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| |
| Question |
| |
| Section I - Event Information |
| Event Date |
| Type of Event |
| |
| |
| |
| Severity of Event |
| |
| |
| |
| Did event result in hospitalization? |
| |
| -- If yes, what type of facility? |
| |
| -- What was the name of the facility? |
| -- Admission date? |
| -- Discharge date? |
| |
| Was the event related to a deployment? |
| |
| |
| -- If yes, |
| Start date of deployment? |
| End date of deployment? |
| Deployment location? |
| |
| |
| |
| |
| |
| Did patient/decedent communicate intent to others? |
| |
| -- If yes, to whom? (check all that apply) |
| |
| |
| |
| |
| Primary method used |

[illegible]

[illegible]

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| |
| |
| |
| Component |
| |
| |
| Duty status (check all that apply) |
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| |
| Rank |
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| |
| Relationship to sponsor |
| |
| |
| |
| |
| MOS (Military Occupation Specialty Code) |
| Division |
| Brigade |
| Battalion |
| Company |
| UIC (Unit Identification Code) |
| Permanent Duty Station/Installation |
| City |
| State |
| Country |
| Length of time in unit |
| |
| |
| |
| Duty environment/status at time of event (check all that apply) |
| |
| |

[illegible]

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| |
| ...-- If yes, is there a pending, related ... |
| |
| ...been diagnosed with Major Depression? |
| |
| |
| ...-- If yes, is there a pending, related ... |
| |
| ... been diagnosed with Psychotic Disorder? |
| |
| |
| ...-- If yes, is there a pending, related ... |
| |
| ... been diagnosed with PTSD? |
| |
| |
| ...-- If yes, is there a pending, related ... |
| |
| ... been diagnosed with Anxiety Disorder? |
| |
| |
| ...-- If yes, is there a pending, related ... |
| |
| ... been diagnosed with Personality Disorder? |
| |
| |
| ...-- If yes, is there a pending, related ... |
| |
| ... had a history with Substance Abuse? |
| |
| |
| ...-- If yes, select all that apply |
| Alcohol |
| |
| Drugs |
| |
| Medications, prescribed |
| |
| Medications, not prescribed (e.g. OTC medication) |
| |
| ... been taking psychotropic medications? |
| |
| |
| ... had a family history of mental illness or suicide? |
| |
| |
| ... had prior self-injurious events? |
| |
| |
| ...-- If yes, |
| |
| ...-- Was this event similar to prior event(s)? |
| |

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|--|
| |
| Was there a gun in the home or immediate environment? |
| |
| |
| |
| Section VII - Relationships |
| Was the patient/decedent involved in a failed/failing intimate relationship? |
| |
| Was there a recent spousal or family death? |
| |
| |
| Is there an ongoing spousal or family severe illness? |
| |
| |
| |
| Section VIII - Motivation |
| What was the patient/decedent's <u>primary</u> motivation for committing suicide? (as judged by the clinician) |
| |
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| |
| Section IX - Abuse and Trauma History |
| Was the patient/decedent a recent <u>victim</u> of... |
| ... physical, sexual, or emotional abuse/assault (e.g. FAP)? |
| |
| |
| ... sexual harassment? |
| |
| |
| |
| Section X - Military, Legal, and Administrative History |
| Was the patient/decedent an <u>alleged</u> or confirmed <u>perpetrator</u> of recent... |
| ... physical, sexual, emotional, or verbal abuse (e.g. FAP)? |
| |
| |
| ... sexual harassment? |
| |
| |
| Was the patient/decedent recently involved in... |
| ... Courts Martial proceedings? |
| |
| |
| ... Article 15 proceedings? |
| |
| |
| ... Administrative Separation proceedings? |

| |
|---|
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| |
| ... AWOL or desertion proceedings? |
| |
| |
| ... Non-selection for advanced schooling/promotion/command? |
| |
| |
| |
| Section XI - Work Problems |
| Did the patient/decedent... |
| ... experience work dissatisfaction |
| |
| |
| ... have supervisor/coworker issues/problems? |
| |
| |
| ... have a poor work performance review or evaluation? (e.g. bar for reenlistment, flagged record, extra duty imposed) |
| ... experience recent unit or workplace hazing? |
| |
| |
| ... have any other experiences at work which may have led to the event? |
| |
| -- If yes, what other experiences? |
| |
| Section XII - Financial Problems |
| Did the patient/decedent... |
| ... have excessive debt? |
| |
| |
| ... experience bankruptcy? |
| |
| |
| |
| Section XIII - Completing Behavioral Health Provider's I |
| Name |
| Phone number |
| Phone number (DSN) |
| Email |
| Comments |
| |
| Section XIV - Narrative Summary |
| Sequence of events culminating in the suicide behavior (Describe the details of the antecedent circumstances that led to the suicide attempt/completion) |
| |
| Why did this patient/decedent choose to injure or kill him/herself? (Provide a brief "bio-psycho-social" formulation as to WHY this patient committed the suicide attempt/completion) |

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

ASER CY 2004

| Answer Choices | Data Values |
|---|--------------|
| | |
| | |
| [Type in date entry] | 1 = Selected |
| Completed suicide | |
| Hospitalized | |
| Evacuated | |
| Other | |
| | |
| "Medical" intervention not required | 1 = Selected |
| Required "medical" intervention but was <u>not life-threatening</u> | |
| Required "medical" intervention and <u>likely fatal without treatment</u> | |
| Was fatal | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| MTF | 1 |
| Civilian facility | 2 |
| VA Hospital | 3 |
| [Type in text entry] | |
| [Type in date entry] | |
| [Type in date entry] | |
| | |
| Yes, anticipated deployment | 1 = Selected |
| Yes, current deployment | |
| Yes, post-deployment | |
| No | |
| | |
| [Type in date entry] | |
| [Type in date entry] | |
| Afghanistan | 1 |
| Iraq | 2 |
| Korea | 3 |
| Kosovo | 4 |
| Kuwait | 5 |
| Other | 100 |
| | |
| Yes | 1 |
| No | 2 |
| Supervisor | 1 = Selected |
| Chaplain | |
| Friend | |
| Mental Health staff | |
| Spouse or significant other | |
| Other | |
| | |
| Overdose | 1 |

| | |
|---|-----|
| -- Prescription medication | 2 |
| -- Over-the-counter medication | 3 |
| -- Illicit drugs | 4 |
| Poisoning by solid or liquid substance (not medication) | 5 |
| Firearm/gun | 6 |
| Jumping from high place | 7 |
| Motor vehicle crash | 8 |
| Hanging, strangulation, or suffocation | 9 |
| Cutting or piercing instrument | 10 |
| Poisoning by vehicle exhaust | 11 |
| Poisoning by utility gas | 12 |
| Submersion (drowning) | 13 |
| Other | 100 |
| Don't Know | 101 |
| | |
| | |
| Yes | 1 |
| No | 2 |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| Planned, deliberate, and/or premeditated | 1 |
| Impulsive and/or unplanned | 2 |
| Don't Know | 101 |
| | |
| | |
| [Type in text entry] | |
| [Type in text entry] | |
| | |
| [Type in text entry] | |
| [Type in date entry] | |
| Male | 1 |
| Female | 2 |
| Barracks | 1 |
| BEQ/BOQ | 2 |
| On-post family housing | 3 |
| Off-post family housing | 4 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Did not complete high school | 1 |
| GED | 2 |
| High school graduate | 3 |
| Two-year college degree | 4 |
| Four-year college degree | 5 |
| | |
| American Indian | 1 |

| | |
|--|-----|
| Asian | 2 |
| White | 3 |
| Black | 4 |
| Other | 100 |
| Don't Know | 101 |
| | |
| | |
| | |
| | |
| Hispanic | |
| -- Mexican | 11 |
| -- Puerto Rican | 12 |
| -- Cuban | 13 |
| -- Latin American | 14 |
| -- Other Spanish | 15 |
| Native American | |
| -- Aleut | 21 |
| -- Eskima | 22 |
| -- U.S./Canadian Indian Tribes | 23 |
| Asian | |
| -- Chinese | 31 |
| -- Japanese | 32 |
| -- Korean | 33 |
| -- Indian | 34 |
| -- Filipino | 35 |
| -- Vietnamese | 36 |
| -- Other Asian | 37 |
| Pacific Islander | |
| -- Melanesian | 41 |
| -- Polynesian | 42 |
| -- Other Pacific Islands | 43 |
| Other | 100 |
| Don't Know | 101 |
| | |
| Don't Know | |
| | |
| Married, resides with spouse | 1 |
| Married, geographically separated | 2 |
| Widowed | 3 |
| Divorced | 4 |
| Separated, legally or due to relationship problems | 5 |
| Don't Know | 101 |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| | |
| Army | 1 |
| Navy | 2 |

| | |
|--|--------------|
| Air Force | 3 |
| Marines | 4 |
| Coast Guard | 5 |
| Other | 100 |
| Regular (e.g. Army, Air Force) | 1 |
| Reserve | 2 |
| | |
| Active Duty | 1 = Selected |
| AGR | |
| IET (Basic and Advanced Individualized Training) | |
| Mobilized RC (Reserve and National Guard) | |
| ADT (Active Duty for Training) | |
| IDT (Weekend Reserve Drill) | |
| Retired | |
| Other | |
| | |
| Enlisted [1-9] | 1 = Selected |
| Officer [1-10] | |
| Cadet/Midshipman | |
| Warrant Officer [1-5] | |
| | 1 = Selected |
| | |
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| | |
| | |
| | |
| Sponsor | 1 |
| Spouse | 2 |
| Child | 3 |
| Other | 101 |
| | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in years] | |
| [Type in months] | |
| Check if unknown | |
| | |
| Garrison | 1 = Selected |
| Leave | |
| TDY | |

| | |
|--------------------------------------|-----|
| AWOL | |
| Deployed | |
| Training | |
| Psychiatric hospitalization | |
| Medical hold | |
| In evacuation chain | |
| Under command observation (e.g. CIP) | |
| Other | |
| | |
| | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| o the Event | |
| | |
| Yes, within 30 days before event | 1 |
| Yes, 31-365 days before event | 2 |
| No | 2 |
| Don't Know | 101 |
| Yes, within 30 days before event | 1 |
| Yes, 31-365 days before event | 2 |
| No | 2 |
| Don't Know | 101 |
| Yes, within 30 days before event | 1 |
| Yes, 31-365 days before event | 2 |
| No | 2 |
| Don't Know | 101 |
| Yes, within 30 days before event | 1 |
| Yes, 31-365 days before event | 2 |
| No | 2 |
| Don't Know | 101 |
| Yes, within 30 days before event | 1 |
| Yes, 31-365 days before event | 2 |
| No | 2 |
| Don't Know | 101 |
| | |
| | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| MEB | |
| Admin separation | |
| Yes | 1 |
| No | 2 |

| | |
|---------------------------|--------------|
| Don't Know | 101 |
| MEB | |
| Admin separation | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| MEB | |
| Admin separation | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| MEB | |
| Admin separation | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| MEB | |
| Admin separation | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| MEB | |
| Admin separation | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| MEB | |
| Admin separation | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | 1 = Selected |
| Dependence | |
| Abuse | |
| Dependence | |
| Abuse | |
| Dependence | |
| Abuse | |
| Dependence | |
| Abuse | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| One prior event | |
| More than one prior event | |
| Yes | 1 |
| No | 2 |

| | |
|--|-----|
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| | |
| A wish to escape from mental or physical pain | 1 |
| A fantasy of eternal rest or life with a loved one | 2 |
| Anger, rage, revenge | 3 |
| Guilt, shame, atonement | 4 |
| A wish to be rescued, reborn, start over | 5 |
| A wish to make an important statement or communication | 6 |
| Other | 100 |
| Don't Know | 101 |
| | |
| | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |

| | |
|----------------------|-----|
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | |
| No | |
| Don't Know | |
| [Type in text entry] | |
| | |
| | |
| | |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| Yes | 1 |
| No | 2 |
| Don't Know | 101 |
| | |
| nformation | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
| [Type in text entry] | |
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| [Type in text entry] | |
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| | |
| [Type in text entry] | |
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| | |

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

| |
|--------------------------|
| |
| |
| Variable Labels |
| |
| |
| EVENT_DATE |
| EVENT_TYPE_COMPLETED |
| EVENT_TYPE_HOSPITALIZED |
| EVENT_TYPE_EVACUATED |
| EVENT_TYPE_OTHER |
| |
| EVENT_SEVERITY_1 |
| EVENT_SEVERITY_2 |
| EVENT_SEVERITY_3 |
| EVENT_SEVERITY_4 |
| |
| EVENT_HOSP_Y |
| EVENT_HOSP_N |
| EVENT_HOSP_X |
| EVENT_HOSP_MTF |
| EVENT_HOSP_CIV |
| EVENT_HOSP_VA |
| EVENT_HOSP_NAMES |
| EVENT_ADMIT_DATE |
| EVENT_DISCHARGE_DATE |
| |
| EVENT_DEPLOY_YA |
| EVENT_DEPLOY_YC |
| EVENT_DEPLOY_YP |
| EVENT_DEPLOY_N |
| |
| EVENT_DEPLOY_START |
| EVENT_DEPLOY_END |
| EVENT_DEPLOY_ANT_LOC_AFG |
| EVENT_DEPLOY_ANT_LOC_IRQ |
| EVENT_DEPLOY_ANT_LOC_KOR |
| EVENT_DEPLOY_ANT_LOC_KOS |
| EVENT_DEPLOY_ANT_LOC_KWT |
| EVENT_DEPLOY_ANT_LOC_OTH |
| |
| EVENT_COMMUN_Y |
| EVENT_COMMUN_N |
| EVENT_COMMUN_SUPER |
| EVENT_COMMUN_CHAPLAIN |
| EVENT_COMMUN_FRIEND |
| EVENT_COMMUN_MHSTAFF |
| EVENT_COMMUN_SPOUSE |
| EVENT_COMMUN_OTHER |
| |
| EVENT_METHOD_OD |

| |
|------------------------|
| EVENT_METHOD_OD_PRE |
| EVENT_METHOD_OD_OTC |
| EVENT_METHOD_OD_DRG |
| EVENT_METHOD_PSN |
| EVENT_METHOD_GUN |
| EVENT_METHOD_JMP |
| EVENT_METHOD_CAR |
| EVENT_METHOD_HNG |
| EVENT_METHOD_CUT |
| EVENT_METHOD_EXH |
| EVENT_METHOD_GAS |
| EVENT_METHOD_SUB |
| EVENT_METHOD_OTH |
| EVENT_METHOD_X |
| |
| |
| EVENT_DRUGS_Y |
| EVENT_DRUGS_N |
| |
| EVENT_ALCOHOL_Y |
| EVENT_ALCOHOL_N |
| EVENT_ALCOHOL_X |
| |
| EVENT_OBSERVABLE_Y |
| EVENT_OBSERVABLE_N |
| EVENT_OBSERVABLE_X |
| |
| EVENT_PLAN_PLN |
| EVENT_PLAN_IMP |
| EVENT_PLAN_X |
| |
| |
| PATIENT_LAST_NAME |
| PATIENT_FIRST_NAME |
| PATIENT_MIDDLE_INITIAL |
| PATIENT_SSN |
| PATIENT_DOB |
| PATIENT_GENDER_M |
| PATIENT_GENDER_F |
| PATIENT_RESIDE_BRK |
| PATIENT_RESIDE_BXQ |
| PATIENT_RESIDE_ONP |
| PATIENT_RESIDE_OFP |
| PATIENT_RESIDE_ALONE_Y |
| PATIENT_RESIDE_ALONE_N |
| PATIENT_RESIDE_ALONE_X |
| PATIENT_EDUCATION_NOT |
| PATIENT_EDUCATION_GED |
| PATIENT_EDUCATION_HS |
| PATIENT_EDUCATION_TWO |
| PATIENT_EDUCATION_FOUR |
| |
| PATIENT_RACE_IND |

| |
|----------------------------|
| PATIENT_RACE_ASN |
| PATIENT_RACE_WHT |
| PATIENT_RACE_BLK |
| PATIENT_RACE_OTH |
| PATIENT_RACE_X |
| |
| |
| |
| |
| |
| PATIENT_ETHNIC_MEX |
| PATIENT_ETHNIC_PR |
| PATIENT_ETHNIC_CUB |
| PATIENT_ETHNIC_LAT |
| PATIENT_ETHNIC_SPN |
| |
| PATIENT_ETHNIC_ALT |
| PATIENT_ETHNIC_ESK |
| PATIENT_ETHNIC_AIN |
| |
| PATIENT_ETHNIC_CHN |
| PATIENT_ETHNIC_JAP |
| PATIENT_ETHNIC_KOR |
| PATIENT_ETHNIC_IND |
| PATIENT_ETHNIC_FIL |
| PATIENT_ETHNIC_VTN |
| PATIENT_ETHNIC_ASN |
| |
| PATIENT_ETHNIC_MEL |
| PATIENT_ETHNIC_POL |
| PATIENT_ETHNIC_PAC |
| PATIENT_ETHNIC_OTH |
| PATIENT_ETHNIC_X |
| |
| |
| |
| PATIENT_MARITAL_STATUS_MAR |
| PATIENT_MARITAL_STATUS_MGS |
| PATIENT_MARITAL_STATUS_WID |
| PATIENT_MARITAL_STATUS_DIV |
| PATIENT_MARITAL_STATUS_SEP |
| PATIENT_MARITAL_STATUS_X |
| |
| PATIENT_KIDS_Y |
| PATIENT_KIDS_N |
| PATIENT_KIDS_X |
| PATIENT_KIDS_WITH_Y |
| PATIENT_KIDS_WITH_N |
| PATIENT_KIDS_WITH_X |
| |
| |
| SPONSOR_SERVICE_ARM |
| SPONSOR_SERVICE_NAV |

| |
|---------------------------|
| SPONSOR_SERVICE_AF |
| SPONSOR_SERVICE_MAR |
| SPONSOR_SERVICE_CG |
| SPONSOR_SERVICE_OTH |
| SPONSOR_COMPONENT_REG |
| SPONSOR_COMPONENT_RES |
| |
| SPONSOR_STATUS_ACTIVE |
| SPONSOR_STATUS_AGR |
| SPONSOR_STATUS_IET |
| SPONSOR_STATUS_MOBILIZED |
| SPONSOR_STATUS_ADT |
| SPONSOR_STATUS_IDT |
| SPONSOR_STATUS_RETIRED |
| SPONSOR_STATUS_OTHER |
| |
| SPONSOR_RANK_ENL |
| SPONSOR_RANK_OFF |
| SPONSOR_RANK_CAD |
| SPONSOR_RANK_WAR |
| SPONSOR_RANK_1 |
| SPONSOR_RANK_2 |
| SPONSOR_RANK_3 |
| SPONSOR_RANK_4 |
| SPONSOR_RANK_5 |
| SPONSOR_RANK_6 |
| SPONSOR_RANK_7 |
| SPONSOR_RANK_8 |
| SPONSOR_RANK_9 |
| SPONSOR_RANK_10 |
| |
| PATIENT_SPONSOR_REL_SPN |
| PATIENT_SPONSOR_REL_SPS |
| PATIENT_SPONSOR_REL_CHI |
| PATIENT_SPONSOR_REL_OTH |
| |
| SPONSOR_MOS |
| SPONSOR_DIVISION |
| SPONSOR_BRIGADE |
| SPONSOR_BATTALLION |
| SPONSOR_COMPANY |
| SPONSOR_UIC |
| SPONSOR_LOC_STATION |
| SPONSOR_LOC_CITY |
| SPONSOR_LOC_STATE |
| SPONSOR_LOC_COUNTRY |
| SPONSOR_TIME_UNIT_YEARS |
| SPONSOR_TIME_UNIT_MONTHS |
| SPONSOR_TIME_UNIT_UNKNOWN |
| |
| EVENT_ENV_GARRISON |
| EVENT_ENV_LEAVE |
| EVENT_ENV_TDY |

| | |
|------------------------|-----|
| EVENT_ENV_AWOL | |
| EVENT_ENV_DEPLOYED | |
| EVENT_ENV_TRAINING | |
| EVENT_ENV_PSYCH | |
| EVENT_ENV_MEDICAL_HOLD | |
| EVENT_ENV_EVACUATION | |
| EVENT_ENV_COMMAND_OBS | |
| EVENT_ENV_OTH | |
| | |
| | 1 |
| | |
| HIST_COMBAT_Y | 1 |
| HIST_COMBAT_N | 2 |
| HIST_COMBAT_X | 3 |
| HIST_COMBAT_FRIEND_Y | 4 |
| HIST_COMBAT_FRIEND_N | 2 |
| HIST_COMBAT_FRIEND_X | 101 |
| HIST_COMBAT_WITNESS_Y | |
| HIST_COMBAT_WITNESS_N | |
| HIST_COMBAT_WITNESS_X | |
| | |
| | |
| | |
| HIST_MTF_YM | |
| HIST_MTF_YY | |
| HIST_MTF_N | |
| HIST_MTF_X | |
| HIST_SAS_YM | |
| HIST_SAS_YY | |
| HIST_SAS_N | |
| HIST_SAS_X | |
| HIST_FAP_YM | |
| HIST_FAP_YY | |
| HIST_FAP_N | |
| HIST_FAP_X | |
| HIST_OUTMH_YM | |
| HIST_OUTMH_YY | |
| HIST_OUTMH_N | |
| HIST_OUTMH_X | |
| HIST_INMH_YM | |
| HIST_INMH_YY | |
| HIST_INMH_N | |
| HIST_INMH_X | |
| | |
| | |
| | |
| RISK_MOOD_Y | |
| RISK_MOOD_N | |
| RISK_MOOD_X | |
| RISK_MOOD_MEB | |
| RISK_MOOD_ADMIN | |
| RISK_BIPOLAR_Y | |
| RISK_BIPOLAR_N | |

| |
|------------------------|
| RISK_BIPOLAR_X |
| RISK_BIPOLAR_MEB |
| RISK_BIPOLAR_ADMIN |
| RISK_MAJDEP_Y |
| RISK_MAJDEP_N |
| RISK_MAJDEP_X |
| RISK_MAJDEP_MEB |
| RISK_MAJDEP_ADMIN |
| RISK_PSYCHOTIC_Y |
| RISK_PSYCHOTIC_N |
| RISK_PSYCHOTIC_X |
| RISK_PSYCHOTIC_MEB |
| RISK_PSYCHOTIC_ADMIN |
| RISK_PTSD_Y |
| RISK_PTSD_N |
| RISK_PTSD_X |
| RISK_PTSD_MEB |
| RISK_PTSD_ADMIN |
| RISK_ANXIETY_Y |
| RISK_ANXIETY_N |
| RISK_ANXIETY_X |
| RISK_ANXIETY_MEB |
| RISK_ANXIETY_ADMIN |
| RISK_PERSONALITY_Y |
| RISK_PERSONALITY_N |
| RISK_PERSONALITY_X |
| RISK_PERSONALITY_MEB |
| RISK_PERSONALITY_ADMIN |
| RISK_SUBST_Y |
| RISK_SUBST_N |
| RISK_SUBST_X |
| |
| RISK_SUBST_ALC_DEP |
| RISK_SUBST_ALC_AB |
| RISK_SUBST_DRG_DEP |
| RISK_SUBST_DRG_AB |
| RISK_SUBST_PRE_DEP |
| RISK_SUBST_PRE_AB |
| RISK_SUBST_OTC_DEP |
| RISK_SUBST_OTC_AB |
| RISK_PSYCHOTROPIC_Y |
| RISK_PSYCHOTROPIC_N |
| RISK_PSYCHOTROPIC_X |
| RISK_FAMILY_Y |
| RISK_FAMILY_N |
| RISK_FAMILY_X |
| RISK_SELFINJ_Y |
| RISK_SELFINJ_N |
| RISK_SELFINJ_X |
| RISK_SELFINJ_NUM_ONE |
| RISK_SELFINJ_NUM_MORE |
| RISK_SELFINJ_SIMILAR_Y |
| RISK_SELFINJ_SIMILAR_N |

| |
|------------------------|
| RISK_SELFINJ_SIMILAR_X |
| RISK_GUN_Y |
| RISK_GUN_N |
| RISK_GUN_X |
| |
| |
| HIST_RELATION_Y |
| HIST_RELATION_N |
| HIST_RELATION_X |
| HIST_FAMDEATH_Y |
| HIST_FAMDEATH_N |
| HIST_FAMDEATH_X |
| HIST_FAMILLNESS_Y |
| HIST_FAMILLNESS_N |
| HIST_FAMILLNESS_X |
| |
| |
| EVENT_MOTIVATION_ESC |
| EVENT_MOTIVATION_RST |
| EVENT_MOTIVATION_ANG |
| EVENT_MOTIVATION_SHM |
| EVENT_MOTIVATION_RES |
| EVENT_MOTIVATION_COM |
| EVENT_MOTIVATION_OTH |
| EVENT_MOTIVATION_X |
| |
| |
| |
| HIST_PHYSABUSE_Y |
| HIST_PHYSABUSE_N |
| HIST_PHYSABUSE_X |
| HIST_SEXABUSE_Y |
| HIST_SEXABUSE_N |
| HIST_SEXABUSE_X |
| |
| |
| |
| |
| HIST_EMOTABUSE_Y |
| HIST_EMOTABUSE_N |
| HIST_EMOTABUSE_X |
| HIST_SEXHARASS_Y |
| HIST_SEXHARASS_N |
| HIST_SEXHARASS_X |
| |
| HIST_COURTSMARTIAL_Y |
| HIST_COURTSMARTIAL_N |
| HIST_COURTSMARTIAL_X |
| HIST_ARTICLE15_Y |
| HIST_ARTICLE15_N |
| HIST_ARTICLE15_X |
| HIST_ADMINSEP_Y |

| |
|---------------------|
| HIST_ADMINSEP_N |
| HIST_ADMINSEP_X |
| HIST_AWOL_Y |
| HIST_AWOL_N |
| HIST_AWOL_X |
| HIST_NONSELECT_Y |
| HIST_NONSELECT_N |
| HIST_NONSELECT_X |
| |
| |
| |
| HIST_WORK_Y |
| HIST_WORK_N |
| HIST_WORK_X |
| HIST_SUPER_Y |
| HIST_SUPER_N |
| HIST_SUPER_X |
| HIST_PERFORM_Y |
| HIST_PERFORM_N |
| HIST_PERFORM_X |
| HIST_HAZING_Y |
| HIST_HAZING_N |
| HIST_HAZING_X |
| HIST_WORK_OTH_Y |
| HIST_WORK_OTH_N |
| |
| HIST_WORK_OTH_X |
| |
| |
| |
| HIST_DEBT_Y |
| HIST_DEBT_N |
| HIST_DEBT_X |
| HIST_BANKRUPT_Y |
| HIST_BANKRUPT_N |
| HIST_BANKRUPT_X |
| |
| |
| ASER_PROVIDER_NAME |
| ASER_PROVIDER_PHONE |
| ASER_PROVIDER_DSN |
| ASER_PROVIDER_EMAIL |
| |
| |
| |
| SUM_CIRC |
| |
| |
| |
| SUM_BPS |
| |
| |

