Screening Tool for Assessing Risk of Suicide (STARS)

(Hawgood & De Leo, 2015)
IMPORTANT:

• This tool is to be used as a guiding framework for information gathering about a person’s presenting experience of a ‘suicidal state’, in order to support decision-making about safety planning [commensurate with a ‘current’ appraisal of suicide risk].

• The questions are in no way exhaustive of what is required for an optimal, systematic and comprehensive suicide assessment. Rather, these questions should be used for guiding further exploration and understanding of the person’s situation. A narrative or story reflective of the person’s experience can be used to obtaining more detailed sources of information (particularly on stated intent versus actual intent) to guide subsequent response and intervention.

• An assessment of risk estimated or determined as an outcome of use of this framework screening tool should not be considered without adjunct sources of information including (but not limited to) clinical interview and observation, collaborative information from family, friends, and other mental health carers (e.g., GP, psychiatrist, psychologist, mental health nurse, etc.).

• Any assumed risk or suicidal state as determined by a clinician from use of this framework is to be perceived only as a ‘snap-shot’ picture of the person’s presentation at the time of the assessment.

• Risk assessment is an enduring/ongoing process that should be addressed every session when interviewing/interacting with a suicidal individual (and intermittently where required by phone or via other care team members). Re-assessment of risk may also occur within the same interview session (e.g., beginning and end).

• It is generally agreed upon by experts in the field of suicide risk assessment, that it is the combination of warning signs, risk factors and protective that contributes to overall suicide risk. Warning signs are to be distinguished from risk factors and represent the most proximal sign that a person may be at risk of harming him- or herself, indicating the need for a comprehensive assessment.

• The suicidal state of a person is dynamic and fluctuating (despite the presence of several significant potentiating risk factors – for example, presence of mental illness, legal problems, etc.). Assessment must not rely on a single measure of assessment at one point in time for predicting future risk behaviours. More than expressing a score, this tool is meant to elicit a sufficient level of assessment of the individual, thus providing a guide for risk management.

IMPORTANT FOR USE OF THIS SCALE:

It is recommended that the clinician indicate his/her level of confidence in the given rating of ‘risk level’ associated with each factor within Parts A, B and C of this form. A brief notation of it (Highly confident; Confident; and Low confidence) will suffice. This notation is important for conveying to other professionals the strength or weighting of the cumulative information from each section and informing the final summary of risk.
# PART A: Suicidal Behaviour Enquiry

**Critical questioning:** These questions should be asked first in a crisis risk situation.

<table>
<thead>
<tr>
<th>Question(s)</th>
<th>Indicator</th>
<th>Specify</th>
<th>No Risk</th>
<th>Low-Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUICIDAL THOUGHTS</strong></td>
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<tr>
<td>Have you thought about suicide/ending your life?</td>
<td>Frequency (per day/per week):</td>
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<td></td>
<td>Severity (intent to die/planning/method involved):</td>
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<td>Duration of thoughts:</td>
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<td></td>
<td>Ambivalence:</td>
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<td></td>
<td>Past ideation/planning:</td>
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<tr>
<td>Communication to others?</td>
<td>Verbally/written (to whom?):</td>
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<tr>
<td><strong>PLANS/ INTENT</strong></td>
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<td>Have you thought about how you would end your life?</td>
<td>Lethality of method:</td>
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<td></td>
<td>Level of detail:</td>
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<td></td>
<td>Knowledge of method usage:</td>
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<td>Potential for rescue:</td>
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<td></td>
<td>Prior rehearsal:</td>
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<tr>
<td>Have you ever made a plan in the past?</td>
<td>How many times?</td>
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<td></td>
<td>Recently (within past 6, or past 12 months?)</td>
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<td></td>
<td>More than 1 year ago?</td>
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<tr>
<td><strong>PREVIOUS ATTEMPT</strong></td>
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<tr>
<td>Have you ever tried to end your life before?</td>
<td>Number of occasions:</td>
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<td></td>
<td>Lethality of method used each time:</td>
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<td></td>
<td>Rescuing, other/s available</td>
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<td></td>
<td>Strength of the suicide attempt (rehearsed, knowledge of means etc):</td>
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</tbody>
</table>

1 Level of confidence with current risk state

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1 Highly Confident = HC; Confident = C; and Low Confidence = LC.
<table>
<thead>
<tr>
<th>PREVIOUS SELF HARM (no intention to die)</th>
<th>Have you engaged in any acts of self-injury before?</th>
<th>Number of occasions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>□ □ □</td>
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<tr>
<td></td>
<td>Type of injury:</td>
<td></td>
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<td></td>
<td>In conjunction with previous attempt:</td>
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<td></td>
<td>Disclosure of injury to other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT MOOD</th>
<th>How are you feeling now?</th>
<th>Depressed; Agitated; Confused; Detached:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ □ □</td>
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</table>

<table>
<thead>
<tr>
<th>ACCESS TO METHOD</th>
<th>Do you have access to a rope/gun/drugs/knife, etc.?</th>
<th>Ease of access:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Knowledge of access:</td>
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<tr>
<td></td>
<td></td>
<td>Determination to access the means:</td>
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<td></td>
<td></td>
<td>Change of means:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PSYCHIATRIC CARE/HELP</th>
<th>Have you received mental health treatment in the past?</th>
<th>Inpatient service</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Recent discharge</td>
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<tr>
<td></td>
<td></td>
<td>GP/Counselling/ Psychotherapy</td>
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<tr>
<td></td>
<td></td>
<td>Accident and emergency only</td>
</tr>
</tbody>
</table>

- □ indicates not applicable
- □□ indicates partially applicable
- □□□ indicates fully applicable
### PART B: Risk Factor Enquiry

2 Enquiry may start here with less intrusive questioning in cases where risk is not imminent.

<table>
<thead>
<tr>
<th>Question(s)</th>
<th>Indicator</th>
<th>Specify</th>
<th>No Apparent Risk</th>
<th>Low-Moderate Risk</th>
<th>High Risk</th>
<th>3 Level of confidence with current risk state</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOME</strong></td>
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<tr>
<td>How are things at home?</td>
<td>Living situation:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Family – conflict/abuse:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Homelessness:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
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<tr>
<td>How is your health?</td>
<td>Chronic physical illness (most risk – cancer, MS, epilepsy)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>EDUCATION/EMPLOYMENT</strong></td>
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<tr>
<td>How is school? (if appropriate)</td>
<td>Changes in academic achievement:</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Truancy/ Bullying:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Are you working at the moment?</td>
<td>Retrenchment individual/group:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Long-term unemployment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>ACTIVITIES</strong></td>
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<tr>
<td>What do you like to do in your spare time?</td>
<td>Connectedness with others:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td></td>
<td>Isolation:</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>AFFECT</strong></td>
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<tr>
<td>How are you feeling?</td>
<td>Flat/ detachment from emotions:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>LOSS OF HOPE</strong></td>
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<tr>
<td>How do you see your future?</td>
<td>View to future:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Persuasiveness of the future:</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>DRUGS/ALCOHOL</strong></td>
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<tr>
<td>Do you use drugs and alcohol?</td>
<td>Frequency:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Reliance on drugs/alcohol:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Treatment failures:</td>
<td>☐</td>
<td>☐</td>
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<td><strong>MARITAL/DEFACTO RELATIONSHIP</strong></td>
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<tr>
<td>Are you experiencing a relationship break-up/separation?</td>
<td>Marital/de facto:</td>
<td>☐</td>
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<td>Shame experienced:</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Financial/property/legal strain:</td>
<td>☐</td>
<td>☐</td>
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<td></td>
<td>Child custody issues:</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

3 This section may be the first point of enquiry where suicide risk is not imminent and where there is time to engage the client and gather comprehensive information. This section may be followed by either Suicide enquiry questions (Part A) or Protective factors enquiry (Part C).

