

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

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RISK ASSESSMENT - ADULT

| 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"/> | <input type="checkbox"/> | Hopelessness |
| <input type="checkbox"/> | Interrupted attempt | <input type="checkbox"/> | <input type="checkbox"/> | Major depressive episode |
| <input type="checkbox"/> | Aborted or Self-Interrupted attempt | <input type="checkbox"/> | <input type="checkbox"/> | Mixed affective episode (e.g. Bipolar) |
| <input type="checkbox"/> | Other preparatory acts to kill self | <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) |
| <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"/> | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Describe any suicidal, self-injurious or aggressive behavior (include dates) | | | | |