| **Ask questions that are in bold and underlined.**  | **Past** **month** |
| --- | --- |
| **Ask Questions 1 and 2**  | **YES** | **NO** |
| **1) Have you wished you were dead or wished you could go to sleep and not wake up?**  |  |  |
| **2) Have you had any actual thoughts of killing yourself?** |  |  |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** |
| **3) Have you been thinking about how you might do this?**e.g. “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.” |  |  |
| **4) Have you had these thoughts and had some intention of acting on them?**as opposed to “I have the thoughts but I definitely will not do anything about them.” |  |  |
| **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?**  |  |  |
| **6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?**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.**If YES, ask: Was this within the past 3 months?**  | **Lifetime** |
|  |  |
| **Past 3 Months** |
|  |  |

**Response Protocol to C-SSRS Screening**

Item 1 Behavioral Health Referral

Item 2 Behavioral Health Referral

Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 4 Behavioral Health Consultation and Patient Safety Precautions

Item 5 Behavioral Health Consultation and Patient Safety Precautions

Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions