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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** | |
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| **Describe any suicidal, self-injurious or aggressive behavior (include dates)** | | | | | | |