

DISCHARGE SUICIDE RISK SCREENER(S2)
COLUMBIA-SUICIDE SEVERITY RATING SCALE – PSYCHIATRIC
DISCHARGE SETTING - SCREENER

ASK QUESTIONS THAT ARE BOLD AND <u>UNDERLINED</u>	Discharge	
	Yes	No
Ask questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>While you were here in the hospital, have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one’s life/die by suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>While you were here in the hospital, have you actually had thoughts about killing yourself?</u>		
If Yes to 2, ask questions 3, 4, 5 and 6. If No to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.” <u>Have you been thinking about how you might kill yourself?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to “I have the thoughts but I definitely will not do anything about them.” <u>Have you had these thoughts and had some intention of acting on them or do you have some intention of acting on them after you leave the hospital?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself either for while you were here in the hospital or for after you leave the hospital? Do you intend to carry out this plan?</u>		
6) Suicide Behavior <u>While you were here in the hospital, have you done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Took pills, cut yourself, tried to hang yourself, took out pills but didn’t swallow any because you changed your mind or someone took them from you, collected pills, secured a means of obtaining a gun, gave away valuables, wrote a will or suicide note, etc.		
COMMENTS ON ABOVE		
RISK WILL BE MANAGED AS FOLLOWS		

Screener Administrator’s Name

Date: ____ / ____ / ____

Screener Administrator’s Signature

Time: ____ : ____ a.m. / p.m.