

Columbia Suicide Risk Screening Tool for Pharmacists

ASK your patients

CARE for your patients

ESCORT your patients

Columbia Suicide Severity Rating Scale (C-SSRS)		Past Month
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 about killing yourself?		
If YES to 2, answer questions 3,4,5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		High Risk
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?		High Risk
Always Ask Question 6		
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk

Any **YES** indicates the need for further care (see reverse for resources).

However, if the answer to **4, 5 or 6** is **YES**, immediately

ESCORT to Emergency

Personnel for care, **call**

1-800-273-8255, text 741-741.



Funded by counties through the Mental Health Services Act (Prop 63).



THE COLUMBIA
LIGHTHOUSE
PROJECT

IDENTIFY RISK. PREVENT SUICIDE.

Crisis Resources:

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Veterans: Press 1

En Español: 1-888-628-9454

For Deaf & Hard of Hearing: 1-800-799-4889

Crisis Text Line: Text HOME to 741-741

Text with a trained counselor for free

The Trevor Project: 1-866-488-7386

www.thetrevorproject.org/get-help-now/

Phone, chat, and text support for LGBTQ+ youth

Friendship Line: 1-800-971-0016

Crisis and warm line for adults 60 years and older operated by Institute on Aging

Local Crisis Resources: