



Chapter 3

Putting It All Together: The Tool for Assessment of Suicide Risk (TASR)

Once you have completed Chapter 2 and understand the complexities of the suicide assessment, this section provides you with a short and succinct tool that summarizes the information contained in the SRAG in a format that can be used clinically when assessing a patient for suicidality.

The Tool for Assessment of Suicide Risk (TASR) (see Appendix 2) has been designed to be used by clinicians to document a summary of their assessment of a patient who may be suicidal. The TASR is divided into three sections: Individual Profile, Symptom Profile and Interview Profile; it may be used to ensure that the most pertinent individual, symptom and interview details necessary for the assessment of suicide risk have been addressed by the clinician. The TASR is thus a 'bedside' tool that helps the clinician determine the 'burden of risk' for suicide.

For each item listed check either 'yes' (applies to the patient) or 'no' (does not apply to the patient) in the corresponding columns to the right. Then rate the overall level of suicide risk as high, moderate or low by checking the corresponding box at the bottom of the table.

Note: The presence of a suicide plan or high suicide intent places the patient at high risk for suicide regardless of the presence or absence of any other risk factors.



The Tool for Assessment of Suicide Risk: TASR

NAME: _____ Chart #: _____

INDIVIDUAL RISK PROFILE:	☆	YES	NO
Male			
Ages 15-35			
Age over 65			
Family history of suicide			
Chronic medical illness			
Psychiatric illness			
Poor social supports/social isolation			
Substance abuse			
Sexual/physical abuse			
SYMPTOM RISK PROFILE:	☆ ☆	YES	NO
Depressive symptoms			
Positive psychotic symptoms			
Hopelessness			
Worthlessness			
Anhedonia			
Anxiety/agitation			
Panic attacks			
Anger			
Impulsivity			
INTERVIEW RISK PROFILE:	☆ ☆ ☆	YES	NO
Recent substance use			
Suicidal ideation			
Suicidal intent			
Suicidal plan			
Access to lethal means			
Past suicide behaviour			
Current problems seem unsolvable to patient			
Suicidal/violent command hallucinations			

LEVEL OF SUICIDE RISK: High Moderate Low

Assessment completed by: _____
(Name & position)

DATE: _____

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Guide to the Tool for Assessment of Suicide Risk

In the TASR, stars (★) are used to provide the clinician with a section weighting of suicide risk. Section 1 is given a weighting of one star; section 2 a weighting of two stars and section 3 a weighting of three stars. The greater the number of stars, the greater the overall weighting of the section. The clinician should consider the weighting of each section as well as the scoring of items in each section.

Section I: Individual risk profile ★

This section identifies age and demographic factors as well as pertinent family and personal medical and psychosocial history.

Many people have many of these risk factors but the majority of these individuals are not suicidal. These factors only have meaning when viewed within the context of the clinical presentation.

Factors within this section found to have the greatest correlation with suicide risk are listed in the box below.

Individual risk profile

- Male
- Ages 15–35
- Age over 65
- Family history of suicide
- Chronic medical illness
- Psychiatric illness
- Poor social supports/isolation
- Substance abuse
- Sexual/physical abuse

Importance of this section in determining risk: ★

Section II: Symptom profile ★★

This section addresses the **current** presence of psychiatric symptoms that have been associated with increased suicide risk.

Again, there are many individuals who experience some or many of these symptoms but the majority of these individuals are not suicidal. These symptoms must be viewed within the context of the clinical presentation.

Symptoms found to have the greatest correlation with suicide risk are listed in the box below.

Symptom risk profile

Depressive symptoms
Positive psychotic symptoms
Hopelessness or worthlessness
Anhedonia
Anxiety/agitation
Panic attacks
Anger
Impulsivity

Importance of this section in determining risk: ★★

Section III: Interview profile ★★★

This section addresses acute factors identified during the interview that may place an individual at high risk of suicide whether accompanied or unaccompanied by other factors listed in sections I and II.

Risk is increased if risk factors from Section I are also present and risk is significantly increased if risk factors from Section II are also present.

Symptoms found to have the greatest correlation with suicide risk are listed in the box below.

Interview risk profile

Recent substance use
Suicidal ideation
Suicidal intent
Suicidal plan
Access to lethal means
Past suicide behaviour
Current problems seem unsolvable to patient
Command hallucinations

Importance of this section in determining risk: ★★☆

Section IV: Overall rating of risk

This section provides an overall rating of current individual suicide risk (the ‘burden of risk’), which is rated as high, moderate or low based on the clinician’s interpretation of information obtained.

LEVEL OF SUICIDE RISK: High Moderate Low