

Tool for Assessment of Suicide Risk: Adolescent Version Modified (TASR-Am)*

Name: _____ Chart #: _____

| | Yes | No |
|--|-----|----|
| Family History of Suicide | | |
| Psychiatric Illness | | |
| Substance Abuse | | |
| Poor Social Supports/Problematic Environment | | |
| Depressive Symptoms | | |
| Psychotic Symptoms | | |
| Lack of Pleasure | | |
| Anger/Impulsivity | | |
| Suicidal Ideation | | |
| Suicide Plan | | |
| Access to Lethal Means | | |
| Suicide Attempt | | |
| Current Problems seem Unsolvable | | |
| Command Hallucinations (Suicidal/Homicidal) | | |
| Recent (24 hrs) Substance Use | | |

6-Item KADS score: _____

Level of Immediate Suicide Risk

High _____

Moderate _____

Low _____

Dispositions: _____

Assessment Completed by: _____ Date: _____

** The TASR-Am has been modified from its original version of TASR-A.

