COLUMBIA-SUICIDE SEVERITY RATING SCALE						
	_	Past Month		Lifetime (worst point)		
Asks questions that are bolded	YES	NO	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 2 is yes, ask questions 3, 4, 5, and 6. If 2 is no go to questions 6						
3. Have you been thinking about how you might do						
this?						
Example: "I thought about taking an overdose but I never						
made a specific plan as to when, where or how I would						
actually do itand I would never go through with it."						
4. Have you had these thoughts and had some						
intention f acting on them?						
As opposed to "I have the thoughts but I definitely will 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	V	YES		NO		
anything, or prepared to do anything to end your	1	LS	NO	J		
life?						
Examples: Collected pills, obtained a gun, gave away						
valuables, wrote a will or suicide note, tool out pills but did						
not swallow any, held a gun but changed your mind or it was						
gabbed 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.	U					
If yes, was this within the past three months?						
in yes, was this within the past three months:						

Low risk	
Moderate	
risk	
High risk	

Questionnaire: Over the past two weeks, how often have you been bothered by any of the following								
		Not at all	Several days	More than	Nearly every			
				half the days	day			
		0	1	2	3			
PHQ1	Little interest or							
	pleasure in doing							
	things?							
PHQ2	Feeling down,							
	depressed, or							
	hopeless?							
PHQ3	Trouble falling or							
	staying asleep, or							
	sleeping too much?							
PHQ4	Feeling tired or							
	having little							
	energy?							
PHQ5	Poor appetite or							
	over eating?							
PHQ6	Feeling bad about							
	yourself, or that							
	you are a failure, or							
	have let yourself							
	and or your family							
	down?							
PHQ7	Trouble							
	concentrating on							
	things, such as							
	reading the							
	newspaper or							
	watching							
	television?							
PHQ8	Moving or speaking							
	so slowly that other							
	people could have							
	noticed? Or the							
	opposite- Being so							
	fidgety and restless							
	that you have been							
	moving around a lot							
	more than usual?							