COLUMBIA-SUICIDE SEVERITY RATING SCALE

PORT TOWNSEND SCHOOL DISTRICT

	Past Month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask 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 YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* E.g. *"I thought about taking an overdose but I never made a specific plan as to when or where or how I would actually do it…and I would never go through with it."*		
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to *"I have the thoughts but I definitely would not do anything about them."*		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		

6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?*	**YES**	**NO**
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.		
If YES, ask: *Was this within the past three months?*		

Low Risk
Moderate Risk
High Risk

April 2021

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PROTECTIVE FACTORS	
REASONS FOR LIVING (things good at / like to do / enjoy / other)	**SUPPORTIVE PEOPLE (family / adults / friends / peers)**

What could change about your life that would make you no longer want to die?

ACTIONS TAKEN / RECOMMENDATIONS:			**Date and/or Comments**
Parent/guardian contacted?	□ **Yes**	□ **No**	**Date**
Released to parent/guardian?	□ **Yes**	□ **No**	**Date**
Referrals provided to parent/guardian?	□ **Yes**	□ **No**	**Date**
Safety plan developed	□ **Yes**	□ **No**	**Date**
Recommending removal of method/means?	□ **Yes**	□ **No**	**Date**
If currently in treatment, contact made with therapist/psychiatrist?	□ **Yes**	□ **No**	**Date**
ROI obtained?	□ **Yes**	□ **No**	**Date**
Met for Re-Entry Plan?	□ **Yes**	□ **No**	**Date**
Released to medical/mental health Professional?	□ **Yes**	□ **No**	**Date**

Other? Please describe: