

Date:

C-SSRS: Columbia Suicide Severity Rating Scale

Grantee ID:

Participant ID:

Select Individual Classification:

Veteran

Active Duty Member

Veteran Family Member

Active Duty Family Member

Have you wished you were dead or wished you could go to sleep and not wake up within the past month? [SELECT ONE]

Yes

No

Have you actually had any thoughts of killing yourself within the past month? [SELECT ONE]

Yes

No

Select "Not applicable" if answered "No" to question, "Have you actually had any thoughts of killing yourself within the past month?"

Have you been thinking about how you might do this within the past month?
[SELECT ONE]

Yes

No

Not applicable

Select "Not applicable" if answered "No" to question "Have you been thinking about how you might do this within the past month?"

Have you had these thoughts and had some intention of acting on them within the past month? [SELECT ONE]

Yes

No

Not applicable

Select "Not applicable" if answered "No" to question "Have you had these thoughts and had some intention of acting on them within the past month?"

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

Yes

No

Not applicable

Have you ever done anything, started to do anything, or prepared to do anything to end your life? [SELECT ONE]

Yes

No

Select "Not applicable" if answered "No" to question "Have you ever done anything, started to do anything, or prepared to do anything to end your life?"

If "Yes", ask: Was this within the past three months? [SELECT ONE]

Yes

No

Not applicable

Please see the Columbia Screening Reference Guide for scoring

Total Risk Score:

Low Risk = 1

Moderate Risk = 2

High Risk = 3

Use the **RED button below to lock form before submitting**

**Instruction: Please save the filled out form as
[YYYYMMDD.HHMMam/pm.DataForm_Columbia.pdf]**

YYYYMMDD - Date (year month day)

HHMMam/pm - Time (hours minutes)

Use the **Gray button below to submit the completed form**

Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact posnerk@nyspi.columbia.edu; (c) 2008 The Research Foundation for Mental Hygiene, Inc; The scale and the training on how to use it are available free of charge for use in community and healthcare settings, as well as in federally funded or nonprofit research.