## USING THE COLUMBIA PROTOCOL

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Date:
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**Administered By:** 

Yes or No

Always ask questions 1 and 2	Past Month	
1) Have you wished you were dead or wished you		
could go to sleep and not wake up?		
2) Have you actually had any thoughts about		
killing yourself?		
If <b>YES</b> to 2, ask questions 3, 4, 5, and 6.	. <u></u>	
If <b>NO</b> to 2, skip to question 6.		
3) Have you been thinking about how you might		
do this?		
4) Have you had these thoughts and had some		
intention of acting on them?	High Risk	
5) Have you started to work out or worked out		
the details of how to kill yourself? Did you		
intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-	Past 3
	time	Months
6) Have you done anything, started to do		
6) Have you done anything, started to do anything, or prepared to do anything to end		
anything, or prepared to do anything to end		
anything, or prepared to do anything to end your life? Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or collected pills, obtained a gun, gave away valuables, wrote a		
anything, or prepared to do anything to end your life? Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or 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		
anything, or prepared to do anything to end your life? Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or 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		High
<ul> <li>anything, or prepared to do anything to end your life?</li> <li><i>Examples</i>: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or 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, etc.</li> </ul>		High Risk
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If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get <u>immediate help</u>. <u>STAY WITH</u> <u>THEM</u> until additional help comes.

Adapted and retrieved from https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/