

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

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RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.				
Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)	
<input type="checkbox"/>	Actual suicide attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Interrupted attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Aborted or Self-Interrupted attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	<input type="checkbox"/>	Mixed affective episode (e.g. Bipolar)
<input type="checkbox"/>	Other preparatory acts to kill self <input type="checkbox"/> Lifetime	<input type="checkbox"/>	<input type="checkbox"/>	Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent	<input type="checkbox"/>	<input type="checkbox"/>	Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			<input type="checkbox"/>	Substance abuse or dependence
<input type="checkbox"/>	Wish to be dead		<input type="checkbox"/>	Agitation or severe anxiety
<input type="checkbox"/>	Suicidal thoughts		<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/>	Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Suicidal intent (without specific plan)		<input type="checkbox"/>	Homicidal ideation
<input type="checkbox"/>	Suicidal intent with specific plan		<input type="checkbox"/>	Aggressive behavior towards others
Activating Events (Recent)			<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
Describe:			<input type="checkbox"/>	Sexual abuse (lifetime)
			<input type="checkbox"/>	Family history of suicide (lifetime)
			Protective Factors (Recent)	
<input type="checkbox"/>	Pending incarceration or homelessness		<input type="checkbox"/>	Identifies reasons for living
<input type="checkbox"/>	Current or pending isolation or feeling alone		<input type="checkbox"/>	Responsibility to family or others; living with family
Treatment History			<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments		<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Hopeless or dissatisfied with treatment		<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Non-compliant with treatment		<input type="checkbox"/>	Engaged in work or school
<input type="checkbox"/>	Not receiving treatment		<input type="checkbox"/>	
Other Risk Factors			Other Protective Factors	
<input type="checkbox"/>			<input type="checkbox"/>	

<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Describe any suicidal, self-injurious or aggressive behavior (include dates)