

Significant Health Issues for Family Member(s).
List member(s) and issue(s) for each:

Significant Legal Issues for Family member(s) (e.g., impending bankruptcy, divorce or child custody proceeding).
If checked, identify member(s) and issue(s) for each:

Significant Disputes Among Family Member(s) or Significant Other.
Identify member(s) dispute(s) for each:

Family History of Suicide Attempts/Completions.
If checked, identify member(s), date(s), and how:

Line 10

Living Arrangements at Time of Incident (check all that apply)

On-Post: Barracks Family Housing
 Off- Post

Identify Living Arrangements:

Living Alone
 Living with Someone
 Family Member
 Friend
 Significant Other
 Other (explain)
 Homeless:
 Car

 Street

	<p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Geographically Separated: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary</p> <p><input type="checkbox"/> Other (Explain)</p> <p>If On-Post, Are Emergency Access Procedures in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly Describe the Emergency Access Procedures:</p>
Line 11	<p>Education: (indicate highest level completed)</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> High School diploma</p> <p><input type="checkbox"/> Two-year college degree</p> <p><input type="checkbox"/> Four-year college degree</p> <p><input type="checkbox"/> Master's degree</p> <p><input type="checkbox"/> Doctoral degree</p> <p><input type="checkbox"/> Currently enrolled in school</p>
Line 12	<p>Unit and Duty Status</p> <ul style="list-style-type: none"> • Unit of assignment _____ • Assigned duty position on date of Event _____ <p>Duty Status at Time of Event: (check all that apply)</p> <p><input type="checkbox"/> AD</p> <p><input type="checkbox"/> ADT</p> <p><input type="checkbox"/> IDT</p> <p><input type="checkbox"/> AGR</p> <p><input type="checkbox"/> Mobilized Guard or Reserve</p> <p><input type="checkbox"/> Trainee (Basic Training or AIT)</p> <p><input type="checkbox"/> Released from Active Duty Within Last 120 Days</p> <p><input type="checkbox"/> Scheduled for Release from Active Duty Within 120 Days</p> <p><input type="checkbox"/> Retired Guard or Reserve Not on AD or Drill Status</p> <p><input type="checkbox"/> Hospitalized</p> <p><input type="checkbox"/> Leave</p> <p><input type="checkbox"/> TDY</p> <p><input type="checkbox"/> Deployed</p>

	<input type="checkbox"/> AWOL Drill Status: <input type="checkbox"/> TPU <input type="checkbox"/> Active with regular participation <input type="checkbox"/> Not Participating - Outreach (<input type="checkbox"/> Yes <input type="checkbox"/> No) Dates and Method:
Line 13	Arrival Date to Current Unit: (YYYY/MM/DD)
Line 14	Status of Unit at Time of Incident: <input type="checkbox"/> Deployed Date: (YYYY/MM/DD)_____ <input type="checkbox"/> Redeployed Date: (YYYY/MM/DD)_____ <input type="checkbox"/> Pending Deployment Date: (YYYY/MM/DD)_____
Line 15	Individual Deployment History <input type="checkbox"/> Pending Deployment Date: (YYYY/MM/DD)_____ <input type="checkbox"/> Number of deployments: _____ List Location / Date(s) of Deployment(s): <input type="checkbox"/> Direct Combat
Line 16	PCS/Leave Issues Date of Last PCS: (YYYY/MM/DD) _____ Location From: _____ To: _____ <input type="checkbox"/> Stressors During PCS Move: Explain (financial/Family/medical): <input type="checkbox"/> Recent Non-Emergency Leave/Pass: (YYYY/MM/DD)_____ Purpose: <input type="checkbox"/> Pleasure (i.e., vacation, visit family) <input type="checkbox"/> Other (i.e., attend to sick family member) Explain: _____ <input type="checkbox"/> Recent Emergency Leave: (YYYY/MM/DD) _____ Emergency Leave Purpose: _____ <input type="checkbox"/> Any Leave Disapproved Within the Last <input type="checkbox"/> 48 Hours <input type="checkbox"/> Past Week <input type="checkbox"/> Past Month

