

Columbia Suicide Severity Rating Scale (C-SSRS) — Adult/Adolescent (≥12 years)

Lifetime/Recent Assessment

Suicidal Ideation				
Ask questions 1 and 2. If both questions are negative, proceed to Suicidal Behavior section. If the answer to question 2 is yes, ask questions 3, 4, and 5. If the answer to question 1 and/or 2 is yes, complete Intensity of Ideation section.			Lifetime: time he/she felt most suicidal	
Questions	What a positive response indicates	Yes	No	Past 1 month
1. Have you wished you were dead or wished you could go to sleep and not wake up? If yes, describe:	Wish to be dead. Subject endorses thoughts about a wish to be dead or not alive anymore, or a wish to fall asleep and not wake up. Example: "I've wished I wasn't alive anymore."	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you actually had any thoughts of killing yourself? If yes, describe:	Non-specific active suicidal thoughts. General non-specific thoughts of wanting to end one's life/commit suicide. Example: "I've thought about killing myself."	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been thinking about how you might kill yourself? If yes, describe:	Active suicidal ideation with any methods (not plan) without intent to act. Person endorses thoughts of suicide and has thought of a least one method. Example: "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."	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you had these thoughts and had some intention of acting on them? If yes, describe:	Active suicidal ideation with some intent to act. Active suicidal thoughts of killing oneself, and patient reports having some intent to act on such thoughts. Example: "I have had the thoughts, and I have considered acting on them." Not: "I have the thoughts but I definitely will not do anything about them."	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? If yes, describe:	Active suicidal ideation 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. Example: "Next Thursday when I know my husband will be at the office late, I am going to take the sleeping pills I keep in the upstairs medicine cabinet."	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Intensity of Ideation		
Clinician assessment: Ask about time the patient was feeling the most suicidal. Rate the following features with respect to the most severe type of ideation (i.e., from questions 1–5 above, with a positive response to question 1 being the least severe and 5 being the most severe). Lifetime—most severe ideation: _____ Description of ideation: _____ Recent—most severe ideation: _____ Description of ideation: _____ Enter # (1–5)	Lifetime	Past 1 month
	Most severe	Most severe
Frequency: How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2–5 times per week (4) Daily or almost daily (5) Many times each day		
Duration: When you have the thoughts, how long do/did they last? (1) Fleeting — a few seconds or minutes (3) 1–4 hours/a lot of the time (5) More than 8 hours/persistent or continuous (2) Less than 1 hour/some of the time (4) 4–8 hours/most of the day		
Controllability: Could/can you stop thinking about killing yourself or wanting to die if you want to? (1) Easily able to control thoughts (3) Can control thoughts with some difficulty (5) Unable to control thoughts (2) Can control thoughts with little difficulty (4) Can control thoughts with a lot of difficulty (0) Does not attempt to control thoughts		
Deterrents: Are there things that stopped you from wanting to die or acting on thoughts of killing yourself? (Anyone or anything, such as family, religion, pain of death.) (1) Deterrents definitely stopped you from attempting suicide (3) Uncertain that deterrents stopped you (5) Deterrents definitely did not stop you (2) Deterrents probably stopped you (4) Deterrents most likely did not stop you (0) Does not apply		
Reasons for Ideation: What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words, you couldn't go on living with this pain or how you were feeling), or was it to get attention, revenge, or a reaction from others? Or both? (1) Completely to get attention, revenge, or reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (2) Mostly to get attention, revenge, or reaction from others (3) Equally to get attention, revenge, or reaction from others and to stop/end the pain (0) Does not apply		

Clinician Signature: _____ Date: _____ Time: _____



Screen50043

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Suicidal Behavior				
Check all that apply, so long as they are separate events; must ask all questions.				
Questions	What a positive response indicates	Lifetime		Past 3 months
<p>Have you made a suicide attempt?</p> <p>Have you done anything to harm yourself?</p> <p>Have you done anything dangerous where you could have died?</p> <p>What did you do?</p> <p>Did you _____ as a way to end your life?</p> <p>Did you want to die (even a little) when you _____?</p> <p>Were you trying to end your life when you _____?</p> <p>Or did you think it was possible you could die from _____?</p> <p>Or did you do it purely for other reasons/without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Note: This indicates self-injurious behavior without suicidal intent.)</p> <p>If yes, describe:</p>	<p>Actual attempt. A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be injury or harm, just the potential for injury or harm. For example, if a person pulls the trigger with gun in mouth but gun is broken so no injury results, this is considered an attempt.</p> <p>Inferring intent. Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<p>Clinician assessment: Has the patient engaged in non-suicidal self-injurious behavior?</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<p>Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?</p> <p>If yes, describe:</p>	<p>Interrupted attempt. When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act. (If not for that, actual attempt would have occurred.)</p> <p>Examples: Overdose: Person has pills in hand but is stopped from ingesting. (Once they ingest any pills, this becomes an attempt rather than an interrupted attempt.) Shooting: Person has gun pointed toward self, gun is taken away by someone else, or person is somehow prevented from pulling trigger. (Once the person pulls the trigger, even if the gun fails to fire, it is an attempt.) Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang/is stopped from doing so.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<p>Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?</p> <p>If yes, describe:</p>	<p>Aborted or self-interrupted attempt. When person takes steps toward making a suicide attempt, but stops him/herself before he/she actually has engaged in any self-destructive behavior.</p> <p>Examples: Similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<p>Have you taken any steps toward making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away, or writing a suicide note)?</p> <p>If yes, describe:</p>	<p>Preparatory acts or behavior. Acts or preparation toward imminently making a suicide attempt.</p> <p>Examples: Can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<p>Clinician assessment of lethality</p>				
<p>Actual lethality/medical damage code:</p> <p>0. No physical damage or very minor physical damage (e.g., surface scratches).</p> <p>1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).</p> <p>2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).</p> <p>3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).</p> <p>4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).</p> <p>5. Death</p>	<p>Most recent attempt</p> <p>Date: _____</p> <p>Enter code: _____</p>	<p>Most lethal attempt</p> <p>Date: _____</p> <p>Enter code: _____</p>	<p>Initial/first attempt</p> <p>Date: _____</p> <p>Enter code: _____</p>	
<p>Potential lethality: only answer if actual lethality code above = 0</p> <p>Likely lethality of actual attempt if no medical damage. (The following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over.)</p> <p>0 = Behavior not likely to result in injury</p> <p>1 = Behavior likely to result in injury but not likely to cause death</p> <p>2 = Behavior likely to result in death despite available medical care</p>	<p>Enter code: _____</p>	<p>Enter code: _____</p>	<p>Enter code: _____</p>	