**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screen Version - Recent*

<table>
<thead>
<tr>
<th>Ask questions that are bolded and underlined.</th>
<th>Past Month</th>
<th>Lifetime (Worst Point)</th>
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<tbody>
<tr>
<td>Ask Questions 1 and 2</td>
<td>YES</td>
<td>NO</td>
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</tbody>
</table>

1) **Have you wished you were dead or wished you could go to sleep and not wake up?**

2) **Have you actually had any thoughts of killing yourself?**

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

3) **Have you been thinking about how you might do this?**
   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."

4) **Have you had these thoughts and had some intention of acting on them?**
   As opposed to “I have the thoughts but I definitely will not do anything about them.”

5) **Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?**

**How long ago did the Worst Point Ideation occur?**

6) **Have you ever done anything, started to do anything, or prepared to do anything to end your life?**
   Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.
   **If YES, ask: Was this within the past three months?**

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<tr>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
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