Basic Clinical Scoring Guide for the C-SSRS

Ideation Severity Subscale:

- Questions 1-5: five types of ideation of increasing severity
- Score presence/absence of any suicidal ideation yes/no
- Questions 1 and 2 are screening questions; if the answers to both are "no", you do not need to ask questions 3-5 and may skip to the "Suicidal Behavior" section
- The most severe ideation endorsed (1-5) becomes the score for this section
- "If yes, please describe" is provided for optional clinical description

Intensity of Ideation Subscale *(Referring only to the most severe ideation endorsed above for the timeframe of interest)*:

- Add the highest numbers endorsed on the 5 intensity items (Frequency, Duration, Controllability, Deterrents, and Reasons for Ideation).
- The sum ranges from 2 to 25, with the higher number indicating more intense ideation.
- If no ideation was endorsed on the Severity Subscale, assign a score of 0 or N/A for the Intensity Subscale.
- There are no "cut off" score for intensity. However, data that looked at ranges of scores and risk ratios for suicide behavior found a 34X increase for the 21-25 range with lower odds ratios as the score range drops. These scores are best used to help inform clinical judgment when there is uncertainty about disposition and to assess change over time.
    - ✓ Moderate (6-10) **11x times the risk of suicide**
    - ✓ Mod. Severe (11-15) **13x times the risk of suicide**
    - ✓ Severe (16-20) **19x times the risk of suicide**
    - ✓ Very Severe (21-25) **34x times the risk of suicide**

Suicidal Behavior Subscale:

- **4 types of suicidal behaviors are scored yes/no** and identify categorical occurrence and density of actual, interrupted, aborted attempts and preparatory behaviors and distinguish suicidal and non-suicidal self injurious behavior.
    - ✓ Preparatory Behavior - Those with recent preparatory behavior (e.g., collecting pills, razors, or loaded weapon) are **8-10x** more likely to die by suicide
    - ✓ Interrupted Suicide Attempts - **3x** more likely to die by suicide (Steer, Beck & Lester, 1988)
    - ✓ Aborted Suicide Attempts - Subjects who made aborted attempts are **2x** as likely to have made a suicide attempt
- **Presence of an attempt is a number one risk factor for dying by suicide**
- **Number of suicidal behaviors** – the total number of each type of suicidal behavior that occurred during the given time period shows the *density* of suicidal behavior (more behaviors represents higher degree of risk – for example, multiple attempters are more at risk than single attempters).
- **Keep each type separate:** DO NOT add different types of behavior together.
- Score presence/absence of any suicidal behavior, yes/no **but only if they occur during a unique episode** (i.e. you would not score 3 different preparatory behaviors if they all led to an actual attempt).
- **Must ask about suicidal behaviors even if no ideation is endorsed above.**

Behavior Lethality Subscale (For suicide attempts or non-suicidal self-injurious behavior (NSSIB)):

- Give actual lethality/medical damage rating of 0 to 5 for each suicide attempt (most recent, most lethal, first) or instance of NSSIB.
- Give potential lethality a score of 0-2 for each suicide attempt or NSSIB that had a potential for medical damage but did not result in damage (most recent, most lethal, first). Potential lethality is only scored if there is no actual medical damage.
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Data Collected on Full C-SSRS

*Suicidal Ideation (Highest Level Endorsed 1-5) _____
Intensity of Ideation (2-25) _____
*Suicidal Behavior (present during time period) Y/N
Medical Damage for Attempt (0-5) _____
Potential Lethality (if medical damage = 0) (0-2) _____

*Generally used for triage and are assessed on screener version

See Triage Guidelines Document for suggestions about what to do with scores