

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
 Screen with Triage Points for **Outpatient/Ambulatory**

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

**Response Protocol to C-SSRS Screening**

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| Item 1 Behavioral Health Referral  |
| Item 2 Behavioral Health Referral  |
| Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions |
| Item 4 Behavioral Health Consultation and Patient Safety Precautions                                       |
| Item 5 Behavioral Health Consultation and Patient Safety Precautions                                       |
| Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions |
| Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions                 |