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	
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 **YES** to 2, ask questions 3, 4, 5, and 6. If **NO** 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-time	Past 3 Months
6. **Have you done anything, started to do 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 but didn't jump, etc. **If yes, was this within the past 3 months?**		**HIGH RISK**