

SOCIAL SERVICES
SUICIDE SURVEILLANCE DATA FORM



PROVIDER INITIALS:

--	--	--	--	--	--

DATE OF ACT:

	/		/		
--	---	--	---	--	--

SITE:

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



SEX:

- Male Female

DOB:

	/		/		
--	---	--	---	--	--

AGE:

--	--	--

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)