

# COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

## New York State Zero Suicide Screening Version

	Past 3 months	Lifetime
<b>Ask questions 1 and 2</b>		
1) Have you wished you were dead or wished you could go to sleep and not wake up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Have you actually had any thoughts of killing yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If YES to 2, ask questions 3-7. If NO to 2, go directly to questions 6-7.</b>		
3) Have you been thinking about how you might do this?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Have you had these thoughts and had some intention of acting on them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Have you done anything, started to do anything, or prepared to do anything to end your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Have you made a suicide attempt (took an action to end your life)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7a) How many attempts have you ever made?		<b># attempts:</b>
7b) How long ago was your most recent attempt?		<input type="checkbox"/> Past 3 months* <input type="checkbox"/> 4-12 months* <input type="checkbox"/> Between 1-5 years <input type="checkbox"/> Over 5 years

### CPEP/Inpatient Settings

Negative C-SSRS

=> Universal Precautions

If Yes to 4-6

=> Safety Plan & Plan for 2 Foreseeable Changes + Universal Precautions

\*If Yes to 7 past 12 months

=> Safety Plan & Plan for 2 Foreseeable Changes + Universal Precautions

### Outpatient Settings

Negative C-SSRS

=> Universal Precautions

If Yes to 4-6

=> Safety Plan & Plan for 2 Foreseeable Changes + Universal Precautions

\*If Yes to 7 past 3 months

=> Safety Plan & Plan for 2 Foreseeable Changes + Universal Precautions

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