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Changed by Debi on 2 Sep 10. Previously thi

s file listed Afghanistan as 1 and Iraq as 2, but the data is going into the database as shown here.

ASER CY 2005 and 2006

Yellow highlight indicates items that were added or modified from previous years

Event reports initiated during previous CY and submitted during current CY will include current year data

| Question | Answer Choices |
|--|---|
| Section I - Event Information | |
| Event Date | [Type in date entry] |
| Event Time | [Type in time entry] |
| Geographic location of event | |
| -- Country | [Type in text entry] |
| -- State (or equivalent) | [Type in text entry] |
| -- City, post or camp | [Type in text entry] |
| Event Setting | Residence (own) Residence of friend or family Work/jobsite Automobile (away from residence) Inpatient medical facility Other |
| Type of Event | Completed suicide Hospitalization (inpatient) Evacuation Other |
| -- If hospitalized, what types of facilities were involved? (check all that apply) | Military Treatment Facility Civilian facility VA hospital Don't Know |
| -- List the facility name(s) | [Type in text entry] |
| -- Start date of hospitalization? | [Type in date entry] |
| -- End date of hospitalization? | Check if unknown [Type in date entry] Check if unknown Check if patient is still in the inpatient facility |
| Primary method used | Overdose (medication, drugs, or alcohol) Poisoning by solid or liquid substance (not medication) Poisoning by vehicle exhaust Poisoning by utility gas Firearm/gun, military issue or duty weapon Firearm/gun, other than military issue Jumping from high place Motor vehicle crash Hanging, strangulation, or suffocation Cutting or piercing instrument |

| | |
|--|---------------------|
| | Submersion/drowning |
| | Other |
| | Don't Know |
| | |
| During the event, was alcohol used? | Yes |
| | No |
| | Don't Know |
| | |
| During the event, were drugs used? | Yes |
| | No |
| | Don't Know |
| | |
| -- If yes, what types of drugs were used? | |
| -- Drugs (illicit/illegal) | Overdose |
| | Used, no overdose |
| | Were not used |
| | |
| -- Prescripion medications | Overdose |
| | Used, no overdose |
| | Were not used |
| | |
| -- Non-prescription medications | Overdose |
| (e.g. over-the-counter medication) | Used, no overdose |
| | Were not used |
| | |
| Is there evidence that the patient/decedent intended? | Yes |
| | No |
| | Don't Know |
| | |
| Was the method used (and quantity, if appropriate) that is typically lethal? | Yes |
| | No |
| | Don't Know |
| | |
| Is there evidence the event involved death-risk game (e.g. Russian roulette, walking railroad tracks, playing "chicken") | Yes |
| | No |
| | Don't Know |
| | |
| Is there evidence that the event was planned and premeditated? | Yes |
| | No |
| | Don't Know |
| | |
| Was the event performed under circumstances where it would likely be observed and intervened in by others? | Yes |
| | No |
| | Don't Know |
| | |
| Was a suicide note left? | Yes |
| | No |
| | Don't Know |
| | |
| Prior to the event, did the patient/decedent communicate suicidal thoughts or threats? | Yes |

| | |
|--|---|
| potential for self-harm? | No |
| | Don't Know |
| -- If yes, how? (check all that apply) | Written |
| | Verbal |
| | Other |
| -- To whom? | Supervisor |
| | Chaplain |
| | Mental health staff |
| | Friend |
| | Spouse or significant other |
| | Other |
| | |
| What was the patient/decedent's <u>primary</u> motivation for performing this event? (select only one) | Emotion relief (e.g. to stop bad feelings, self hatred, anxiety relief) |
| | Interpersonal influence (e.g. to get help, get attention, shock others) |
| | Feeling generation (e.g. to stop feeling numb) |
| | Avoidance/escape (e.g. to avoid or escape deployment, prevent harm) |
| | Individual reasons (e.g. self-punishment, to express anger, be heard) |
| | Hopelessness (e.g. pessimistic regarding future) |
| | Depression (e.g. chronic or severe clinically depressed mood) |
| | Other psychiatric symptoms (e.g. PTSD, psychotic) |
| | Impulsivity (e.g. due to substance abuse, personality characteristics) |
| | Other |
| | Don't Know |
| | |
| Duty environment/status at time of event (check all that apply) | Garrison |
| | Leave |
| | TDY/TAD |
| | AWOL |
| | Deployed |
| | Training |
| | Psychiatric hospitalization |
| | Medical hold |
| | In evacuation chain |
| | Under command observation (e.g. CIP) |
| | Other |
| | |
| Was the event related to a deployment? | Yes |
| | No |
| | Don't Know |
| -- If yes, what type of deployment(s)? (check all that apply) | Anticipated deployment |
| | Current deployment |
| | Prior deployment |
| | |
| Section II - Patient/Decedent Personal Information | |
| Social Security Number | [Type in text entry] |
| Date of Birth | [Type in date entry] |
| Sex | Male |
| | Female |
| | Don't Know |
| Relationship to sponsor | Sponsor |

| | |
|--|---|
| | Spouse |
| | Child |
| | Other |
| | |
| Racial category (check only one) | Asian/Pacific Islander |
| | Black/African American |
| | American Indian/Alaskan Native |
| | White/Caucasian |
| | Other |
| | Don't Know |
| | |
| Specific ethnic group (check only one) | Hispanic |
| | -- Mexican |
| | -- Puerto Rican |
| | -- Cuban |
| | -- Latin American |
| | -- Other Spanish |
| | Native American |
| | -- Aleut |
| | -- Eskima |
| | -- U.S./Canadian Indian Tribes |
| | Asian |
| | -- Chinese |
| | -- Japanese |
| | -- Korean |
| | -- Indian |
| | -- Filipino |
| | -- Vietnamese |
| | -- Other Asian |
| | Pacific Islander |
| | -- Melanesian |
| | -- Polynesian |
| | -- Other Pacific Islands |
| | Other |
| | Don't Know |
| | |
| Marital status (check only one) | Never married |
| | Married |
| | Legally separated |
| | Divorced |
| | Widowed |
| | Don't Know |
| | |
| -- If married, | Resides with spouse |
| | Separated due to relationship issues |
| | Separated for reasons other than relationship (e.g. deployed) |
| | Don't Know |
| | |
| Education | Some high school, did not graduate |
| | GED |

| | |
|---|--|
| | High school graduate |
| | Some college or technical school, no degree or certificate |
| | College degree of less than four years or technical school certifi |
| | Four-year college degree |
| | Master's degree or greater |
| | Don't Know |
| | |
| Residence at the time of event | Barracks, tents, or other shared military living environment |
| | Non-military shared living environment |
| | BEQ or BOQ |
| | On-post family housing |
| | Off-post family housing |
| | Other |
| | Don't Know |
| | |
| | |
| Did the patient/decedent reside alone at the time | Yes |
| | No |
| | Don't Know |
| | |
| | |
| Did the patient/decedent have minor children? | Yes |
| | No |
| | Don't Know |
| | |
| -- If yes, were the children residing with him/her? | Yes |
| | No |
| | Don't Know |
| | |
| Section III - Sponsor's Military Information | |
| Service | Army |
| | Navy |
| | Air Force |
| | Marines |
| | Coast Guard |
| | Foreign military |
| | Other uniformed service |
| | Other |
| | |
| Component/Military status | Regular (e.g. Army, Air Force) |
| | Reserve (e.g. USAR, USMCR) |
| | National Guard |
| | Other |
| | |
| Job code (MOS, SSI, AFSC, DAFSC, or other mil | [Type in text entry] |
| Duty status | Active Duty |
| | AGR (Active Guard/Reserve) |
| | IET (Basic and Advanced Individual Training) |
| | Mobilized RC (Reserve and National Guard) |
| | ADT (Active Duty for Training) |

| | |
|--|---|
| | IDT (Weekend Reserve Drill) |
| | Retired |
| | Released from active duty within 120 days |
| | Other |
| | Does not apply |
| | |
| Pay grade | [E1-E9; W1-W5; O1-O10; Cadet/Midshipman] |
| | Does not apply |
| | |
| Permanent duty station/command location | Same as geographic event location |
| | Other location |
| -- If other location, | |
| Country | [Type in text entry] |
| State (or equivalent) | [Type in text entry] |
| City, post, or camp | [Type in text entry] |
| Permanent duty assignment | |
| -- Division | [Type in text entry] |
| -- Brigade | [Type in text entry] |
| -- Battalion | [Type in text entry] |
| -- Company | [Type in text entry] |
| UIC or other unit identification | [Type in text entry] |
| Length of time in unit | [Type in years] |
| | [Type in months] |
| | Check in unknown |
| | |
| Section IV - History | |
| Was the patient/decedent seen by... | |
| ... a Medical Treatment Facility? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Substance Abuse Services? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a Family Advocacy Program? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |

| | |
|---|---|
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Chaplain services? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... <u>Outpatient</u> Mental Health? (including deployment health services) | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... <u>Inpatient</u> Mental Health? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| Had the patient/decedent... | |
| ... been diagnosed with any Mood Disorder? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... been diagnosed with a Bipolar Disorder? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |

| | |
|---|---|
| ... been diagnosed with Major Depression? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... been diagnosed with a Psychotic Disorder? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... been diagnosed with PTSD? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... been diagnosed with an Anxiety Disorder? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... been diagnosed with a Personality Disorder? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... had a history of Substance Abuse? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |

| | |
|---|---|
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...-- If yes, select all that apply | |
| ...---- Alcohol | Dependence |
| | Abuse |
| ...---- Drugs (illicit/illegal) | Dependence |
| | Abuse |
| ...---- Prescription medications | Dependence |
| | Abuse |
| ...---- Non-prescription medications (e.g. over-the medication) | Dependence |
| | Abuse |
| | |
| ... taken psychotropic medications? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... had prior self-injurious events? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...-- If yes, how many prior event? | One prior event |
| | More than one prior event |
| ...-- Was this event similar to prior event(s)? | Yes |
| | No |
| | Don't Know |
| ...-- Age at first self-injurious event | [Type in text entry] |
| | |
| Was the patient/decedent the subject of... | |
| ... Courts Martial proceedings? | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Article 15 proceedings or civilian criminal prob | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |

| | | |
|---|---|-----------------|
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... Administrative Separation proceedings? | Yes | |
| | -- If yes, how long prior to event? (select most recent occurrence) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... AWOL or desertion proceedings? | Yes | |
| | -- If yes, how long prior to event? (select most recent occurrence) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a Medical Evaluation Board? | Yes | |
| | -- If yes, how long prior to event? (select most recent occurrence) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... civil legal problems (e.g. child custody dispute, | Yes | |
| | -- If yes, how long prior to event? (select most recent occurrence) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... non-selection for advanced schooling, promot | Yes | |
| | -- If yes, how long prior to event? (select most recent occurrence) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |

| | |
|---|---|
| | Don't Know |
| | |
| Was the patient/decedent an alleged or confirmed VICTOM of... | |
| | |
| ... physical abuse or assault? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... sexual abuse or assault? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... emotional abuse or assault? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... sexual harassment? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| Was the patient/decedent an alleged or confirmed PERPETRATOR of... | |
| | |
| ... physical abuse or assault? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |

| | |
|---|---|
| | No |
| | Don't Know |
| | |
| ... sexual abuse or assault? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... emotional abuse or assault? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... sexual harassment? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| List the three most recent deployments, if any, including | |
| current deployments | |
| Deployment location 1 | Afghanistan |
| | Iraq |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| Deployment start date | [Type in date entry] |
| Deployment end date (or expected end date) | [Type in date entry] |
| Deployment location 2 | Afghanistan |
| | Iraq |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |

| | |
|--|---|
| | Central or South America |
| | Other |
| Deployment start date | [Type in date entry] |
| Deployment end date (or expected end date) | [Type in date entry] |
| Deployment location 3 | Afghanistan |
| | Iraq |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| Deployment start date | [Type in date entry] |
| Deployment end date (or expected end date) | [Type in date entry] |
| | |
| Did the patient/decedent experience direct combat? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| -- If yes, did the patient/decedent... | |
| ... and his/her unit engage in battle resulting in | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... become wounded or injured in combat? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... personally witness a unit member, ally, enemy, | Yes |
| being seriously wounded or killed? | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |

| | |
|--|---|
| | No |
| | Don't Know |
| | |
| ... see the bodies of dead soldiers or civilians foll | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... kill others in combat (or have reason to believe | Yes |
| killed as a result of actions)? | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| Was there evidence of... | |
| | |
| ... a failed or failing spousal or intimate partner re | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a failed or failing other relationship? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a completed spousal suicide? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |

| | |
|--|---|
| ... a completed family member suicide? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a completed suicide by a friend? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a death of spouse or family member? (other than suicide) | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a death of a friend? (other than suicide) | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a physical health problem? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a chronic spousal or family severe illness? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |

| | |
|---|---|
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... excessive debt or bankruptcy? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... job problems? (e.g. laid off, fired, excessive pr | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... supervisor or coworker issues or problems? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a poor work performance review or evaluation? | Yes |
| reenlistment, flagged record, extra duty impose | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... unit or workplace hazing? | Yes |
| | -- If yes, how long prior to event? (select most recent occurrence) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| Did the patient/decedent have a family history of | Yes |

| | |
|---|--|
| or suicide? | no |
| | Don't Know |
| | |
| Was there a gun in the home or immediate enviro | Yes |
| | no |
| | Don't Know |
| | |
| Section V - Narrative Summary | |
| Describe any details of the circumstances that led to | [Type in text entry] |
| suicide attempt/completion that have not already been captured | |
| by this form. | |
| Provide a brief "bio-psycho-social" formulation about | [Type in text entry] |
| this patient/decedent engaged in suicidal behavior. (Optional) | |
| Identify any additional risk management issues | [Type in text entry] |
| associated with this case. | |
| | |
| Section VI - ASER Completion Information | |
| Today's date | [Auto-filled] |
| Location where this ASER was completed | Same as geographic event location |
| | Other location |
| -- If other location, | |
| Country | [Type in text entry] |
| State (or equivalent) | [Type in text entry] |
| City, post, or camp | [Type in text entry] |
| Medical facility where this ASER was completed (if not same as geographic event location) | [Type in text entry] |
| support MTF (use standard acronym, e.g. WRAMC) | |
| Behavioral Health provider | |
| -- Name | [Type in text entry] |
| -- Rank/grade | [Type in text entry] |
| -- SSN | [Type in text entry] |
| -- Phone number | [Type in text entry] |
| -- DSN prefix | [Type in text entry] |
| -- Email | [Type in text entry] |
| -- Specialty | Psychologist |
| | Psychiatrist |
| | Social Worker |
| | Psychiatric Nurse |
| | Licensed Mental Health Counselor or equivalent |
| | Other |
| | |
| Form completer, if not Behavioral Health provider | |
| -- Name | [Type in text entry] |
| -- Rank/grade | [Type in text entry] |
| -- SSN | [Type in text entry] |
| -- Phone number | [Type in text entry] |
| -- DSN prefix | [Type in text entry] |
| -- Email | [Type in text entry] |
| Comments | [Type in text entry] |
| | |
| | |

[illegible]

| vious version. | |
|----------------------------------|--------------------------|
| rrent CY questions and variables | |
| Data Value | Variable Labels |
| | |
| | EVENT_DATE |
| | EVENT_TIME |
| | |
| | |
| | EVENT_LOCATION_COUNTRY |
| | EVENT_LOCATION_STATE |
| | EVENT_LOCATION_CITY |
| | |
| 1 | EVENT_SETTING |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| 1 = Selected | EVENT_TYPE_COMPLETED |
| | EVENT_TYPE_HOSPITALIZED |
| | EVENT_TYPE_EVACUATED |
| | EVENT_TYPE_OTHER |
| 1 | EVENT_HOSP_MTF |
| 2 | EVENT_HOSP_CIV |
| 3 | EVENT_HOSP_VA |
| 101 | EVENT_HOSP_X |
| | |
| | EVENT_HOSP_NAMES |
| | |
| | EVENT_HOSP_START_DATE |
| 1 = Selected | EVENT_HOSP_START_UNKNOWN |
| | EVENT_HOSP_END_DATE |
| 1 = Selected | EVENT_HOSP_END_UNKNOWN |
| 1 = Selected | EVENT_HOSP_END_STILL |
| | |
| 1 | EVENT_METHOD |
| 2 | |
| 3 | |
| 4 | |
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| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

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|-----|---------------------------|
| 11 | |
| 100 | |
| 101 | |
| | |
| 1 | EVENT_ALCOHOL |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_DRUGS |
| 2 | |
| 101 | |
| | |
| | |
| 1 | EVENT_DRUGS_ILLEGAL |
| 2 | |
| 3 | |
| | |
| 1 | EVENT_DRUGS_PRESCRIPTION |
| 2 | |
| 3 | |
| | |
| 1 | EVENT_DRUGS_OTC |
| 2 | |
| 3 | |
| | |
| 1 | EVENT_INTENT_DIE |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_METHOD_LETHAL |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_DEATH_RISK_GAMBLING |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_PLANNED |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_OBSERVABLE |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_SUICIDE_NOTE |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_COMMUNICATE |

| | |
|--------------|-------------------------------|
| 2 | |
| 101 | |
| 1 = Selected | EVENT_COMMUNICATE_HOW_WRITTEN |
| | EVENT_COMMUNICATE_HOW_VERBAL |
| | EVENT_COMMUNICATE_HOW_OTHER |
| | EVENT_COMMUNICATE_WHO_SUPER |
| | EVENT_COMMUNICATE_WHO_CHAP |
| | EVENT_COMMUNICATE_WHO_MHSTAFF |
| | EVENT_COMMUNICATE_WHO_FRIEND |
| | EVENT_COMMUNICATE_WHO_SPOUSE |
| | EVENT_COMMUNICATE_WHO_OTHER |
| | |
| 1 | EVENT_MOTIVATION |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| 101 | |
| | |
| 1 = Selected | EVENT_DUTY_ENV_GARRISON |
| | EVENT_DUTY_ENV_LEAVE |
| | EVENT_DUTY_ENV_TDY |
| | EVENT_DUTY_ENV_AWOL |
| | EVENT_DUTY_ENV_DEPLOYED |
| | EVENT_DUTY_ENV_TRAINING |
| | EVENT_DUTY_ENV_PSYCH |
| | EVENT_DUTY_ENV_MEDICAL_HOLD |
| | EVENT_DUTY_ENV_EVACUATION |
| | EVENT_DUTY_ENV_COMMAND_OBS |
| | EVENT_DUTY_ENV_OTHER |
| | |
| 1 | EVENT_RELATED_DEPLOYMENT |
| 2 | |
| 101 | |
| 1 = Selected | EVENT_RELATED_DEPLOYMENT_ANT |
| | EVENT_RELATED_DEPLOYMENT_CUR |
| | EVENT_RELATED_DEPLOYMENT_PRI |
| | |
| | |
| | PAT_SSN |
| | PAT_DOB |
| 1 | PAT_SEX |
| 2 | |
| 101 | |
| 1 | PAT_SPONSOR_RELATION |

| | |
|-----|--------------------|
| 2 | |
| 3 | |
| 101 | |
| | |
| 2 | PAT_RACE |
| 3 | |
| 1 | |
| 4 | |
| 100 | |
| 101 | |
| | |
| | PAT_ETHNIC |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| | |
| 21 | |
| 22 | |
| 23 | |
| | |
| 31 | |
| 32 | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | |
| | |
| 41 | |
| 42 | |
| 43 | |
| 100 | |
| 101 | |
| | |
| 1 | PAT_MARITAL |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 101 | |
| | |
| 1 | PAT_MARITAL_RESIDE |
| 2 | |
| 3 | |
| 101 | |
| | |
| 1 | PAT_EDUCATION |
| 2 | |

| | |
|--------------|-------------------------------|
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 101 | |
| | |
| 1 | PAT_RESIDENCE |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| 101 | |
| | |
| | |
| 1 | PAT_RESIDE_ALONE |
| 2 | |
| 101 | |
| | |
| | |
| 1 | PAT_CHILDREN |
| 2 | |
| 101 | |
| | |
| 1 | PAT_CHILDREN_RESIDE_WITH |
| 2 | |
| 101 | |
| | |
| | |
| 1 | SPONSOR_SERVICE |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 100 | |
| | |
| 1 | SPONSOR_COMPONENT |
| 2 | |
| 3 | |
| 100 | |
| | |
| | SPONSOR_JOB_CODE |
| 1 = Selected | SPONSOR_DUTY_STATUS_ACTIVE |
| | SPONSOR_DUTY_STATUS_AGR |
| | SPONSOR_DUTY_STATUS_IET |
| | SPONSOR_DUTY_STATUS_MOBILIZED |
| | SPONSOR_DUTY_STATUS_ADT |

| | |
|---------------|-------------------------------|
| | SPONSOR_DUTY_STATUS_IDT |
| | SPONSOR_DUTY_STATUS_RETIRED |
| | SPONSOR_DUTY_STATUS_RELEASED |
| | SPONSOR_DUTY_STATUS_OTHER |
| | SPONSOR_DUTY_STATUS_NA |
| | |
| [Codes define | SPONSOR_GRADE |
| 102 | |
| | |
| 1 | SPONSOR_DUTY_STATION_SAME |
| 2 | |
| | |
| | SPONSOR_DUTY_STATION_COUNTRY |
| | SPONSOR_DUTY_STATION_STATE |
| | SPONSOR_DUTY_STATION_CITY |
| | |
| | SPONSOR_DUTY_ASSIGN_DIVISION |
| | SPONSOR_DUTY_ASSIGN_BRIGADE |
| | SPONSOR_DUTY_ASSIGN_BATTALION |
| | SPONSOR_DUTY_ASSIGN_COMPANY |
| | SPONSOR_UIC |
| | SPONSOR_TIME_UNIT_YEARS |
| | SPONSOR_TIME_UNIT_MONTHS |
| | SPONSOR_TIME_UNIT_UNKNOWN |
| 1 = Selected | |
| | |
| | |
| 1 | HIST_MTF |
| e) | HIST_MTF_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SAS |
| e) | HIST_SAS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | |
| e) | HIST_FAP |
| 1 | HIST_FAP_TIME |
| 2 | |
| 3 | |

