U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-1734 (Rev. 06-09)	**SUICIDE-RELATED BEHAVIOR INCIDENT REPORT FORM** [To be completed by CG medical personnel within 10 business days of initial notification by either Coast Guard or other medical provider in all incidents of Self-Harm, Level 2, or Suicide Attempt, Level 2, committed by AD CG members. Complete form using computer and submit via email to CG-1112.]

The purpose of the Privacy Act is to ensure that proper notification is given regarding the legal implications and purposes for collecting personal information. Therefore, all personnel intending to complete this form must first allow the individual being treated to read the below Privacy Act Statement BEFORE questioning or collecting the information on the form.

PRIVACY ACT STATEMENT

* **Authority:** 14 U.S.C. § 93(a)(17); 10 U.S.C. § 1071-1107; 5 U.S.C. § 301; 45 C.F.R. § 164.512(k)(1)(i); and 68 Fed. Reg. 22407, 22408 (April 28, 2003).
* **Purpose**: The Coast Guard will use this information to render proper medical diagnosis and treatment, enhance treatment efforts, techniques, and policy guidance, protect lives, and facilitate discovery of systemic issues found in aggregate data.
* **Routine Uses**: To any party or the individual upon obtaining authorization by written consent for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons. Additionally, the Coast Guard may share the information with law enforcement or other government agencies as necessary to accomplish an agency function related to the collection of information or respond to or prevent harm, serious bodily injury, or threats.
* **Disclosure**: Voluntary. Refusal may compromise treatment effectiveness due to providers not having a complete history.

1. Incident Type	2. Last Name	3. First Name	4. Middle Initial

5. Sex	6. EMPLID	7. Rank	8. Rate if Enlisted	9. Marital Status	10. Education

11. Does member have minor children? If yes, do they reside with member?	12. Unit Dept ID	13. Date of Birth *(MM/DD/YYYY)*	14. Date of Incident *(MM/DD/YYYY)*	15. Time of Incident *(use military time)*

16. Location of Incident *(City & State, Country if other than U.S.)*	17. Incident Setting	18. Permanent Duty Station/Command Location

19. Residence at Time of Incident	20. Actions Taken as Consequence of Incident

21. Start Date of Hospitalization if applicable *(MM/DD/YYY)* _____ ☐ Check if unknown ☐ Check if member is still in the inpatient facility *(and, if so, skip next item)*	22. End Date of Hospitalization, if applicable *(MM/DD/YYYY)* _____ ☐ Check if unknown

23. Primary Method Used	24. During this incident was alcohol used?

25. During this incident were drugs used? *If yes, what type?*	26. Was a suicide note/message left?

27. Briefly describe the general sequence of events leading up to the suicidal behavior

28. Within the 12 month period prior to the incident was the member seen by:

a. An MTF?
If yes, when was the most recent contact?

b. Substance Abuse Services?
If yes, when was the most recent contact?

c. Family Advocacy?
If yes, when was the most recent contact?

d. A Chaplain or other clergy?
If yes, when was the most recent contact?

e. Other Work-Life Staff (e.g. EAPC)?
If yes, when was the most recent contact?

f. EAP MH Counselor?
If yes, when was the most recent contact?

g. Tricare or other MH care Provider?
If yes, when was the most recent contact?

h. Inpatient Mental Healthcare?
If yes, when was the most recent contact?

29. Prior to the incident had the member been diagnosed with:

a. Mood Disorder?

b. Anxiety Disorder?

c. Personality Disorder?

d. Psychotic Disorder?

30. Prior to the incident did the member have a history of:

a. Substance Abuse?

b. Taking Psychotropic Medications?

c. Psychotic Disorder?

d. Previous Incidents of Suicidal Behavior?
If yes, did behavior result in injury?

e. Sleep Disorder?
Estimate hrs sleep per day for week prior to incident.

eMAIL Reset

31. Prior to the incident did the member receive the required Suicide Prevention Mandated Training within the past 12 months?

32. Please elaborate on any other relevant details related to the member's mental health treatment history:

33. Prior to the incident was the member the subject involved in or the subject of:

a. Article 15 proceeding?
b. Civilian criminal charge?
c. Admin Separation proceedings
d. AWOL or Desertion proceedings?
e. Med Evaluation Board?
f. Civil legal problems, e.g., child custody?
g. Non-selection, e.g., rank, rate, command, school?
h. Failure to meet Weight Standard?

34. Please describe or elaborate on life stressors or other circumstances impacting the patient prior to the incident

35. Within the past 12 month period prior to the incident was the member an alleged or confirmed VICTIM of:

a. Physical abuse or assault?
If yes, when was the most recent incident?

b. Sexual Abuse or Assault?
If yes, when was the most recent incident?

c. Emotional Abuse?
If yes, when was the most recent incident?

d. Sexual Harassment?
If yes, when was the most recent incident?

36. Prior to the incident was the member accused or convicted of:

a. Physical abuse or assault?
If yes, when was the most recent incident?

b. Sexual Abuse or Assault?
If yes, when was the most recent incident?

c. Emotional Abuse?
If yes, when was the most recent incident?

d. Sexual Harassment?
If yes, when was the most recent incident?

37. Describe any known childhood or developmental history that may have contributed to the incident

38. Did member have orders to deploy?	39. Was the incident related to a deployment?	40. How many deployments for total military career?	41. Has member experienced combat?

42. Please describe any additional relevant military history including additional relevant deployment history

43. Prior to the incident was there evidence of:

a. A failed/failing intimate relationship?
If yes, when was the most recent incident?

b. A failed/failing other relationship?
If yes, when was the most recent incident?

c. A completed spousal suicide?

d. A completed family suicide?

e. A death of a friend?

f. A serious physical health problem?

g. A chronic/severe spousal or family health problem?

h. Excessive debt or bankruptcy?

i. Job problems, e.g., stress, not making quals, etc?

j. Supervisor/coworker issues/problems?

k. A poor work performance review or evaluation?
If yes, when was the most recent incident?

l. Unit or workplace hazing?

m. Family history or mental illness?

n. A gun in the member's house?

o. History of Substance or Alcohol Abuse?

44. Provide a brief "bio-psycho-social" formulation as to WHY this member engaged in suicidal behavior? That is, briefly describe any medical or emotional health issues, and other information about the patient's current relationships and social situation that may have influenced his/her behavior.

45. Today's Date *(MM/DD/YYYY)*	46. Location where this report was completed *(Clinic or Unit Name)*

47. Person completing report:

a. Rank	b. First Name	c. MI	d. Last Name	e. Job Title

eMAIL Reset