (incarceration or expulsion)		<input type="checkbox"/>	Sleep disturbance
<input type="checkbox"/>	Victim of bullying, cyberbullying or school violence		<input type="checkbox"/>	Eating disorder
<input type="checkbox"/>	Victim of hate crimes or police brutality		<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Truancy or runaway behaviors		<b>Treatment History</b>	
<b>Parental/Family Risk Factors</b>			<input type="checkbox"/>	Not receiving treatment
<input type="checkbox"/>	Parent with mood disorder symptoms		<input type="checkbox"/>	Previous psychiatric diagnoses and treatments
<input type="checkbox"/>	Parent with legal problems		<input type="checkbox"/>	Hopeless or dissatisfied with treatment
<input type="checkbox"/>	Family history of suicide (lifetime)		<input type="checkbox"/>	Non-compliant with treatment
<input type="checkbox"/>	Poor parent/child attachment/parental rejection		<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
<b>Protective Factors</b>				
<input type="checkbox"/>	Identifies reasons for living		<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Responsibility to others; living with family		<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Supportive social network or family		<input type="checkbox"/>	Engaged in work, school or sports
<input type="checkbox"/>	High academic achievement		<input type="checkbox"/>	Strong minority-group identification
<b>Describe any suicidal, self-injurious or aggressive behavior (include dates):</b>				