

## Questions for Student Interview

### ***Risk Factors & Warning Signs for Suicide (Check all that apply)***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Suicide notes                         | <input type="checkbox"/> Family problems                | <input type="checkbox"/> Loss of an important person or relationship  |
| <input type="checkbox"/> Access to a means to harm self        | <input type="checkbox"/> Legal problems                 | <input type="checkbox"/> Family history of suicide                    |
| <input type="checkbox"/> Giving away possessions               | <input type="checkbox"/> Poor coping skills, cutting    | <input type="checkbox"/> Friend has attempted/completed suicide       |
| <input type="checkbox"/> Talking, reading, writing about death | <input type="checkbox"/> Limited support system         | <input type="checkbox"/> Sexual identity issues                       |
| <input type="checkbox"/> Sad or depressed affect, hopelessness | <input type="checkbox"/> Increased risk taking          | <input type="checkbox"/> Suicide plan                                 |
| <input type="checkbox"/> Previous suicide attempts             | <input type="checkbox"/> Drug and alcohol use           | <input type="checkbox"/> Behavioral changes/out of character behavior |
| <input type="checkbox"/> Social withdrawal or isolation        | <input type="checkbox"/> Loss of interest in activities | <input type="checkbox"/> History of abuse                             |

### **COLUMBIA-SUICIDE SEVERITY RATING SCALE SUICIDE IDEATION DEFINITIONS AND PROMPTS**

**Past  
month**

**Ask questions that are bolded and underlined.**

**YES   NO**

#### **Ask Questions 1 and 2**

**1) Wish to be Dead:**

Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

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

**2) Suicidal Thoughts:**

General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

**Have you actually had any 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) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):**

Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "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."

**Have you been thinking about how you might kill yourself?**

**4) Suicidal Intent (without Specific Plan):**

Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."

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

**5) Suicide Intent with Specific Plan:**

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

**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) Suicide Behavior Question:**

**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: How long ago did you do any of these?**

• Over a year ago? • Between three months and a year ago? • Within the last three months?