

Columbia Suicide University Severity Rating Scale (C-SSRS)

Screening Version - Recent Episode

APPLICANT DETAILS

Full Name:	
Date of Birth:	
Address:	
Contact Number:	
Emergency Contact Name:	
Emergency Contact Number:	
Date of Assessment:	

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Past Month

Questions	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake up?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you actually had any thoughts about taking your own life?	<input type="checkbox"/>	<input type="checkbox"/>

If YES to question 2, ask questions 3, 4, 5, and 6. If NO to question 2, go directly to question 6.

Questions	YES	NO
1. Have you been thinking about how you might do this? (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.")	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had these thoughts and had some intention of acting on them? (As opposed to "I have the thoughts but I definitely will not do anything about them.")	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you started to work out or worked out the details of how to take your own life? Do you intend to carry out this plan?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever done anything, started to do anything, or prepared to do anything to end your life? (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.)	<input type="checkbox"/>	<input type="checkbox"/>
Was the act in question 6 within the past three months?	<input type="checkbox"/>	<input type="checkbox"/>

Risk Assessment:

Low Risk	Moderate Risk	High Risk
X	XX	XXX

NOTES

Use this space to record any significant observations, comments, or other relevant information regarding the applicant's responses or demeanor during the assessment.

Please note that this is a very sensitive and serious assessment. This tool should be used by trained mental health professionals only and any person found at risk should be provided with immediate assistance and treatment.