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|-----|-------------------------|
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_CHAPLAIN |
| e) | HIST_CHAPLAIN_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_OUTPATIENT_MH |
| e) | HIST_OUTPATIENT_MH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_INPATIENT_MH |
| e) | HIST_INPATIENT_MH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
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| | |
| 1 | HIST_MOOD |
| e) | HIST_MOOD_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_BIPOLAR |
| e) | HIST_BIPOLAR_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |

| | |
|-----|----------------------------|
| 1 | HIST_MAJOR_DEPRESSION |
| e) | HIST_MAJOR_DEPRESSION_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PSYCHOTIC |
| e) | HIST_PSYCHOTIC_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PTSD |
| e) | HIST_PTSD_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANXIETY |
| e) | HIST_ANXIETY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PERSONALITY |
| e) | HIST_PERSONALITY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SUBSTANCE_ABUSE |
| e) | HIST_SUBSTANCE_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |

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|--------------|-------------------------------|
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| 1 = Selected | HIST_SUBSTANCE_ALCOHOL_DEP |
| | HIST_SUBSTANCE_ALCOHOL_ABUSE |
| | HIST_SUBSTANCE_DRUGS_DEP |
| | HIST_SUBSTANCE_DRUGS_ABUSE |
| | HIST_SUBSTANCE_PRESCRIP_DEP |
| | HIST_SUBSTANCE_PRESCRIP_ABUSE |
| | HIST_SUBSTANCE_OTC_DEP |
| | HIST_SUBSTANCE_OTC_ABUSE |
| | |
| 1 | HIST_PSYCHOTROPIC_MEDS |
| e) | HIST_PSYCHOTROPIC_MEDS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PRIOR_SELF_INJURY |
| e) | HIST_PRIOR_SELF_INJURY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PRIOR_SELF_INJURY_ONE |
| 2 | |
| 1 | HIST_PRIOR_SELF_INJURY_SIM |
| 2 | |
| 101 | |
| | HIST_PRIOR_SELF_INJURY_AGE |
| | |
| | |
| e) | HIST_COURTSMARTIAL |
| 1 | HIST_COURTSMARTIAL_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ARTICLE15 |
| e) | HIST_ARTICLE15_TIME |

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|-----|----------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ADMIN_SEPARATION |
| e) | HIST_ADMIN_SEPARATION_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_AWOL |
| e) | HIST_AWOL_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_MEDICAL_BOARD |
| e) | HIST_MEDICAL_BOARD_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_CIVIL_LEGAL |
| e) | HIST_CIVIL_LEGAL_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_NON_SELECTION |
| e) | HIST_NON_SELECTION_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
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| 101 | |
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| 1 | HIST_VICT_PHYS_ABUSE |
| e) | HIST_VICT_PHYS_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_VICT_SEXUAL_ABUSE |
| e) | HIST_VICT_SEXUAL_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_VICT_EMOT_ABUSE |
| e) | HIST_VICT_EMOT_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_VICT_SEX_HARASS |
| e) | HIST_VICT_SEX_HARASS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
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| | |
| 1 | HIST_PERP_PHYS_ABUSE |
| e) | HIST_PERP_PHYS_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |

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| 101 | |
| | |
| 1 | HIST_PERP_SEXUAL_ABUSE |
| e) | HIST_PERP_SEXUAL_ABUSE_TIME |
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| 3 | |
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| 2 | |
| 101 | |
| | |
| 1 | HIST_PERP_EMOT_ABUSE |
| e) | HIST_PERP_EMOT_ABUSE_TIME |
| 1 | |
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| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PERP_SEX_HARASS |
| e) | HIST_PERP_SEX_HARASS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
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| | |
| | |
| 1 | HIST_DEPLOY1_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 100 | |
| | HIST_DEPLOY1_START_DATE |
| | HIST_DEPLOY1_END_DATE |
| 1 | HIST_DEPLOY2_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |

| | |
|-----|-----------------------------|
| 8 | |
| 100 | |
| | HIST_DEPLOY2_START_DATE |
| | HIST_DEPLOY2_END_DATE |
| 1 | HIST_DEPLOY3_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 100 | |
| | HIST_DEPLOY3_START_DATE |
| | HIST_DEPLOY3_END_DATE |
| | |
| 1 | HIST_DIRECT_COMBAT |
| e) | HIST_DIRECT_COMBAT_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| 1 | HIST_COMBAT_CASUALTIES |
| e) | HIST_COMBAT_CASUALTIES_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_COMBAT_INJURED |
| e) | HIST_COMBAT_INJURED_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_COMBAT_WITNESS |
| e) | HIST_COMBAT_WITNESS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |

| | |
|-----|-----------------------------|
| 2 | |
| 101 | |
| | |
| 1 | HIST_COMBAT_SAW_BODIES |
| e) | HIST_COMBAT_SAW_BODIES_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_COMBAT_KILL |
| e) | HIST_COMBAT_KILL_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| | |
| 1 | HIST_FAILED_REL_SPOUSE |
| e) | HIST_FAILED_REL_SPOUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAILED_REL_OTHER |
| e) | HIST_FAILED_REL_OTHER_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SPOUSE_SUICIDE |
| e) | HIST_SPOUSE_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |

| | |
|-----|---------------------------|
| 1 | HIST_FAMILY_SUICIDE |
| e) | HIST_FAMILY_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FRIEND_SUICIDE |
| e) | HIST_FRIEND_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_DEATH |
| e) | HIST_FAMILY_DEATH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FRIEND_DEATH |
| e) | HIST_FRIEND_DEATH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PHYSICAL_HEALTH |
| e) | HIST_PHYSICAL_HEALTH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_ILLNESS |
| e) | HIST_FAMILY_ILLNESS_TIME |
| 1 | |
| 2 | |
| 3 | |

| | |
|-----|----------------------------|
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_DEBT_BANKRUPTCY |
| e) | HIST_DEBT_BANKRUPTCY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_JOB_PROBLEMS |
| e) | HIST_JOB_PROBLEMS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_COWORKER_ISSUES |
| e) | HIST_COWORKER_ISSUES_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_POOR_PERFORMANCE |
| e) | HIST_POOR_PERFORMANCE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_WORKPLACE_HAZING |
| e) | HIST_WORKPLACE_HAZING_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_MENTAL |

| | |
|-------------------|-------------------------|
| 2 | |
| 101 | |
| | |
| 1 | HIST_GUN_IN_HOME |
| 2 | |
| 101 | |
| | |
| | |
| | SUM_CIRCUMSTANCES |
| | |
| | |
| | SUM_BIO_PSYCHO_SOCIAL |
| | |
| | SUM_RISK_MANAGEMENT |
| | |
| | |
| | ASER_TODAYS_DATE |
| 1 | ASER_LOCATION_SAME |
| 2 | ASER_LOCATION_OTHER |
| | |
| | ASER_LOCATION_COUNTRY |
| | ASER_LOCATION_STATE |
| | ASER_LOCATION_CITY |
| | ASER_FACILITY |
| | |
| | |
| | ASER_PROVIDER_NAME |
| | ASER_PROVIDER_RANK |
| | ASER_PROVIDER_SSN |
| | ASER_PROVIDER_PHONE |
| | ASER_PROVIDER_DSN |
| | ASER_PROVIDER_EMAIL |
| 1 | ASER_PROVIDER_SPECIALTY |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| | |
| | ASER_COMPLETER_NAME |
| | ASER_COMPLETER_RANK |
| | ASER_COMPLETER_SSN |
| | ASER_COMPLETER_PHONE |
| | ASER_COMPLETER_DSN |
| | ASER_COMPLETER_EMAIL |
| | ASER_COMMENTS |
| | |
| [Pay Grade Codes] | |

| | | |
|-----------------------|--|--|
| 11 = E1 | | |
| 12 = E2 | | |
| 13 = E3 | | |
| 14 = E4 | | |
| 15 = E5 | | |
| 16 = E6 | | |
| 17 = E7 | | |
| 18 = E8 | | |
| 19 = E9 | | |
| | | |
| 21 = W1 | | |
| 22 = W2 | | |
| 23 = W3 | | |
| 24 = W4 | | |
| 25 = W5 | | |
| | | |
| 31 = O1 | | |
| 32 = O2 | | |
| 33 = O3 | | |
| 34 = O4 | | |
| 35 = O5 | | |
| 36 = O6 | | |
| 37 = O7 | | |
| 38 = O8 | | |
| 39 = O9 | | |
| 40 = O10 | | |
| | | |
| 50 = Cadet/Midshipman | | |

ASER CY 2007

Yellow highlight indicates items that were added or modified

Event reports initiated during previous CY and submitted during current CY will

| Question | Answer Choices |
|----------------------------|--------------------------------|
| Section I - Patient | |
| Last Name | [type in text entry] |
| First Name | [type in text entry] |
| Middle Initial | [type in text entry] |
| Social Security Number | [type in text entry] |
| Date of Birth | [Calendar pop-up] |
| Sex | Male |
| | Female |
| | Don't Know |
| | |
| Relationship to sponsor | Sponsor |
| | Spouse |
| | Dependent |
| | Other |
| | |
| Racial category | American Indian/Alaskan Native |
| | Asian/Pacific Islander |
| | Black/African American |
| | White/Caucasian |
| | Other |
| | Don't Know |
| | |
| Specific ethnic group | Hispanic |
| | -- Mexican |
| | -- Puerto Rican |
| | -- Cuban |
| | -- Latin American |
| | -- Other Spanish |
| | Native American |
| | -- Aleut |
| | -- Eskimo |
| | -- U.S./Canadian Indian Tribes |
| | Asian/Pacific Islander |
| | --Chinese |
| | -- Japanese |
| | -- Korean |
| | -- Indian |
| | -- Filipino |
| | -- Vietnamese |
| | -- Other Asian |
| | Pacific Islander |
| | -- Melanesian |
| | -- Polynesian |
| | -- Other Pacific Islands |

| | |
|---|--|
| | Other |
| | Don't Know |
| | |
| Current marital status | Never Married |
| | Married |
| | Legally separated |
| | Divorced |
| | Widowed |
| | Don't Know |
| | |
| -- If married, | Resides with spouse |
| | Separated due to relationship issues |
| | Separated for reasons other than relationship issues |
| | Don't Know |
| | |
| Education | Some high school, did not graduate |
| | GED |
| | High school graduate |
| | Some college or technical school, no degree |
| | College degree of less than four years |
| | Four-year college degree |
| | Master's degree or greater |
| | Don't Know |
| | |
| Residence at time of event | Barracks, tents, or other shared military housing |
| | Non-military shared living environment |
| | Bachelor Enlisted Quarters (BEQ) or similar |
| | On-post family housing |
| | Off-post family housing |
| | Other |
| | Don't Know |
| | |
| Did the patient/decedent reside alone at the time of the event? | Yes |
| | No |
| | Don't Know |
| | |
| Did the patient/decedent have minor children? | Yes |
| | No |
| | Don't Know |
| | |
| -- If yes, were the children residing with him/her? | Yes |
| | No |
| | Don't Know |
| | |
| Section II - Sponsor's Military Information | |
| | |
| Service | Army |
| | Air Force |
| | Navy |
| | Marines |

| | |
|---|--|
| | Coast Guard |
| | Foreign military |
| | Other uniformed service |
| | Other |
| | |
| Component/Military status | Regular (e.g. Army, Air Force) |
| | Reserve (e.g. USAR, USMCR) |
| | National Guard |
| | Other |
| | |
| Job code: (MOS, SSI, AFSC, DAFSC, or other military job code) | [Pull-down menu of Army MOS codes] |
| | |
| Duty status (check all that apply) | Active Duty |
| | AGR (Active Guard/Reserve) |
| | IET (Basic and Advanced Individualized Training) |
| | Mobilized RC (Reserve and National Guard) |
| | ADT (Active Duty for Training) |
| | IDT (Weekend Reserve Drill) |
| | Retired |
| | Released from active duty within 120 days |
| | Other |
| | Does not apply |
| | |
| Pay grade | [E1-E9; W1-W5; O1-O10; Cadet/Midshipman] |
| | Does not apply |
| | |
| Permanent duty station/command location | Same as geographic location |
| | Other location |
| -- If other location | |
| ---- Country | [Pull-down menu] |
| ---- If United States, State | [Pull-down menu] |
| ---- City, post, or camp | [type in text entry] |
| | |
| Permanent duty assignment | |
| -- Division | [Pull-down menu] |
| -- Brigade | [type in text entry] |
| -- Battalion | [type in text entry] |
| -- Company | [type in text entry] |
| | |
| UIC or other unit identification | [type in text entry] |
| | Check if unknown |
| | |
| Section III - Event | |
| Event date | [Calendar pop-up] |
| Event time | [type in numeric military time] |
| | |
| Geographic location of event | |
| -- Country | [Pull-down menu] |
| -- If United States, State | [Pull-down menu] |
| -- City, post, or camp | [Type in text entry] |

| | |
|---|---|
| Event type | |
| | Suicide attempt/gesture |
| | Suicidal ideation only (w/o an attempt) |
| | Completed suicide |
| | Test, calibration, or special study |
| Event setting | Resident (own) or barracks |
| | Residence of friend or family |
| | Work/jobsite |
| | Automobile (away from residence) |
| | Inpatient medical facility |
| | Other |
| Actions taken as a consequence of the current event | Hospitalization (inpatient) |
| | Outpatient mental health evaluation/t |
| | Evacuation |
| | Other |
| Primary method used | |
| | Drugs |
| | Alcohol |
| | Gas, vapor poisoning by vehicle exha |
| | Gas, vapor poisoning by utility (or oth |
| | Solvents, pesticides and other agricul |
| | Hanging |
| | Drowning |
| | Firearm/gun, military issue or duty w |
| | Firearm/gun, other than military issue |
| | Fire, steam, etc. |
| | Sharp or blunt object |
| | Jumping from high place |
| | Lying in front of a moving object |
| | Crashing a motor vehicle |
| | Other |
| | Don't Know |
| During the event, was alcohol used? | Yes |
| | No |
| | Don't Know |
| During the event, were drugs used? | Yes |
| | No |
| | Don't Know |
| -- If yes, what types of drugs were used? | Drugs (illicit/illegal) |
| | -- Overdose |
| | -- Used, no overdose |
| | -- Were not used |
| | Prescription medications |
| | -- Overdose |

| | |
|--|---------------------------------------|
| | -- Used, no overdose |
| | -- Were not used |
| | Non-prescription medications (e.g. ov |
| | -- Overdose |
| | -- Used, no overdose |
| | -- Were not used |
| | |
| Is there evidence that the patient/decedent intended to die? | Yes |
| | No |
| | Don't Know |
| | |
| For gestures and attempts only, did the patient experience | Yes |
| physical harm (including poisoning) as a result of the event? | No |
| | Don't Know |
| | |
| Was the method used (and quantity, if appropriate) one that is | Yes |
| typically lethal? | No |
| | Don't Know |
| | |
| Is there evidence that the event involved death-risk gambling? | Yes |
| (e.g. Russian roulette, walking railroad tracks, playing "chicke | No |
| | Don't Know |
| | |
| Is there evidence that the event was planned and/or | Yes |
| premeditated? | No |
| | Don't Know |
| | |
| Was the event performed under circumstances where it | Yes |
| would likely be observed and intervened in by others? | No |
| | Don't Know |
| | |
| Was a suicide note left? | Yes |
| | No |
| | Don't Know |
| | |
| Prior to the event, did the patient/decedent communicate | Yes |
| potential for self-harm? (other than a suicide note) | No |
| | Don't Know |
| | |
| -- If yes, how? (check all that apply) | Written |
| | Verbal |
| | Other |
| | |
| -- To whom? (check all that apply) | Supervisor |
| | Chaplain |
| | Mental health staff |
| | Friend |
| | Spouse or significant other |
| | Other |
| | |

| | |
|---|--|
| What was the patient/decedent's primary motivation for performing this event? | Emotion relief (e.g. to stop bad feelings) |
| | Interpersonal influence (e.g. to get help) |
| | Feeling generation (e.g. to stop feelings) |
| | Avoidance/escape (e.g. to avoid or escape) |
| | Individual reasons (e.g. self-punishment) |
| | Hopelessness (e.g. pessimistic regarding future) |
| | Depression (e.g. chronic or severe clinical depression) |
| | Other psychiatric symptoms (e.g. PTSD, bipolar disorder) |
| | Impulsivity (e.g. due to substance abuse) |
| | Other |
| | Don't Know |
| Duty environment/status at time of event (check all that apply) | Garrison |
| | Leave |
| | TDY/TAD |
| | AWOL |
| | Deployed |
| | Training |
| | Psychiatric hospitalization |
| | Medical hold |
| | In evacuation chain |
| | Under command observation (e.g. CIA, NSA) |
| | Other |
| Was the event related to a deployment? | Yes |
| | No |
| | Don't Know |
| -- If yes, what type of deployment(s)? (check all that apply) | Anticipated deployment |
| | Current deployment |
| | Prior deployment |
| Please describe the general sequence of events leading up to the ideation/attempt/completion and discovery/intervention | type in text entry up to 4000 characters |
| Section IV - History | |
| PRIOR TO THE EVENT, was the patient/decedent seen by: | |
| ...a Medical Treatment Facility? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...Substance Abuse Services? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |

| | | |
|--|------|--------------------------------------|
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ...a Family Advocacy Program? | | Yes |
| | -- | If yes, how long prior to the event? |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ...Chaplain services? | | Yes |
| | -- | If yes, how long prior to the event? |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ...Outpatient Mental Health? (including deployment mental health services) | | Yes |
| | -- | If yes, how long prior to the event? |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ...Inpatient Mental Health? | | Yes |
| | -- | If yes, how long prior to the event? |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| PRIOR TO THE EVENT, had the patient/decedent... | | |
| | | |
| ...been diagnosed with any Mood Disorder (e.g. major depression) | | Yes |
| | | No |
| | | Don't Know |
| | | |
|If yes, been diagnosed with a Bipolar Disorder? | | Yes |
| | -- | If yes, how long prior to the event? |

| | | |
|---|---|-----------------|
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
|been diagnosed with Major Depression? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
|been diagnosed with Dysthymic Disorder? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
|been diagnosed with any other Mood Disorder? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ...been diagnosed with an Anxiety Disorder (e.g. PTSD, etc.)? | Yes | |
| Removed HIST_ANXIETY_TIME | No | |
| | Don't Know | |
| | | |
|if yes, been diagnosed with PTSD? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
|been diagnosed with Panic Disorder? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |

| | |
|--|---|
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
|been diagnosed with Generalized Anxiety Disorder? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
|been diagnosed with Acute Stress Disorder? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
|been diagnosed with any other Anxiety Disorder? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...been diagnosed with a Personality Disorder? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...been diagnosed with a Psychotic Disorder? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | No |
| | Don't Know |
| ...had a history of Substance Abuse? | Yes |

| | |
|--|---|
| | No |
| | Don't Know |
|If the patient/decedent had a history with substance abuse? | Alcohol |
| select all that apply: | -- Dependence |
| | -- Abuse |
| | Drugs (illicit/illegal) |
| | -- Dependence |
| | -- Abuse |
| | Prescription medications |
| | -- Dependence |
| | -- Abuse |
| | Non-prescription medications (e.g. OTC) |
| | -- Dependence |
| | -- Abuse |
| ...taken Psychotropic Medications? | Yes |
| | No |
| | Don't Know |
|if yes, taken Antidepressants? | Yes |
| | No |
| | Don't Know |
|taken Anti-anxiety medications? | Yes |
| | No |
| | Don't Know |
|taken Antimanics? | Yes |
| | No |
| | Don't Know |
|taken Anticonvulsants? | Yes |
| | No |
| | Don't Know |
|taken Antipsychotics? | Yes |
| | No |
| | Don't Know |
| ...had prior self-injurious events? | Yes |
| Removed HIST_PRIOR_SELF_INJURY_TIME | No |
| | Don't Know |
|If yes, how many prior events? | One prior event |
| | More than one prior event |
|Was this event similar to prior event(s) | Yes |

| | |
|--|--|
| | No |
| | Don't Know |
| | |
|Age at first self-injurious event | [type in numeric entry] |
| | |
| Please elaborate on any other relevant details related to the patient/decedent's mental health treatment history | [type in text entry up to 4000 characters] |
| | |
| PRIOR TO THE EVENT, was the patient/decedent the subject of: | |
| | |
| ...Courts Martial proceedings? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...Article 15 proceedings or civilian criminal problems? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...Administrative Separation proceedings? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...AWOL or desertion proceedings? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...a Medical Evaluation Board? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |

| | |
|---|---|
| | Don't Know |
| ...civil legal problems? (e.g. child custody dispute, litigation) | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...non-selection for advanced schooling, promotion, or comm | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| Please describe or elaborate on life stressors or other circum affecting the patient/decedent prior to the event: | [type in text entry up to 4000 characte |
| | |
| PRIOR TO THE EVENT, was the patient/decedent an alleged or confirmed VICTIM of: | |
| | |
| ...physical abuse or assault? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...sexual abuse or assault? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...emotional abuse or assault? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ...sexual harassment? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |

| | | |
|---|---|-----------------|
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| PRIOR TO THE EVENT, was the patient/decedent an alleged or confirmed PERPETRATOR of: | | |
| ...physical abuse or assault? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ...sexual abuse or assault? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ...emotional abuse or assault? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ...sexual harassment? | Yes | |
| | -- If yes, how long prior to the event? | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| Please describe any known childhood or developmental history that may have contributed to the event: | | |
| | | |
| How many deployments? | 0 | |
| | 1 | |
| | 2 | |
| | 3 or more | |
| ...If anything other than zero is selected, the following questions are asked for the three most recent deployments | | |
| | | |

