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| **COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)** Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann© 2008 The Research Foundation for Mental Hygiene, Inc.**RISK ASSESSMENT** |

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