	Briefly Explain:
Line 17	Identify Suicide Prevention Training Received Within the Last 12 Months: (YYYY/MM/DD)
Line 18	<input type="checkbox"/> Prior Self-injury Events: (ideations, attempts, overdose, cutting , etc.). Number of Events:
Line 19	<input type="checkbox"/> Does Suicide Date Coincide With Other Anniversary Dates (suicide or deaths of relatives, divorce, birthdays, separation, etc)? If yes, provide details:
Line 20	<input type="checkbox"/> Drug Involvement Related to Incident Drug type (if known): _____ <input type="checkbox"/> Alcohol Involvement Related to Incident Provide details: (e.g., bottles/pills found at scene/witness reports, etc.)
Line 21	Details of suspected suicide Event, including suspected method of death: (e.g. hanging, drowning, overdose)
Line 22	<p>The questions in Line 22 are from the Beck Suicide Intent Scale and used by behavioral health providers to gauge the intent of the victim when intent is not clearly evident from the evidence at the scene. Here are some helpful questions from that scale.</p> <p>Isolation: Was anyone around when the Soldier died?</p> <p><input type="checkbox"/> Somebody was right by him/her in the same room</p> <p><input type="checkbox"/> Somebody was able to see or hear him/her</p> <p><input type="checkbox"/> No one was around</p> <p><input type="checkbox"/> Unknown</p> <p>Comment:</p> <p>Timing: Was the Soldier expecting anyone? Had it occurred to the individual <u>then</u> that someone</p>

might walk in on them or interrupt them at any time?

- Intervention was probable (timed so that someone would be around)
- Intervention was not likely (timed it so that someone might be around, or didn't appear to have thought about timing at all with regard to possible intervention)
- Intervention was highly unlikely (no one could have stopped him/her).
- Unknown

Comment:

Precautions against discovery/intervention: Did the individual do anything to prevent others from discovering them or finding out about their plans?

- No precautions
- Passive precautions (e.g., avoiding others but doing nothing to prevent their intervention; alone in room with an unlocked door)
- Active precautions (e.g., locked door)
- Unknown

Comment:

Acting to get help during the Event: Did the individual seek any help?

- Told someone what he/she had done and/or asked for help
- Contacted someone, but did not say what they had done
- Did not contact or notify any potential helper
- Unknown

Comment:

Anticipatory acts: Did the Soldier make any preparations in the Event they would not live (i.e. wills, gifts, insurance, arrangements for pets, etc.)?

- None
- Thought about or made some arrangements
- Made definite plans or completed arrangements (gave things away, said goodbye, etc.)
- Unknown

Comment:

Active preparatory acts: Did the Soldier make deliberate preparations, for suicide? How much advance preparation did the Soldier engage in Prior to the Event (e.g., research of methods, efforts to obtain the necessary means or otherwise prepare?)

- None
- Minimal to moderate
- Extensive
- Unknown

Comment:

Suicide note: Did the individual leave a note? Did they communicate with someone about their plans?

- No
- Note written, but torn up, deleted, or discarded
- Yes
- Unknown

Comment:

	<p>Overt communication of intent before Event: Had the individual warned anyone in advance?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Equivocal communication (ambiguous dialogue could be portrayed as intent, but not deliberate)</p> <p><input type="checkbox"/> Unequivocal communication (deliberate dialogue expressing intent)</p> <p><input type="checkbox"/> Unknown</p> <p>Comment:</p>
Line 23	<p>Behavioral/Counseling Health Treatment History/Type (ASAP, Chaplain, Psychologist, etc):</p> <p><input type="checkbox"/> Within 24 Hours Prior to Event Type:</p> <p><input type="checkbox"/> Within 72 Hours Prior to Event Type:</p> <p><input type="checkbox"/> Within 1 Week Prior to Event Type:</p> <p><input type="checkbox"/> Within 1 Month Prior to Event Type:</p> <p><input type="checkbox"/> Within 1 Year Prior to Event Type:</p> <p>Physical Health Treatment History</p> <p><input type="checkbox"/> Within 24 Hours Prior to Event Type:</p> <p><input type="checkbox"/> Within 72 Hours Prior to Event Type:</p> <p><input type="checkbox"/> Within 1 Week Prior to Event Type:</p> <p><input type="checkbox"/> Within 1 Month Prior to Event Type:</p> <p><input type="checkbox"/> Within 1 Year Prior to Event Type:</p>
Line 24	<p>Medications Used</p> <p><input type="checkbox"/> Within 24 Hours Prior to Event Type:</p> <p><input type="checkbox"/> Within 72 Hours Prior to Event Type:</p> <p><input type="checkbox"/> Within 1 Week Prior to Event Type:</p>

	<input type="checkbox"/> Within 1 Month Prior to Event Type: <input type="checkbox"/> Within 90 Days Prior to Event Type: Compliance with Prescription (e.g., taken as prescribed? Skipped? In Excess of Prescription?) In Different Manner (e.g., crushed instead of in capsule)? <input type="checkbox"/> Within 24 Hours Prior to Event How: <input type="checkbox"/> Within 72 Hours Prior to Event How: <input type="checkbox"/> Within 1 Week Prior to Event How: <input type="checkbox"/> Within 1 Month Prior to Event How: <input type="checkbox"/> Within 90 Days Prior to Event How:
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Line 25	History of Drug and/or Alcohol Abuse <input type="checkbox"/> Prescription Drug Misuse/Abuse <input type="checkbox"/> Within 24 Hours Prior to Event <input type="checkbox"/> Within 72 Hours Prior to Event <input type="checkbox"/> Within 1 Week Prior to Event <input type="checkbox"/> Within 1 Month Prior to Event <input type="checkbox"/> Within 1 Year Prior to Event <input type="checkbox"/> More Than 1 Year Prior to Event <input type="checkbox"/> Non-prescription ("street") Drugs or Over-the-Counter. Identify: _____ <input type="checkbox"/> Within 24 Hours Prior to Event <input type="checkbox"/> Within 72 Hours Prior to Event <input type="checkbox"/> Within 1 Week Prior to Event <input type="checkbox"/> Within 1 Month Prior to Event <input type="checkbox"/> Within 1 Year Prior to Event <input type="checkbox"/> More Than 1 Year Prior to Event <input type="checkbox"/> Alcohol Misuse/Abuse
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	<input type="checkbox"/> Within 24 Hours Prior to Event <input type="checkbox"/> Within 72 Hours Prior to Event <input type="checkbox"/> Within 1 Week Prior to Event <input type="checkbox"/> Within 1 Month Prior to Event <input type="checkbox"/> Within 1 Year Prior to Event <input type="checkbox"/> More Than 1 year Prior to Event
Line 26	<p>Financial Status Issues: (check all that apply)</p> <input type="checkbox"/> Mortgage Exceeding Value of Property (“underwater” mortgage) <input type="checkbox"/> Amount of Monthly Obligations Exceed Amount of Monthly Income from all Sources <input type="checkbox"/> Applied / Received Military Loan <input type="checkbox"/> Has More Than One Job <input type="checkbox"/> Unemployed Duration of Unemployment: _____ <input type="checkbox"/> Underemployed/Part Time Employment Duration of Underemployment/Part-Time Employment: _____ <input type="checkbox"/> Service Connected Disability Percent Rating? _____ <input type="checkbox"/> Involuntarily Separated From Civilian Employment Within Last 6 Months <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Other (explain): <input type="checkbox"/> Evidence of Frustration in Obtaining Employment (explain):
Line 27	<p>Legal Issues/Adverse Actions – (check all that apply and indicate date and nature of incident)</p> <input type="checkbox"/> Non-selection for Advanced Schooling, Promotion, or Command

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- Disciplinary Action
 - Flagged_____
 - Court Martial_____
 - Article 15_____
 - Article 32_____
 - Civilian Criminal Proceeding_____
 - Incarceration_____
 - Under Investigation
 - Unknown
 - Security Clearance Issue
 - Positive Urinalysis
 - Administrative Separation Action
 - MEB/PEB
 - Other Involuntary Separation Action
 - AWOL/Dropped From Rolls
 - Arrest
 - Under Investigation
 - Charged With Crime (civilian or military)
 - Reckless Driving
 - DUI/DWI/Public Intoxication
 - Drug Use/Possession
 - Drug Distribution
 - Abuse of Spouse/Significant Other/Child
 - Other Violent Crime
 - Other (explain)
 - Unknown
 - Divorce
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	<input type="checkbox"/> Child Custody Proceeding <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Other (explain):
Line 28	Work Related Issues (check all that apply) <input type="checkbox"/> Dispute With Supervisors, Peers or Subordinates <input type="checkbox"/> Substandard Performance Ratings <input type="checkbox"/> Work-related Accidents in the Last 2 Years <input type="checkbox"/> RC Soldiers: Impending Layoff, Firing, Demotion, Work Reduction or Reduction in Benefits <input type="checkbox"/> Supervisor / Peer Hazing or Maltreatment
Line 29	<input type="checkbox"/> If Manner of Death is Gunshot Wound <ul style="list-style-type: none"> <input type="checkbox"/> Government Issued Weapon <ul style="list-style-type: none"> <input type="checkbox"/> Assigned to Member <input type="checkbox"/> Assigned to Other Personnel <input type="checkbox"/> Privately Owned Weapon <ul style="list-style-type: none"> <input type="checkbox"/> Owned by Member <input type="checkbox"/> Owned by Other Personnel <input type="checkbox"/> Privately Owned Weapons <ul style="list-style-type: none"> <input type="checkbox"/> Number _____ <input type="checkbox"/> Type _____ <p>-Registered: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> On Post -Permit (Concealed Carry): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Line 30	What are the Unit SOPs for Identifying and Responding to a High Risk Soldier? Was this SOP Followed for This Soldier? What Changes to Unit SOPs Could Have Mitigated or Prevented this Suicide?
Comments	

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