3 Highly Confident = HC; Confident = C; and Low Confidence = LC.
<table>
<thead>
<tr>
<th>FAMILY HISTORY OF MENTAL ILLNESS</th>
<th>Has anyone in your family suffered from a mental illness?</th>
<th>Mother/father:</th>
<th>□</th>
<th>□</th>
<th>□</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Sibling:</td>
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<td>Uncle/Aunty/Grandparent:</td>
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<td></td>
<td>Undiagnosed</td>
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<table>
<thead>
<tr>
<th>FAMILY HISTORY OF SUICIDE/</th>
<th>Has anyone in your family / extended family died by suicide?</th>
<th>Mother/father:</th>
<th>□</th>
<th>□</th>
<th>□</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sibling:</td>
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<tr>
<td></td>
<td></td>
<td>Uncle/Aunty/Grandparent:</td>
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</table>

<table>
<thead>
<tr>
<th>OTHER KNOWN SUICIDE</th>
<th>Do you know someone who died by suicide (either personally or that someone unknown who has had an impact on you)</th>
<th>Recency of event/or familiarity of person or their behaviour</th>
<th>□</th>
<th>□</th>
<th>□</th>
</tr>
</thead>
</table>

<p>| GRIEF AND LOSS | Has someone you cared for, loved, or had a close relationship with died recently or has an anniversary at or around this time? | Impact of the grief/level of negative or complicated grief responses: | □ | □ | □ |</p>
<table>
<thead>
<tr>
<th>Question(s)</th>
<th>Indicator</th>
<th>Specify</th>
<th>Apparent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you told people close to you how you feel?</td>
<td>Extent of social network:</td>
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<tr>
<td>Would you share what you’re going through?</td>
<td>Closeness of relationships/attachments:</td>
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<tr>
<td>Do you feel closely/intimately connected to others?</td>
<td>Availability of other people:</td>
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<tr>
<td>How do you feel about yourself?</td>
<td>Confidence:</td>
<td></td>
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<tr>
<td>Can you list 3 positive qualities about yourself?</td>
<td>Self image:</td>
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<tr>
<td></td>
<td>Self-recognised qualities:</td>
<td></td>
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<tr>
<td>What do you value in life?</td>
<td>Values on self, and life:</td>
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<tr>
<td>What are your core beliefs/morals?</td>
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<tr>
<td>How do you usually cope when you ‘do not feel yourself’?</td>
<td>Coping mechanisms:</td>
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<td>How do you solve difficult stressors?</td>
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<td>Do you have a belief system, religious faith or spirituality?</td>
<td>Religious/belief system:</td>
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<td></td>
<td>Centrality of belief system to life:</td>
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<tr>
<td>What is your cultural background?</td>
<td>Country of origin:</td>
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<tr>
<td>Do you feel that the community supports your cultural identity?</td>
<td>Support from community (culture embraced vs. cultural discrimination/exclusion; connected vs. isolated):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 This section may be the first point of enquiry where suicide risk is not imminent and where there is time to engage the client and gather comprehensive information. This section may be followed by either Risk factor enquiry (Part B), or Suicide enquiry questions (Part A).
CLINICAL NOTES

Summary of warning signs (indicators of immediate risk):

Summary of life circumstances:

Summary of risk factors: [Be sure to identify ‘absence’ of risk factors as well as ‘presence’]

Summary of protective factors: [Be sure to identify ‘absence’ of protective factors as well as ‘presence’]
**Safety Planning & Response** – Any safety response should be commensurate with the identified experience and state of the person who is suicidal. Planning must account for both immediate and estimated short-term risk of suicidal behaviour based on a combination of warning signs, risk and protective factors, and existing crisis supports/resources.

**Existing and organised crisis supports** – Persons or contacts that have been discussed and clarified for the person in case of a crisis situation – or rather, more importantly, to be used prior to imminent risk (before a crisis becomes acute). The issue of stigma (in terms of its impact on the person should be investigated given the likelihood of affecting help-seeking and help-accepting behaviours).

**Evidence of involvement with carer/next of kin/other health professionals:**

**Summary of estimated current suicidal state & commensurate safety response** – [Indicate level of confidence associated with current risk state AND rationale for this judgement]:

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This page contains text related to suicide prevention and response, focusing on safety planning, existing crisis supports, evidence of involvement with carers or health professionals, and summarizing the state and response.
Follow-up - Period for next risk assessment/review:

Consultation and peer review: