

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are <u>bolded</u> and <u>underlined</u>.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u><i>Have you actually had any thoughts of killing yourself?</i></u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>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> " <u><i>Have you been thinking about how you might kill yourself?</i></u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> " <u><i>Have you had these thoughts and had some intention of acting on them?</i></u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u><i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i></u>		
6) Suicide Behavior Question: <u><i>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</i></u> 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. If YES, ask: <u>How long ago did you do any of these?</u> • Over a year ago? • Between three months and a year ago? • Within the last three months?		

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Complete For Positive Screens

Patient Name: _____

Month of Screening: _____

Age: _____ Gender: _____ Zip code: _____

Phone number: _____

Sexual Orientation: Heterosexual Gay/Lesbian Bisexual Unknown

Therapist assigned: _____

Complete For Negative Screens

Age: _____ Gender: _____ Month of Screening: _____

**Original form goes in patient file and a copy is given to Garrett Lee
Smith Grant (make sure copy has both sides).**