

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.

