

Columbia Suicide Severity Rating Scale (C-SSRS) — Pediatric (≤11 years) Lifetime/Recent Assessment

Some questions include options for different wording. Ask one question for each, and use the alternate wording to probe further if appropriate.

Suicidal Ideation					
Questions		What a positive response indicates	Lifetime: time he/she felt most suicidal		Past 1 month
1. Have you thought about being dead or what it would be like to be dead? <i>Have you wished you were dead or wished you could go to sleep and never wake up?</i> <i>Do you ever wish you weren't alive anymore?</i> 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"/>
2. Have you thought about doing something to make yourself not alive anymore? <i>Have you had any thoughts about killing yourself?</i> 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"/>
3. Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about? 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"/>
4. When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? <i>This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.</i> 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"/>
5. Have you ever decided how or when you would make yourself not alive anymore/kill yourself? Have you ever planned out (worked out the details of) how you would do it? <i>What was your plan?</i> <i>When you made this plan (or worked out these details), was any part of you thinking about actually doing it?</i> 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. "Next Thursday when my parents are sleeping, I am going to take the sleeping pills in the upstairs medicine cabinet."		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Intensity of Ideation		
Questions	Lifetime	Past 1 month
Clinician assessment: The following features should be rated 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: _____ Enter # (1–5) Recent—most severe ideation: _____ Description of ideation: _____ Enter # (1–5)	Most severe	Most severe
Frequency: How many times have you had these thoughts? Write response: _____ (1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/not applicable		



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Suicidal Behavior						
Questions		What a positive response indicates	Lifetime: time he/she felt most suicidal	Past 3 months		
<p>Check all that apply, so long as they are separate events; must ask all questions.</p> <p>Did you ever do anything to try to kill yourself or make yourself not alive anymore? What did you do?</p> <p>Did you ever hurt yourself on purpose? Why did you do that?</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 make yourself not alive anymore 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, not at all to end your life or kill yourself (like to make yourself feel better, 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 the person the pulls 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"/>	No <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"/>	No <input type="checkbox"/>
<p>Clinician assessment: Has the patient engaged in self-injurious behavior, intent unknown?</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?</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"/>	No <input type="checkbox"/>
			Total # of interrupted		Total # of interrupted	
<p>Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?</p> <p>If yes, describe:</p>		<p>Aborted or self-interrupted attempt. When person begins to take steps toward making a suicide attempt, but stops him/herself before he/she actually has engaged in any self-destructive behavior. Examples are 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"/>	No <input type="checkbox"/>
			Total # of aborted or self-interrupted		Total # of aborted or self-interrupted	
<p>Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself), like giving things away, writing a goodbye note, getting things you need to kill yourself?</p> <p>If yes, describe:</p>		<p>Preparatory acts or behavior. Acts or preparation toward imminently making a suicide attempt.</p> <p>Examples: 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"/>	No <input type="checkbox"/>

Clinician assessment: Answer for actual attempts only			
<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>Most lethal attempt</p> <p>Date: _____</p>	<p>Initial/first attempt</p> <p>Date: _____</p>
	Enter code: _____	Enter code: _____	Enter code: _____
	_____	_____	_____
<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>	Enter code: _____	Enter code: _____	Enter code: _____

Clinician Signature: _____ Date: _____ Time: _____