Columbia-Suicide Severity Rating Scale (C-SSRS)

Screen with Triage Points for ***Primary Care***

Ask questions that are in bold and underlined.

Ask Questions 1 and 2	Past month YES	Past month NO
1) **Have you wished you were dead or wished you could go to sleep and not wake up?**		
2) **Have you had any actual 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?		
6) **Have you ever done anything, started to do anything, or prepared to do anything to end your life?**	Lifetime	
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.		
	Past 3 Months	
If YES, ask: Was this within the past 3 months?		

Response Protocol to C-SSRS Screening (use protocol in accordance with clinical judgment)

Risk Level	Suggested Interventions
High Risk Suicidal ideation with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5) ***or*** Suicidal behavior within past three months (C-SSRS Suicidal Behavior)	Call 911 for transport to the emergency room or contact community crisis line in your area to provide on-site evaluation. Place individual in a room that is away from exits but close to staff where patient is observed at all times until help arrives.
Medium Risk Suicidal ideation WITHOUT plan, intent or behavior in past month (C-SSRS screen #2 or #3) ***or*** Suicidal behavior more than three months ago (C-SSRS Suicidal Behavior)	If patient is already receiving mental health treatment, get release of information. If not, refer to mental health provider for further assessment (within one week). Consider pharmacological treatment. Provide education on safe fire arms storage, suicide warning signs and 1-800-273-TALK (8255) and local contacts.
Low Risk Wish to die (C-SSRS Suicidal Ideation #1) without plan, intent or behavior ***or*** Suicidal ideation more than one month ago WITHOUT plan, intent or behavior (C-SSRS screen #2 or #3)	Assess for any other mental health or substance use conditions and consider behavioral health and/or pharmacological treatment. Provide education on safe fire arms storage, suicide warning signs and 1-800-273-TALK (8255) and local contacts.

Ensure that you have a clear and simple office protocol in place for patients who are suicidal. Explore the following resource for guidance http://www.sprc.org/sites/default/files/Section 1 Getting Started.pdf

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