| | |
|---|--------------------------|
| Please specify the MOST RECENT deployment first. | |
| Deployment location 1: | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| Deployment 1 start date: | [Calendar pop-up] |
| Deployment 1 end date: | [Calendar pop-up] |
| Deployment 1 R&R start date: | [Calendar pop-up] |
| Deployment 1 R&R end date: | [Calendar pop-up] |
| Deployment location 2: | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| Deployment 2 start date: | [Calendar pop-up] |
| Deployment 2 end date: | [Calendar pop-up] |
| Deployment location 3: | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| Deployment 3 start date: | [Calendar pop-up] |
| Deployment 3 end date: | [Calendar pop-up] |
| | |
| Did the patient/decedent experience direct combat operations | Yes |
| | No |
| | Don't Know |
| ...If yes, how long prior to event? (select the most recent occurrence) | |
|Deployment 1 (most recent) | Within 30 days |
| | Within 3 months |
| | Within 1 year |
| | Over 1 year ago |
|Deployment 2 | [Simple check box] |
|Deployment 3 | [Simple check box] |

| | |
|--|--|
| ...If yes, did the patient/decedent... | |
|and his/her unit engage in battle resulting in casualties/w | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
|become wounded or injured in combat? | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
|personally witness a unit member, ally, enemy, or civilian seriously wounded or killed? | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
|see the bodies of dead soldiers or civilians following battle | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
|kill others in combat (or have reason to believe others were killed as a result of actions)? | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
| Please describe any additional relevant military history including additional relevant deployment history: | [type in text entry up to 4000 characters] |
| | |
| PRIOR TO THE EVENT, was there evidence of... | |
| | |
| ...a failed or failing spousal or intimate partner relationship? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a failed or failing other relationship? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a completed spousal suicide? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a completed family suicide? | Yes |

| | |
|--|---|
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a completed suicide by a friend? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a death of spouse or family? (other than suicide) | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...the death of a friend? (other than suicide) | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a physical health problem? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a chronic spousal or family severe illness? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |

| | |
|--|---|
| | No |
| | Don't Know |
| | |
| ...excessive debt or bankruptcy? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...job problems? (e.g. laid off, fired, excessive pressure) | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...supervisor or coworker issues or problems? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...a poor work performance review or evaluation? (e.g. bar for reenlistment, flagged record, extra duty imposed) | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ...unit or workplace hazing? | Yes |
| | -- If yes, how long prior to the event? |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| Did the patient/decedent have a family history of mental illness? | Yes |
| | No |

| | |
|---|---|
| | Don't Know |
| Was there a gun in the home or immediate environment? | Yes |
| | No |
| | Don't Know |
| Please describe or elaborate on any additional details related to these factors (Items 75-90): | [type in text entry up to 4000 characters] |
| Provide a brief "bio-psycho-social" formulation as to WHY this patient/decedent engaged in suicidal behavior: | [type in text entry up to 4000 characters] |
| Today's date | [Auto-filled] |
| Location where this ASER was completed: | Same as geographical event location |
| | Other location |
| -- If other location, | |
| ---- Country | [Pull-down menu] |
| ---- If United States, State | [Pull-down menu] |
| ---- City, post, or camp | [Type in text entry] |
| Medical facility where this ASER was completed or supporting Behavioral Health provider: | [Presently a pull-down menu of Army |
| ...Name | [type in text entry] |
| ...Rank/grade | [type in text entry] |
| ...Phone number | [type in text entry] |
| ...DSN prefix | [type in text entry] |
| ...Email | [type in text entry] |
| ...Specialty | Licensed Mental health Counselor or |
| | Psychiatric Nurse |
| | Psychiatrist |
| | Psychologist |
| | Social Worker |
| | Other |
| Information based on certain types of records requires special protection. Please indicate what sources or information were used to compile this report: (check all that apply) | Interviews with: |
| | ...The patient (non-fatalities) |
| | ...Co-workers/supervisors |
| | ...Responsible investigative agency contacts |
| | ...Involved professionals, such as physicians, nurses, counselors, chaplains, military police |
| | ...Family members |
| | Review of records including: |
| | ...Medical and behavioral health records |
| | ...Family Advocacy Records |
| | ...Army Substance Abuse Program records |
| | ...Personnel and counseling records |
| | ...Responsible investigative agency records |
| | ...Court-martial records |
| | ...Records related to manner of death, forensic |
| | pathology/autopsy reports, suicide notes |

| | |
|--|--|
| Form completer, if not Behavioral Health provider: | |
| ...Name | [type in text entry] |
| ...Rank/grade | [type in text entry] |
| ...Phone number | [type in text entry] |
| ...DSN prefix | [type in text entry] |
| ...Email | [type in text entry] |
| Comments: | [type in text entry up to 4000 characters] |
| | |
| [Pay Grade Codes] | |
| 11 = E1 | |
| 12 = E2 | |
| 13 = E3 | |
| 14 = E4 | |
| 15 = E5 | |
| 16 = E6 | |
| 17 = E7 | |
| 18 = E8 | |
| 19 = E9 | |
| | |
| 21 = W1 | |
| 22 = W2 | |
| 23 = W3 | |
| 24 = W4 | |
| 25 = W5 | |
| | |
| 31 = O1 | |
| 32 = O2 | |
| 33 = O3 | |
| 34 = O4 | |
| 35 = O5 | |
| 36 = O6 | |
| 37 = O7 | |
| 38 = O8 | |
| 39 = O9 | |
| 40 = O10 | |
| | |
| 50 = Cadet/Midshipman | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| [Country Codes] | |
| 0 = United States | |
| 1 = Iraq | |
| 2 = Afghanistan | |
| 3 = Kuwait | |
| 4 = Korea | |

[illegible]

[illegible]

| d from previous version. | |
|--|----------------------|
| include current CY questions and variables | |
| Data Values | Variable Labels |
| | |
| | PAT_LAST_NAME |
| | PAT_FIRST_NAME |
| | PAT_MIDDLE_INITIAL |
| | PAT_SSN |
| | PAT_DOB |
| 1 | PAT_SEX |
| 2 | |
| 101 | |
| | |
| 1 | PAT_SPONSOR_RELATION |
| 2 | |
| 3 | |
| 100 | |
| | |
| 1 | PAT_RACE |
| 2 | |
| 3 | |
| 4 | |
| 100 | |
| 101 | |
| | |
| | PAT_ETHNIC |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| | |
| 21 | |
| 22 | |
| 23 | |
| | |
| 31 | |
| 32 | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | |
| | |
| 41 | |
| 42 | |
| 43 | |

| | |
|-----|--------------------------|
| 100 | |
| 101 | |
| | |
| 1 | PAT_MARITAL |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 101 | |
| | |
| 1 | PAT_MARITAL_RESIDE |
| 2 | |
| 3 | |
| 101 | |
| | |
| 1 | PAT_EDUCATION |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 101 | |
| | |
| 1 | PAT_RESIDENCE |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| 101 | |
| | |
| 1 | PAT_RESIDE_ALONE |
| 2 | |
| 101 | |
| | |
| 1 | PAT_CHILDREN |
| 2 | |
| 101 | |
| | |
| 1 | PAT_CHILDREN_RESIDE_WITH |
| 2 | |
| 101 | |
| | |
| | |
| | |
| 1 | SPONSOR_SERVICE |
| 2 | |
| 3 | |
| 4 | |

| | |
|------------------|-------------------------------|
| 5 | |
| 6 | |
| 7 | |
| 100 | |
| | |
| 1 | SPONSOR_COMPONENT |
| 2 | |
| 3 | |
| 100 | |
| | |
| [Codes delineate | SPONSOR_JOB_CODE |
| | |
| 1 = Selected | SPONSOR_DUTY_STATUS_ACTIVE |
| | SPONSOR_DUTY_STATUS_AGR |
| ed Training) | SPONSOR_DUTY_STATUS_IET |
| Guard) | SPONSOR_DUTY_STATUS_MOBILIZED |
| | SPONSOR_DUTY_STATUS_ADT |
| | SPONSOR_DUTY_STATUS_IDT |
| | SPONSOR_DUTY_STATUS_RETIRED |
| days | SPONSOR_DUTY_STATUS_RELEASED |
| | SPONSOR_DUTY_STATUS_OTHER |
| | SPONSOR_DUTY_STATUS_NA |
| | |
| [Codes delineate | SPONSOR_GRADE |
| 102 | |
| | |
| 1 | SPONSOR_DUTY_STATION_SAME |
| 2 | SPONSOR_DUTY_STATION_COUNTRY |
| | |
| [Codes delineate | SPONSOR_DUTY_STAT_CTRY_OTHER |
| [Codes delineate | SPONSOR_DUTY_STATION_STATE |
| | SPONSOR_DUTY_STATION_CITY |
| | |
| | |
| [Codes delineate | SPONSOR_DUTY_ASSIGN_DIVISION |
| | SPONSOR_DUTY_ASSIGN_BRIGADE |
| | SPONSOR_DUTY_ASSIGN_BATTALION |
| | SPONSOR_DUTY_ASSIGN_COMPANY |
| | |
| | SPONSOR_UIC |
| 1 = Selected | |
| | |
| | |
| | |
| | EVENT_DATE |
| | EVENT_TIME |
| | |
| | |
| [Codes delineate | EVENT_LOCATION_COUNTRY |
| [Codes delineate | EVENT_LOCATION_STATE |
| | EVENT_LOCATION_CITY |

| | |
|--------------|---------------------------|
| | |
| | EVENT_TYPE |
| 2 | |
| 3 | |
| 1 | |
| 4 | |
| | |
| 1 | EVENT_SETTING |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| 1 = Selected | EVENT_ACTION_HOSPITALIZED |
| treatment | EVENT_ACTION_OUTPATIENT |
| | EVENT_ACTION_EVACUATED |
| | EVENT_ACTION_OTHER |
| | |
| | EVENT_METHOD |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 100 | |
| 101 | |
| | |
| 1 | EVENT_ALCOHOL |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_DRUGS |
| 2 | |
| 101 | |
| | EVENT_DRUGS_ILLEGAL |
| 1 | |
| 2 | |
| 3 | |
| | EVENT_DRUGS_PRESCRIPTION |
| 1 | |

| | |
|--------------------|--------------------------------|
| 2 | |
| 3 | |
| over-the-counter m | EVENT_DRUGS_OTC |
| 1 | |
| 2 | |
| 3 | |
| | |
| 1 | EVENT_INTENT_DIE |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_EXPERIENCE_PHYSICAL_HARM |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_METHOD_LETHAL |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_DEATH_RISK_GAMBLING |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_PLANNED |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_OBSERVABLE |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_SUICIDE_NOTE |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_COMMUNICATE |
| 2 | |
| 101 | |
| | |
| 1 = Selected | EVENT_COMMUNICATE_HOW_WRITTEN |
| | EVENT_COMMUNICATE_HOW_VERBAL |
| | EVENT_COMMUNICATE_HOW_OTHER |
| | |
| | EVENT_COMMUNICATE_WHO_SUPER |
| | EVENT_COMMUNICATE_WHO_CHAP |
| | EVENT_COMMUNICATE_WHO_MHSTAFF |
| | EVENT_COMMUNICATE_WHO_FRIEND |
| | EVENT_COMMUNICATE_WHO_SPOUSE |
| | EVENT_COMMUNICATE_WHO_OTHER |
| | |

| | |
|------------------|------------------------------|
| 1 | EVENT_MOTIVATION |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| 101 | |
| | |
| 1 = Selected | EVENT_DUTY_ENV_GARRISON |
| | EVENT_DUTY_ENV_LEAVE |
| | EVENT_DUTY_ENV_TDY |
| | EVENT_DUTY_ENV_AWOL |
| | EVENT_DUTY_ENV_DEPLOYED |
| | EVENT_DUTY_ENV_TRAINING |
| | EVENT_DUTY_ENV_PSYCH |
| | EVENT_DUTY_ENV_MEDICAL_HOLD |
| | EVENT_DUTY_ENV_EVACUATION |
| P) | EVENT_DUTY_ENV_COMMAND_OBS |
| | EVENT_DUTY_ENV_OTHER |
| | |
| 1 | EVENT_RELATED_DEPLOYMENT |
| 2 | |
| 101 | |
| | |
| 1 = Selected | EVENT_RELATED_DEPLOYMENT_ANT |
| | EVENT_RELATED_DEPLOYMENT_CUR |
| | EVENT_RELATED_DEPLOYMENT_PRI |
| | |
| ers] | |
| | |
| | |
| | |
| | |
| | |
| 1 | HIST_MTF |
| (select the most | HIST_MTF_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SAS |
| (select the most | HIST_SAS_TIME |
| 1 | |

| | |
|------------------|-------------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAP |
| (select the most | HIST_FAP_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_CHAPLAIN |
| (select the most | HIST_CHAPLAIN_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_OUTPATIENT_MH |
| (select the most | HIST_OUTPATIENT_MH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_INPATIENT_MH |
| (select the most | HIST_INPATIENT_MH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| | |
| 1 | HIST_MOOD |
| 2 | |
| 101 | |
| | |
| 1 | HIST_BIPOLAR |
| (select the most | HIST_BIPOLAR_TIME |

| | |
|------------------|----------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_MAJOR_DEPRESSION |
| (select the most | HIST_MAJOR_DEPRESSION_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_DYSTHYMIC |
| (select the most | HIST_DYSTHYMIC_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_OTHERMOOD |
| (select the most | HIST_OTHERMOOD_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANXIETY |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PTSD |
| (select the most | HIST_PTSD_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PANIC |
| (select the most | HIST_PANIC_TIME |
| 1 | |

| | |
|------------------|------------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_GENANXIETY |
| (select the most | HIST_GENANXIETY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_STRESS |
| (select the most | HIST_STRESS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_OTHERANXIETY |
| (select the most | HIST_OTHERANXIETY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PERSONALITY |
| | HIST_PERSONALITY_TIME |
| (select the most | recent occurrence) |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_PSYCHOTIC |
| (select the most | HIST_PSYCHOTIC_TIME |
| 1 | |
| 2 | |
| 3 | |
| 2 | |
| 101 | |
| 1 | HIST_SUBSTANCE_ABUSE |

| | |
|----------------|-------------------------------|
| 2 | HIST_SUBSTANCE_ABUSE_TIME |
| 101 | |
| | |
| 1 = Selected | HIST_SUBSTANCE_ALCOHOL_DEP |
| | HIST_SUBSTANCE_ALCOHOL_ABUSE |
| | |
| | HIST_SUBSTANCE_DRUGS_DEP |
| | HIST_SUBSTANCE_DRUGS_ABUSE |
| | |
| | HIST_SUBSTANCE_PRESCRIP_DEP |
| | HIST_SUBSTANCE_PRESCRIP_ABUSE |
| TC medication) | |
| | HIST_SUBSTANCE_OTC_DEP |
| | HIST_SUBSTANCE_OTC_ABUSE |
| | |
| 1 | HIST_PSYCHOTROPIC_MEDS |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANTIDEPRESSANTS |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANTIANXIETY |
| 2 | |
| 101 | |
| | |
| | |
| 1 | HIST_ANTIMANICS |
| 2 | |
| 101 | |
| | |
| | |
| 1 | HIST_ANTICONVULSANTS |
| 2 | |
| 101 | |
| | |
| | |
| 1 | HIST_ANTIPSYCHOTICS |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PRIOR_SELF_INJURY |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PRIOR_SELF_INJURY_ONE |
| 2 | |
| | |
| 1 | HIST_PRIOR_SELF_INJURY_SIM |

| | |
|------------------|----------------------------|
| 2 | |
| 101 | |
| | |
| | HIST_PRIOR_SELF_INJURY_AGE |
| | |
| ers] | HIST_OTHER_MH_TREATMENT |
| | |
| | |
| | |
| 1 | HIST_COURTS_MARTIAL |
| (select the most | HIST_COURTS_MARTIAL_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ARTICLE15 |
| (select the most | HIST_ARTICLE15_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_ADMIN_SEPARATION |
| (select the most | HIST_ADMIN_SEPARATION_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_AWOL |
| (select the most | HIST_AWOL_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_MEDICAL_BOARD |
| (select the most | HIST_MEDICAL_BOARD_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |

| | |
|------------------|-----------------------------|
| 101 | |
| 1 | HIST_CIVIL_LEGAL |
| (select the most | HIST_CIVIL_LEGAL_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_NON_SELECTION |
| (select the most | HIST_NON_SELECTION_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| ers] | |
| | |
| | |
| | |
| | |
| 1 | HIST_VICT_PHYS_ABUSE |
| (select the most | HIST_VICT_PHYS_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_VICT_SEXUAL_ABUSE |
| (select the most | HIST_VICT_SEXUAL_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_VICT_EMOT_ABUSE |
| (select the most | HIST_VICT_EMOT_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_VICT_SEX_HARASS |
| (select the most | HIST_VICT_SEX_HARASS_TIME |
| 1 | |

| | |
|------------------|-----------------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| 1 | HIST_PERP_PHYS_ABUSE |
| (select the most | HIST_PERP_PHYS_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_PERP_SEXUAL_ABUSE |
| (select the most | HIST_PERP_SEXUAL_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_PERP_EMOT_ABUSE |
| (select the most | HIST_PERP_EMOT_ABUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_PERP_SEX_HARASS |
| (select the most | HIST_PERP_SEX_HARASS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| ers] | |
| | |
| | |
| 1 | HIST_DEPLOY_COUNT |
| 2 | |
| 3 | |
| 4 | |
| | |
| | |
| | |
| | |

| | |
|--------------|------------------------------|
| | |
| 1 | HIST_DEPLOY1_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| | HIST_DEPLOY1_START_DATE |
| | HIST_DEPLOY1_END_DATE |
| | HIST_DEPLOY1_RR_START_DATE |
| | HIST_DEPLOY1_RR_END_DATE |
| 1 | HIST_DEPLOY2_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| | HIST_DEPLOY2_START_DATE |
| | HIST_DEPLOY2_END_DATE |
| 1 | HIST_DEPLOY3_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| | HIST_DEPLOY3_START_DATE |
| | HIST_DEPLOY3_END_DATE |
| | |
| 1 | HIST_DIRECT_COMBAT |
| 2 | |
| 101 | |
| | |
| 1 | HIST_DIRECT_COMBAT_DEP1 |
| 2 | HIST_DIRECT_COMBAT_DEP1_TIME |
| 3 | |
| 4 | |
| 1 = Selected | HIST_DIRECT_COMBAT_DEP2 |
| 1 = Selected | HIST_DIRECT_COMBAT_DEP3 |

| | |
|------------------|-----------------------------|
| | |
| 1 = Selected | HIST_COMBAT_CASUALTIES_DEP1 |
| | HIST_COMBAT_CASUALTIES_DEP2 |
| | HIST_COMBAT_CASUALTIES_DEP3 |
| | HIST_COMBAT_INJURED_DEP1 |
| | HIST_COMBAT_INJURED_DEP2 |
| | HIST_COMBAT_INJURED_DEP3 |
| | HIST_COMBAT_WITNESS_DEP1 |
| | HIST_COMBAT_WITNESS_DEP2 |
| | HIST_COMBAT_WITNESS_DEP3 |
| | HIST_COMBAT_SAW_BODIES_DEP1 |
| | HIST_COMBAT_SAW_BODIES_DEP2 |
| | HIST_COMBAT_SAW_BODIES_DEP3 |
| | HIST_COMBAT_KILL_DEP1 |
| | HIST_COMBAT_KILL_DEP2 |
| | HIST_COMBAT_KILL_DEP3 |
| | |
| ers] | |
| | |
| | |
| | |
| 1 | HIST_FAILED_REL_SPOUSE |
| (select the most | HIST_FAILED_REL_SPOUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAILED_REL_OTHER |
| (select the most | HIST_FAILED_REL_OTHER_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SPOUSE_SUICIDE |
| (select the most | HIST_SPOUSE_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_SUICIDE |

| | |
|------------------|---------------------------|
| (select the most | HIST_FAMILY_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FRIEND_SUICIDE |
| (select the most | HIST_FRIEND_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_DEATH |
| (select the most | HIST_FAMILY_DEATH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FRIEND_DEATH |
| (select the most | HIST_FRIEND_DEATH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PHYSICAL_HEALTH |
| (select the most | HIST_PHYSICAL_HEALTH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_ILLNESS |
| (select the most | HIST_FAMILY_ILLNESS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |

| | |
|------------------|----------------------------|
| 2 | |
| 101 | |
| | |
| 1 | HIST_DEBT_BANKRUPTCY |
| (select the most | HIST_DEBT_BANKRUPTCY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_JOB_PROBLEMS |
| (select the most | HIST_JOB_PROBLEMS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_COWORKER_ISSUES |
| (select the most | HIST_COWORKER_ISSUES_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_POOR_PERFORMANCE |
| (select the most | HIST_POOR_PERFORMANCE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_WORKPLACE_HAZING |
| (select the most | HIST_WORKPLACE_HAZING_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_MENTAL |
| 2 | |

| | |
|--------------------------|--------------------------------|
| 101 | |
| | |
| 1 | HIST_GUN_IN_HOME |
| 2 | |
| 101 | |
| | |
| ers] | |
| | |
| | |
| ers] | |
| | |
| | |
| | ASER_TODAYS_DATE |
| | |
| 1 | ASER_LOCATION_SAME |
| 2 | ASER_LOCATION_OTHER |
| | |
| [Codes delineate | ASER_LOCATION_COUNTRY |
| [Codes delineate | ASER_LOCATION_STATE |
| | ASER_LOCATION_CITY |
| [Codes delineated below] | |
| | |
| | ASER_PROVIDER_NAME |
| | ASER_PROVIDER_RANK |
| | ASER_PROVIDER_PHONE |
| | ASER_PROVIDER_DSN |
| | ASER_PROVIDER_EMAIL |
| 1 | ASER_PROVIDER_SPECIALTY |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| | |
| 1 = Selected | SOURCE_INTERVIEW_PATIENT |
| | SOURCE_INTERVIEW_COWORKERS |
| fficer | SOURCE_INTERVIEW_OFFICER |
| ysicians, behavior | SOURCE_INTERVIEW_PROFESSIONALS |
| e, family service | personnel (e.g. ACS) etc. |
| | SOURCE_INTERVIEW_FAMILY |
| | |
| rds | SOURCE_REVIEW_MEDICAL |
| | SOURCE_REVIEW_ADVOCACY |
| records (ASAP) | SOURCE_REVIEW_SUBSTANCE |
| | SOURCE_REVIEW_PERSONNEL |
| records (e.g. CID) | SOURCE_REVIEW_AGENCY |
| | SOURCE_REVIEW_COURTMARTIAL |
| n, such as casual | SOURCE_REVIEW_MANNER |
| notes, etc.) | |

| | |
|--|----------------------|
| | |
| | ASER_COMPLETER_NAME |
| | ASER_COMPLETER_RANK |
| | ASER_COMPLETER_PHONE |
| | ASER_COMPLETER_DSN |
| | ASER_COMPLETER_EMAIL |
| ers] | ASER_COMMENTS |
| | |
| [MOS/Job Codes] | |
| 9 = Officer Candidates | |
| 11 = Infantry | |
| 13 = Field Artillery | |
| 14 = Air Defense Artillery | |
| 15 = Aviation | |
| 18 = Special Forces | |
| 19 = Armor | |
| 21 = (63B) Corps of Engineers | |
| 25 = Signal Corps | |
| 27 = Paralegal | |
| 31 = Military Police Corps | |
| 33 = Electronic Warfare | |
| 35 = Military Intelligence | |
| 37 = Psychological Operations Corps | |
| 38 = Civil Affairs | |
| 42 = Adjutant General | |
| 44 = Finance | |
| 45 = Armament Maintenance | |
| 46 = Public Affairs | |
| 52 = Special Equipment | |
| 56 = Religious Support | |
| 63 = Vehicle Maintenance | |
| 68 = (60-71, 91) Medical Department | |
| 74 = Chemical | |
| 79 = Recruitment and Re-enlistment | |
| 88 = Transportation | |
| 89 = Explosives and Ammunition | |
| 92 = (43, 57) Quartermaster Corps | |
| 94 = (27, 62, 91) Electronic Maintenance | |
| 96 = Intelligence | |
| 97 = Counter/Human Intelligence | |
| 98 = Communications Intelligence | |
| 999 = Other | |
| | |
| | |
| [State Codes] | |
| 0 = Alabama | |
| 1 = Alaska | |
| 2 = Arizona | |
| 3 = Arkansas | |
| 4 = California | |

| | |
|---------------------------------|--|
| 5 = Colorado | |
| 6 = Connecticut | |
| 7 = Delaware | |
| 8 = District of Columbia | |
| 9 = Florida | |
| 10 = Georgia | |
| 11 = Hawaii | |
| 12 = Idaho | |
| 13 = Illinois | |
| 14 = Indiana | |
| 15 = Iowa | |
| 16 = Kansas | |
| 17 = Kentucky | |
| 18 = Louisiana | |
| 19 = Maine | |
| 20 = Maryland | |
| 21 = Massachusetts | |
| 22 = Michigan | |
| 23 = Minnesota | |
| 24 = Mississippi | |
| 25 = Missouri | |
| 26 = Montana | |
| 27 = Nebraska | |
| 28 = Nevada | |
| 29 = New Hampshire | |
| 30 = New Jersey | |
| 31 = New Mexico | |
| 32 = New York | |
| 33 = North Carolina | |
| 34 = North Dakota | |
| 35 = Ohio | |
| 36 = Oklahoma | |
| 37 = Oregon | |
| 38 = Pennsylvania | |
| 39 = Rhode Island | |
| 40 = South Carolina | |
| 41 = South Dakota | |
| 42 = Tennessee | |
| 43 = Texas | |
| 44 = Utah | |
| 45 = Vermont | |
| 46 = Virginia | |
| 47 = Washington | |
| 48 = West Virginia | |
| 49 = Wisconsin | |
| 50 = Wyoming | |
| | |
| | |
| [Medical Facility Codes] | |
| 1 = Fox Army Health Center | |

| | |
|---------------------------|---------------------------------|
| 3 = Lyster Army | Community Hospital |
| 5 = Bassett Army | Community Hospital |
| 8 = RW Bliss Army | Health Center |
| 32 = Evans Army | Community Hospital |
| 37 = Walter Reed | Army Medical Center |
| 47 = Eisenhower | Army Medical Center |
| 48 = Martin Army | Community Hospital |
| 49 = Winn Army | Community Hospital |
| 52 = Tripler Army | Medical Center |
| 57 = Irwin Army | Community Hospital |
| 58 = Munson Army | Health Center |
| 60 = Blanchfield | Army Community Hospital |
| 61 = Ireland Army | Community Hospital |
| 64 = Bayne-Jones | Army Community Hospital |
| 69 = Kimbrough | Ambulatory Care Center |
| 75 = General Leonard Wood | Army Community Hospital |
| 81 = Patterson Army | Health Center |
| 86 = Keller Army | Community Hospital |
| 89 = Womack Army | Medical Center |
| 98 = Reynolds Army | Community Hospital |
| 105 = Moncrief Army | Community Hospital |
| 108 = William Beaumont | Army Medical Center |
| 109 = Brooke Army | Medical Center |
| 110 = Darnall Army | Medical Center |
| 121 = McDonald | Army Health Center |
| 122 = Kenner Army | Health Center |
| 123 = DeWitt Army | Community Hospital |
| 125 = Madigan Army | Medical Center |
| 131 = Weed Army | Community Hospital |
| 247 = Monterey | Army Health Center |
| 256 = DiLorenzo | Tricare Health Clinic |
| 273 = Lawrence Joel | Army Health Center |
| 308 = Kirk Army | Health Center |
| 309 = Barquist Army | Health Center |
| 330 = Guthrie Army | Health Center |
| 352 = Dunham Army | Health Center |
| 390 = Andrew Rader | Army Health Center |
| 606 = US Army MEDDAC | Heidelberg |
| 607 = Landstuhl | Regional Medical Center |
| 609 = US Army MEDDAC | Bavaria |
| 610 = US Army MEDDAC | Camp Zama, Japan |
| 612 = 121st General | Hospital, Korea |
| 953 = Rodriguez | Army Health Center, Puerto Rico |
| 222 = Iraq | |
| 33 = Kuwait | |
| 444 = Afghanistan | |
| 999 = Other | |

DoDSER CY 20

Yellow highlight indicates items that were added or modified

Red highlight indicates items that were deleted from

Event reports initiated during previous CY and submitted during current CY

| Question | Answer Choices |
|----------|----------------|
|----------|----------------|

Patient Military Branch selected before creating report

Section 1 - Patient/Decedent Personal Information

| | |
|-----------------------------|---|
| Event Type | Suicide |
| | Suicide attempt (evidence of intent to die) |
| | Self harm (without intent to die) |
| | Suicidal ideation only (without an attempt/self-harm) |
| | |
| For Administrative Use Only | Test, calibration, or special study |
| | |
| Last Name | [Type in text entry] |
| First Name | [Type in text entry] |
| Middle Initial | [Type in text entry] |
| Social Security Number | [Type in text entry] |
| Date of Birth | [Calendar pop-up] |
| Sex | Male |
| (DK OPTION REMOVED) | Female |
| | |
| Relationship to sponsor | Sponsor |
| | Spouse |
| | Dependent |
| | Other |
| | |
| Service | Army |
| | Air Force |
| | Navy |
| | Marine Corps |
| | Coast Guard |
| | Foreign Military |
| | Other uniformed service |
| | Other |
| | |
| Racial category | American Indian/Alaskan Native |
| | Asian/Pacific Islander |
| | Black/African American |
| | White/Caucasian |
| | Other |
| | Don't Know |
| | |
| Specific ethnic group | Hispanic |
| | -- Mexican |
| | -- Puerto Rican |
| | -- Cuban |
| | -- Latin American |
| | -- Other Spanish |
| | Native American |

| | |
|---|--|
| | -- Aleut |
| | -- Eskimo |
| | -- U.S./Canadian Indian Tribes |
| | Asian |
| | -- Chinese |
| | -- Japanese |
| | -- Korean |
| | -- Indian |
| | -- Filipino |
| | -- Vietnamese |
| | -- Other Asian |
| | Pacific Islander |
| | -- Melanesian |
| | -- Polynesian |
| | -- Other Pacific Islands |
| | Other |
| | Don't Know |
| | |
| Current marital status | Never married |
| | Married |
| | |
| | Legally separated |
| | Divorced |
| | Widowed |
| | Don't Know |
| -- If married, | Resides with spouse |
| | Separated due to relationship issues |
| | Separated for reasons other than relationship |
| | Don't Know |
| | |
| Education | Some high school, did not graduate |
| | GED |
| | High school graduate |
| | Some college or technical school, no degree |
| | College degree of less than four years or tec |
| | Four-year college degree |
| | Master's degree or greater |
| | Don't Know |
| | |
| Residence at time of event | Barracks, tents, or other shared military livi |
| | Bachelor Enlisted Quarters (BEQ) or Bachelo |
| | On-base family housing |
| | Owned or leased apartment or house |
| | Ship |
| | Other |
| | Don't Know |
| | |
| Did the patient/decedent reside alone at the time of the event? | Yes |
| | No |
| | Don't Know |
| Did the patient/decedent have minor children? | Yes |
| | No |
| | Don't Know |

| | |
|--|--|
| -- If yes, were the children residing with him/her? | Yes |
| | No |
| | Don't Know |
| | |
| Section II - Sponsor's Military Information | |
| Component/Military status | Regular (e.g. Army, Air Force) |
| | Reserve (e.g. USAR, USMCR) |
| | National Guard |
| | Other |
| | |
| Job code (MOS, SSI, AFSC, DAFSC, or other military job code) | [Pull-down menu of Army MOS codes] |
| | |
| Duty status at time of event (check all that apply) | Active Duty |
| | AGR (Active Guard/Reserve) |
| | IET (Basic and Advanced Individualized Training) |
| | Mobilized RC (Reserve and National Guard) |
| | ADT (Active Duty for Training) |
| | IDT (Weekend Reserve Drill) |
| | Retired |
| | Released from active duty within 120 days |
| | Other |
| | Does not apply |
| | |
| Pay grade | [E1-E9; W1-W5; O1-O10; Cadet/Midshipman] |
| | Does not apply |
| Permanent duty station/command location | Same as geographic event location |
| | Other location |
| -- If other location | |
| ---- Country | [Pull-down menu] |
| ---- If United States, State | [Pull-down menu] |
| ---- City, post or camp | [Type in text entry] |
| | |
| Permanent duty assignment | |
| -- Division | [Pull-down menu] |
| -- Company | [Type in text entry] |
| Command | (Air Force) |
| Name of unit | (Navy/Marines) |
| MSC (Marines)/Echelon 2 (Navy) | (Navy/Marines) |
| MAJCOM (Marines) | (Navy/Marines) |
| Force (Marines) | (Navy/Marines) |
| | |
| Length of time in unit | [Type in years] |
| | [Type in months] |
| | |
| Section III - Event Information | |
| Event Date | [Calendar pop-up] |
| Event Time | [Type in numeric military time] |
| | |
| | |
| Geographic location of event | |
| -- If United States, State | [Pull-down menu] |
| -- City/post/camp | [Type in text entry] |

| | |
|--|---|
| -- Country | [Pull-down menu] |
| Event setting | Residence (own) or barracks |
| | Residence of friend or family |
| | Work/jobsite |
| | Automobile (away from residence) |
| | Inpatient medical facility |
| | Other |
| Actions taken as a consequence of the current event (this item will not appear if event is a completed suicide) | Hospitalization (inpatient) |
| (Army/AF only) | Outpatient mental health evaluation/treatment |
| | Evacuation |
| | Other |
| -- If hospitalization, | |
| ---- Start date of hospitalization | [Calendar pop-up] |
| | Check if unknown |
| ---- End date of hospitalization | [Calendar pop-up] |
| | Check if unknown |
| | Check if patient is still in the inpatient facility |
| Primary method used | Drugs |
| | Alcohol |
| | Gas, vapor poisoning by vehicle exhaust |
| | Gas, vapor poisoning by utility (or other) gas |
| | Solvents, pesticides and other agricultural chemicals |
| | Hanging |
| | Drowning |
| | Firearm/gun, military issue or duty weapon |
| | Firearm/gun, other than military issue |
| | Fire, steam, etc. |
| | Sharp or blunt object |
| | Jumping from high place |
| | Lying in front of a moving object |
| | Crashing a motor vehicle |
| | Other |
| | Don't Know |
| During the event, was alcohol used? | Yes |
| | No |
| | Don't Know |
| During the event, were drugs used? | Yes |
| | No |
| | Don't Know |
| -- If yes, what types of drugs were used? | |
| ---- Drugs (illicit/illegal) | Overdose |
| | Used, no overdose |
| | Were not used |
| ---- Prescription medications | Overdose |
| | Used, no overdose |
| | Were not used |
| ---- Non-prescription medications (e.g. over-the-counter) | Overdose |
| | Used, no overdose |

| | |
|--|--|
| | Were not used |
| Is there evidence that the patient/decedent intended to do this? | Yes |
| | No |
| | Cannot determine |
| Were there self-inflicted injuries (including poisoning)? | Yes |
| | No |
| Is there evidence the event involved death-risk gambling (e.g. Russian roulette, walking railroad tracks, playing "crazy eight")? | Yes |
| | No |
| | Don't Know |
| Is there evidence the event was planned and/or premeditated? | Yes |
| | No |
| | Don't Know |
| Was the event performed under circumstances where it could have been observed and intervened in by others? | Yes |
| | No |
| | Don't Know |
| Was a suicide note left? | Yes |
| | No |
| | Don't Know |
| Prior to the event, did the patient/decedent communicate any suicidal thoughts or potential for self-harm? (other than a suicide note) | Yes |
| | No |
| | Don't Know |
| -- If yes, how? (check all that apply) | Written |
| | Verbal |
| | Other |
| -- To whom? (check all that apply) | Supervisor |
| | Chaplain |
| | Mental health staff |
| | Friend |
| | Spouse or significant other |
| | Other |
| What was the patient/decedent's primary motivation for performing this event? (ARMY/AF ONLY) | Emotion relief (e.g. to stop bad feelings, self-punishment, to escape, etc.) |
| | Interpersonal influence (e.g. to get help, get attention, etc.) |
| | Individual reasons (e.g. self-punishment, to escape, etc.) |
| | Hopelessness (e.g. pessimistic regarding future) |
| | Depression (e.g. chronic or severe clinically diagnosed) |
| | Other psychiatric symptoms (e.g. PTSD, psychosis, etc.) |
| | Impulsivity (e.g. due to substance abuse, personality disorder, etc.) |
| | Other |
| | Don't Know |
| Duty environment/status at time of event (check all that apply) | Garrison (Army/AF only) |
| | Leave |
| | TDY/TAD |

| | |
|--|---|
| | AWOL |
| | Deployed |
| | Training |
| | Psychiatric hospitalization |
| | Medical hold |
| | In evacuation chain |
| | Under command observation (e.g. CIP) |
| | Correctional facility |
| | With Permanent Command |
| | Other |
| | |
| Please describe the general sequence of events leading the ideation/attempt/completion and discovery/intervention. | [Type in text entry up to 4000 characters] |
| | |
| | |
| Section IV - History | |
| PRIOR TO THE EVENT, was the patient/decedent seen by... | |
| ... a Medical Treatment Facility? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Substance Abuse Services? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a Family Advocacy Program? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Chaplain services? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Outpatient Mental Health? (including deployment mer | Yes |

| | |
|---|---|
| health services) | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Inpatient Mental Health? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| PRIOR TO THE EVENT, had the patient/decedent... | |
| ... been diagnosed with any Mood Disorder (e.g. major d | Yes |
| | No |
| | Don't Know |
|If yes, been diagnosed with a Bipolar Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| been diagnosed with Major Depression? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| been diagnosed with Dysthymic Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| been diagnosed with any other Mood Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |

| | |
|---|---|
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... been diagnosed with an Anxiety Disorder (e.g. PTSD) | Yes |
| | No |
| | Don't Know |
| | |
| If yes, been diagnosed with PTSD? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| been diagnosed with Panic Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| been diagnosed with Generalized Anxiety Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| been diagnosed with Acute Stress Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| been diagnosed with any other Anxiety Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |

| | |
|--|---|
| ... been diagnosed with a Personality Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... been diagnosed with a Psychotic Disorder? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... had a history of Substance Abuse? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| If the patient/decedent had a history with substance | Alcohol |
| select all that apply | -- Dependence |
| | -- Abuse |
| | Drugs (illicit/illegal) |
| | -- Dependence |
| | -- Abuse |
| | Prescription medications |
| | -- Dependence |
| | -- Abuse |
| | Non-prescription medications (e.g. OTC med |
| | -- Dependence |
| | -- Abuse |
| | |
| ... taken Psychotropic Medications? | Yes |
| | No |
| | Don't Know |
| | |
| If yes, taken Antidepressants? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| taken Anti-anxiety medications? | Yes |

| | |
|--|---|
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| taken Antimanics? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| taken Anticonvulsants? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| taken Antipsychotics? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... had prior self-injurious events? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| If yes, how many prior events? | One prior event |
| | More than one prior event |
| Was this event similar to prior event(s)? | Yes |
| | No |
| | Don't Know |
| Age at first self-injurious event | [Type in text entry] |
| | |
| Did the patient/decedent receive his/her required suicide trainings? | Yes |
| -- If yes, how long prior to the event? (select the most r | ---- Within 30 days |

| | | |
|---|---|-----------------|
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| Please elaborate on any other relevant details related to patient/decedent's mental health treatment history [Type in text entry up to 4000 characters] | | |
| PRIOR TO THE EVENT, was the patient/decedent the subject of... | | |
| ... Courts Martial proceedings? | | Yes |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... Article 15 proceedings or civilian criminal problems? | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... NJP or Civilian Criminal Proceedings? (Navy/MC) | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... Administrative Separation proceedings? | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... AWOL/UA? | | Yes |
| Changed from AWOL/desertion proceedings? | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... a Medical Evaluation Board? | | Yes |

| | |
|---|---|
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... civil legal problems? (e.g. child custody dispute, litigation) | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... non-selection for advanced schooling, promotion, or | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| Please describe or elaborate on life stressors or other circumstances affecting the patient/decedent prior to the event | [Type in text entry up to 4000 characters] |
| | |
| PRIOR TO THE EVENT, was the patient/decedent an alleged or confirmed VICTIM of... | |
| ... physical abuse or assault? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... sexual abuse or assault? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... emotional abuse or assault? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |

| | | |
|---|------|--|
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... sexual harassment? | | Yes |
| | -- | If yes, how long prior to the event? (select |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| PRIOR TO THE EVENT, was the patient/decedent an alleged or | | |
| confirmed PERPETRATOR of... | | |
| ... physical abuse or assault? | | Yes |
| | -- | If yes, how long prior to the event? (select |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... sexual abuse or assault? | | Yes |
| | -- | If yes, how long prior to the event? (select |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... emotional abuse or assault? | | Yes |
| | -- | If yes, how long prior to the event? (select |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... sexual harassment? | | Yes |
| | -- | If yes, how long prior to the event? (select |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| Please describe any known childhood or developmental [Type in text entry up to 4000 characters] | | |

| | |
|---|--------------------------|
| that may have contributed to the event | |
| How many deployments? | 0 |
| | 1 |
| | 2 |
| | 3 or more |
| ... If number is greater than zero, Please specify the MOST RECENT deployment first... | |
| Deployment location 1 | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| ... Deployment 1 start date | [Calendar pop-up] |
| ... Deployment 1 end date | [Calendar pop-up] |
| ... Deployment 1 R&R start date | [Calendar pop-up] |
| ... Deployment 1 R&R end date | [Calendar pop-up] |
| Deployment location 2 | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| ... Deployment 2 start date | [Calendar pop-up] |
| ... Deployment 2 end date | [Calendar pop-up] |
| Deployment location 3 | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Other |
| ... Deployment 3 start date | [Calendar pop-up] |
| ... Deployment 3 end date | [Calendar pop-up] |
| Did the patient/decedent experience direct combat operations? | Yes |
| | No |
| | Don't Know |
| ... If yes, how long prior to event? | |
| Deployment 1 (most recent) | Within 30 days |

| | |
|---|---|
| | Within 3 months |
| | Within 1 year |
| | Over 1 year ago |
| Deployment 2 | [Simple check box] |
| Deployment 3 | [Simple check box] |
| ... If yes, did the patient/decedent... | |
| and his/her unit engage in battle resulting in casua | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
| become wounded or injured in combat? | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
| personally witness a unit member, ally, enemy, or | Deployment 1 (most recent) |
| being seriously wounded or killed? | Deployment 2 |
| | Deployment 3 |
| see the bodies of dead soldiers or civilians followin | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
| kill others in combat (or have reason to believe oth | Deployment 1 (most recent) |
| killed as a result of actions? | Deployment 2 |
| | Deployment 3 |
| | |
| Did the patient/decedent have orders to deploy? | Yes |
| | No |
| | Not applicable |
| | Don't Know |
| | |
| Was the event related to a deployment? | Yes |
| | No |
| | Don't Know |
| | |
| ... If yes, what type of deployment(s)? (check all that app | Anticipated deployment |
| | Current deployment |
| | Prior deployment |
| | |
| Please describe any additional relevant military history in | [Type in text entry up to 4000 characters] |
| additional relevant deployment history | |
| | |
| PRIOR TO THE EVENT, was there evidence of... | |
| ... a failed or failing spousal or intimate partner relations | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a failed or failing other relationship? | Yes |
| | -- If yes, how long prior to the event? (select |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |

| | | |
|---|---|-----------------|
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a completed spousal suicide? | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a completed family suicide? | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a completed suicide by a friend? | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a death of spouse or family? (other than suicide) | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... the death of a friend? (other than suicide) | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a physical health problem? | | Yes |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |

| | | |
|--|---|-----------------|
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a chronic spousal or family severe illness? | Yes | |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... excessive debt or bankruptcy? | Yes | |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... job problems? (e.g. laid off, fired, excessive pressure) | Yes | |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... supervisor or coworker issues or problems? | Yes | |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a poor work performance review or evaluation? (e.g. t | Yes | |
| reenlistment, flagged record, extra duty imposed) | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... unit or workplace hazing? | Yes | |
| | -- If yes, how long prior to the event? (select | |
| | ---- | Within 30 days |

| | |
|--|--|
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| Did the patient/decedent have a family history of mental | Yes |
| | No |
| | Don't Know |
| | |
| Was there a gun in the home or immediate environment? | Yes |
| | no |
| | Don't Know |
| | |
| Please describe or elaborate on any additional details re these factors (Items 77-92) | [Type in text entry up to 4000 characters] |
| | |
| | |
| Section V - Narrative Summary | |
| (For Providers Only) Provide a brief "bio-psycho-social" f as to WHY this patient/decedent engaged in suicidal behavior. | [Type in text entry up to 4000 characters] |
| | |
| Today's date | [Auto-filled] |
| | |
| Location where this DoDSER was completed | Same as geographic event location |
| | Other location |
| -- If other location, | |
| ---- Country | [Pull-down menu] |
| ---- If United States, State | [Pull-down menu] |
| ---- City, post, or camp | [Type in text entry] |
| | |
| Medical facility where this DoDSER was completed or s | [Pull-down menu] (Army/AF only) |
| | |
| Behavioral Health provider | |
| -- Name | [Type in text entry] (Army/AF only) |
| -- Rank/grade | [Type in text entry] (Army/AF only) |
| -- Phone number | [Type in text entry] (Army/AF only) |
| -- DSN prefix | [Type in text entry] (Army/AF only) |
| -- Email | [Type in text entry] (Army/AF only) |
| -- Specialty (Army/AF only) | Licensed Mental Health Counselor or equivalent |
| | Psychiatric Nurse |
| | Psychiatrist |
| | Psychologist |
| | Social Worker |
| | Other |
| | |
| Form Completer (Non-Behavioral Health Provider) | |
| -- Name | [Type in text entry] |
| -- Rank/grade | [Type in text entry] |
| -- Command (Navy/Marines only) | [Type in text entry] |
| -- Phone number | [Type in text entry] |
| -- DSN prefix | [Type in text entry] |
| -- Email | [Type in text entry] |
| | |

| | |
|--|--|
| Information based on certain types of records requires special privacy protection by some Service's suicide surveillance | Interviews with: |
| Please indicate what sources of information were used to complete this report (check all that apply) | -- The patient (non-fatalities) |
| | -- Co-workers/supervisors |
| | -- Responsible investigative agency officer |
| | -- Involved professionals, such as physicians, nurses, alcohol counselors, chaplains, military police, etc. |
| | -- Family members |
| | Review of records including: |
| | -- Medical and behavioral health records |
| | -- Family Advocacy Records |
| | -- Army Substance Abuse Program records (if applicable) |
| | -- Substance Abuse Program records |
| | -- Personnel Records |
| | -- Responsible investigative agency records (if applicable) |
| | -- Court-martial records |
| | -- Records related to manner of death, such as coroner's reports, pathology/autopsy reports, suicide reports, etc. |
| Comments | [Type in text entry up to 4000 characters] |
| | |
| [Pay Grade Codes] | |
| 11 = E1 | |
| 12 = E2 | |
| 13 = E3 | |
| 14 = E4 | |
| 15 = E5 | |
| 16 = E6 | |
| 17 = E7 | |
| 18 = E8 | |
| 19 = E9 | |
| | |
| 21 = W1 | |
| 22 = W2 | |
| 23 = W3 | |
| 24 = W4 | |
| 25 = W5 | |
| | |
| 31 = O1 | |
| 32 = O2 | |
| 33 = O3 | |
| 34 = O4 | |
| 35 = O5 | |
| 36 = O6 | |
| 37 = O7 | |
| 38 = O8 | |
| 39 = O9 | |
| 40 = O10 | |
| 50 = Cadet/Midshipman | |
| | |
| | |
| | |
| | |
| | |

[illegible]

[illegible]

08

ified from previous version.

om previous version.

will include current CY questions and variables

| Data Values | Variable Labels |
|--------------|----------------------|
| | |
| | |
| 1 | EVENT_TYPE |
| 2 | Army only |
| 3 | Army only |
| 4 | Army only |
| | |
| 1 = Selected | |
| | |
| | PAT_LAST_NAME |
| | PAT_FIRST_NAME |
| | PAT_MIDDLE_INITIAL |
| | PAT_SSN |
| | PAT_DOB |
| 1 | PAT_SEX |
| 2 | |
| | |
| 1 | PAT_SPONSOR_RELATION |
| 2 | |
| 3 | |
| 100 | |
| | |
| 1 | PAT_SERVICE |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 100 | |
| | |
| 1 | PAT_RACE |
| 2 | |
| 3 | |
| 4 | |
| 100 | |
| 101 | |
| | |
| | PAT_ETHNIC |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| | |

| | |
|-----|--|
| 21 | |
| 22 | |
| 23 | |
| | |
| 31 | |
| 32 | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | |
| | |
| 41 | |
| 42 | |
| 43 | |
| 100 | |
| 101 | |
| | |
| 1 | PAT_MARITAL |
| 2 | |
| | |
| 3 | |
| 4 | |
| 5 | |
| 101 | |
| 1 | PAT_MARITAL_RESIDE |
| 2 | |
| 3 | |
| 101 | |
| | |
| 1 | PAT_EDUCATION |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 101 | |
| | |
| 1 | PAT_RESIDENCE_ |
| 2 | Removed:Non-military shared living environment |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| 101 | |
| | |
| 1 | PAT_RESIDE_ALONE |
| 2 | |
| 101 | |
| 1 | PAT_CHILDREN |
| 2 | |
| 101 | |

| | |
|--------------------------|-------------------------------|
| 1 | PAT_CHILDREN_RESIDE_WITH |
| 2 | |
| 101 | |
| | |
| | |
| 1 | SPONSOR_COMPONENT |
| 2 | |
| 3 | |
| 100 | |
| | |
| [Codes delineated below] | SPONSOR_JOB_CODE |
| | |
| 1 = Selected | SPONSOR_DUTY_STATUS_ACTIVE |
| | SPONSOR_DUTY_STATUS_AGR |
| ning) | SPONSOR_DUTY_STATUS_IET |
| | SPONSOR_DUTY_STATUS_MOBILIZED |
| | SPONSOR_DUTY_STATUS_ADT |
| | SPONSOR_DUTY_STATUS_IDT |
| | SPONSOR_DUTY_STATUS_RETIRED |
| | SPONSOR_DUTY_STATUS_RELEASED |
| | SPONSOR_DUTY_STATUS_OTHER |
| | SPONSOR_DUTY_STATUS_NA |
| | |
| [Codes delineated below] | SPONSOR_GRADE |
| 102 | |
| 1 | SPONSOR_DUTY_STATION_SAME |
| 2 | |
| | |
| [Codes delineated below] | SPONSOR_DUTY_STATION_COUNTRY |
| [Codes delineated below] | SPONSOR_DUTY_STATION_STATE |
| | SPONSOR_DUTY_STATION_CITY |
| | |
| | |
| [Codes delineated below] | SPONSOR_DUTY_ASSIGN_DIVISION |
| | SPONSOR_DUTY_ASSIGN_COMPANY |
| | SPONSOR_DUTY_ASSIGN_COMMAND |
| | SPONSOR_DUTY_ASSIGN_NAVY_UNIT |
| | SPONSOR_DUTY_ASSIGN_MAR_MSC |
| | SPONSOR_DUTY_ASSIGN_MAR_MAJ |
| | SPOSOR_ASSIGN_MAR_FORCE |
| | |
| | SPONSOR_TIME_UNIT_YEARS |
| | SPONSOR_TIME_UNIT_MONTHS |
| | |
| | |
| | EVENT_DATE |
| | EVENT_TIME |
| | |
| | |
| | |
| [Codes delineated below] | EVENT_LOCATION_STATE |
| | EVENT_LOCATION_CITY |

| | |
|--------------------------|---------------------------|
| [Codes delineated below] | EVENT_LOCATION_COUNTRY |
| | |
| 1 | EVENT_SETTING |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| 1 = Selected | EVENT_ACTION_HOSPITALIZED |
| 2 = Selected | EVENT_ACTION_OUTPATIENT |
| | EVENT_ACTION_EVACUATED |
| | EVENT_ACTION_OTHER |
| | |
| | EVENT_HOSP_START_DATE |
| 1 = Selected | EVENT_HOSP_START_UNKNOWN |
| | EVENT_HOSP_END_DATE |
| 1 = Selected | EVENT_HOSP_END_UNKNOWN |
| | EVENT_HOSP_END_STILL |
| | |
| 1 | EVENT_METHOD |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 100 | |
| 101 | |
| | |
| 1 | EVENT_ALCOHOL |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_DRUGS |
| 2 | |
| 101 | |
| | |
| 1 | EVENT_DRUGS_ILLEGAL |
| 2 | |
| 3 | |
| 1 | EVENT_DRUGS_PRESCRIPTION |
| 2 | |
| 3 | |
| 1 | EVENT_DRUGS_OTC |
| 2 | |

| | |
|--------------|-------------------------------|
| 3 | |
| 1 | EVENT_INTENT_DIE |
| 2 | |
| 3 | (DK option removed) |
| 1 | EVENT_SELF_INFLICTED_INJURIES |
| 2 | |
| 1 | EVENT_DEATH_RISK_GAMBLING |
| 2 | |
| 101 | |
| 1 | EVENT_PLANNED |
| 2 | |
| 101 | |
| 1 | EVENT_OBSERVABLE |
| 2 | |
| 101 | |
| 1 | EVENT_SUICIDE_NOTE |
| 2 | |
| 101 | |
| 1 | EVENT_COMMUNICATE |
| 2 | |
| 101 | |
| 1 = Selected | EVENT_COMMUNICATE_HOW_WRITTEN |
| | EVENT_COMMUNICATE_HOW_VERBAL |
| | EVENT_COMMUNICATE_HOW_OTHER |
| | EVENT_COMMUNICATE_WHO_SUPER |
| | EVENT_COMMUNICATE_WHO_CHAP |
| | EVENT_COMMUNICATE_WHO_MHSTAFF |
| | EVENT_COMMUNICATE_WHO_FRIEND |
| | EVENT_COMMUNICATE_WHO_SPOUSE |
| | EVENT_COMMUNICATE_WHO_OTHER |
| 1 | EVENT_MOTIVATION |
| 2 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| 101 | |
| 1 = Selected | EVENT_DUTY_ENV_GARRISON |
| | EVENT_DUTY_ENV_LEAVE |
| | EVENT_DUTY_ENV_TDY |

| | |
|-----------------------------|------------------------------|
| | EVENT_DUTY_ENV_AWOL |
| | EVENT_DUTY_ENV_DEPLOYED |
| | EVENT_DUTY_ENV_TRAINING |
| | EVENT_DUTY_ENV_PSYCH |
| | EVENT_DUTY_ENV_MEDICAL_HOLD |
| | EVENT_DUTY_ENV_EVACUATION |
| (Army/AF only) | EVENT_DUTY_ENV_COMMAND_OBS |
| (Navy/Marines only) | EVENT_DUTY_ENV_CORR_FACILITY |
| (Navy/Marines only) | EVENT_DUTY_ENV_PERMCOMM |
| | EVENT_DUTY_ENV_OTHER |
| | |
| | EVENT_SEQUENCE_EVENTS |
| | |
| | |
| | |
| | |
| 1 | HIST_MTF |
| the most recent occurrence) | |
| 1 | HIST_MTF_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SAS |
| the most recent occurrence) | |
| 1 | HIST_SAS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAP |
| the most recent occurrence) | |
| 1 | HIST_FAP_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_CHAPLAIN |
| the most recent occurrence) | |
| 1 | HIST_CHAPLAIN_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_OUTPATIENT_MH |

| | |
|-----------------------------|----------------------------|
| the most recent occurrence) | |
| 1 | HIST_OUTPATIENT_MH_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_INPATIENT_MH |
| the most recent occurrence) | |
| 1 | HIST_INPATIENT_MH_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| 1 | HIST_MOOD |
| 2 | |
| 101 | |
| 1 | HIST_BIPOLAR |
| the most recent occurrence) | |
| 1 | HIST_BIPOLAR_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_MAJOR_DEPRESSION |
| the most recent occurrence) | |
| 1 | HIST_MAJOR_DEPRESSION_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_DYSTHYMIC |
| the most recent occurrence) | |
| 1 | HIST_DYSTHYMIC_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_OTHERMOOD |
| the most recent occurrence) | |
| 1 | HIST_OTHERMOOD_TIME |
| 2 | |
| 3 | |

| | |
|-----------------------------|------------------------|
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANXIETY |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PTSD |
| the most recent occurrence) | |
| 1 | HIST_PTSD_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PANIC |
| the most recent occurrence) | |
| 1 | HIST_PANIC_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_GENANXIETY |
| the most recent occurrence) | |
| 1 | HIST_GENANXIETY_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_STRESS |
| the most recent occurrence) | |
| 1 | HIST_STRESS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_OTHERANXIETY |
| the most recent occurrence) | |
| 1 | HIST_OTHERANXIETY_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |

| | |
|-----------------------------|-------------------------------|
| 1 | HIST_PERSONALITY |
| the most recent occurrence) | |
| 1 | HIST_PERSONALITY_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PSYCHOTIC |
| the most recent occurrence) | |
| 1 | HIST_PSYCHOTIC_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SUBSTANCE_ABUSE |
| the most recent occurrence) | |
| 1 | HIST_SUBSTANCE_ABUSE_TIME |
| 2 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| 1 = Selected | HIST_SUBSTANCE_ALCOHOL_DEP |
| | HIST_SUBSTANCE_ALCOHOL_ABUSE |
| | |
| | HIST_SUBSTANCE_DRUGS_DEP |
| | HIST_SUBSTANCE_DRUGS_ABUSE |
| | |
| | HIST_SUBSTANCE_PRESCRIP_DEP |
| | HIST_SUBSTANCE_PRESCRIP_ABUSE |
| ication) | |
| | HIST_SUBSTANCE_OTC_DEP |
| | HIST_SUBSTANCE_OTC_ABUSE |
| | |
| 1 | HIST_PSYCHOTROPIC_MEDS |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANTIDEPRESSANTS |
| the most recent occurrence) | |
| 1 | HIST_ANTIDEPRESSANTS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANTIANXIETY |

| | |
|-----------------------------|-----------------------------|
| the most recent occurrence) | |
| 1 | HIST_ANTIANXIETY_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANTIMANICS |
| the most recent occurrence) | |
| 1 | HIST_ANTIMANICS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANTICONVULSANTS |
| the most recent occurrence) | |
| 1 | HIST_ANTICONVULSANTS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_ANTIPSYCHOTICS |
| the most recent occurrence) | |
| 1 | HIST_ANTIPSYCHOTICS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PRIOR_SELF_INJURY |
| the most recent occurrence) | |
| 1 | HIST_PRIOR_SELF_INJURY_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PRIOR_SELF_INJURY_ONE |
| 2 | |
| 1 | HIST_PRIOR_SELF_INJURY_SIM |
| 2 | |
| 101 | |
| | HIST_PRIOR_SELF_INJURY_AGE |
| | |
| 1 | HIST_RECEIVE_TRAINING |
| | |
| 1 | HIST_RECEIVE_TRAINING_TIME |

| | |
|-----------------------------|----------------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | HIST_OTHER_MH_TREATMENT |
| | |
| | |
| | |
| 1 | HIST_COURTS_MARTIAL |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | HIST_ARTICLE15 |
| the most recent occurrence | HIST_ARTICLE15_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | HIST_NJP |
| the most recent occurrence | HIST_NJP_TIME |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 1 | HIST_ADMIN_SEPARATION |
| the most recent occurrence) | |
| 1 | HIST_ADMIN_SEPARATION_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_AWOL |
| the most recent occurrence) | |
| 1 | HIST_AWOL_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_MEDICAL_BOARD |

| | |
|-----------------------------|-----------------------------|
| the most recent occurrence) | |
| 1 | HIST_MEDICAL_BOARD_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_CIVIL_LEGAL |
| the most recent occurrence) | |
| 1 | HIST_CIVIL_LEGAL_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_NON_SELECTION |
| the most recent occurrence) | |
| 1 | HIST_NON_SELECTION_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | HIST_OTHER_LIFE_STRESSORS |
| | |
| | |
| | |
| | |
| 1 | HIST_VICT_PHYS_ABUSE |
| the most recent occurrence) | |
| 1 | HIST_VICT_PHYS_ABUSE_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_VICT_SEXUAL_ABUSE |
| the most recent occurrence) | |
| 1 | HIST_VICT_SEXUAL_ABUSE_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_VICT_EMOT_ABUSE |
| the most recent occurrence) | |
| 1 | HIST_VICT_EMOT_ABUSE_TIME |
| 2 | |

| | |
|-----------------------------|-----------------------------|
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_VICT_SEX_HARASS |
| the most recent occurrence) | |
| 1 | HIST_VICT_SEX_HARASS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| | |
| 1 | HIST_PERP_PHYS_ABUSE |
| the most recent occurrence) | |
| 1 | HIST_PERP_PHYS_ABUSE_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PERP_SEXUAL_ABUSE |
| the most recent occurrence) | |
| 1 | HIST_PERP_SEXUAL_ABUSE_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PERP_EMOT_ABUSE |
| the most recent occurrence) | |
| 1 | HIST_PERP_EMOT_ABUSE_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PERP_SEX_HARASS |
| the most recent occurrence) | |
| 1 | HIST_PERP_SEX_HARASS_TIME |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | HIST_CONTRIB_CHILD_DEV |

| | |
|-----|----------------------------|
| | |
| | |
| 1 | HIST_DEPLOY_COUNT |
| 2 | |
| 3 | |
| 4 | |
| | |
| | |
| | |
| 1 | HIST_DEPLOY1_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| | |
| | HIST_DEPLOY1_START_DATE |
| | HIST_DEPLOY1_END_DATE |
| | HIST_DEPLOY1_RR_START_DATE |
| | HIST_DEPLOY1_RR_END_DATE |
| 1 | HIST_DEPLOY2_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| | HIST_DEPLOY2_START_DATE |
| | HIST_DEPLOY2_END_DATE |
| 1 | HIST_DEPLOY3_LOC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 100 | |
| | HIST_DEPLOY3_START_DATE |
| | HIST_DEPLOY3_END_DATE |
| 1 | HIST_DIRECT_COMBAT |
| 2 | |
| 101 | |
| | |
| 1 | HIST_DIRECT_COMBAT_DEP1 |

| | |
|----------------------------|------------------------------|
| 2 | HIST_DIRECT_COMBAT_DEP1_TIME |
| 3 | |
| 4 | |
| 1 = Selected | HIST_DIRECT_COMBAT_DEP2 |
| 1 = Selected | HIST_DIRECT_COMBAT_DEP3 |
| | |
| 1 = Selected | HIST_COMBAT_CASUALTIES_DEP1 |
| | HIST_COMBAT_CASUALTIES_DEP2 |
| | HIST_COMBAT_CASUALTIES_DEP3 |
| | HIST_COMBAT_INJURED_DEP1 |
| | HIST_COMBAT_INJURED_DEP2 |
| | HIST_COMBAT_INJURED_DEP3 |
| | HIST_COMBAT_WITNESS_DEP1 |
| | HIST_COMBAT_WITNESS_DEP2 |
| | HIST_COMBAT_WITNESS_DEP3 |
| | HIST_COMBAT_SAW_BODIES_DEP1 |
| | HIST_COMBAT_SAW_BODIES_DEP2 |
| | HIST_COMBAT_SAW_BODIES_DEP3 |
| | HIST_COMBAT_KILL_DEP1 |
| | HIST_COMBAT_KILL_DEP2 |
| | HIST_COMBAT_KILL_DEP3 |
| | |
| 1 | EVENT_ORDERS_DEPLOY |
| 2 | |
| 3 | |
| 101 | |
| | |
| 1 | EVENT_RELATED_DEPLOYMENT |
| 2 | |
| 101 | |
| | |
| 1 = Selected | EVENT_RELATED_DEPLOYMENT_ANT |
| | EVENT_RELATED_DEPLOYMENT_CUR |
| | EVENT_RELATED_DEPLOYMENT_PRI |
| | |
| | HIST_ADDITIONAL_MILITARY |
| | |
| | |
| | |
| 1 | HIST_FAILED_REL_SPOUSE |
| the most recent occurrence | HIST_FAILED_REL_SPOUSE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAILED_REL_OTHER |
| the most recent occurrence | HIST_FAILED_REL_OTHER_TIME |
| 1 | |
| 2 | |
| 3 | |

| | |
|----------------------------|---------------------------|
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_SPOUSE_SUICIDE |
| the most recent occurrence | HIST_SPOUSE_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_SUICIDE |
| the most recent occurrence | HIST_FAMILY_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FRIEND_SUICIDE |
| the most recent occurrence | HIST_FRIEND_SUICIDE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_DEATH |
| the most recent occurrence | HIST_FAMILY_DEATH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FRIEND_DEATH |
| the most recent occurrence | HIST_FRIEND_DEATH_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_PHYSICAL_HEALTH |
| the most recent occurrence | HIST_PHYSICAL_HEALTH_TIME |
| 1 | |
| 2 | |

| | |
|----------------------------|----------------------------|
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_ILLNESS |
| the most recent occurrence | HIST_FAMILY_ILLNESS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_DEBT_BANKRUPTCY |
| the most recent occurrence | HIST_DEBT_BANKRUPTCY_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_JOB_PROBLEMS |
| the most recent occurrence | HIST_JOB_PROBLEMS_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_COWORKER_ISSUES |
| the most recent occurrence | HIST_COWORKER_ISSUES_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_POOR_PERFORMANCE |
| the most recent occurrence | HIST_POOR_PERFORMANCE_TIME |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_WORKPLACE_HAZING |
| the most recent occurrence | HIST_WORKPLACE_HAZING_TIME |
| 1 | |

| | |
|--------------------------|---------------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | HIST_FAMILY_MENTAL |
| 2 | |
| 101 | |
| | |
| 1 | HIST_GUN_IN_HOME |
| 2 | |
| 101 | |
| | |
| | HIST_ADDITIONAL_HOME_WORK |
| | |
| | |
| (Army/AF only) | SUM_BIO_PSYCHO_SOCIAL |
| | |
| | |
| | ASER_TODAYS_DATE |
| | |
| 1 | ASER_LOC_SAME |
| 2 | ASER_LOC_OTHER |
| | |
| [Codes delineated below] | ASER_LOC_COUNTRY_OTHER |
| [Codes delineated below] | ASER_LOC_STATE |
| | ASER_LOC_CITY |
| | |
| [Codes delineated below] | ASER_LOC_MEDICAL_FACILITY |
| | |
| | |
| | ASER_PROVIDER_NAME |
| | ASER_PROVIDER_RANK |
| | ASER_PROVIDER_PHONE |
| | ASER_PROVIDER_DSN |
| | ASER_PROVIDER_EMAIL |
| 1 | ASER_PROVIDER_SPECIALTY |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| | |
| | ASER_COMPLETER_NAME |
| | ASER_COMPLETER_RANK |
| | ASER_COMPLETER_COMMAND |
| | ASER_COMPLETER_PHONE |
| | ASER_COMPLETER_DSN |
| | ASER_COMPLETER_EMAIL |
| | |

| | |
|---|--------------------------------|
| 1 = Selected | |
| (Army/AF only) | SOURCE_INTERVIEW_PATIENT |
| | SOURCE_INTERVIEW_COWORKERS |
| | SOURCE_INTERVIEW_OFFICER |
| , behavioral health clinician | SOURCE_INTERVIEW_PROFESSIONALS |
| ie, family service personnel (e.g. ACS), etc. | |
| | SOURCE_INTERVIEW_FAMILY |
| | |
| | SOURCE_REVIEW_MEDICAL |
| | SOURCE_REVIEW_ADVOCACY |
| ASAP) | SOURCE_REVIEW_SUBSTANCE_ABUSE |
| | SOURCE_REVIEW_SUBAbNotArmy |
| | SOURCE_REVIEW_PERSONNEL |
| (e.g. CID) | SOURCE_REVIEW_AGENCY |
| | SOURCE_REVIEW_COURTMARTIAL |
| as casualty reports, toxicology | SOURCE_REVIEW_MANNER |
| notes, etc. | |
| | ASER_COMMENTS |
| | |
| [MOS/Job Codes] | |
| 9 = Officer Candidates | |
| 11 = Infantry | |
| 13 = Field Artillery | |
| 14 = Air Defense Artillery | |
| 15 = Aviation | |
| 18 = Special Forces | |
| 19 = Armor | |
| 21 = (63B) Corps of Engineers | |
| 25 = Signal Corps | |
| 27 = Paralegal | |
| 31 = Military Police Corps | |
| 33 = Electronic Warfare | |
| 35 = Military Intelligence | |
| 37 = Psychological Operations Corps | |
| 38 = Civil Affairs | |
| 42 = Adjutant General | |
| 44 = Finance | |
| 45 = Armament Maintenance | |
| 46 = Public Affairs | |
| 52 = Special Equipment | |
| 56 = Religious Support | |
| 63 = Vehicle Maintenance | |
| 68 = (60-71, 91) Medical Department | |
| 74 = Chemical | |
| 79 = Recruitment and Re-enlistment | |
| 88 = Transportation | |
| 89 = Explosives and Ammunition | |
| 92 = (43, 57) Quartermaster Corps | |
| 94 = (27, 62, 91) Electronic Maintenance | |
| 96 = Intelligence | |
| 97 = Counter/Human Intelligence | |
| 98 = Communications Intelligence | |
| 999 = Other | |

| | |
|--------------------------|--|
| | |
| [State Codes] | |
| 0 = Alabama | |
| 1 = Alaska | |
| 2 = Arizona | |
| 3 = Arkansas | |
| 4 = California | |
| 5 = Colorado | |
| 6 = Connecticut | |
| 7 = Delaware | |
| 8 = District of Columbia | |
| 9 = Florida | |
| 10 = Georgia | |
| 11 = Hawaii | |
| 12 = Idaho | |
| 13 = Illinois | |
| 14 = Indiana | |
| 15 = Iowa | |
| 16 = Kansas | |
| 17 = Kentucky | |
| 18 = Louisiana | |
| 19 = Maine | |
| 20 = Maryland | |
| 21 = Massachusetts | |
| 22 = Michigan | |
| 23 = Minnesota | |
| 24 = Mississippi | |
| 25 = Missouri | |
| 26 = Montana | |
| 27 = Nebraska | |
| 28 = Nevada | |
| 29 = New Hampshire | |
| 30 = New Jersey | |
| 31 = New Mexico | |
| 32 = New York | |
| 33 = North Carolina | |
| 34 = North Dakota | |
| 35 = Ohio | |
| 36 = Oklahoma | |
| 37 = Oregon | |
| 38 = Pennsylvania | |
| 39 = Rhode Island | |
| 40 = South Carolina | |
| 41 = South Dakota | |
| 42 = Tennessee | |
| 43 = Texas | |
| 44 = Utah | |
| 45 = Vermont | |
| 46 = Virginia | |
| 47 = Washington | |
| 48 = West Virginia | |
| 49 = Wisconsin | |
| 50 = Wyoming | |

| | |
|---|--|
| | |
| | |
| | |
| [Medical Facility Codes] | |
| 1 = Fox Army Health Center | |
| 3 = Lyster Army Community Hospital | |
| 5 = Bassett Army Community Hospital | |
| 8 = RW Bliss Army Health Center | |
| 32 = Evans Army Community Hospital | |
| 37 = Walter Reed Army Medical Center | |
| 47 = Eisenhower Army Medical Center | |
| 48 = Martin Army Community Hospital | |
| 49 = Winn Army Community Hospital | |
| 52 = Tripler Army Medical Center | |
| 57 = Irwin Army Community Hospital | |
| 58 = Munson Army Health Center | |
| 60 = Blanchfield Army Community Hospital | |
| 61 = Ireland Army Community Hospital | |
| 64 = Bayne-Jones Army Community Hospital | |
| 69 = Kimbrough Ambulatory Care Center | |
| 75 = General Leonard Wood Army Community Hospital | |
| 81 = Patterson Army Health Center | |
| 86 = Keller Army Community Hospital | |
| 89 = Womack Army Medical Center | |
| 98 = Reynolds Army Community Hospital | |
| 105 = Moncrief Army Community Hospital | |
| 108 = William Beaumont Army Medical Center | |
| 109 = Brooke Army Medical Center | |
| 110 = Darnall Army Medical Center | |
| 121 = McDonald Army Health Center | |
| 122 = Kenner Army Health Center | |
| 123 = DeWitt Army Community Hospital | |
| 125 = Madigan Army Medical Center | |
| 131 = Weed Army Community Hospital | |
| 247 = Monterey Army Health Center | |
| 256 = DiLorenzo Tricare Health Clinic | |
| 273 = Lawrence Joel Army Health Center | |
| 308 = Kirk Army Health Center | |
| 309 = Barquist Army Health Center | |
| 330 = Guthrie Army Health Center | |
| 352 = Dunham Army Health Center | |
| 390 = Andrew Rader Army Health Center | |
| 606 = US Army MEDDAC Heidelberg | |
| 607 = Landstuhl Regional Medical Center | |
| 609 = US Army MEDDAC Bavaria | |
| 610 = US Army MEDDAC Camp Zama, Japan | |
| 612 = 121st General Hospital, Korea | |
| 953 = Rodriguez Army Health Center, Puerto Rico | |
| 222 = Iraq | |
| 33 = Kuwait | |
| 444 = Afghanistan | |
| 999 = Other | |

DoDSER 2009 CY(1 Jul-31 De

DoDSER 2009 changes went in to effect 1 July 2009, no changes were made f

Yellow highlight indicates items that were added or modified from

Red highlight indicates items that were deleted from previc

Event reports initiated during previous CY and submitted during current CY will includ

| Question | Answer Choices |
|--|---|
| Section 1 - Patient/Decedent Personal Information | |
| Event Type | Suicide |
| | Suicide attempt (evidence of intent to die) |
| | Self harm (without intent to die) |
| | Suicidal ideation only (without an attempt/self harm) |
| Event Date | [Calendar pop-up] |
| Event Time | [Type in numeric military time] |
| Last Name | [Type in text entry] |
| First Name | [Type in text entry] |
| Middle Initial | [Type in text entry] |
| Social Security Number | [Type in text entry] |
| Date of Birth | [Calendar pop-up] |
| Sex | Male |
| | Female |
| Relationship to sponsor | Sponsor |
| | Spouse |
| | Dependent |
| | Other |
| Service | Army |
| | Air Force |
| | Navy |
| | Marines |
| | Coast Guard |
| | Foreign Military |
| | Other uniformed service |
| | Other |
| Racial category | American Indian/Alaskan Native |
| | Asian/Pacific Islander |
| | Black/African American |
| | White/Caucasian |
| | Other |
| | Don't Know |
| Specific ethnic group | Hispanic |
| | -- Mexican |
| | -- Puerto Rican |
| | -- Cuban |
| | -- Latin American |
| | -- Other Spanish |
| | Native American |

| | |
|---|--|
| | -- Aleut |
| | -- Eskimo |
| | -- U.S./Canadian Indian Tribes |
| | Asian |
| | -- Chinese |
| | -- Japanese |
| | -- Korean |
| | -- Indian |
| | -- Filipino |
| | -- Vietnamese |
| | -- Other Asian |
| | Pacific Islander |
| | -- Melanesian |
| | -- Polynesian |
| | -- Other Pacific Islands |
| | Other |
| | Don't Know |
| | |
| Current marital status | Never married |
| | Married |
| | Legally separated |
| | Divorced |
| | Widowed |
| | Don't Know |
| | |
| -- If married, | Resides with spouse |
| | Separated due to relationship issues |
| | Separated for reasons other than relationship (e.g. deployed) |
| | Don't Know |
| | |
| Education | Some high school, did not graduate |
| | GED |
| | High school graduate |
| | Some college or technical school, no degree or certificate |
| | College degree of less than four years or technical school cer |
| | Four-year college degree |
| | Master's degree or greater |
| | Don't Know |
| | |
| Residence at time of event | Barracks, tents, or other shared military living environment |
| | Bachelor Enlisted Quarters (BEQ) or Bachelor Officer Quarte |
| | On-base family housing |
| | Owned or leased apartment or house |
| | Ship |
| | Other |
| | Don't Know |
| | |
| Did the patient/decedent reside alone at the time of the event? | Yes |
| | No |
| | Don't Know |
| | |
| Did the patient/decedent have minor children? | Yes |
| | No |

| | |
|---|--|
| | Don't Know |
| -- If yes, were the children residing with him/her? | Yes |
| | No |
| | Don't Know |
| | |
| Section II - Sponsor's Military Information | |
| Component/Military status | Regular (e.g. Army, Air Force) |
| | Reserve (e.g. USAR, USMCR) |
| | National Guard |
| | Other |
| | |
| Job code (MOS, SSI, AFSC, DAFSC, or other military) | [Pull-down menu of Army MOS codes] |
| | Air Force/Marine Corp/Navy |
| | |
| | |
| Duty status at time of event (check all that apply) | Active Duty 8 |
| | ADSW (Active Duty order for Special Work) (Marines) |
| | AGR (Active Guard/Reserve) 8 |
| | AR/AGR (Marines only) |
| | Basic Training (Army/Air Force only) |
| | Advanced Individualized Training (AIT) (Army/Air Force only) |
| | Mobilized RC (Reserve and National Guard) |
| | ADT (Active Duty for Training) (Army/Air Force only) |
| | AT/ADT (Active Duty for Training) (Navy/Marines) |
| | INADT (Initial Active Duty for Training orders) (Navy/Marines) |
| | IDT (Weekend Reserve Drill) |
| | Retired |
| | Released from active duty within 120 days |
| | Not on Active Duty or in a Drill Status |
| | SELRES (Not on Active Duty or in a Drill Status) Army only |
| | Does not apply |
| | Other |
| | |
| | |
| Pay grade | [E1-E9; W1-W5; O1-O10; Cadet/Midshipman] |
| | Does not apply |
| | |
| Permanent duty station/command location | Same as geographic event location |
| | Other location |
| | |
| If other location | |
| ---- Country | [Pull-down menu] |
| ---- If United States, State | |
| ---- City, post or camp | |
| | |
| Permanent duty assignment | |
| -- Division | [Pull-down menu] |
| -- Brigade | [Type in text entry] |
| -- Battalion | [Type in text entry] |
| -- Company | [Type in text entry] |
| Command | (Air Force) |
| Name of unit | (Navy/Marines) |
| MSC (Marines)/Echelon 2 (Navy) | (Navy/Marines) |

| | |
|---|---|
| MAJCOM (Marines) | (Navy/Marines) |
| Force (Marines) | (Navy/Marines) |
| | |
| | |
| | |
| UIC or other unit identification | [Type in text entry] |
| | |
| In a Warrior Transition Unit (Army Only) | Check box |
| | |
| Length of time in unit | [Type in years] |
| | [Type in months] |
| | |
| Section III - Event Information | |
| Geographic location of event | |
| -- Country | [Pull-down menu] |
| -- If United States, State | [Pull-down menu] |
| -- City/post/camp | [Type in text entry] |
| | |
| Event setting | Residence (own) or barracks |
| | Residence of friend or family |
| | Work/jobsite |
| | Automobile (away from residence) |
| | Inpatient medical facility |
| | Other |
| | |
| Actions taken as a consequence of the current event | Hospitalization (inpatient) |
| (this item will not appear if event is a completed suicide) | Outpatient mental health evaluation/treatment |
| | Evacuation |
| | Other |
| -- If hospitalization, | |
| ---- Start date of hospitalization | [Calendar pop-up] |
| | Check if unknown |
| ---- End date of hospitalization | [Calendar pop-up] |
| | Check if unknown |
| | Check if patient is still in the inpatient facility |
| | |
| Primary method used | |
| | Drugs |
| | Alcohol |
| | Gas, vapor poisoning by vehicle exhaust |
| | Gas, vapor poisoning by utility (or other) gas |
| | Solvents, pesticides and other agricultural chemicals |
| | Hanging |
| | Drowning |
| | Firearm/gun, military issue or duty weapon |
| | Firearm/gun, other than military issue |
| | Fire, steam, etc. |
| | Sharp or blunt object |
| | Jumping from high place |
| | Lying in front of a moving object |
| | Crashing a motor vehicle |

| | |
|--|--|
| | Other |
| | Don't Know |
| During the event, was alcohol used? | Yes |
| | No |
| | Don't Know |
| During the event, were drugs used? | Yes |
| | No |
| | Don't Know |
| -- If yes, what types of drugs were used? | |
| ---- Drugs (illicit/illegal) | Overdose |
| | Used, no overdose |
| | Were not used |
| ---- Prescription medications | Overdose |
| | Used, no overdose |
| | Were not used |
| ---- Non-prescription medications (e.g. over-the-counter) | Overdose |
| | Used, no overdose |
| | Were not used |
| Is there evidence that the patient/decedent intended to harm himself/herself? | Yes |
| | No |
| | Cannot determine |
| Were there self-inflicted injuries (including poisoning)? | Yes |
| | No |
| | Cannot determine |
| Is there evidence the event involved death-risk gambling (e.g. Russian roulette, walking railroad tracks, playing Russian roulette)? | Yes |
| | No |
| | Cannot determine |
| Is there evidence the event was planned and/or premeditated? | Yes |
| | No |
| | Cannot determine |
| Was the event performed under circumstances where it could have been observed and intervened in by others? | Yes |
| | No |
| | Don't Know |
| Was a suicide note left? | Yes |
| | No |
| | Don't Know |
| Prior to the event, did the patient/decedent communicate any suicidal thoughts or potential for self-harm? (other than a suicide note) | Yes |
| | No |
| | Don't Know |
| -- If yes, how? (check all that apply) | Written |
| | Verbal |
| | Other |
| -- To whom? (check all that apply) | Supervisor |
| | Chaplain |
| | Mental health staff |
| | Friend |
| | Spouse or significant other |
| | Other |
| What was the patient/decedent's primary motivation for performing this event? | Emotion relief (e.g. to stop bad feelings, self-hatred, anxiety, etc.) |
| (ARMY/AF ONLY) | Interpersonal influence (e.g. to get help, get attention, shock, etc.) |
| | Feeling generation (e.g. to stop feeling numb) |

| | |
|---|--|
| Responses may be populated for Navy/Marines on 2009 questionnaires if record completed in 2010 | Avoidance/escape (e.g. to avoid or escape deployment, prevent deployment) |
| | Individual reasons (e.g. self-punishment, to express anger, to express fear) |
| | Hopelessness (e.g. pessimistic regarding future) |
| | Depression (e.g. chronic or severe clinically depressed mood) |
| | Other psychiatric symptoms (e.g. PTSD, psychotic) |
| | Impulsivity (e.g. due to substance abuse, personality characteristics) |
| | Other |
| | Don't Know |
| | |
| Duty environment/status at time of event (check all that apply) | Garrison |
| | Leave |
| | TDY/TAD |
| | AWOL/ UA |
| | Deployed |
| | Training |
| | Psychiatric hospitalization |
| | Medical hold |
| | In evacuation chain |
| | Under command observation (e.g. CIP) |
| | With Permanent Command (Navy/Marines only) |
| | Correctional Facility |
| | Other |
| | |
| Please describe the general sequence of events leading to the ideation/attempt/completion and discovery/intervention. | [Type in text entry up to 4000 characters] |
| | |
| | |
| Section IV - History | |
| PRIOR TO THE EVENT, was the patient/decedent seen by... | |
| ... a Medical Treatment Facility? | Yes |
| | -- If yes, how long prior to the event? (select the most recent time) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Substance Abuse Services? | Yes |
| | -- If yes, how long prior to the event? (select the most recent time) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... a Family Advocacy Program? | Yes |
| | -- If yes, how long prior to the event? (select the most recent time) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |

| | |
|---|--|
| | No |
| | Don't Know |
| | |
| ... Chaplain services? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Outpatient Mental Health? (including deployment mental health services) | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| ... Inpatient Mental Health? (including deployment mental health services) | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| | |
| PRIOR TO THE EVENT, had the patient/decedent... | |
| ... been diagnosed with any Mood Disorder (e.g. major depression)? | Yes |
| | No |
| | Don't Know |
|If yes, been diagnosed with a Bipolar Disorder? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| been diagnosed with Major Depression? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| been diagnosed with Dysthymic Disorder? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |

| | | |
|--|--|-----------------|
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| been diagnosed with any other Mood Disorder? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... been diagnosed with an Anxiety Disorder (e.g. PTSD)? | Yes | |
| | No | |
| | Don't Know | |
| If yes, been diagnosed with PTSD? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| been diagnosed with Panic Disorder? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| been diagnosed with Generalized Anxiety Disorder? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| been diagnosed with Acute Stress Disorder? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| been diagnosed with any other Anxiety Disorder? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |

| | |
|---|--|
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... been diagnosed with a Personality Disorder? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... been diagnosed with a Psychotic Disorder? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... been diagnosed with a traumatic brain injury (TBI)? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... had a history of Substance Abuse? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| If the patient/decedent had a history with substance abuse, | |
| select all that apply | Alcohol Dependence |
| | Alcohol Abuse |
| | Drugs (illicit/illegal) Dependence |
| | Drugs (illicit/illegal) Abuse |
| | Prescription medications Dependence |
| | Prescription medications Abuse |
| | Non-prescription medications (e.g. OTC medication) Dependence |
| | Non-prescription medications (e.g. OTC medication) Abuse |
| ... taken Psychotropic Medications? | Yes |
| | No |
| | Don't Know |
| If yes, taken Antidepressants? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |

| | | |
|---|------|---|
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| taken Anti-anxiety? | | Yes |
| | -- | If yes, how long prior to the event? (select the most recent) |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| taken Antimanics? | | Yes |
| | -- | If yes, how long prior to the event? (select the most recent) |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| taken Anticonvulsants? | | Yes |
| | -- | If yes, how long prior to the event? (select the most recent) |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| taken Antipsychotics? | | Yes |
| | -- | If yes, how long prior to the event? (select the most recent) |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... had prior self-injurious events? | | Yes |
| | -- | If yes, how long prior to the event? (select the most recent) |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| If yes, how many prior events? | | One prior event |
| | | More than one prior event |
| Was this event similar to prior event(s)? | | Yes |
| | | No |
| | | Don't Know |
| Age at first self-injurious event | | [Type in text entry] |
| | | |

| | |
|--|--|
| Did the patient/decedent receive his/her required suicide trainings? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| What training was received and how was it delivered | [Type in text entry up to 4000 characters] |
| Please elaborate on any other relevant details related to patient/decedent's mental health treatment history | [Type in text entry up to 4000 characters] |
| PRIOR TO THE EVENT, was the patient/decedent the subject of... | |
| ... Courts Martial proceedings? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... Article 15 proceedings or civilian criminal problems | Yes (Army/Air Force only) |
| ... NJP or Civilian Criminal Proceedings? | Yes (Navy/Marines) |
| | |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... Administrative Separation proceedings? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... AWOL/UA? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... a Medical Evaluation Board? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |

| | | |
|---|--|-----------------|
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... civil legal problems? (e.g. child custody dispute, litigation) | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... non-selection for advanced schooling, promotion, etc. | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| Please describe or elaborate on life stressors or other factors affecting the patient/decedent prior to the event | [Type in text entry up to 4000 characters] | |
| | | |
| PRIOR TO THE EVENT, was the patient/decedent an alleged or confirmed VICTIM of... | | |
| | | |
| ... physical abuse or assault? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... sexual abuse or assault? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| ... emotional abuse or assault? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |

| | |
|--|--|
| ... sexual harassment? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| PRIOR TO THE EVENT, was the patient/decedent an alleged or confirmed PERPETRATOR of... | |
| ... physical abuse or assault? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... sexual abuse or assault? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... emotional abuse or assault? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| ... sexual harassment? | Yes |
| | -- If yes, how long prior to the event? (select the most recent) |
| | ---- Within 30 days |
| | ---- Within 3 months |
| | ---- Within 1 year |
| | ---- Over 1 year ago |
| | No |
| | Don't Know |
| Please describe any known childhood or developmental issues that may have contributed to the event | [Type in text entry up to 4000 characters] |
| How many deployments? | 0 |

| | |
|---|--------------------------|
| | 1 |
| | 2 |
| | 3 or more |
| ... If number is greater than zero, | |
| Please specify the MOST RECENT deployment first... | |
| Deployment location 1 | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Shipboard |
| | Other |
| ... Deployment 1 start date | [Calendar pop-up] |
| ... Deployment 1 end date | [Calendar pop-up] |
| ... Deployment 1 R&R start date | [Calendar pop-up] |
| ... Deployment 1 R&R end date | [Calendar pop-up] |
| Deployment location 2 | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Shipboard |
| | Other |
| ... Deployment 2 start date | [Calendar pop-up] |
| ... Deployment 2 end date | [Calendar pop-up] |
| Deployment location 3 | United States |
| | Iraq |
| | Afghanistan |
| | Kuwait |
| | Korea |
| | Kosovo |
| | Other Europe |
| | North America |
| | Central or South America |
| | Shipboard |
| | Other |
| ... Deployment 3 start date | [Calendar pop-up] |
| ... Deployment 3 end date | [Calendar pop-up] |
| Was a waiver to deploy required and/or obtained for | Yes |

| | |
|--|---|
| | No |
| | Don't Know |
| | |
| Did the patient/decedent experience direct combat or | Yes |
| | No |
| | Don't Know |
| | |
| ... If yes, how long prior to event? | |
| Deployment 1 (most recent) | Within 30 days |
| | Within 3 months |
| | Within 1 year |
| | Over 1 year ago |
| Deployment 2 | [Simple check box] |
| Deployment 3 | [Simple check box] |
| ... If yes, did the patient/decedent... | |
| and his/her unit engage in battle resulting in ca | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
| become wounded or injured in combat? | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
| personally witness a unit member, ally, enemy, | Deployment 1 (most recent) |
| being seriously wounded or killed? | Deployment 2 |
| | Deployment 3 |
| see the bodies of dead soldiers or civilians follow | Deployment 1 (most recent) |
| | Deployment 2 |
| | Deployment 3 |
| kill others in combat (or have reason to believe | Deployment 1 (most recent) |
| killed as a result of actions? | Deployment 2 |
| | Deployment 3 |
| | |
| Did the patient/decedent have orders to deploy? | Yes |
| | No |
| | Not applicable |
| | Don't Know |
| | |
| Was the event related to a deployment? | Yes |
| | No |
| | Don't Know |
| | |
| ... If yes, what type of deployment(s)? (check all that | Anticipated deployment |
| | Current deployment |
| | Prior deployment |
| | |
| Please describe any additional relevant military histor | [Type in text entry up to 4000 characters] |
| additional relevant deployment history | |
| | |
| PRIOR TO THE EVENT, was there evidence of... | |
| | |
| ... a failed or failing spousal or intimate partner relati | Yes |
| | -- If yes, how long prior to the event? (select the most recent |
| | ---- Within 30 days |
| | ---- Within 3 months |

| | | |
|---|--|-----------------|
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a failed or failing other relationship? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a completed spousal suicide? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a completed family suicide? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a completed suicide by a friend? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a death of spouse or family? (other than suicide) | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... the death of a friend? (other than suicide) | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |

| | | |
|--|--|-----------------|
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a physical health problem? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a chronic spousal or family severe illness? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... excessive debt or bankruptcy? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... job problems? (e.g. laid off, fired, excessive pressure) | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... supervisor or coworker issues or problems? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... a poor work performance review or evaluation? (e.g. poor reenlistment, flagged record, extra duty imposed) | Yes | |
| | -- If yes, how long prior to the event? (select the most recent) | |

| | | |
|---|---|-----------------|
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| ... unit or workplace hazing? | Yes | |
| | -- If yes, how long prior to the event? (select the most recent | |
| | ---- | Within 30 days |
| | ---- | Within 3 months |
| | ---- | Within 1 year |
| | ---- | Over 1 year ago |
| | | No |
| | | Don't Know |
| | | |
| Did the patient/decedent have a family history of men | Yes | |
| | No | |
| | Don't Know | |
| | | |
| Was there a gun in the home or immediate environme | Yes | |
| | no | |
| | Don't Know | |
| | | |
| Please describe or elaborate on any additional details | [Type in text entry up to 4000 characters] | |
| these factors (Items 77-92) | | |
| | | |
| Section V - Narrative Summary | | |
| Question Asked of all Services | | |
| (For Medical Providers Only) Provide a brief "bio-psy | [Type in text entry up to 4000 characters] | |
| as to WHY this patient/decedent engaged in suicidal behavior. | | |
| | | |
| | | |
| Location where this DoDSER was completed | Same as geographic event location | |
| | Other location | |
| -- If other location, | | |
| ---- Country | [Pull-down menu] | |
| ---- If United States, State | [Pull-down menu] | |
| ---- City, post, or camp | [Type in text entry] | |
| | | |
| Medical facility where this DoDSER was completed or | supporting MTF | |
| Army MTF | [Pull-down menu] | |
| Air Force Command | [Type in text entry] | |
| Navy/Marine Corps Location | [Type in text entry] | |
| | | |
| | | |
| Behavioral Health provider | Question Asked of all Services | |
| -- Name | [Type in text entry] | |
| -- Rank/grade | [Type in text entry] | |
| -- Phone number | [Type in text entry] | |
| -- DSN prefix | [Type in text entry] | |
| -- Email | [Type in text entry] | |
| -- Specialty | Licensed Mental Health Counselor or equivalent | |

| | |
|--|---|
| | Psychiatric Nurse |
| | Psychiatrist |
| | Psychologist |
| | Social Worker |
| | Other |
| | |
| Form Completer (Non-Behavioral Health Provider) | |
| -- Name | [Type in text entry] |
| -- Rank/grade | [Type in text entry] |
| -- Command (Navy/Marines only) | [Type in text entry] |
| -- Phone number | [Type in text entry] |
| -- DSN prefix | [Type in text entry] |
| -- Email | [Type in text entry] |
| | |
| Information based on certain types of records requires privacy protection by some Service's suicide surveillance | Interviews with: |
| Please indicate what sources of information were used in this report (check all that apply) | -- The patient (non-fatalities) |
| | -- Co-workers/supervisors |
| | -- Responsible investigative agency officer |
| | -- Involved professionals, such as physicians, behavioral health professionals, alcohol counselors, chaplains, military police, family service officers, etc. |
| | -- Family members |
| | |
| | Review of records including: |
| | -- Medical and behavioral health records |
| | -- Family Advocacy Records |
| | -- Army Substance Abuse Program records (ASAP) |
| | Substance Abuse Program |
| | -- Personnel Records |
| | -- Responsible investigative agency records (e.g. CID) |
| | -- Court-martial records |
| | -- Records related to manner of death, such as casualty reports, pathology/autopsy reports, suicide notes, etc. |
| | |
| Comments | [Type in text entry up to 4000 characters] |
| | |
| [Pay Grade Codes] | |
| 11 = E1 | |
| 12 = E2 | |
| 13 = E3 | |
| 14 = E4 | |
| 15 = E5 | |
| 16 = E6 | |
| 17 = E7 | |
| 18 = E8 | |
| 19 = E9 | |
| | |
| 21 = W1 | |
| 22 = W2 | |
| 23 = W3 | |
| 24 = W4 | |
| 25 = W5 | |
| | |
| 31 = O1 | |

