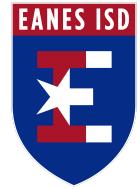


Suicidal Risk Screener

Adapted from the Columbia Suicide Severity Rating Scale (C-SSRS) for schools



Prior to screening:

- Allow time for regulation if necessary
- Build rapport and ask lead-in questions (if appropriate)
 - It seems like something happened that really upset you. Can you tell me what happened?
 - Person X shared with me that you (said/did/wrote/drew/etc.) _____. Can you tell me more about that?
 - You are not in trouble; I care about you and am going to ask you some questions because I want you to be safe.

Student Name:	Past month	
Ask Questions 1 and 2	YES	NO
1) <u>Wish to be dead</u> . Have you wished you were dead or wished you could go to sleep and not wake up? [Other wording: What does "dead" mean to you? Do you know anyone who has died? Where do you think that person is now? Have you felt that you, your friends, or your family would be better off if you were dead? Or: How would your friends or family feel if you were dead?]		
2) <u>Current suicidal thoughts</u> . Have you actually had any thoughts or feelings about killing yourself?		
If YES to Q2, ask Questions 3–6. If NO to Q2, go directly to Q6.	YES	NO
3) <u>Suicidal thoughts with method</u> . Have you been thinking about how you might kill yourself? [Other wording: ... hurt yourself? ...make yourself dead?] Follow up: How would you kill yourself? Do you have access to (expressed method)?		
4) <u>Suicidal intent without specific plan</u> . Have you had these thoughts and intended to act on them? [Other wording: When you thought about killing yourself, did you think this was something you might actually do? This is different from having thoughts but knowing you <u>wouldn't</u> do anything about them.] Follow up: Can you describe these thoughts?		
5) <u>Intent with plan</u> . Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? [Other wording: How would you kill yourself? Where/when would you do it? Do you know how to access (expressed method)?]		
6) <u>Suicidal behavior</u> . Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: collected pills, obtained a gun, gave away valuables, wrote a will or suicide note; took out pills but did not swallow them, held a gun but changed your mind or had it taken away from you, went to the roof but did not jump; took the pills, tried to shoot yourself, cut yourself, tried to hang yourself.. [Other wording: Have you tried to kill yourself? If yes: How? When and Where? Did you stop yourself or did someone stop you? How do you feel after stopping/being stopped?]	LIFETIME	
	YES	NO
IF YES, Ask: Was this within the past 3 months		

LOW RISK	MODERATE RISK	HIGH RISK
Contact parent Complete Parent Notification form Follow protocol on checklist	DO NOT LEAVE THE STUDENT ALONE Contact parent and complete Parent Notification form Follow protocol on checklist	
Without minimizing the student's feelings, emphasize: 1) that it is normal to experience emotional highs and lows & that problems can be solved one at a time; 2) people care about you/you are not a burden; 3) there is hope; and 4) you are not alone.		

☐ This student was screened using the C-SSRS phone app.