

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
*Screen with Triage Points for Outpatient/Ambulatory*

Ask questions that are in bold and underlined.	Past month	
	YES	NO
<b>Ask Questions 1 and 2</b>		
<b>1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b>2) <u>Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) <u>Have you been thinking about how you might do this?</u></b> 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."		
<b>4) <u>Have you had these thoughts and had some intention of acting on them?</u></b> as opposed to "I have the thoughts but I definitely will not do anything about them."		
<b>5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>		
<b>6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>  Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.	<b>Lifetime</b>	
	<b>Past 3 Months</b>	
<b>If YES, ask: <u>Was this within the past 3 months?</u></b>		

**Possible Response Protocol to C-SSRS Screening**

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Referral
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions