

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

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Name: _____
Date: _____

RISK ASSESSMENT VERSION

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.

Suicidal and Self-Injurious Behavior (Past week)		Clinical Status (Recent)	
<input type="checkbox"/>	Actual suicide attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Interrupted attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Aborted or Self-Interrupted attempt <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Mixed affective episode
<input type="checkbox"/>	Other preparatory acts to kill self <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior without suicidal intent <input type="checkbox"/> Lifetime	<input type="checkbox"/>	Highly impulsive behavior
Suicidal Ideation (Most Severe in Past Week)		<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 (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 or other significant negative event	<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)
<input type="checkbox"/>	Pending incarceration or homelessness	Protective Factors (Recent)	
<input type="checkbox"/>	Current or pending isolation or feeling alone	<input type="checkbox"/>	Identifies reasons for living
Treatment History		<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments	<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment	<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Non-compliant with treatment	<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment	<input type="checkbox"/>	Engaged in work or school
Other Risk Factors:		Other Protective Factors:	
<input type="checkbox"/>		<input type="checkbox"/>	

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