

Columbia Suicide Severity Rating Scale
Since Last Contact – Self-Report

	Since Last Contact	
	YES	NO
Please answer questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If <u>YES</u>, answer all questions 3, 4, 5, and 6. If <u>NO</u>, skip directly to question 6.		
3) Have you thought about how you might do this?	↓	
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?)		
5) Have you started to work out, or actually worked out, the specific details of how to kill yourself and did you intend to carry out your plan?		
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>(For example: 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 about hurting yourself or it was grabbed from your hand, went to the roof to jump but didn't; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)</i>		