Columbia-Suicide Severity Rating Scale (C-SSRS)

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The **Columbia-Suicide Severity Rating Scale (C-SSRS)** is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.

Several versions of the C-CCRS have been developed for clinical practice. The **Risk Assessment** version is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. This page is designed to be completed following the client (caller) interview. The next two pages make up the formal assessment. The C-SSRS Risk Assessment is intended to help establish a person's immediate risk of suicide and is used in acute care settings.

In order to make the C-SSRS Risk Assessment available to all Lifeline centers, the Lifeline collaborated with Kelly Posner, Ph.D., Director at the Center for Suicide Risk Assessment at Columbia University/New York State Psychiatric Institute to slightly adjust the first checklist page to meet the Lifeline's Risk Assessment Standards. The following components were added: helplessness, feeling trapped, and engaged with phone worker.

The approved version of the C-SSRS Risk Assessment follows. This is one recommended option to consider as a risk assessment tool for your center. If applied, it is intended to be followed exactly according to the instructions and cannot be altered.

Training is available and recommended (though not required for clinical or center practice) before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by a question-answer session or using a DVD of the presentation. Those completing the training are then certified to administer the C-SSRS and can receive a certificate, which is valid for two years.

To complete the C-SSRS Training for Clinical Practice, visit http://c-ssrs.trainingcampus.net/

For more general information, go to http://cssrs.columbia.edu/

Any other related questions, contact Gillian Murphy at gmurphy@mhaofnyc.org.

1. **Please enter the client's information:**

Client First Name:	Client Last Name:	Client Date of Birth:

RISK ASSESSMENT VERSION

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.

(* elements added with permission for Suicide Lifeline centers)

2. Suicidal and Self-Injury Behavior (Past week):

	Yes	Lifetime
Actual suicide attempt		
Interrupted attempt		
Aborted attempt		
Other preparatory acts to kill self		
Self-injury behavior w/o suicide intent		

3. Suicide Ideation (Most Severe in Past Week):

- ☐ Wish to be dead
- ☐ Suicidal thoughts
- ☐ Suicidal thoughts with method (but without specific plan or intent to act)
- ☐ Suicidal intent (without specific plan)
- ☐ Suicidal intent with specific plan

4. Activating Events (Recent):

- ☐ Recent loss or other significant negative event
- ☐ Pending incarceration or homelessness
- ☐ Current or pending isolation or feeling alone

5. If recent loss or other significant negative event, please describe:

_____

_____

_____

_____

6. Treatment History:

- ☐ Previous psychiatric diagnoses and treatments
- ☐ Hopeless or dissatisfied with treatment
- ☐ Noncompliant with treatment
- ☐ Not receiving treatment

7. Other Risk Factors:

_____

_____

_____

_____

8. Clinical Status (Recent):

- ☐ Hopelessness
- ☐ Helplessness*
- ☐ Feeling Trapped*
- ☐ Major depressive episode
- ☐ Mixed affective episode
- ☐ Command hallucinations to hurt self
- ☐ Highly impulsive behavior
- ☐ Substance abuse or dependence
- ☐ Agitation or severe anxiety
- ☐ Perceived burden on family or others
- ☐ Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
- ☐ Homicidal ideation
- ☐ Aggressive behavior towards others
- ☐ Method for suicide available (gun, pills, etc.)
- ☐ Refuses or feels unable to agree to safety plan
- ☐ Sexual abuse (lifetime)
- ☐ Family history of suicide (lifetime)

9. Protective Factors (Recent):

- ☐ Identifies reasons for living
- ☐ Responsibility to family or others; living with family
- ☐ Supportive social network or family
- ☐ Fear of death or dying due to pain and suffering
- ☐ Belief that suicide is immoral, high spirituality
- ☐ Engaged in work or school
- ☐ Engaged with Phone Worker *

10. Other Protective Factors:

_____

_____

_____

_____

11. Describe any suicidal, self-injury or aggressive behavior (include dates):

_____

_____

_____

_____

SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.

12. 1. Wish to be Dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

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

Lifetime: Time He/She Felt Most Suicidal
○ Yes ○ No

Past 1 month:
○ Yes ○ No

If yes, describe:

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13. 2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.

