

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

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

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## RISK ASSESSMENT

<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.			
Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
<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
<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent	<input type="checkbox"/>	<input type="checkbox"/> Highly impulsive behavior
<b>Suicidal Ideation</b> Check Most Severe in Past Month			<input type="checkbox"/> Substance abuse or dependence
<input type="checkbox"/>	Wish to be dead		<input type="checkbox"/> Agitation or severe anxiety
<input type="checkbox"/>	Suicidal thoughts		<input type="checkbox"/> Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/> Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Suicidal intent (without specific plan)		<input type="checkbox"/> Homicidal ideation
<input type="checkbox"/>	Suicidal intent with specific plan		<input type="checkbox"/> Aggressive behavior towards others
<b>Activating Events (Recent)</b>			<input type="checkbox"/> Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		<input type="checkbox"/> Refuses or feels unable to agree to safety plan
Describe:			<input type="checkbox"/> Sexual abuse (lifetime)
			<input type="checkbox"/> Family history of suicide (lifetime)
<input type="checkbox"/>	Pending incarceration or homelessness		<b>Protective Factors (Recent)</b>
<input type="checkbox"/>	Current or pending isolation or feeling alone		<input type="checkbox"/> Identifies reasons for living
<b>Treatment History</b>			<input type="checkbox"/> Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments		<input type="checkbox"/> Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment		<input type="checkbox"/> Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Non-compliant with treatment		<input type="checkbox"/> Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment		<input type="checkbox"/> Engaged in work or school
<b>Other Risk Factors</b>			<b>Other Protective Factors</b>
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>Describe any suicidal, self-injurious or aggressive behavior (include dates)</b>			