

COLUMBIA-SUICIDE SEVERITY RATING SCALE

DATE: _____

Answer yes or no to following questions	In the past month	
	YES	NO
1) <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>		
2) <i>Have you actually had any thoughts of killing yourself?</i>		
If YES to 2, answer questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <i>Have you been thinking about how you might do this?</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."		
4) <i>Have you had these thoughts and had some intention of acting on them?</i> As opposed to "I have had thoughts but I definitely will not do anything about them."		
5) <i>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</i>		
6) <i>Have you done anything, started to do anything, or prepared to do anything to end your life?</i> 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. Please explain: _____ _____ _____		

Staff reviewing assessment: _____ Date: _____