

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

Screen Version with Triage Points

Student Name _____	Grade _____	School _____	Date _____
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<b>SUICIDE IDEATION DEFINITIONS AND PROMPTS:</b>	<b>Past month</b>	
<b>Ask questions that are bolded and underlined.</b>	<b>YES</b>	<b>NO</b>
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up. <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> General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.” <u><b>Have you actually had any thoughts of killing yourself?</b></u>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> 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 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.” <u><b>Have you been thinking about how you might kill yourself?</b></u>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to “I have the thoughts but I definitely will not do anything about them.” <u><b>Have you had these thoughts and had some intention of acting on them?</b></u>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <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>		
<b>6) Suicide Behavior Question</b> <u><b>"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"</b></u> 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.  <b>If YES, ask: <u>How long ago did you do any of these?</u></b> • Over a year ago?    • Between three months and a year ago?    • Within the last three months?		

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Screen Version with Triage Points

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

## Brevard Public Schools Response Protocol to C-SSRS Screening

- Complete (interview) Columbia- Suicide Severity Rating Scale (C-SSRS)
  - Interviewer is to ask questions as presented on Columbia- Suicide Severity Rating Scale.
  - Student Response will determine next step
    - Ask Questions 1 and 2
    - If YES to Question 2, ask ALL remaining questions (3, 4, 5, and 6)
    - If NO to Question 2, go directly to Question 6

Risk levels based on YES responses

- Question 3 - Elevated Risk
- Question 4 - Elevated Risk
- Question 5 - Serious Risk
- Question 6 - Serious Risk