N.J. DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
PSYCHIATRIC HOSPITAL

ADMISSION SUICIDE RISK SCREENER (S1)

Instructions: Check all that apply. Modified COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Screen Version – Recent (S1)			
Suicidal Ideation – Ask Questions 1 and 2.	**Past 1 Month**	**Past 6 Months**	**None Reported**
1. Wish to be dead			
2. Suicidal thoughts			
If YES to 2, ask question 3, 4, 5 and 6. If NO, go directly to question 6.			
3. Suicidal thoughts with method (but without specific plan or intent to act)			
4. Suicidal ideation with some intent but without specific plan			
5. Suicidal ideation with specific plan and intent			

Suicide Behavior

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?
   ❒ Yes ❒ No
   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

Self-injurious behavior and foreign body ingestion	**Past 1 Month**	**Past 6 Months**	**None Reported**
7. Self-injurious behavior **without** suicidal intent			
8. Foreign body ingestion			

Describe any suicidal, self-injurious or aggressive behavior (include dates)

Modified COLUMBIA-SUICIDE SEVERITY RATING SCALE – Risk Assessment

Activating Events/Risk Factors Check all that apply or: ☐ **None**

☐ Recent Loss(es) or other significant negative events (legal, financial, relationship, etc.)	☐ Mixed affective (Bipolar)	☐ Substance abuse/dependence	☐ Chronic physical pain or other acute medical problem
☐ Social isolation/feeling alone	☐ Major depressive episode	☐ Agitation or severe anxiety	☐ Pending incarceration
☐ Hopelessness	☐ Highly impulsive behavior	☐ Perceived burden on family or others	☐ Family history of suicide (lifetime)
	☐ Command hallucinations to hurt self	☐ Sexual abuse (lifetime)	

☐ Other: _____

Protective Factors (Recent) Check all that apply:

☐ Identifies reason for living	☐ Engage in work, school or hobby
☐ Responsibility to family or others; living with family	☐ Fear of death or dying
☐ Supportive social network	☐ Belief that suicide is immoral; high spirituality
☐ Other	

Treatment History (Check all that apply)

☐ Previous psychiatric diagnoses and treatments	☐ Non-compliant with treatment	
☐ Hopeless or dissatisfied with treatment	☐ No prior treatment	☐ Refused or unable to develop a safety plan

Estimated Risk Status

Acute: ❑ Low Risk ❑ Moderate Risk ❑ High Risk

Description and Explanation of Risk

Referred to Psychologist for full C-SSRS Suicide Risk Assessment

❑ Yes ❑ No

Psychiatrist's Printed Name:_____Signature: _____

Date:____/____/____ Time:____:___a.m./p.m