

HEALING MINDS

C-SSRS — Suicide Risk Screening Tool

Patient Name:

Date:

1. Have you wished you were dead or wished you could go to sleep and not wake up?

Yes

No

2. Have you had any actual thoughts of killing yourself?

Yes

No

3. Have you been thinking about how you might do this?

Yes

No

4. Have you had these thoughts and had some intention of acting on them?

Yes

No

5. Have you started to work out or worked out the details of how to kill yourself?

Yes

No

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

Yes

No

7. Clinical Risk Level (Provider selects):

No Risk

Low Risk

Moderate Risk

High Risk

8. Provider Notes / Safety Plan: