DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

SUICIDE-RELATED BEHAVIOR REPORT FORM

To be completed by appropriate personnel according to CG-1734 instructions following incidents of Suicide Attempt or Suicide Completion of CG members. After completing form, submit to CG-1111, EAP Manager.

The purpose of the Privacy Act is to ensure that proper notification is given regarding the legal implications and purposes for collecting personal information. The individual who is the subject of the report must be made aware of the Privacy Act statement below before completing and submitting the information, unless he/she is deceased.

PRIVACY ACT STATEMENT

* **Authority:** 14 U.S.C. § 93(a)(17); 10 U.S.C. § 1071-1107; 5 U.S.C. § 301; 45 CFR § 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.

I. Demographic Information

1. CGIS CCN	**2. LAST NAME**	**3. FIRST NAME**	**4. MI**	**5. EMPLID**	6. Gender

7. Marital status	8. DOB	9. Does member have minor children?	10. Education

11. Permanent residence location	12. Gun in home?

II. Employment Information

13. Permanent Duty Station	14. PCS address *(if applicable)*	15. Rank	16. Rate

17. Commanding Officer	18. DEPTID	19. Duty status	20. Unauthorized absence?

III. Incident Information

21. Incident type	22. Location of incident	23. Date of incident *(if known)*	24. Time of incident	25. Time found

26. Incident setting	27. Primary method used *(if known)*	28. Suicide note?

29. Residence at time of incident	30. Criminal activity associated with suicidal behavior?	31. Was alcohol suspected to be involved in this incident? If yes, provide details in narrative section below.

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

33. Narrative of incident

IV. Medical / Injury Information *(If person is deceased, skip this section.)*

34. Was member hospitalized?	35. Hospitalization start date	36. Hospitalization discharge date	37. Medical tests performed

38. Medical findings

39. Is there a possibility that disability will result from the injury?	40. Estimated lost time from work as a result of injury?	41. Actions taken as consequence of incident

V. Workplace Stressors *(current or recent)*

Disciplinary Issues: Prior to the incident, indicate if the member was involved in or the subject of any of the following:

42. Article 15 proceedings:	48. Med Evaluation Report:	53. Non-selection *(rank, rate, etc.)*:
43. Involuntary separation:	49. Under investigation CGIS/or other LE:	54. Failure to meet Weight Standard:
44. Legal issues *(civilian sector)*:	50. Mast:	55. Under command-initiated investigation:
45. Admin discharge:	51. Pre-trial confinement:	56. NJP:
46. Court-martial:	52. Confinement:	57. Other:
47. AWOL or desertion proceedings:		Reset

Other Workplace Stressors

58. Did the member have orders to deploy?	61. How many deployments for total CG career?	64. Victim of hazing, bullying, other:
59. Supervisor issues:	62. Poor work performance:	
60. Sexual harassment:	63. Co-worker issues:	

65. Describe or elaborate on other work stressors not listed above and any other information related to the items checked above.

VI. Other Life Stressors Not Related to Work *(current or recent)*

66. Within the past 12 month period prior to the incident was the member an alleged or confirmed victim of:		**67. Prior to the incident was the member accused or convicted of:**	
a. Physical abuse or assault:	c. Emotional abuse:	a. Physical abuse or assault:	c. Emotional abuse:
b. Sexual abuse or assault:	d. Verbal abuse:	b. Sexual abuse or assault:	d. Verbal abuse:

68. Describe any known childhood developmental history that may have contributed to the incident:

69. Prior to the incident was their evidence of:

a. Divorce or separation:	m. Loss of custody or perceived unfair custody decision:
b. Failed other relationship:	n. Serious loss, e.g. loss of a job, house or money:
c. Completed spousal suicide:	o. A serious physical health problem:
d. Completed family suicide:	p. A chronic/severe spousal or family health problem:
e. Death of a family member:	q. History of substance or alcohol abuse:
f. Death of a friend:	r. Feeling trapped in a situation perceived as negative:
g. Serious legal problems:	s. Feeling that things will never "get better":
h. Family history of mental illness:	t. Feeling of not being accepted by family, friends, other:
i. Intense emotional pain:	u. Inability to deal with perceived humiliating situation:
j. Chronic physical pain:	v. Has not lived up to high expectations of self or others:
k. A serious accident:	w. A major disappointment:
l. Excessive debt or bankruptcy:	x. Inability to deal with a perceived "failure":

VII. CG Medical / Worklife Involvement

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

a. A MTF:	b. EAP *(CG SUPRT)* counselor:	c. Other work-life staff *(e.g. EAPC):*
d. Substance abuse services:	e. Family advocacy:	f. Inpatient mental health care:
g. Tricare or other mental health care provider:		

71. Prior to the incident was the member diagnosed with:

a. Mood disorder:	b. Anxiety disorder:	c. Personality disorder:	d. Psychotic disorder:

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

a. Psychotic disorder:	b. Previous incidents of suicidal behavior:	c. If yes, did behavior result in injury:
d. Sleep disorder:	e. Estimate hrs sleep per day for week prior to incident:	f. Taking psychotropic medications:

73. Did the member receive the most recently required Suicide Prevention Mandated Training?

74. Elaborate on any relevant details related to the member's health and/or mental health treatment history.

VIII. Religious / Spiritual Core of Member

75. Was member active in a faith based organization?	77. Did the member exhibit signs of having no hope about life/future?
76. Did the member reach out to chaplain services?	78. Did the member exhibit signs of loss of purpose?

IX. Closing Information

79. Did this injury/death occur in the line of duty?	80. Sources of information for this report:
81. Person completing the report:	82. Date: