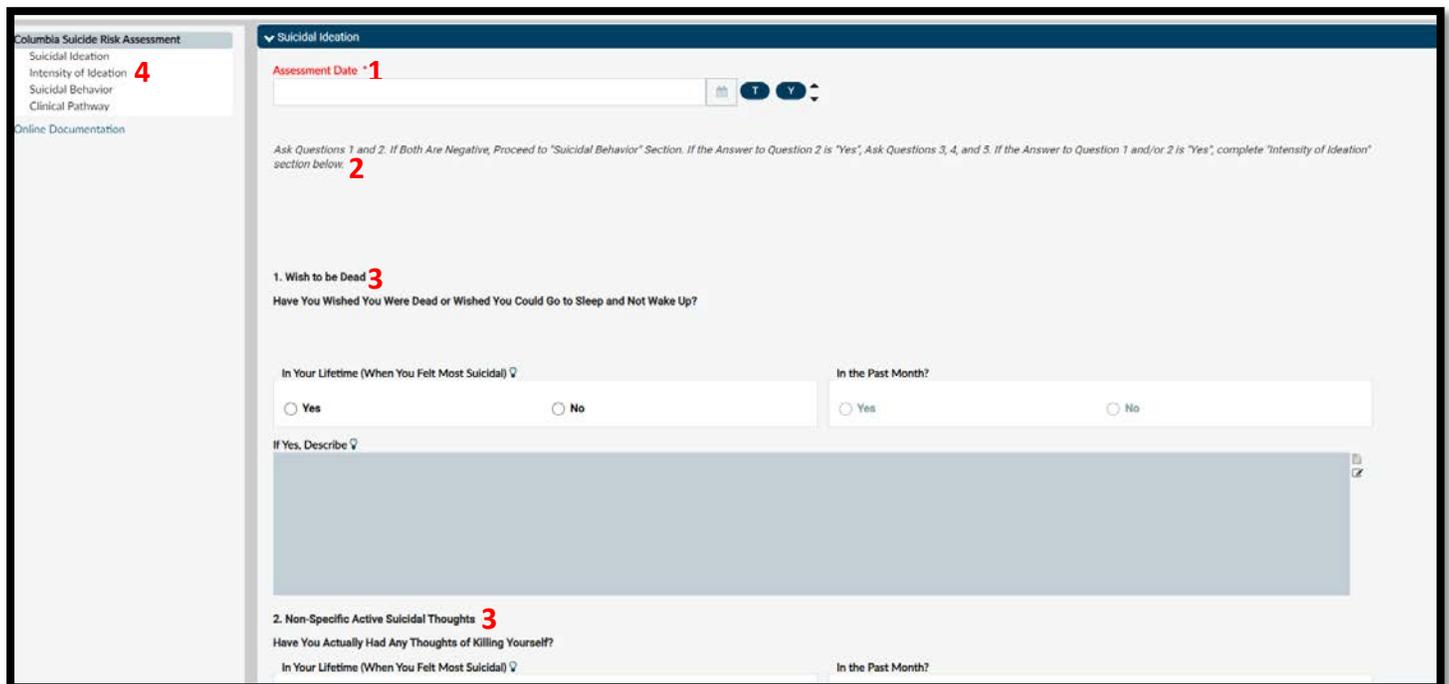


## Columbia Suicide Risk Assessment Tip Sheet

This Tip Sheet may change as our trainings and systems are updated. Please visit our website <https://dhs.saccounty.gov/BHS/Avatar/Pages/Avatar.aspx> for the most updated version. If any additional help is needed you can contact us at [Avatar@saccounty.net](mailto:Avatar@saccounty.net).

### Suicidal Ideation Section

Not all questions may apply when completing this assessment. Start with entering the Assessment date and answering questions 1&2. Based on those answers, you will know whether the other fields will need to be completed.



**Columbia Suicide Risk Assessment**

- Suicidal Ideation **4**
- Intensity of Ideation
- Suicidal Behavior
- Clinical Pathway

Online Documentation

**Suicidal Ideation**

Assessment Date **1**

Ask Questions 1 and 2. If Both Are Negative, Proceed to "Suicidal Behavior" Section. If the Answer to Question 2 is "Yes", Ask Questions 3, 4, and 5. If the Answer to Question 1 and/or 2 is "Yes", complete "Intensity of Ideation" section below. **2**

**1. Wish to be Dead** **3**

Have You Wished You Were Dead or Wished You Could Go to Sleep and Not Wake Up?

In Your Lifetime (When You Felt Most Suicidal)  Yes  No

In the Past Month?  Yes  No

If Yes, Describe

**2. Non-Specific Active Suicidal Thoughts** **3**

Have You Actually Had Any Thoughts of Killing Yourself?

