

**SYNTHETIC EXAMPLE**

Columbia Suicide Severity Rating Scale - Screener

C-SSRS screener - presentation preview

CLIENT**John Doe****ADMINISTERED****Example date****RESPONSE MODE****Clinician-rated****INSTRUMENT****C-SSRS screener****SOURCE****Columbia Lighthouse
Project / Columbia
University****CLINICAL ROLE****Structured screening
support inside clinic
protocol**

What this report lays out

- Named instrument, version, and provenance
- Item-level response pattern without source wording
- Methodology, references, and clinical boundary
- Responsible clinician review rather than automated conclusions

CLINICIAN REVIEW REQUIRED

This document demonstrates Lirena's report design using fictional data. It does not represent a scored C-SSRS result, cannot establish a diagnosis, and must not be placed in a clinical record.

C-SSRS does not determine risk by itself, does not provide emergency care, and does not replace a clinician's assessment or local protocol. Absence of reported ideation is not a guarantee of safety.



A report designed for clinical review

Clear structure, visible provenance, and an explicit boundary help a clinician review recorded evidence without mistaking a questionnaire for a conclusion.

REVIEW

The screener is typically administered by a trained person, not as an unsupervised public web test. Immediate clinical review and local crisis pathways remain the clinic's responsibility. Lirena does not monitor responses in real time.

CONTEXT

Official Columbia materials define wording, branching, and training. This page does not reproduce items or independently verify a scoring algorithm. Do not treat software output as a risk category or safety clearance.

SOURCE

Training and the exact screener version must be approved before assignment. This page is catalogue information only and is not a crisis service.

REPORT PRINCIPLE

Show the evidence, the version, and the boundary. Leave diagnosis and formulation with the clinician.



Item-level layout without source wording

This marketing sample uses invented item numbers and response labels only. It does not reproduce C-SSRS screener item wording, and the pattern below is not a real result.

ITEM	ILLUSTRATIVE SCALE POINT	FICTIONAL RESPONSE
1	5 of 5	Most days
2	1 of 5	Not at all
3	2 of 5	A little
4	4 of 5	Often
5	3 of 5	Sometimes
6	2 of 5	A little
7	2 of 5	A little
8	1 of 5	Not at all
9	5 of 5	Most days
10	1 of 5	Not at all
11	5 of 5	Most days
12	2 of 5	A little
13	1 of 5	Not at all
14	2 of 5	A little

Item numbers, scale points, and responses on this page are invented for layout demonstration. They are not this instrument's item set, scoring structure, or thresholds.



Source-led by design

Lirena separates published methodology, product implementation, and clinical approval. A citation does not by itself authorize administration or prove a software scoring rule.

INSTRUMENT

The C-SSRS, developed at Columbia University, is a family of tools for asking about suicidal ideation and behaviour in a consistent way. This catalogue entry refers to a screener form, not every C-SSRS version. It is screening support inside a clinic-owned protocol.

ADMINISTRATION

The screener is typically administered by a trained person, not as an unsupervised public web test. Immediate clinical review and local crisis pathways remain the clinic's responsibility. Lirena does not monitor responses in real time.

CLINICAL BOUNDARY

C-SSRS does not determine risk by itself, does not provide emergency care, and does not replace a clinician's assessment or local protocol. Absence of reported ideation is not a guarantee of safety.

GOVERNANCE

Training and the exact screener version must be approved before assignment. This page is catalogue information only and is not a crisis service.

SELECTED REFERENCES

1. Official C-SSRS programme

Columbia Lighthouse Project. Columbia Suicide Severity Rating Scale.

2. Scale development paper

Posner K et al. The Columbia-Suicide Severity Rating Scale. Am J Psychiatry. 2011;168(12):1266-1277.

SOURCE AND VERIFICATION Confirm the official form with the source before any live workflow.