## ADULT FORM

## **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**

**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.

Past 3 Months	Suicidal and Self-Injurious Be- havior	Lifetime	Clinical Status (Recent)	
	Actual suicide at- tempt			Hopelessness
	Lifetime			•
	Interrupted at- tempt			Major depressive episode
	Lifetime			
	Aborted or Self-Interrupted attempt			Mixed affective episode (e.g. Bipolar)
	Lifetime			
	Other preparatory acts to kill self  Lifetime			Command hallucinations to hurt self
	Self-injurious behavior <i>without</i> 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
8	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.)
S	Suicidal intent (without specific plan)			Homicidal ideation
5	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)
Pe	Pending incarceration or homelessness			ective Factors (Recent)
Cu	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				
Describe any suicidal, self-injurious or aggressive behavior (include dates)						
	Hopeless or dissatisfied with treatment  Non-compliant with treatment  Not receiving treatment  er Risk Factors	Hopeless or dissatisfied with treatment  Non-compliant with treatment  Not receiving treatment  er Risk Factors  Othe				