Columbia Suicide Severity Rating Scale (C-SSRS)

About the C-SSRS

**What does it measure?**
The Columbia Suicide Severity Rating Scale (C-SSRS) is a measure used to identify and assess individuals at risk for suicide. Questions are phrased for use in an interview format, but can be completed as a self-report measure if necessary. The C-SSRS measures four constructs: the severity of ideation, the intensity of ideation, behavior and lethality. It includes “stem questions,” which if endorsed, prompt additional follow-up questions to obtain more information. There are four versions of the scale available, including:

1. **Lifetime/Recent** version, which allows practitioners to gather a lifetime history of suicidal ideation and/or behavior.
2. **Since Last Visit** version for assessment of suicidal thoughts and behaviors since C-SSRS was last administered.
3. **Screener** version, a shortened version of the full form (3-6 questions) most commonly used in clinical triage settings.
4. **Risk Assessment Page**, which provides a checklist of protective and risk factors of suicidality.

**Availability**
All four versions of the scale can be accessed from the Columbia University Medical Center’s Center for Suicide Risk Assessment website at [http://www.cssrs.columbia.edu/](http://www.cssrs.columbia.edu/). The C-SSRS is included in the battery of measures available within the Behavior Health Data Portal (BHDP). The BHDP is a software platform used to measure and examine patient-level clinical outcomes in military behavioral health clinics.

**What is the scoring range?**
The C-SSRS is made up of ten categories, all of which maintain binary responses (yes/no) to indicate a presence or absence of the behavior. The ten categories included in the C-SSRS are as follows: Category 1 – Wish to be Dead; Category 2 – Non-specific Active Suicidal Thoughts; Category 3 – Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act; Category 4 – Active Suicidal Ideation with Some Intent to Act, without Specific Plan; Category 5 – Active Suicidal Ideation with Specific Plan and Intent; Category 6 – Preparatory Acts or Behavior; Category 7 – Aborted Attempt; Category 8 – Interrupted Attempt; Category 9 – Actual Attempt (non-fatal); Category 10 – Completed Suicide. A yes/no binary response is also utilized in assessing self-injurious behavior without suicidal intent. The outcome of the C-SSRS is a numerical score obtained from the aforementioned categories.
**What are the clinical cutoffs, if any?**

There are no specified clinical cutoffs for the C-SSRS due to the binary nature of the responses to items. When an item is endorsed, the clinician must pose follow-up inquiries to obtain additional information. The following table can inform safety monitoring and treatment planning when patients endorse suicidal ideation, suicidal behavior, or both:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Item Endorsement</th>
<th>C-SSRS Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal ideation</td>
<td>“Yes”</td>
<td>Categories 1-5</td>
</tr>
<tr>
<td>Suicidal behavior</td>
<td>“Yes”</td>
<td>Categories 6-10</td>
</tr>
<tr>
<td>Suicidal ideation &amp; behavior</td>
<td>“Yes”</td>
<td>Categories 1-10</td>
</tr>
</tbody>
</table>

**How should a provider interpret results?**

Interpretation of the C-SSRS can take place on an itemized level, a categorical scale, or overall severity of suicidal ideation and behavior. Specific ratings can be derived from the C-SSRS, such as the suicidal behavior lethality scale, suicide ideation score, and the suicidal ideation intensity rating. Ultimately, interpretation will be derived from a thorough clinical assessment, client history, and clinical expertise.

**Using the C-SSRS in Practice**

**How should providers use the results in treatment planning?**

Providers should use the C-SSRS as a measure of suicidal ideation, intent, or plan, and past suicidal behavior. It can be used to guide appropriate therapeutic intervention and to facilitate safety monitoring and planning. In addition, the C-SSRS can be utilized to measure treatment progress over time and to assess continued difficulties with suicidality which should be targets of treatment.

**References:**


