

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) NYASCC Screening Version

Qs 1-5 ask about suicidal ideation; Qs 6-7 assess suicidal behavior (with Q 7 assessing past suicide attempt specifically)	Past 3 months	Lifetime	
Ask the first two questions. If NO to both, skip to Q6; If YES to Q2, ask Qs 3-7			
1- Wish to die: <i>Have you ever wished you were dead or wished you could go to sleep and not wake up?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2- Active suicidal ideation: <i>Have you actually had any thoughts of killing yourself?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3- Suicidal ideation with method: <i>Have you been thinking about how you might do this?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4- Suicidal ideation with intent: <i>Have you had these thoughts and had some intention of acting on them?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5- Suicidal ideation with intent and plan: <i>Have you started to work or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6 – Suicidal behavior: <i>Have you done anything, started to do anything, or prepared to do anything to end your life?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 – Suicide attempt: <i>Have you made a suicide attempt (took an action to end your life)?</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>How many attempts have you ever made?</i>			# _____
<i>How long ago was your most recent attempt?</i>			<input type="checkbox"/> Past 3m <input type="checkbox"/> 4-12m <input type="checkbox"/> 1-5 yrs. <input type="checkbox"/> 5 yrs.+

Suggested Risk Level:		
Low	Moderate	High