Attachment 1

# COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

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## 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 Behavior | Lifetime | Clinical Status (Recent) | |
|---|---|---|---|---|
| | Actual suicide attempt<br>Lifetime | | | Hopelessness |
| | Interrupted attempt<br>Lifetime | | | Major depressive episode |
| | Aborted or Self-Interrupted attempt<br>Lifetime | | | Mixed affective episode (e.g. Bipolar) |
| | Other preparatory acts to kill self<br>Lifetime | | | Command hallucinations to hurt self |
| | Self-injurious behavior ***without*** suicidal intent | | | Highly impulsive behavior |
| **Suicidal Ideation**<br>**Check Most Severe in Past Month** | | | | Substance abuse or dependence |
| | Wish to be dead | | | Agitation or severe anxiety |
| | Suicidal thoughts | | | Perceived burden on family or others |
| | Suicidal thoughts with method<br>(but without specific plan or intent to act) | | | Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.) |
| | Suicidal intent (without specific plan) | | | Homicidal ideation |
| | 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)<br>(legal, financial, relationship, etc.) | | | Refuses or feels unable to agree to safety plan |
| Describe: | | | | Sexual abuse (lifetime) |
| | | | | Family history of suicide (lifetime) |
| | Pending incarceration or homelessness | | **Protective Factors (Recent)** | |
| | Current or pending isolation or feeling alone | | | Identifies reasons for living |
| **Treatment History** | | | | Responsibility to family or others; living with family |

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|---|---|---|---|
| | 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** | |
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| **Describe any suicidal, self-injurious or aggressive behavior (include dates)** | | | |