

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Columbia Suicide Severity Rating Scale (C-SSRS) - Screener – Recent	PAST MONTH	
	Yes	No
Ask questions 1 and 2.		
1. Have you wished that you could go to sleep and never wake up or that you were dead?		
2. Have you thought about killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. Did you think about ways you could kill yourself?		
4. Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something. Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?		
5. Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?		
Always ask question 6		
6. Have you <u>EVER</u> tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself?		
If YES, was this in the past 3 months?		
Examples: took pills, tried to shoot yourself, cut yourself or hang yourself, 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, wrote, or sent a goodbye message, did research on the internet about killing yourself, or got what you needed to kill yourself, etc.		

- Low Risk
- Moderate Risk
- High Risk

Screened by: \_\_\_\_\_

**Orange and Red responses should be reviewed with the team Mental Health Professional and the 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 24/7 Crisis Line: (608) 280-2600**