

C-SSRS (Since Last Visit/Screen Version)

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Visit	
Ask questions that are bold and <u>underlined</u>	YES	NO
Ask Questions 1 and 2		
<p>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.</p> <p><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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."</p> <p><u>Have you actually had any thoughts of killing yourself?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
<p>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."</p> <p><u>Have you been thinking about how you might kill yourself?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."</p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5) Suicidal 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.</p> <p><u>Have you started to work out or worked out the details of how to kill and do you intend to carry out this plan?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6) Suicide Behavior:</p> <p><u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>