

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screener/Recent – Self-Report

Answer Questions 1 and 2	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 about 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 thought about how you might do this?</i>		
4) <i>Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</i>		
5) <i>Have you started to work out or worked out the details of how to kill yourself?</i> <i>Do you intend to carry out this plan?</i>		
	In the Past 3 Months	
6) <i>Have you done any of the following?</i> <u><i>Attempted to kill yourself even if ending your life was only part of your motivation</i></u> <u><i>Started to do something to end your life but someone or something stopped you before you actually did anything</i></u> <u><i>Started to do something to end your life but you stopped yourself before you actually did anything</i></u> <u><i>Taken any steps towards making a suicide attempt or preparing to kill yourself</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. <i>In your entire lifetime, how many times have you done any of these things?</i>		

Client Name _____ Client Number _____