

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

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RISK ASSESSMENT VERSION

(* elements added with permission for Lifeline centers)

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Suicidal and Self-Injury Behavior (Past week)		Clinical Status (Recent)	
☐ Actual suicide attempt	☐ Lifetime	☐ Hopelessness	
☐ Interrupted attempt	☐ Lifetime	☐ Helplessness*	
☐ Aborted attempt	☐ Lifetime	☐ Feeling Trapped*	
☐ Other preparatory acts to kill self	☐ Lifetime	☐ Major depressive episode	
☐ Self-injury behavior w/o suicide intent	☐ Lifetime	☐ Mixed affective episode	
Suicide Ideation (Most Severe in Past Week)		☐ Command hallucinations to hurt self	
☐ Wish to be dead		☐ Highly impulsive behavior	
☐ Suicidal thoughts		☐ Substance abuse or dependence	
☐ Suicidal thoughts with method (but without specific plan or intent to act)		☐ Agitation or severe anxiety	
☐ Suicidal intent (without specific plan)		☐ Perceived burden on family or others	
☐ Suicidal intent with specific plan		☐ Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)	
Activating Events (Recent)		☐ Homicidal ideation	
☐ Recent loss or other significant negative event		☐ Aggressive behavior towards others	
Describe:		☐ Method for suicide available (gun, pills, etc.)	
		☐ Refuses or feels unable to agree to safety plan	
☐ Pending incarceration or homelessness		☐ Sexual abuse (lifetime)	
☐ Current or pending isolation or feeling alone		☐ Family history of suicide (lifetime)	
Treatment History		Protective Factors (Recent)	
☐ Previous psychiatric diagnoses and treatments		☐ Identifies reasons for living	
☐ Hopeless or dissatisfied with treatment		☐ Responsibility to family or others; living with family	
☐ Noncompliant with treatment		☐ Supportive social network or family	
☐ Not receiving treatment		☐ Fear of death or dying due to pain and suffering	
Other Risk Factors		☐ Belief that suicide is immoral, high spirituality	
☐		☐ Engaged in work or school	
		☐ Engaged with Phone Worker *	
		Other Protective Factors	
		☐	

Describe any suicidal, self-injury or aggressive behavior (include dates):

SUICIDAL IDEATION		Lifetime: Time He/She Felt Most Suicidal	Past 1 month
Ask questions 1 and 2. If both 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 below.			
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i> If yes, describe:		Yes No ☐ ☐	Yes No ☐ ☐
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. <i>Have you actually had any thoughts of killing yourself?</i> If yes, describe:		Yes No ☐ ☐	Yes No ☐ ☐
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "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>Have you been thinking about how you might do this?</i> If yes, describe:		Yes No ☐ ☐	Yes No ☐ ☐
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <i>Have you had these thoughts and had some intention of acting on them?</i> If yes, describe:		Yes No ☐ ☐	Yes No ☐ ☐
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. <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> If yes, describe:		Yes No ☐ ☐	Yes No ☐ ☐
INTENSITY OF IDEATION			
<i>The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.</i>			
Lifetime - Most Severe Ideation: _____ Type # (1-5) Description of Ideation		Most Severe	Most Severe
Recent - Most Severe Ideation: _____ Type # (1-5) Description of Ideation			
Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day		_____	_____
Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time		_____	_____
Controllability Could/can you stop thinking about killing yourself or wanting to die if you want to? (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts		_____	_____
Deterrents Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide? (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped 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 a 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) (2) Mostly to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (0) Does not apply		_____	_____

(Check all that apply, so long as these are separate events; must ask about all types)

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