

Suicide is preventable with early identification and treatment referral.

Use these six simple questions from the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), to identify whether a resident is at risk for suicide. The responses will help to assess the severity and immediacy of that risk and determine the level of support needed.

Always ask questions 1 and 2.	Past Month	
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3. Have you been thinking about how you might do this?		
4. Have you had these thoughts and had some intention of acting on them?	High Risk	
5. Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Lifetime	Past 3 Months
6. Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples:</i> Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. If yes, was this within the past three months?		High Risk



If YES to 2 or 3, seek behavioral health care for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help:
Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Resource: The Columbia Protocol Suicide Risk Assessment Tool