

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
**Screener/Recent – Self-Report**

	In The Past Month	
Answer Questions 1 and 2	YES	NO
<b>1) Have you wished you were dead or wished you could go to sleep and not wake up?</b>		
<b>2) Have you actually had any thoughts about killing yourself?</b>		
If <b>YES</b> to 2, answer questions 3, 4, 5, and 6. If <b>NO</b> to 2, go directly to question 6		
<b>3) Have you thought about how you might do this?</b>	↓	
<b>4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</b>		
<b>5) Have you started to work out or worked out the details of how to kill yourself?</b>  <b>Do you intend to carry out this plan?</b>		
	In the Past 3 Months	
<b>6) Have you done any of the following?</b> <u>Attempted to kill yourself even if ending your life was only part of your motivation</u> <u>Started to do something to end your life but someone or something stopped you before you actually did anything</u> <u>Started to do something to end your life but you stopped yourself before you actually did anything</u> <u>Taken any steps towards making a suicide attempt or preparing to kill yourself</u> <p>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.</p> <p><b>In your entire lifetime, how many times have you done any of these things?</b></p>		