

**COLUMBIA-SUICIDE SEVERITY RATING SCREEN Version**

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(Abbreviated version by Posner, Pumariega, and Millsaps)

| SUICIDE IDEATION DEFINITIONS AND PROMPTS:   | Past month |    |
|---|------------|----|
| Ask questions that are in bolded and underlined. The rest of the information at each question is for staff information only.  | Yes        | NO |
| <b>Ask Questions 1 and 2</b>  |            |    |
| <b>1) Wish to be Dead:</b><br>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up?<br><u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>  |            |    |
| <b>2) Suicidal Thoughts:</b><br>General non-specific thoughts of wanting to end one's life/commit suicide, " <i>I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</i> "<br><u><b>Have you had any actual thoughts of killing yourself?</b></u>   |            |    |
| <b>If YES to 2: Ask Question 3</b>  |            |    |
| <b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b><br>Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>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.</i> "<br><u><b>Have you been thinking about how you might kill yourself?</b></u> |            |    |
| <b>If NO to 2 or NO to 3, skip to Question 6 and stop there</b><br><b>If YES to Question 3, ask Question 4 and 5 and DO NOT ask Question 6</b>  |            |    |
| <b>4) Suicidal Intent (without Specific Plan):</b><br>Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as oppose to " <i>I have the thoughts but I definitely will not do anything about them.</i> "<br><u><b>Have you had these thoughts and had some intention of acting on them?</b></u>  |            |    |

| SUICIDE IDEATION DEFINITIONS AND PROMPTS:   |  | Past month |    |
|---|--|------------|----|
| Ask questions that are in bolded and underlined. The rest of the information at each question is for staff information only.  |  | Yes        | NO |
| <b>5) Suicide Intent with Specific Plan:</b><br>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.<br><u><b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></u>   |  |            |    |
| SUICIDE BEHAVIOR DEFINITION AND PROMPTS:  |  |            |    |
| <b>6) Suicide Behavior Question</b><br><u><b>"Have you ever done anything, started to do anything, or prepared to do anything with any intent to die?"</b></u><br>(Examples: Attempt: Took pills, shot self, cut self, jumped from a tall place; Preparation: Collecting pills, getting a gun, giving valuables away, writing a suicide or goodbye note, etc.)<br><br><b>If YES, ask: <u>How long ago did you do any of these?</u></b><br>• Over a year ago?    • Between three months and a year ago?    • Within the last three months? |  |            |    |

**II. TRHMC Response Protocol to C-SSRS Screening**

(Linked to last item answered YES)

- Item 1 – Mental Health Referral at discharge
- Item 2 – Mental Health Referral at discharge
- Item 3 – Care Team Consult (Psychiatric Nurse) and Patient Safety Monitor/ Procedures
- Item 4 – Psychiatric Consultation and Patient Safety Monitor/ Procedures
- Item 5 – Psychiatric Consultation and Patient Safety Monitor/ Procedures
- Item 6 – If over a year ago, Mental Health Referral at discharge  
 If between 1 week and 1 year ago- Care Team Consult (Psychiatric Nurse) and Patient Safety Monitor  
 If one week ago or less- Psychiatric Consultation and Patient Safety Monitor

- Disposition:
- Mental Health Referral at discharge
  - Care Team Consult (Psychiatric Nurse) and Patient Safety Monitor/ Procedures
  - Psychiatric Consultation and Patient Safety Monitor/ Procedures