

## 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?<br><br><i>Examples: 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.</i><br><br>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](#)