## Columbia-Suicide Severity Rating Scale

**--Screening Tool--**

### Suicide Ideation and Behavior Prompts

<table>
<thead>
<tr>
<th>QUESTION #</th>
<th>PROMPTS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>[ ] Go to 2</td>
<td>[ ] Go to 2</td>
</tr>
<tr>
<td>2</td>
<td>• Have you actually had any thoughts of killing yourself?</td>
<td>[ ] Go to 3, 4, 5 &amp; 6</td>
<td>[ ] Go to 6</td>
</tr>
<tr>
<td>3</td>
<td>• Have you been thinking about how you might kill yourself</td>
<td>[ ] Go to 4, 5 &amp; 6</td>
<td>[ ] Go to 6</td>
</tr>
<tr>
<td>4</td>
<td>• Have you had these thoughts and had some intention of acting on them?</td>
<td>[ ] Go to 5 &amp; 6</td>
<td>[ ] Go to 6</td>
</tr>
</tbody>
</table>
| 5          | • (a) Have you started to work out or worked out the details of how to kill yourself? If "yes":  
• (b) Do you intend to carry out this plan?     | [ ] Go to 5 (b) | [ ] Go to 6 |
| 6          | • (a) Have you ever done anything, started to do anything, or prepared to do anything to end your life? If "yes":  
• (b) How long ago did you do any of these?   | [ ] Go to 6 (b) | STOP |

- [ ] Within the last 3 months?
- [ ] Between 3 months and 1 year
- [ ] Over 1 year ago
**Color Key for Action Steps:**
- **Green** = Risk level moderate. **INTERVENTION**: Refer to Counseling Services, next available appointment
- **Yellow** = Risk level elevated. **INTERVENTION**: Refer to Counseling Services, urgent appointment, summary of agreement in place
- **Red** = Risk level extreme. **INTERVENTION**: Call ambulance or immediate transport to Sacred Heart Emergency Department

<table>
<thead>
<tr>
<th>QUESTION #</th>
<th>DEFINITIONS</th>
<th>PROMPTS WITH DESCRIPTIONS</th>
</tr>
</thead>
</table>
| 1          | **Ideation I**  
Wish to be dead | • Have you wished you were dead or wished you could go to sleep and not wake up?  
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. |
| 2          | **Ideation II**  
Suicidal thoughts | • Have you actually had any thoughts of killing yourself?  
General non-specific thoughts of wanting to end one’s life / commit suicide without general thoughts of ways to kill oneself / associated methods, intent or plan.  
“I’ve thought about killing myself” |
| 3          | **Suicidal Thoughts with Method**  
(without a specific plan or intent to act) | • Have you been thinking about how you might kill yourself?  
Person 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.  
“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.” |
| 4          | **Suicidal Intent I**  
(without specific plan) | • Have you had these thoughts and had some intention of acting on them?  
Active suicidal thoughts of killing oneself and patient 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.” |
| 5          | **Suicide Intent II**  
(with specific plan) | • Have you started to work out or worked out the details of how to kill yourself?  
If “yes”:
  - Do you intend to carry out this plan?  
Thoughts of killing oneself with details of plan (when, where, or how) fully or partially worked out and person has some intent to carry it out. |
| 6          | **Suicide Behavior Question**  
| • Have your ever done anything, started to do anything, or prepared to do anything to end your life?  
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  
  - Actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.  
If “yes”:
  - How long ago did you do any of these?  
□ Within the last three months?  □ Between 3 months and 1 year  □ Over 1 year ago? |