

# COLUMBIA-SUICIDE SEVERITY RATING SCALE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past month	
Answer questions that are in bold and underlined.	YES	NO
<b>Answer Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> <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> <u><i>Have you had any actual thoughts of killing yourself?</i></u>		
If YES to 2, answer questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> <u><i>Have you been thinking about how you might do this?</i></u>		
<b>4) Suicidal Intent (without Specific Plan):</b> <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> <u><i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i></u>		
<b>6) Suicide Behavior Question</b> <u><i>Have you ever 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.	<b>Lifetime</b>	
	<b>Past 3 Months</b>	
<b>If YES: <u>Was this within the past 3 months?</u></b>		