**C-SSRS**

* **Call Campus Police for Transport to Capital Health:**YES to question 3, 4 OR 5; Yes to <3 mo on question 6
* **Consult with Supervisor and/or MH Professional:**YES to 3-12 mo on question 3, or if in doubt about any questions
* **Give referrals only:**No to question 2; No to question 6; >12 mo to question 6
* **Campus Police: 609-771-2345 or 911 from any campus phone**
* **Capital Health Screening Center: 609-396-4357 (HELP)**
* **CAPS after-hours on-call (Dr. Mark Forest): 215-666-3332**
* **CAPS: x2247 / ADEP: x2571 / AVI: x2571 / TCNJ Clinic: x2700**
* **NJ Hopeline: (24/7) 1-855-654-6735**
* **CONTACT of Mercer County: 609-896-2120**
* **Trevor (LGBTQ) Lifeline (24/7) 1-866-488-7386**
* **Veterans Crisis Line (24/7) 1-800-273-8255**

**C-SSRS**

1. Have you wished you were dead or wished you could go to sleep and not wake up? Yes / No
2. Have you actually had any thoughts of killing yourself? Yes / No

If YES to 2, ask questions 3, 4 & 5

If NO to 2, go directly to question 6

1. Have you been thinking about how you might kill yourself? Yes / No
2. Have you had these thoughts and had some intention of acting on them? Yes / No
3. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? Yes / No

If YES to 3, 4 or 5 – call campus police for transport to Capital Health for screening

1. Have you ever done anything, started to do anything, or prepared to do anything to end your life? Yes / No

If YES, How long ago did you do any of these? >12mo / 3-12mo / <3mo

If > 12 mo = give referrals / If 3-12 mo = consult with supervisor/MH / If <3 mo = call Campus Police/Capital Health