

Admission Columbia-Suicide Severity Rating Scale
(Modified to include Potential for Harm to Others)

Ask questions that are bolded and <u>underlined</u>.	YES	NO
<p>1)Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up. <u>In the past 2 weeks, have you wished you were dead or wished you could go to sleep and not wake up?</u></p>		
<p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>In the past 2 weeks, have you had any thoughts of killing yourself?</u></p>		
<p>If YES to question 2, ask questions 3,4,5, and 6. If NO, to question 2, go directly to question 6.</p>		
<p>3) Suicidal Thoughts with Method (without specific plan or intent to act): Person 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. “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.” <u>In the past 2 weeks, have you been thinking about how you might kill yourself?</u></p>		
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to “I have the thoughts, but I definitely will not do anything about them.” <u>In the past 2 weeks, have you had these thoughts and had some intention of acting on them?</u></p>		
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>In the past 2 weeks, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>		
<p>6) Suicide Behavior Question: <u>In the past 2 weeks, have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> 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. <u>If YES, ask: How long ago did you do any of these?</u> Over a year ago? Between 3 months and a year ago? Within the last 3 months?</p>		
<p>7) Potential for Harm to Others: Actual physical harm to others, threats of physical harm to others, actual destruction of property. <u>In the past 2 weeks, have you threatened to or physically harmed anyone? Have you destroyed any property?</u> <u>If YES, ask: Who have you harmed? Do you have continued thoughts of harming them?</u></p>		

If you are answering yes to these questions, seek help. Call us 24/7 at 573-302-0319 or National Suicide Prevention Lifeline at 1-800-273-8255