COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points

	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?	А	
2) <u>Have you had any actual thoughts of killing yourself?</u>	А	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u>		
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 itand I would never go through with it."	В	
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."	С	
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do</u> you intend to carry out this plan?	С	
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end</u> your life?	Lifet	ime
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.	Pas Mon	
If YES, ask: <u>Was this within the past 3 months?</u>	С	В

Response Protocol to C-SSRS Screening

NOTE: Always consider child's safety needs in the room when a safety concerns have been identified. Do not leave the child alone in the room, if you need to talk to the parent or make a phone call someone else should sit with the child.

A: SAFE TO GO HOME - SAFETY PLAN, MENTAL HEALTH REFERRAL B: POSSIBLY SAFE TO GO HOME - SAFETY PLAN, MENTAL HEALTH REFERRAL, CONSIDER IF FURTHER ASSESSMENT IS NEEDED IMMEDIATELY C: IMMEDIATE EVALUATION - EVALUATION NEEDED BY CRISIS TEAM IMMEDIATELY