



**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
*Lifetime-Recent Screen with Risk Levels*

Client Name:		Date Completed:			
Date of Birth:	Medical Record No.:	Mark boxes with an "X" as appropriate			
		Lifetime		Past Month	
Ask Questions 1 and 2		YES	NO	YES	NO
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>					
2) <u>Have you actually had any thoughts of killing yourself?</u>					
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6</b>					
3) <u>Have you been thinking about how you might do this?</u> <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."</i>					
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>					
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>					
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> <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.</i>		Lifetime		Past 3 Months	

**Possible Next Steps:** **Risk Level = Highest risk of all positively endorsed questions**

Low Risk	Medium Risk	High Risk
<ul style="list-style-type: none"> <li>Non-Clinical staff must consult with clinical level staff (i.e. CT I/II, CS)</li> <li>Open and/or link to behavioral health services, if applicable</li> <li>Provide and review information for crisis services (CWIC, CSU, CCRT, Acute Psychiatric Inpatient Hospitals)</li> <li>Consult with Program Supervisor (i.e. CS, PM I, PM II)</li> <li>Document in chart (ID Note) and upload this screener (Document Capture)</li> </ul>	<ul style="list-style-type: none"> <li>Non-Clinical staff must consult with clinical level staff (i.e. CT I/II, CS)</li> <li><b>Past Three (3) Months:</b> <ul style="list-style-type: none"> <li>Open and/or link to services IMMEDIATELY for MH follow-up, including possible referral to CSU or CWIC</li> <li>Provide and review information for crisis services</li> <li>Safety planning, including involving client's support system</li> </ul> </li> <li><b>Lifetime:</b> <ul style="list-style-type: none"> <li>Open and/or link to behavioral health services</li> <li>Safety planning, including involving client's support system if, applicable</li> <li>Provide information for crisis services (CWIC, CSU, CCRT, Acute Psychiatric Inpatient Hospitals), if applicable</li> <li>Consult with Program Supervisor (i.e. CS, PM I, PM II)</li> </ul> </li> <li>Document in chart (ID Note) and upload this screener (Document Capture)</li> </ul>	<ul style="list-style-type: none"> <li>Non-Clinical staff must consult with clinical level staff (i.e. CT I/II, CS)</li> <li>Consult with Program Supervisor (i.e. CS, PM I, PM II) immediately</li> <li>Arrange for and/or conduct an immediate evaluation of current suicide risk and <b>if applicable</b> <ul style="list-style-type: none"> <li>Refer and/or transport to CSU, CWIC, or Acute Psychiatric Inpatient Hospitals</li> <li>Coordinate immediate hospitalization (5150/5585) and facilitate and/or provide transportation</li> </ul> </li> <li>Safety planning, including involving client's support system</li> <li>Document in chart (ID Note) and upload this screener (Document Capture)</li> </ul>