

COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen with Triage Points for **Victim Advocates***

| Ask questions that are in bold and underlined. | Past month | |
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| Ask Questions 1 and 2 | YES | NO |
| 1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> | | |
| 2) <u>Have you actually had any thoughts of killing yourself?</u> | | |
| If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. | | |
| 3) <u>Have you been thinking about how you might do this?</u> <i>e.g. "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> | | |
| 4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i> | | |
| 5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> | | |
| 6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. | Lifetime | |
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| | Past 3 Months | |
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| If YES, ask: <u>Was this within the past 3 months?</u> | | |

Possible Response Protocol to C-SSRS Screening

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| <p>Item 1 Behavioral Health Referral</p> <p>Item 2 Behavioral Health Referral</p> <p>Item 3 Behavioral Health Referral</p> <p>Item 4 Behavioral Health Consultation and Patient Safety Precautions</p> <p>Item 5 Behavioral Health Consultation and Patient Safety Precautions</p> <p>Item 6 Lifetime: Behavioral Health Referral</p> <p>Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions</p> |
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