

Proxy Columbia-Suicide Severity Rating Scale - Intensity of Ideation (CSSRS)

In the past month...

How many times has your child had these thoughts?

- ☐ Less than once a week
- ☐ Once a week
- ☐ 2-5 times in week
- ☐ Daily or almost daily
- ☐ Many times each day

In the past month...

When your child has the thoughts, how long do they last?

- ☐ Fleeting - few seconds or minutes
- ☐ Less than 1 hour/some of the time
- ☐ 1-4 hours/a lot of time
- ☐ 4-8 hours/most of day
- ☐ More than 8 hours/persistent or continuous

In the past month...

Could/can your child stop thinking about killing themselves or wanting to die if they want to?

- ☐ Easily able to control thoughts
- ☐ Can control thoughts with little difficulty
- ☐ Can control thoughts with some difficulty
- ☐ Can control thoughts with a lot of difficulty
- ☐ Unable to control thoughts
- ☐ Does not attempt to control thoughts

In the past month...

Are there things - anyone or anything - that stopped your child from wanting to die or acting on thoughts of suicide?

- ☐ Deterrents definitely stopped your child from attempting suicide
- ☐ Deterrents probably stopped your child
- ☐ Uncertain that deterrents stopped your child
- ☐ Deterrents most likely did not stop your child
- ☐ Deterrents definitely did not stop your child
- ☐ Does not apply

In the past month...

What sort of reasons did your child have for thinking about wanting to die or killing themselves?

- ☐ Completely to get attention/reaction
- ☐ Mostly to get attention/reaction
- ☐ Equally to get attention/reaction and to end the pain
- ☐ Mostly to end the pain
- ☐ Completely to end the pain
- ☐ Does not apply