

COLUMBIA- SUICIDE SERVERITY RATING SCALE (C-SSRS)

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RISK ASSESSMENT VERSION

(* elements added with permission for Lifeline centers)

INSTRUCTION: Check all risk and protective factor 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 kiss self	Lifetime	Major depressive episode	
Self-injury behavior w/o suicide intent	Lifetime	Mixed affective episode	
SUICIDE IDEATION (MOST SEVERE IN PAST WEEK)		Command hallucination to hurt self	
Wish to be dead		Highly impulsive behavior	
Suicidal thoughts		Substance abuse or dependence	
Suicidal though with method (but within specific plan) or intent to act		Agitation or sever anxiety	
Suicidal intent (without specific plan)		Perceived burden on family or other	
Suicidal intent with specific plan		Chronic physical pain or other acute Medical problem (Aids, COPD, 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.)	
		Refuse 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 treatment		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	
OTHER PROTECTIVE FACTORS		Engaged with Phone Worker*	

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

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SUICIDAL IDEATION

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.

Lifetime: time
He/She Felt
Most Suicidal

Past 1 month

1. WISH TO BE DEAD

Subject endorses though about a wish to be dead or not alive anymore, or 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?

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.

Have you actual had any thoughts of killing yourself?

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 detail worked out (e.g., thoughts of method to kill self but not 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?

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 some intent to act on such thoughts, 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?

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.

Have you started to work out or worked out the detail of how to kill yourself? Do you intent to carry out this plan?

If yes, describe:

Yes No

Yes No

INTENSITY OF IDEATION

The following features should be rated with respect to the most sever type of ideation (i.e., 1-5 from above, with 1being the least sever).Ask about time he/she was felling the most suicidal.

Lifetime – Most Severe Ideation:

Type#(1-5)

Description Of Ideation

Most Severe

Most Severe

Lifetime – Most Severe Ideation:

Type#(1-5)

Description Of Ideation

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FREQUENCY <i>Have you actual had any thoughts of killing yourself?</i> (1) less than once a week (2) once a week (3) 2-5 time in week (4) Daily or almost daily (5) many times each day	_____	_____
DURATION <i>When you have the thoughts how long do they last?</i> (1) Fleeting-few second 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 <i>Could/ can you stop thinking about killing yourself or wanting to die if you want to?</i> (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 (6) Does not attempt to control thoughts	_____	_____
DETERRENTS <i>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?</i> (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 (6) Does not apply	_____	_____
REASONS FOR I DEATION <i>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 others 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?</i> (1) Completely to get attention, revenge or reaction from others (2) mostly to get attention ,revenge or a reaction from other (3) Equally to get attention, revenge or a reaction from other and to end/stop the pain (4) mostly to end or stop the pain(you couldn't go on (5) completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (6) Does not apply.	_____	_____
SUICIDAL BEHAVIOUR <i>(Check all that apply, so long as these are separate events; musk ask about all types)</i>		
ACTUAL ATTEMPT: A potentially self –injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill one self .intent does not have to be 100% if there is any intent desire to die associate with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm , just the potential for injury or harm. If persons pulls trigger while gun is in mouth but gun is broken so no injury result, this is considered an attempt. Inferring intent: Even if an accident so no other intent but suicide can be inferred (e.g.' gunshot to head, jumping from window of a high floor/ story). Also, if someone denies intent to die, but they though that what they did could be lethal, intent may be inferred. Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? What did you do? Did you _____ as a way to end your life? Did you want to die (even a little) when you _____? Were you trying to end tour life when you _____? Or Did you think it was possible you could have died from _____? Or did you do it purely for other reason / without ANY intention of killing yourself (like to relive stress, feel better, get sympathy, or get something else to happen)? (Self-injurious behavior without suicidal intent)	Yes No Total# of Attempts _____	Yes No Total# of Attempts _____

COLUMBIA- SUICIDE SEVERITY RATING SCALE (C-SSRS)

If yes, describe:				
<i>Has subject engaged in Non-suicidal self-Injurious Behavior?</i>	Yes	No	Yes	No
INTRUPTED ATTEMPT: <i>When the persons is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that actually attempt would have occurred).</i> Overdose: persons pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt, shooting: person has gun pointed toward self gun, is taken away by someone else or is somehow prevented from pulling once they pull the trigger, even if the gun fails to fire, it is an attempt jumping: person is poised to jump, is grabbed and taken down from ledge. Hanging: person has noose around neck but has not yet started to hang – is stopped from doing so. <i>Has there been a time when you stared to do something to end your life but someone or something stopped you before you actually did anything?</i> If yes, describe:	Yes	No	Yes	No
	Total# of interrupted _____		Total# of interrupted _____	
ABORTED OR SELF-INTRRUPTED ATTEMPT: When person begins to take steps toward making a suicide attempt .but stop themselves before they actually have engaged in any self- destructive behavior. Example are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. <i>Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?</i> If yes, describe:	Yes	No	Yes	No
	Total# of aborted or self-interrupted _____		Total# of aborted or self-interrupted _____	
PREPARATORY ACTS OR BEHAVIOR: Act preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g.' buying pills purchasing a gun) or preparing for one's death by suicide e.g., giving things away wiring a suicide note). <i>Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?</i> If yes, describe:	Yes	No	Yes	No
	Total# of preparatory acts _____		Total# of preparatory acts _____	

	MOST RECENT ATTEMPT DATE:	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 vessels) 3. Moderately severe physical damage; medical 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. Several physical damage; medical hospitalization with intensive care required (e.g. comatose without reflex; third degree burns over 20% of body; extensive blood loss with unstable vital sings; 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 _____