In Your Lifetime (When You Felt Most Suicidal)  Yes  No

In the Past Month?  Yes  No

- 1. Assessment Date-** Enter the date of assessment. Once the form has been saved (even if in draft) the date field will lock in. The only way to change the date would be to delete the assessment and re-enter. Make sure to enter the correct date before submitting.
- 2. Instructions-** The instructions below the Assessment Date will tell you what fields need to be entered based on the client's answers to questions 1&2. Make sure to read the instructions carefully.
- 3. Questions 1&2-** The first two questions will need to be completed in order to determine if the remaining questions will need to be asked. If the client answers "No" to both you will go down to the "Suicidal Behavior" section. If they answer "Yes" to both or either, additional sections will need to be completed.
- 4. Sections of the Assessment-** You can either click on the section of the assessment that you want to jump to or scroll down on the form.

3. Active Suicidal Ideation with Any Methods (Not Plan) Without Intent to Act **5**  
 Have You Been Thinking About How You Might Do This?  
 In Your Lifetime (When You Felt Most Suicidal)  Yes  No  
 In the Past Month?  Yes  No  
 If Yes, Describe

4. Active Suicidal Ideation with Some Intent to Act, Without Specific Plan **5**  
 Have You Had These Thoughts and Had Some Intention of Acting on Them?  
 In Your Lifetime (When You Felt Most Suicidal)  Yes  No  
 In the Past Month?  Yes  No  
 If Yes, Describe

5. Active Suicidal Ideation with Specific Plan and Intent **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?

5. Questions 3, 4, &5- Complete these fields if the client answered “Yes” to question

**Intensity of Ideation Section**

This section should be filled out if the client answered “Yes” to either question 1 or 2 in the Suicidal Ideation section.

**Intensity of Ideation**

The Following Features Should Be Rated with Respect to the Most Severe Type of Ideation (i.e., 1-5 From Above, with 1 Being the Least Severe and 5 Being the Most Severe). Ask About time he/she was feeling the most suicidal. **1**

Lifetime - Most Severe Ideation (Type #1-5)  1  2  3  4  5

Recent - Most Severe Ideation (Type #1-5)  1  2  3  4  5

Description of Lifetime Ideation

Description of Recent Ideation

Frequency

How Many Times Have You Had These Thoughts? **2**

1 = Less Than Once a Week  
 2 = Once a Week  
 3 = 2-5 Times a Week  
 4 = Daily or Almost Daily  
 5 = Many Times a Day

Most Severe in Past 1 Month  1  2  3  4  5

Most Severe in Past 1 Month  1  2  3  4  5

Most Severe in Lifetime

1. **Instructions-** Read the instructions carefully and answer each of the questions accordingly.
2. **Intensity of Ideation Questions-** If applicable answer all questions in this section, by using the instructions above.

### Suicidal Behavior Section

The Suicidal Behavior section is completed for each assessment, regardless of their answers in the first section.

**▼ Suicidal Behavior**

*(Check all that apply, as long as these are separate events; Must ask about all types)*

**Actual Attempt:**

Have You Made a Suicide Attempt?

Have You Done Anything to Harm Yourself?

Have You Done Anything Dangerous Where You Could Have Died?

What Did You Do? 1

Did You \_\_\_\_\_ As A Way To End Your Life?

Did You Want To Die (even a little) When You \_\_\_\_\_?

Were You Trying To End Your Life When You \_\_\_\_\_?

Or Did You Think It Was Possible You Could Have Died From \_\_\_\_\_?

Or Did You Do It Purely For Other Reasons / Without Any Intention Of Killing Yourself (Like To Relieve Stress, Feel Better, Get Sympathy, Or Get Something Else To Happen)? (Self-Injurious Behavior Without Suicidal Intent)

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Actual Suicide Attempt in Lifetime? ▼

Yes  No

Total Number of Suicide Attempts in Lifetime

Actual Suicide Attempts in Past 3 Months?

Yes  No

Total Number of Suicide Attempts in Past 3 Months

If Yes, Describe. 2

Has Subject Engaged in Non-Suicidal Self-Injurious Behavior?

Yes  No

In the Past 3 Months?

Yes  No

**Interrupted Attempt:**

Has There Been a Time When You Started to Do Something to Try to End Your Life But You Stopped Yourself Before You Actually Did Anything?

1. **Suicidal Behavior Questions-** The questions to ask the client are listed in this section. Below are the open fields where you can record their response.
2. **Suicidal Behavior Fields-** Enter the client’s responses to the questions above in the corresponding field.

### Clinical Pathway Section

▼ Clinical Pathway

**Status \***

Draft 1
 Final

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**Enroll in Clinical Pathway \***

Yes 2
 No

**Reason**

📄 ✎

**Pathway Name \* 3**

Select
✕
▼

1. **Status-** The Clinical Pathway section will be greyed out until you change the status from “Draft” to “Final”. Once in Final you will be able to enroll a Clinical Pathway.
2. **Enroll in Clinical Pathway-** Determine if the client should be enrolled in a Clinical Pathway. If the answer is “Yes”, then the “Reason” box will be greyed out. If you choose “No” then you will need to enter a reason why you are not enrolling them into a Clinical Pathway.
3. **Pathway Name-** If you select “Yes” to enroll the client into a Clinical Pathway, you will scroll down to the bottom of the page where you are able to select the Pathway you would like to enroll them in. You are only able to enroll one pathway using this form. If additional Pathways need to be added you can add them by using the “Clinical Pathway Enrollment” form.