

COLUMBIA SUICIDE-SEVERITY RATING SCALE (C-SSRS)

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Definitions of behavioral suicidal events in this scale are based on those used in **The Columbia Suicide History Form**, developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M.A., Halberstam B. & Mann J. J, Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] Standardized Evaluation in Clinical Practice, pp. 103 -130, 2003.)

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Answer for Actual Attempts Only	Most Recent Attempt Date:	Worst/Most Lethal Attempt Date:	Initial/First Attempt Date:
Actual Lethality/Medical Damage: 0. No physical damage or very minor physical damage (e.g. surface scratches). 1. Minor physical damage (e.g. lethargic speech, first degree burns, mild bleeding, sprains). 2. Moderate physical damage; medical attention needed (e.g. conscious but sleepy; somewhat responsive, second degree burns, bleeding of major vessel). 3. Moderately severe physical damage; <i>medical</i> 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). 4. Severe physical damage; <i>medical</i> 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). 5. Death	Enter Code _____	Enter Code _____	Enter Code _____
Potential Lethality: Only Answer if Actual Lethality=0 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). 0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care	Enter Code _____	Enter Code _____	Enter Code _____

SUICIDAL IDEATION			
Ask about all 5 types of ideation, starting with least severe (wish to be dead) through most severe.		Since Last Assessment or For Baseline Time He/She Felt Most Suicidal	Last Week
Non-suicidal Suicidal ideation present during the assessment period.		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
1. Wish to be Dead Subject endorses thoughts about their own death, including any of the following: a wish to be dead/better off dead, wish he/she were never born, thoughts that life is not worth living or the world would be better off without him/her, wish to fall asleep and not wake up, Have you wished you were dead or wished you could go to sleep and not wake up? Do you think that it might be better if you weren't alive any more? <i>Frequency of Ideation: _____</i>		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you actually had any thoughts of killing yourself? <i>Frequency of Ideation: _____</i>		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
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". Have you been thinking about how you might do this? <i>Frequency of Ideation: _____</i>		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
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". Have you had these thoughts and had some intention of acting on them? <i>Frequency of Ideation: _____</i>		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
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. 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>Frequency of Ideation: _____</i>		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

INTENSITY OF IDEATION						
Ideation Type <u>Since Last Assessment</u> Most Common Ideation: _____ Most Severe Ideation: _____ <u>Baseline</u> Most Common Ideation: _____ Most Severe Ideation: _____	Type # (1-5)	Description of Ideation	Since Last Assessment or For Baseline Time He/She Felt Most Suicidal Last Week			
The following features should be rated with respect to both most common and most severe types of ideation experienced since last assessment visit / last week.. For baseline or first assessment, ask about time he/she was feeling the most suicidal. Only rate most common if most severe and most common are different.			Most Common	Most Severe	Most Common	Most Severe
Frequency How many times have you had the thoughts since your last assessment / do you usually have these thoughts? How many times have you had the thoughts in the last week?						
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 2. Less than 1 hour/some of the time 3. 1-4 hours/a lot of time 4. 4-8 hours/most of day 5. More than 8 hours/persistent or continuous			_____	_____	_____	_____
Controllability Could /can you stop thinking about killing yourself or wanting to die if you want to?						
1. Easily able to control thoughts 2. Can control thoughts with little difficulty 3. Can control thoughts with some difficulty 4. Can control thoughts with a lot of difficulty 5. Unable to control thoughts 8. Does not attempt to control thoughts			_____	_____	_____	_____
Deterrents to Active Attempt Are there things - anyone or anything (e.g. family, religion, pain of death) - that stopped you from taking your life or acting on thoughts of committing suicide?						
1. Deterrents definitely stopped you from attempting suicide 2. Deterrents probably stopped you 3. Uncertain that deterrents stopped you 4. Deterrents most likely did not stop you 5. Deterrents definitely did not stop you 8. Does not apply; wish to die only			_____	_____	_____	_____

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.
2. Mostly to get attention, revenge or a reaction from others.
3. Equally to get attention, revenge or a reaction from others and to end/stop the pain.
4. Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling).
5. Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling).
