

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
1. Individual's Name		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		
2. Dates/Age (Youth/Young Adult/Middle Age/Elder)		Age at Date Death:		0
Date of Birth:		Date of Death:		
Place of Birth				
3. Gender:				
Male		Transgender, Male to Female		
Female		Transgender, Female to Male		
4. Sexual Orientation:		Questioning		
Heterosexual		Bi-Sexual		
Gay		Lesbian		
5. Relationship Status:		Separated		
Married		Single		
Partnered		Widowed		
Divorced				
6. Sibling Status: Girls	Yes/No	Boys	Yes/No	
7. Children Status: Girls	Yes/No	Boys	Yes/No	
8. Employment History		Occupation/Profession		
Currently Employed	Yes/No	Laid Off (date)		
Quit (date)		Retired (date)		
Fired (date)		Disabled (date)		
9. Military Status (Affiliation)	Yes/No	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		

THIS DOCUMENT IS A QUALITY MANAGEMENT DOCUMENT AND CONTAINS INFORMATION THAT IS CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE INDIVIDUAL(S) TO WHOM IT IS ADDRESSED.

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

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17. Current or Past Life Situations Which Could have Lead to the Suicide,		Tox report?	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	
18. Location & Method (action or technics to carry out the act) and Means (instrument or object used to carry out the act)			
LOCATION		SUFFOCATION/STRANGULATION	
Own Residence		Rope/Belt/Dog Leash	
Traveled < 1 Mile		Bag	
Traveled > 1 Mile		Kit (Gas)	
Left Town (miles)		Carbon Monoxide	
FIREARM		Other	
Handgun (caliber)		JUMPING	
Long gun (caliber)		Bridge/Dam (water)	
Other		Building/Structure	
OVERDOSE		Overpass Car/Train/Pedestrian	
Prescription Drugs		Other	
Street Drugs		DROWNING/SUBMERSION	
Other		Pool	
HANGING		Bathtub/Hot tub	
Rope		Pond/Lake/Ocean/River	
Belt		Other	
Dog Leash		CUTTING	
Other		Knife, Kitchen/Hunting	
POISONING		Knife, Utility (Razor Blade)	
Solid		Razor Blade	
Liquid		Other	
Gas		Intentional Motor Vehicle Crash	
Other		Homicide/Suicide	
OTHER TYPES		Multiple Murders/Suicide	Yes/No
Suicide By Legal Intervention		Single Murders/Suicide	Yes/No
Other			
OWNER OF THE INSTRUMENT			
Owner (Self)		Friend	
Family		Other	

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19. Narrative of the case:

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20. Death Review Presenter

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