

**COLUMBIA-SUICIDE SEVERITY RATING SCALE** Date: \_\_\_\_\_

<b>SUICIDE IDEATION DEFINITIONS AND PROMPTS</b>	<b>Since Last Visit</b>	
	<b>YES</b>	<b>NO</b>
<b>Ask questions that are bold and <u>underlined</u></b>		
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  <u><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></u>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/die by suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan.  <u><i>Have you actually had any thoughts of killing yourself?</i></u>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>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> "  <u><i>Have you been thinking about how you might do this?</i></u>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> "  <u><i>Have you had these thoughts and had some intention of acting on them?</i></u>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.  <u><i>Have you started to work out or worked out the details of how to kill yourself and did you intend to carry out this plan?</i></u>		
<b>6) Suicide Behavior</b>  <u><i>Have you done anything, started to do anything, or prepared to do anything to end your life?</i></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.		

**Orange and Red responses should be reviewed with the team Mental Health Professional and team should develop plan for safety with the CCS participant which may involve further evaluation, crisis stabilization placement/services, or hospitalization.**

**Journey Mental Health Center Crisis: (608) 280-2600**