

SOCIAL SERVICES
SUICIDE SURVEILLANCE DATA FORM



PROVIDER INITIALS:

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DATE OF ACT:

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SITE:

- Site 1 Site 2 Site 3 Site 4 Site 5 Site 6 Site 7



SEX:

- Male Female

DOB:

	/		/		
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AGE:

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EMPLOYED:

- Yes No

1. SELF DESTRUCTIVE ACT:

- Completed Suicide Attempt Gesture Ideation

2. RELATIONSHIP STATUS:

- Single Married Divorced/Separated Widowed Cohabiting Same Sex Partnership

3. METHOD:

- Gunshot Hanging OTC
 Prescription Stabbing/Laceration Carbon Monoxide
 Other _____ Combination _____

4. PREVIOUS ATTEMPTS:

- 1 2 3 4 5 6 or more Unknown

5. LOCATION OF ACT:

- Home or Vicinity Incarcerated
 Public Place School/Place of Employment
 Isolated Place Other _____

6. SUBSTANCE ABUSE RELATED:

- None Alcohol Cannabis
 Inhalant/Volatile Substance Other _____ Combination _____

7. MENTAL HEALTH TREATMENT HISTORY:

- No History Hx. Psychotropic Meds
 Hx. of Counseling Crisis Intervention
 Refused Treatment Other _____
 Combination _____

8. LETHALITY:

- Absent (value 1) Low (value 2) Low (value 3) Low (value 4)
 Medium (value 5) Medium (value 6) Medium (value 7) High (value 8)
 High (value 9)

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9. LIVING ARRANGEMENT:

- Alone Parent Spouse Spouse & Children
 Children Residential Facility Extended Family

10. EDUCATION:

- High School Graduate
 GED
 Some College
 College Graduate
 Highest Grade Completed - 1st
 Highest Grade Completed - 2nd
 Highest Grade Completed - 3rd
 Highest Grade Completed - 4th
 Highest Grade Completed - 5th
 Highest Grade Completed - 6th
 Highest Grade Completed - 7th
 Highest Grade Completed - 8th
 Highest Grade Completed - 9th
 Highest Grade Completed - 10th
 Highest Grade Completed - 11th
 Highest Grade Completed - 12th

11. DISPOSITION

- No Action Taken Inpatient Treatment
 Outpatient Treatment Substance Abuse Referral _____
 Referral to State Facility Follow-up with Family
 Other _____ Combination _____

12. SIGNIFICANT FAMILY HISTORY:

- NOne History of Suicides
 History of Attempts Family Violence _____
 Child Abuse Recent Loss _____
 Other _____ Combination _____

13. POSSIBLE CONTRIBUTING FACTORS:

- Suicide of Friend or Relative Death of Loved One
 Divorce/Separation Breakup of Relationship Loss of Job
 Trouble with Law Social/Emotional Rejection _____
 Other _____ Combination _____

14. SEVERITY:

- Hospitalized Deceased Outpatient Visit

14. COMMENTS/NARRATIVE: (OPTIONAL)