Columbia Suicide Severity Rating Scale

Screen

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 NO TO 2, SKIP TO 6.*** (OVER)

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1. Have you been thinking about how you might kill yourself?
2. Have you had these thoughts and had some intention of acting on them?
3. Have you started to work out or worked out the details of how to kill yourself? And do you intend to carry out this plan?
4. **Have you done anything, started to do anything, or prepared to do anything to end your life?**

 **IF YES TO 4, 5, &/or 6, INITIATE SUICIDE PRECAUTIONS.**

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