

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen with Triage Points for **Primary Care***

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	YES	NO
1) <b><u>1) Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>2) Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
3) <b><u>3) Have you been thinking about how you might do this?</u></b> 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) <b><u>4) Have you had these thoughts and had some intention of acting on them?</u></b> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <b><u>5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>		
6) <b><u>6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>  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.	<b>Lifetime</b>	
	<b>Past 3 Months</b>	
<b>If YES, ask: <u>Was this within the past 3 months?</u></b>		

### Possible Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Referral
- Item 4 Behavioral Health Consultation and Patient Safety Precautions
- Item 5 Behavioral Health Consultation and Patient Safety Precautions
- Item 6 Behavioral Health Referral
- Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions