

COLUMBIA-SUICIDE SEVERITY RATING SCALE
C-SSRS Screener Tool

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Within Past Month	
	YES	NO
Ask questions that are bold and <u>underlined</u>. Place check in appropriate boxes.		
1) <u>In the past month, have you wished you were dead or wished you could go to sleep and not wake up?</u>	LOW	
2) <u>In the past month, have you actually had any thoughts of killing yourself?</u>	LOW	
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 do this?</u> <i>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."</i>	MOD	
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>	HIGH	
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>	HIGH	
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life? (Lifetime)</u> <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i>	MOD	
<i>If "YES", was it within past 3 months?</i>	HIGH	
Signature _____ Date _____ Time _____		
<i>If the answer is yes to any of the above questions, the C-SSRS Risk Assessment Tool must be completed by ministry designate staff.</i>		

Initial Level of Risk For Suicide (based on highest affirmative answer above):

- No Risk
- Low Risk
- Moderate Risk
- High Risk