

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, and EAPC.

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 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. Race	8. Ethnicity
			9. Marital status
10. DOB	11. Does member have minor children?	12. Highest level of education attained	
13. Permanent residence location			
14. Gun in home?	15. Communicated potential for self-harm (other than a suicide note)		

II. Employment Information

16. Permanent Duty Station	17. PCS address (if applicable)	18. Rank	19. Rate
20. Duty Environment (Garrison/permanent duty station/leave/temporary duty/other)			21. Deployed at Time of Event
22. Commanding Officer	23. DEPTID	24. Duty status	25. Unauthorized absence?

III. Incident Information

26. Incident type	27. Location of incident	28. Date of incident (if known)	29. Time of incident	30. Time found
31. Incident setting	32. Primary method used (if known)		33. Suicide note?	
34. Residence at time of incident	35. Criminal activity associated with suicidal behavior?	36. Was alcohol suspected to be involved in this incident? If yes, provide details in narrative section below.		
37. Any prescribed psychotropic medications within the past 90 days? (if so, which and how many milligrams)		38. Any pain medications prescribed within the past 90 days? (if so, which and how many milligrams)		
39. Briefly describe the general sequence of events leading up to the suicidal behavior.				
40. Narrative of incident				

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

41. Was member hospitalized?	42. Hospitalization start date	43. Hospitalization discharge date	44. Medical tests performed
45. Medical findings			
46. Is there a possibility that disability will result from the injury?		47. Estimated lost time from work as a result of injury?	48. 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:

49. Article 15 proceedings:	50. Med Evaluation Report:	51. Non-selection (rank, rate, etc.):
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V. Workplace Stressors (current or recent) (continued)			
52. Involuntary separation:	57. Under investigation CGIS/or other LE:	61. Failure to meet Weight Standard:	
53. Legal issues (civilian sector):	58. Mast:	62. Under command-initiated investigation:	
54. Admin discharge:	59. Pre-trial confinement:	63. NJP:	
55. Court-martial:	60. Confinement:	64. Other:	
56. AWOL or desertion proceedings:			
Other Workplace Stressors			
65. Did the member have orders to deploy?		68. How many deployments for total CG career?	71. Victim of hazing, bullying, other:
66. Supervisor issues:		69. Poor work performance:	
67. Sexual harassment:		70. Co-worker issues:	
72. 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)			
73. Within the past 12 month period prior to the incident was the member an alleged or confirmed victim of:		74. 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:
75. Describe any child development or behavioral health information disclosed at MEPS or on the medical record.			
76. Prior to the incident was their evidence of:			
a. Divorce or separation:		n. Loss of custody or perceived unfair custody decision:	
b. Failed other relationship:		o. Serious loss, e.g. loss of a job, house or money:	
c. Loss of Spouse: Death by suicide:		p. A serious physical health problem:	
d. Completed family suicide:		q. A chronic/severe spousal or family health problem:	
e. Death of a family member:		r. History of substance or alcohol abuse:	
f. Death of a friend:		s. Feeling trapped in a situation perceived as negative:	
g. Serious legal problems:		t. Feeling that things will never "get better":	
h. Family history of mental illness:		u. Feeling of not being accepted by family, friends, other:	
i. History of family death by suicide:		v. Inability to deal with perceived humiliating situation:	
j. Intense emotional pain:		w. Has not lived up to high expectations of self or others:	
k. Chronic physical pain:		x. A major disappointment:	
l. A serious accident:		y. Inability to deal with a perceived "failure":	
m. Excessive debt or bankruptcy:			
VII. CG Medical / Worklife Involvement			
77. 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:			
78. Prior to the incident was the member diagnosed with:		a. Mood disorder:	b. Anxiety disorder:
c. Personality disorder:	d. Psychotic disorder:	e. Adjustment disorder:	
79. Prior to the incident did the member have a history of:			
a. Psychotic disorder:	b. Previous incidents of suicidal behavior/self-harm:	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:	
80. Did the member receive the most recently required Suicide Prevention Mandated Training?			
81. Elaborate on any relevant details related to the member's health and/or mental health treatment history.			
VIII. Religious / Spiritual Core of Member			
82. Was member active in a faith based organization?		84. Did the member exhibit signs of having no hope about life/future?	
83. Did the member reach out to chaplain services?		85. Did the member exhibit signs of loss of purpose?	
IX. Closing Information			
86. Did this injury/death occur in the line of duty?		87. Sources of information for this report:	
88. Person completing the report:			89. Date: