

**Enclosure No. 5**

**CSSR-S**

*Note: This tool shall be conducted one-on-one, ideally in a quiet, safe, and private space, using a calm and non-judgmental tone. This must not be conducted in a group setting or through written forms.*

Always ask questions 1 and 2.	Past Month	
<b>1. Have you wished you were dead or wished you could go to sleep and not wake up?</b>		
<b>2. Have you actually had any thoughts about killing yourself?</b>		
If <b>YES</b> to 2, ask questions 3, 4, 5, and 6. If <b>NO</b> to 2, skip to question 6.		
<b>3. Have you been thinking about how you might do this?</b>		
<b>4. Have you had these thoughts and had some intention of acting on them?</b>	<b>HIGH RISK</b>	
<b>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?</b>	<b>HIGH RISK</b>	
Always Ask Question 6	Life-time	Past 3 Months
<b>6. Have you done anything, started to do anything, or prepared to do anything to end your life?</b> <i>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 but didn't jump, etc.</i> <b>If yes, was this within the past 3 months?</b>		<b>HIGH RISK</b>