

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
Bureau of Child, Family Community Wellness  
Suicide Event Review Presentation Data Collection Tool

Death Event Number: Year, Sequence	2014.01	Effective Date:	5-Jun-14
<b>1. Individual's Name</b>		Last Name:	
First Name:		Middle Initial/Name:	
Zip Code of Residence		Zip Code of Location of Death	
City of Residence		County of Residence	
City of Death		County of Death	
<b>2. Dates/Age</b> (Youth/Young Adult/Middle Age/Elder)		Age at Date Death:	
Date of Birth:		Date of Death:	
Place of Birth			
<b>3. Gender:</b>			
Male		Transgender, Male to Female	
Female		Transgender, Female to Male	
<b>4. Sexual Orientation:</b>		Questioning	
Heterosexual		Bi-Sexual	
Gay		Lesbian	
<b>5. Relationship Status:</b>		Separated	
Married		Single	
Partnered		Widowed	
Divorced			
<b>6. Sibling Status: Girls</b>	Yes/No	<b>Boys</b>	Yes/No
<b>7. Children Status: Girls</b>	Yes/No	<b>Boys</b>	Yes/No
<b>8. Employment History</b>		Occupation/Profession	
Currently Employed	Yes/No	Laid Off (date)	
Quit (date)		Retired (date)	
Fired (date)		Disabled (date)	
<b>9. Military Status (Affiliation)</b>		Related to Military Member or Veteran	
Branch Service <small>(Army/Navy/Air Force/ Marines/Coast Guard)</small>		World War II	
Active Duty		Korean War	
Active Reserve		Vietnam	
Active Guard		Cold War	
# of Deployments and when		Desert Shield/Storm	
# of Combat deployments and when		Operation Iraqi Freedom	
Officer or Enlisted		Operation Enduring Freedom	
Job Title		Type of Discharge and When	

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<b>10. Community Connectedness</b>		Other Support Groups	
Religious Affiliation		Member of Clubs/Social Organizations	
AA 12 Step			
<b>11. Education</b>		Type of School (MS, HS, College)	
Currently Going to School	Yes/No	Level of Education	
Grade		Trade School	
<b>12. Race and Ethnicity</b>		Hispanic or Latino	
American Indian or Alaska Native		Native Hawaiian or Pacific Islander	
Asian		White	
African American			
<b>13. Recent Behavioral Health Care Involvement</b>		<b>Prescribed Medication Current and Past</b>	
<b>Recent visit to Doctor</b>			
Approximate Date of last Visit			
Diagnosis			
Approximate Last ER visit			
Type of Doctor (specialty)			
<b>14. Recent Medical Health Care Involvement</b>		<b>Prescribed Medication Current and Past</b>	
<b>Recent visit to Doctor</b>			
Approximate Date of last Visit			
Diagnosis			
Approximate Last ER visit			
Type of Doctor (specialty)			
<b>15. Suicide Attempts or History of Thoughts of Suicide</b>		Time Between Last Attempt/Death	
Previous Suicide Attempts	Yes/No	Legal 2K Actions	Yes/No
Number of Attempts		Same Method and Means	Yes/No
<b>16. Communicating thoughts of Suicide</b>		Healthcare Provider	
Suicide Note	Yes/No	Witnesses	Yes/No
Social Media Entries	Yes/No	Other	
<b>17. Division, Bureau or Institution Eligibility Last Service Received Date [check the primary bureau or institution in which the individual has been eligible for services]</b>			
<b>Community Based Care Services</b>		<b>Children, Youth, Elder and Families</b>	
<b>Eligible (Yes/No)</b>		<b>Eligible (Yes/No)</b>	
Behavioral Health (Yes/No; Date Service Rec'd)		Protective Services (Yes/No; Date Service Rec'd)	
Developmental (Yes/No; Date Service Rec'd)		Foster/Adult care (Yes/No; Date Service Rec'd)	
Drug & Alcohol (Yes/No; Date Service Rec'd)		Abuse or Neglect (Yes/No; Date Service Rec'd)	
Elderly & Adult (Yes/No; Date Service Rec'd)		<b>Adult and Juvenile Justice Services</b>	
Homeless & Housing (Yes/No; Date Service Rec'd)		<b>Current Incarceration (location/date)</b>	
Hospital (Yes/No; Date Service Rec'd)		Previous Incarceration (location/date)	
Mental Disability (Yes/No; Date Service Rec'd)		Probation (location/date)	
Physical Disability (Yes/No; Date Service Rec'd)		Parole (location/date)	
VA Benefits (Yes/No; Date Service Rec'd)		Facing Possible Charges (Describe)	

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<b>18. Current or Past Life Situations Which Could have Lead to the Suicide, Tox report?</b>			Yes/No
Alcohol Intoxication at Time of Death		Loss of Job (or threat)	
Under Drug Influence at Time of Death		Problems with Work	
Interpersonal (Domestic) Disputes		Problems with School	
Divorce (# of times)		Financial Issues	
Death of a Family Member		Gambling Problems	
Thoughts of Suicide or actions by Family		Family History of Substance Abuse	
Self Harm (Date)		Home Foreclosure (or pending)	
Homelessness		Thoughts of Suicide/actions by Friend/Peer	
History of Substance abuse		Current Self harm	
<b>19. Location &amp; Method</b> (action or technics to carry out the act) <b>and Means</b> (instrument or object used to carry out the act)			
<b>LOCATION</b>		<b>SUFFOCATION/STRANGULATION</b>	
Own Residence		Rope/Belt/Dog Leash	
Traveled < 1 Mile		Bag	
Traveled > 1 Mile		Kit (Gas)	
Left Town (miles)		Carbon Monoxide	
<b>FIREARM</b>		Other	
Handgun (caliber)		<b>JUMPING</b>	
Long gun (caliber)		Bridge/Dam (water)	
Other		Building/Structure	
<b>OVERDOSE</b>		Overpass Car/Train/Pedestrian	
Prescription Drugs		Other	
Street Drugs		<b>DROWNING/SUBMERSION</b>	
Other		Pool	
<b>HANGING</b>		Bathtub/Hot tub	
Rope		Pond/Lake/Ocean/River	
Belt		Other	
Dog Leash		<b>CUTTING</b>	
Other		Knife, Kitchen/Hunting	
<b>POISONING</b>		Knife, Utility (Razor Blade)	
Solid		Razor Blade	
Liquid		Other	
Gas		Intentional Motor Vehicle Crash	
Other		<b>Homicide/Suicide</b>	
<b>OTHER TYPES</b>		Multiple Murders/Suicide	Yes/No
Suicide By Legal Intervention		Single Murders/Suicide	Yes/No
Other			
<b>OWNER OF THE INSTRUMENT</b>			
Owner (Self)		Friend	
Family		Other	

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**20. Narrative of the case:**

**20. Death Review Presenter**

Last Name:		First Name:	
Middle Initial:		Name of Agency	