

## McLaren Print System Order

Order No: 90812  
 Order Date: 2024-12-12  
 Order Request Date:  
 User: Wendy Werner  
 Phone: 9896735103

Ship Location: ATT. WENDY WERNER  
 401 N. HOOPER ST  
 CARO, MI 48723

Brochures  
 Quantity: 2000  
 Paragon Dept No: 21600  
 Dept Name: ED  
 Company Number:

Order Total Price: 396.00

Item Number: MHCC-761  
 Item Description: SUICIDE SEVERITY RATING Form  
 Revision Date: 04/2024  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster:  
 Misc Info: 8.5x11 Color No Bleed DS 70#Text



ONE McLaren

### Suicide Screening Assessment and Interventions

Policy Number: MHCC\_010003

APPENDIX 7.1 Columbia Suicide Severity Rating Screen (5-5PR)

Ask questions that are <b>bolded and underlined</b> .	Past Month	
	Yes	No
<b>Ask Questions 1 and 2</b>		
<b>1) Have you wished you were dead or wished you could to sleep and not wake up?</b>		
<b>2) Have you actually had any thoughts of killing yourself?</b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Have you been thinking about how you might do this?</b> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it... and I would never go through with it."</i>		
<b>4) Have you had these thoughts and had some intention of acting on them?</b> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
<b>5) Have you started to work out or worked out the details of how to kill yourself?</b> <i>Did you intend to carry out this plan?</i>		
<b>6) Have you ever 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, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i>		
<b>If YES, ask: Was this within the past three months?</b>		

**Item 1:** Behavioral Health Network or Discharge  
**Item 2:** Behavioral Health Network or Discharge  
**Item 3:** Behavioral Health Network or Discharge  
**Item 4:** Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions  
**Item 5:** Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions  
**Item 6:** 1 month(s) ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

Spec Info: Original Poster Size