Have you actually had any thoughts of killing yourself?

Lifetime: Time He/She Felt Most Suicidal
○ Yes ○ No

Past 1 month:
○ Yes ○ No

If yes, describe:

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14. 3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "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."

Have you been thinking about how you might do this?

Lifetime: Time He/She Felt Most Suicidal
○ Yes ○ No

Past 1 month:
○ Yes ○ No

If yes, describe:

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15. 4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."

Have you had these thoughts and had some intention of acting on them?

Lifetime: Time He/She Felt Most Suicidal
○ Yes ○ No

Past 1 month:
○ Yes ○ No

If yes, describe:

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16. 5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.

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

Lifetime: Time He/She Felt Most Suicidal
○ Yes ○ No

Past 1 month:
○ Yes ○ No

If yes, describe:

INTENSITY OF IDEATION

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.

17. Lifetime - Most Severe Ideation:

Description of Ideation:

Recent - Most Severe Ideation:

Description of Ideation:

18. Frequency:

How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day

Lifetime: Most Severe

Past 1 month: Most Severe

19. Duration:

When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous

Lifetime: Most Severe

Past 1 month: Most Severe

20. Controllability:

Could/can you stop thinking about killing yourself or wanting to die if you want to? (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts

Lifetime: Most Severe

Past 1 month: Most Severe

21. Deterrents:

Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide? (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply

Lifetime: Most Severe

Past 1 month: Most Severe

22. Reasons for Ideation:

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both? (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others living with the pain or how you were feeling (3) Equally to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on (5) Completely to end or stop the pain (you couldn't go on and to end/stop the pain living with the pain or how you were feeling) (0) Does not apply

Lifetime: Most Severe

Past 1 month: Most Severe

SUICIDAL BEHAVIOR

(Check all that apply, so long as these are separate events; must ask about all types)

23. Actual Attempt:

A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

Lifetime:
○ Yes ○ No

Have you made a suicide attempt?
○ Yes ○ No

Past 3 months:
○ Yes ○ No

Have you done anything to harm yourself?
○ Yes ○ No

Have you done anything dangerous where you could have died?

○ Yes ○ No

Did you_____ as a way to end your life?

Did you want to die (even a little) when you_____?

Were you trying to end your life when you _____?

Lifetime: Total # of Attempts:

Past 3 months: Total # of Attempts

Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent.

If yes, describe:

Has subject engaged in Non-Suicidal Self-Injurious Behavior?

Lifetime:

○ Yes ○ No

Past 3 months:

○ Yes ○ No

24. Interrupted Attempt:

When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred)

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?

Lifetime:

○ Yes ○ No

Past 3 months:

○ Yes ○ No

Lifetime: Total # of interrupted

Past 3 months: Total # of interrupted

If yes, describe:

25. Aborted or Self-Interrupted Attempt:

When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?

Lifetime:
○ Yes ○ No

Past 3 months:
○ Yes ○ No

Lifetime: Total # of aborted or self-interrupted

Past 3 months: Total # of aborted or self-interrupted

If yes, describe:

26. Preparatory Acts or Behavior:

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note)

Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?

Lifetime:
○ Yes ○ No

Past 3 months:
○ Yes ○ No

Lifetime: Total # of preparatory acts

Past 3 months: Total # of preparatory acts

If yes, describe:

27. Actual Lethality/Medical Damage:

0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death

Most Recent Attempt Date: | Most Lethal Attempt Date: | Initial/First Attempt Date:

28. Potential Lethality: Only Answer if Actual Lethality = 0

Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).

0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care

Most Recent Attempt Date: | Most Lethal Attempt Date: | Initial/First Attempt Date:

Scoring and Sources (Office Use Only):

Scoring:

There are no specified clinical cutoffs for the C-SSRS due to the binary nature of the responses to items. When an item is endorsed, the clinician must pose follow-up inquiries to obtain additional information. The following table can inform safety monitoring and treatment planning when patients endorse suicidal ideation, suicidal behavior, or both:

Suicidal ideation - “Yes” - Categories 1-5

Suicidal behavior - “Yes” - Categories 6-10

Suicidal ideation & behavior - “Yes” - Categories 1-10

Source:

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann