**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screening Version – Since Last Contact*

| **SUICIDE IDEATION DEFINITIONS AND PROMPTS** | **Since Last Contact** | |
|---|---|---|
| **Ask questions that are bold and underlined** | **YES** | **NO** |
| **Ask Questions 1 and 2** | | |
| **1) *Have you wished you were dead or wished you could go to sleep and not wake up?*** | | |
| **2) *Have you actually had any thoughts of killing yourself?*** | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6** | | |
| **3) *Have you been thinking about how you might do this?***<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.*" | | |
| **4) *Have you had these thoughts and had some intention of acting on them?***<br>As opposed to "*I have the thoughts but I definitely will not do anything about them.*" | | |
| **5) *Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?*** | | |
| **6) *Have you done anything, started to do anything, or prepared to do anything to end your life?***<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. | | |

**Recommended Response Protocol to C-SSRS Screening**

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 Consultation and Patient Safety Precautions

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