[illegible]

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| | |
| | |
| [Division Codes] | |
| 1 = 1st Armored Division | |
| 2 = 1st Cavalry Division | |
| 3 = 1st Infantry Division | |
| 4 = 2nd Infantry Division | |
| 5 = 3rd Infantry Division | |
| 6 = 4th Infantry Division | |
| 7 = 10th Mountain Division | |
| 8 = 25th Infantry Division | |
| 9 = 82nd Airborne Division | |
| 10 = 101st Airborne Division | |
| 11 = 7th Infantry Division | |
| 12 = 24th Infantry Division | |
| 13 = 28th Infantry Division | |
| 14 = 29th Infantry Division | |
| 15 = 34th Infantry Division | |
| 16 = 35th Infantry Division | |
| 17 = 38th Infantry Division | |
| 18 = 40th Infantry Division | |
| 19 = 42nd Infantry Division | |
| 20 = 49th Armored Divisioln | |
| 21 = 75th Division (Training Support) | |
| 22 = 78th Division (Training Support) | |
| 23 = 80th Division (Institutional Training) | |
| 24 = 84th Division (Training Support) | |
| 25 = 85th Division (Training Support) | |
| 26 = 87th Division (Training Support) | |
| 27 = 91st Division (Training Support) | |
| 28 = 95th Division (Institutional Training) | |
| 29 = 98th Division (Institutional Training) | |
| 30 = 100th Division (Institutional Training) | |
| 31 = 104th Division (Institutional Training) | |
| 32 = 108th Division (Institutional Training) | |
| | |

[illegible]

c 2009)

from CY 2008 to 30 June 2009!!!

previous version.

ous version.

le current CY questions and variables

| Data Values | Variable Labels |
|---------------|--------------------|
| | |
| | |
| 1 | eventType |
| 2 | |
| 3 (Army only) | |
| 4 (Army only) | |
| | |
| | eventDate |
| | eventTime |
| | |
| | patLastName |
| | patFirstName |
| | patMiddleInitial |
| | patSsn |
| | patDob |
| 1 | patSex |
| 2 | |
| 1 | patSponsorRelation |
| 2 | |
| 3 | |
| 100 | |
| | |
| 1 | patService |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 100 | |
| | |
| 1 | patRace |
| 2 | |
| 3 | |
| 4 | |
| 100 | |
| 101 | |
| | |
| | PatEthnic |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| | |

| | |
|-----|------------------|
| 21 | |
| 22 | |
| 23 | |
| | |
| 31 | |
| 32 | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | |
| | |
| 41 | |
| 42 | |
| 43 | |
| 100 | |
| 101 | |
| | |
| 1 | patMarital |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 101 | |
| | |
| 1 | patMaritalReside |
| 2 | |
| 3 | |
| 101 | |
| | |
| 1 | patEducation |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 101 | |
| | |
| 1 | patResidence |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| 101 | |
| | |
| 1 | patResideAlone |
| 2 | |
| 101 | |
| | |
| 1 | patChildren |
| 2 | |

| | |
|--------------------------|----------------------------|
| 101 | |
| 1 | patChildrenResideWith |
| 2 | |
| 101 | |
| | |
| | |
| 1 | sponsorComponent |
| 2 | |
| 3 | |
| 100 | |
| | |
| [Codes delineated below] | sponsorJobCode |
| [Type in text entry] | sponsorJobCodeNonArmy |
| | |
| | |
| 1 = Selected | sponsorDutyStatusActive |
| | sponsorDutyStatusAdsw |
| | sponsorDutyStatusAgr |
| | sponsorDutyStatusAgr |
| | sponsorDutyStatuslet |
| | sponsorDutyStatusAit |
| | sponsorDutyStatusMobilized |
| | sponsorDutyStatusAdt |
| | sponsorDutyStatusAdt |
| | sponsorDutyStatusInadt |
| | sponsorDutyStatusIdt |
| | sponsorDutyStatusRetired |
| | sponsorDutyStatusReleased |
| | sponsorDutyStatusNotActive |
| | sponsorDutyStatusNotActive |
| | sponsorDutyStatusNa |
| | sponsorDutyStatusOther |
| | |
| | |
| [Codes delineated below] | sponsorGrade |
| 102 | |
| | |
| 1 | SponsorDutyStationSame |
| 2 | |
| | |
| | |
| [Codes delineated below] | sponsorDutyStationCountry |
| [Codes delineated below] | sponsorDutyStationState |
| [Type in text entry] | sponsorDutyStationCity |
| | |
| | |
| [Codes delineated below] | sponsorDutyAssignDivision |
| | sponsorDutyAssignBrigade |
| | sponsorDutyAssignBattalion |
| | sponsorDutyStationState |
| | sponsorAssignCommand |
| | sponsorAssignNavyUnit |
| | sponsorAssignMarMsc |

| | |
|--------------------------|-------------------------|
| | sponsorAssignMarMaj |
| | sponsorAssignMarForce |
| | |
| | |
| | |
| | sponsorUic |
| | |
| | |
| | sponsorWtu |
| | |
| | sponsorTimeUnitYears |
| | sponsorTimeUnitMonths |
| | |
| | |
| | |
| [Codes delineated below] | eventLocationCountry |
| [Codes delineated below] | eventLocationState |
| | eventLocationCity |
| | |
| 1 | eventSetting |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| 1 = Selected | eventActionHospitalized |
| | eventActionOutpatient |
| | eventActionEvacuated |
| | eventActionOther |
| | |
| | eventHospStartDate |
| 1 = Selected | eventHospStartUnknown |
| | eventHospEndDate |
| 1 = Selected | eventHospEndUnknown |
| | eventHospEndStill |
| | |
| | |
| 1 | eventMethod |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |

| | |
|--------------|----------------------------------|
| 100 | |
| 101 | |
| 1 | eventAlcohol |
| 2 | |
| 101 | |
| 1 | eventDrugs |
| 2 | |
| 101 | |
| | |
| 1 | eventDrugsIllegal |
| 2 | |
| 3 | |
| 1 | eventDrugsPrescription |
| 2 | |
| 3 | |
| 1 | eventDrugsOtc |
| 2 | |
| 3 | |
| 1 | eventIntentDieEvidence |
| 2 | |
| 3 | |
| 1 | eventSelfInflictedInjuries |
| 2 | |
| 3 | |
| 1 | eventDeathRiskGambling |
| 2 | |
| 3 | |
| 1 | eventPlanned |
| 2 | |
| 3 | |
| 1 | eventObservable |
| 2 | |
| 101 | |
| 1 | eventSuicideNote |
| 2 | |
| 101 | |
| 1 | eventCommunicate |
| 2 | |
| 101 | |
| 1 = Selected | eventCommunicateHowWritten |
| | eventCommunicateHowVerbal |
| | eventCommunicateHowOther |
| | eventCommunicateWhoSuper |
| | eventCommunicateWhoChap |
| | eventCommunicateWhoMhstaff |
| | eventCommunicateWhoFriend |
| | eventCommunicateWhoSpouse |
| | eventCommunicateWhoOther |
| | |
| 1 | eventMotivationEmotionRelief |
| 2 | eventMotivationInfluence |
| 3 | eventMotivationFeelingGeneration |

| | |
|--------------|----------------------------------|
| 4 | eventMotivationAvoidance |
| 5 | eventMotivationIndividualReasons |
| 6 | eventMotivationHopelessness |
| 7 | eventMotivationDepression |
| 8 | eventMotivationOtherPsychiatric |
| 9 | eventMotivationImpulsivity |
| 100 | eventMotivationOther |
| 101 | eventMotivationDontKnow |
| | |
| 1 = Selected | eventDutyEnvGarrison |
| | eventDutyEnvLeave |
| | eventDutyEnvTdy |
| | eventDutyEnvAwol |
| | eventDutyEnvDeployed |
| | eventDutyEnvTraining |
| | eventDutyEnvPsych |
| | eventDutyEnvMedicalHold |
| | eventDutyEnvEvacuation |
| | eventDutyEnvCommandObs |
| | eventDutyEnvPercomm |
| | eventDutyEnvCorrFacility |
| | eventDutyEnvOther |
| | |
| | eventSequenceEvents |
| | |
| | |
| | |
| | |
| 1 | histMtf |
| occurrence) | |
| 1 | histMtfTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histSas |
| occurrence) | |
| 1 | histSasTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFap |
| occurrence) | |
| 1 | histFapTime |
| 2 | |
| 3 | |
| 4 | |

| | |
|-------------|----------------------------|
| 2 | |
| 101 | |
| | |
| 1 | histChaplain |
| occurrence) | |
| 1 | histChaplainTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histOutpatientMh |
| occurrence) | |
| 1 | histOutpatientMhTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | histInpatientMhMedLocation |
| | |
| 1 | histInpatientMh |
| occurrence) | |
| 1 | histInpatientMhTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| 1 | histMood |
| 2 | |
| 101 | |
| 1 | histBipolar |
| occurrence) | |
| 1 | histBipolarTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histMajorDepression |
| occurrence) | |
| 1 | histMajorDepressionTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histDysthymic |
| occurrence) | |
| 1 | histDysthymicTime |

| | |
|-------------|----------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histOtherMood |
| occurrence) | |
| 1 | histOtherMoodTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histAnxiety |
| 2 | |
| 101 | |
| 1 | histPtd |
| occurrence) | |
| 1 | histPtdTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histPanic |
| occurrence) | |
| 1 | histPanicTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histGenAnxiety |
| occurrence) | |
| 1 | histGenAnxietyTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histStress |
| occurrence) | |
| 1 | histStressTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histOtherAnxiety |
| occurrence) | |
| 1 | histOtherAnxietyTime |
| 2 | |
| 3 | |

| | |
|--------------|----------------------------|
| 4 | |
| 2 | |
| 101 | |
| 1 | histPersonality |
| occurrence) | |
| 1 | histPersonalityTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histPsychotic |
| occurrence) | |
| 1 | histPsychoticTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histTbi |
| occurrence) | |
| 1 | histTbiTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histSubstanceAbuse |
| occurrence) | |
| 1 | histSubstanceAbuseTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| 1 = Selected | histSubstanceAlcoholDep |
| | histSubstanceAlcoholAbuse |
| | histSubstanceDrugsDep |
| | histSubstanceDrugsAbuse |
| | histSubstancePrescripDep |
| | histSubstancePrescripAbuse |
| ence | histSubstanceOtcDep |
| | histSubstanceOtcAbuse |
| 1 | histPsychotropicMeds |
| 2 | |
| 101 | |
| 1 | histAntidepressants |
| occurrence) | |
| 1 | histAntidepressantsTime |

| | |
|-------------|-------------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histAntianxiety |
| occurrence) | |
| 1 | histAntianxietyTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histAntimanics |
| occurrence) | |
| 1 | histAntimanicsTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histAnticonvulsants |
| occurrence) | |
| 1 | histAnticonvulsantsTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histAntipsychotics |
| occurrence) | |
| 1 | histAntipsychoticsTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histPriorSelfInjury |
| occurrence) | |
| 1 | histPriorSelfInjuryTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histPriorSelfInjuryOne |
| 2 | |
| 1 | histPriorSelfInjurySim |
| 2 | |
| 101 | |
| | histPriorSelfInjuryAge |
| | |

| | |
|------------|--------------------------|
| 1 | histReceiveTraining |
| occurance) | |
| 1 | histReceiveTrainingTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | histReceivedTrainingList |
| | |
| | histOtherMhTreatment |
| | |
| | |
| | |
| 1 | histCourtsMartial |
| occurance) | |
| 1 | histCourtsMartialTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histArticle15 |
| 1 | histNjp |
| | |
| occurance) | histArticle15Time |
| 1 | histNjpTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histAdminSeparation |
| occurance) | |
| 1 | histAdminSeparationTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histAwol |
| occurance) | |
| 1 | histAwolTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histMedicalBoard |
| occurance) | |
| 1 | histMedicalBoardTime |
| 2 | |

| | |
|-------------|-------------------------|
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histCivilLegal |
| occurrence) | |
| 1 | histCivilLegalTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| 1 | histNonSelection |
| occurrence) | |
| 1 | histNonSelectionTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | histOtherLifeStressors |
| | |
| | |
| | |
| | |
| | |
| 1 | histVictPhysAbuse |
| occurrence) | |
| 1 | histVictPhysAbuseTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histVictSexualAbuse |
| occurrence) | |
| 1 | histVictSexualAbuseTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histVictEmotAbuse |
| occurrence) | |
| 1 | histVictEmotAbuseTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |

| | |
|------------|-------------------------|
| | |
| 1 | histVictSexHarass |
| occurance) | |
| 1 | histVictSexHarassTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | |
| | |
| | |
| 1 | histPerpPhysAbuse |
| occurance) | |
| 1 | histPerpPhysAbuseTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histPerpSexualAbuse |
| occurance) | |
| 1 | histPerpSexualAbuseTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histPerpEmotAbuse |
| occurance) | |
| 1 | histPerpEmotAbuseTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histPerpSexHarass |
| occurance) | |
| 1 | histPerpSexHarassTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| | histContribChildDev |
| | |
| | |
| 1 | histDeployCount |

| | |
|-----|-------------------------------------|
| 2 | |
| 3 | |
| 4 | |
| | |
| | |
| 1 | histDeploy1LocUs |
| 2 | histDeploy1LocIraq |
| 3 | histDeploy1LocAfghanistan |
| 4 | histDeploy1LocKuwait |
| 5 | histDeploy1LocKorea |
| 6 | histDeploy1LocKosovo |
| 7 | histDeploy1LocOtherEurope |
| 8 | histDeploy1LocNorthAmerica |
| 9 | histDeploy1LocCentralOrSouthAmerica |
| 10 | histDeploy1LocShipboard |
| 100 | histDeploy1LocOther |
| | |
| | histDeploy1StartDate |
| | |
| | histDeploy1EndDate |
| | |
| | histDeploy1RrStartDate |
| | |
| | histDeploy1RrEndDate |
| | |
| 1 | histDeploy2LocUs |
| 2 | histDeploy2LocIraq |
| 3 | histDeploy2LocAfghanistan |
| 4 | histDeploy2LocKuwait |
| 5 | histDeploy2LocKorea |
| 6 | histDeploy2LocKosovo |
| 7 | histDeploy2LocOtherEurope |
| 8 | histDeploy2LocNorthAmerica |
| 9 | histDeploy2LocCentralOrSouthAmerica |
| 10 | histDeploy2LocShipboard |
| 100 | histDeploy2LocOther |
| | histDeploy2StartDate |
| | histDeploy2EndDate |
| 1 | histDeploy3LocUs |
| 2 | histDeploy3LocIraq |
| 3 | histDeploy3LocAfghanistan |
| 4 | histDeploy3LocKuwait |
| 5 | histDeploy3LocKorea |
| 6 | histDeploy3LocKosovo |
| 7 | histDeploy3LocOtherEurope |
| 8 | histDeploy3LocNorthAmerica |
| 9 | histDeploy3LocCentralOrSouthAmerica |
| 10 | histDeploy3LocShipboard |
| 100 | histDeploy3LocOther |
| | histDeploy3StartDate |
| | histDeploy3EndDate |
| | |
| 1 | histDeployWaiver |

| | |
|--------------|---------------------------|
| 2 | |
| 101 | |
| | |
| 1 | histDirectCombat |
| 2 | |
| 101 | |
| | |
| | histDirectCombatDep1 |
| 1 | histDirectCombatDep1Time |
| 2 | |
| 3 | |
| 4 | |
| 1 = Selected | histDirectCombatDep2 |
| 1 = Selected | histDirectCombatDep3 |
| | |
| 1 = Selected | histCombatCasualtiesDep1 |
| | histCombatCasualtiesDep2 |
| | histCombatCasualtiesDep3 |
| | histCombatInjuredDep1 |
| | histCombatInjuredDep2 |
| | histCombatInjuredDep3 |
| | histCombatWitnessDep1 |
| | histCombatWitnessDep2 |
| | histCombatWitnessDep3 |
| | histCombatSawBodiesDep1 |
| | histCombatSawBodiesDep2 |
| | histCombatSawBodiesDep3 |
| | histCombatKillDep1 |
| | histCombatKillDep2 |
| | histCombatKillDep3 |
| | |
| 1 | eventOrdersDeploy |
| 2 | |
| 3 | |
| 101 | |
| | |
| 1 | eventRelatedDeployment |
| 2 | |
| 101 | |
| | |
| 1 = Selected | eventRelatedDeploymentAnt |
| | eventRelatedDeploymentCur |
| | eventRelatedDeploymentPri |
| | |
| | histAdditionalMilitary |
| | |
| | |
| | |
| 1 | histFailedRelSpouse |
| occurance) | |
| 1 | histFailedRelSpouseTime |
| 2 | |

| | |
|-------------|------------------------|
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFailedRelOther |
| occurrence) | |
| 1 | histFailedRelOtherTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histSpouseSuicide |
| occurrence) | |
| 1 | histSpouseSuicideTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFamilySuicide |
| occurrence) | |
| 1 | histFamilySuicideTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFriendSuicide |
| occurrence) | |
| 1 | histFriendSuicideTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFamilyDeath |
| occurrence) | |
| 1 | histFamilyDeathTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFriendDeath |
| occurrence) | |
| 1 | histFriendDeathTime |

| | |
|------------|------------------------|
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histPhysicalHealth |
| occurance) | |
| 1 | histPhysicalHealthTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFamilyIllness |
| occurance) | |
| 1 | histFamilyIllnessTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histDebtBankruptcy |
| occurance) | |
| 1 | histDebtBankruptcyTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histJobProblems |
| occurance) | |
| 1 | histJobProblemsTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histCoworkerIssues |
| occurance) | |
| 1 | histCoworkerIssuesTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histPoorPerformance |
| occurance) | |

| | |
|--------------------------|-----------------------------|
| 1 | histPoorPerformanceTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histWorkplaceHazing |
| occurance) | |
| 1 | histWorkplaceHazingTime |
| 2 | |
| 3 | |
| 4 | |
| 2 | |
| 101 | |
| | |
| 1 | histFamilyMental |
| 2 | |
| 101 | |
| | |
| 1 | histGunInHome |
| 2 | |
| 101 | |
| | |
| | histAdditionalHomeWork |
| | |
| | |
| | |
| | |
| | sumBioPsychoSocialMar |
| | |
| | |
| 1 | aserLocSame |
| 2 | |
| | |
| [Codes delineated below] | aserLocCountry |
| [Codes delineated below] | aserLocState |
| | aserLocCity |
| | |
| | |
| [Codes delineated below] | aserLocMedicalFacility |
| | aserLocMedicalFacilityAf |
| | aserLocMedicalFacilityOther |
| | |
| | |
| | |
| | aserProviderName |
| | aserProviderRank |
| | aserProviderPhone |
| | aserProviderDsn |
| | aserProviderEmail |
| 1 | aserProviderSpecialty |

| | |
|-------------------------------------|------------------------------|
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 100 | |
| | |
| | |
| | userCompleterName |
| | userCompleterRank |
| | userCompleterCommand |
| | userCompleterPhone |
| | userCompleterDsn |
| | userCompleterEmail |
| | |
| 1 = Selected | |
| Question Asked of all Services | sourceInterviewPatient |
| | sourceInterviewCoworkers |
| | sourceInterviewOfficer |
| th clinicians, drug and | sourceInterviewProfessionals |
| personnel (e.g. ACS), etc. | |
| | sourceInterviewFamily |
| | |
| | |
| | sourceReviewMedical |
| | sourceReviewAdvocacy |
| Army Only | sourceReviewSubstanceAbuse |
| | sourceReviewSubAbNotArmy |
| | sourceReviewPersonnel |
| | sourceReviewAgency |
| | sourceReviewCourt martial |
| ts, toxicology/lab | sourceReviewManner |
| | |
| | |
| | userComments |
| | |
| [MOS/Job Codes] | |
| 9 = Officer Candidates | |
| 11 = Infantry | |
| 13 = Field Artillery | |
| 14 = Air Defense Artillery | |
| 15 = Aviation | |
| 18 = Special Forces | |
| 19 = Armor | |
| 21 = (63B) Corps of Engineers | |
| 25 = Signal Corps | |
| 27 = Paralegal | |
| 31 = Military Police Corps | |
| 33 = Electronic Warfare | |
| 35 = Military Intelligence | |
| 37 = Psychological Operations Corps | |
| 38 = Civil Affairs | |
| 42 = Adjutant General | |
| 44 = Finance | |

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|--|--|
| 45 = Armament Maintenance | |
| 46 = Public Affairs | |
| 52 = Special Equipment | |
| 56 = Religious Support | |
| 63 = Vehicle Maintenance | |
| 68 = (60-71, 91) Medical Department | |
| 74 = Chemical | |
| 79 = Recruitment and Re-enlistment | |
| 88 = Transportation | |
| 89 = Explosives and Ammunition | |
| 92 = (43, 57) Quartermaster Corps | |
| 94 = (27, 62, 91) Electronic Maintenance | |
| 96 = Intelligence | |
| 97 = Counter/Human Intelligence | |
| 98 = Communications Intelligence | |
| 999 = Other | |
| | |
| | |
| [State Codes] | |
| 0 = Alabama | |
| 1 = Alaska | |
| 2 = Arizona | |
| 3 = Arkansas | |
| 4 = California | |
| 5 = Colorado | |
| 6 = Connecticut | |
| 7 = Delaware | |
| 8 = District of Columbia | |
| 9 = Florida | |
| 10 = Georgia | |
| 11 = Hawaii | |
| 12 = Idaho | |
| 13 = Illinois | |
| 14 = Indiana | |
| 15 = Iowa | |
| 16 = Kansas | |
| 17 = Kentucky | |
| 18 = Louisiana | |
| 19 = Maine | |
| 20 = Maryland | |
| 21 = Massachusetts | |
| 22 = Michigan | |
| 23 = Minnesota | |
| 24 = Mississippi | |
| 25 = Missouri | |
| 26 = Montana | |
| 27 = Nebraska | |
| 28 = Nevada | |
| 29 = New Hampshire | |
| 30 = New Jersey | |
| 31 = New Mexico | |
| 32 = New York | |
| 33 = North Carolina | |

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|---|--|
| 34 = North Dakota | |
| 35 = Ohio | |
| 36 = Oklahoma | |
| 37 = Oregon | |
| 38 = Pennsylvania | |
| 39 = Rhode Island | |
| 40 = South Carolina | |
| 41 = South Dakota | |
| 42 = Tennessee | |
| 43 = Texas | |
| 44 = Utah | |
| 45 = Vermont | |
| 46 = Virginia | |
| 47 = Washington | |
| 48 = West Virginia | |
| 49 = Wisconsin | |
| 50 = Wyoming | |
| | |
| | |
| [Medical Facility Codes] | |
| 1 = Fox Army Health Center | |
| 3 = Lyster Army Community Hospital | |
| 5 = Bassett Army Community Hospital | |
| 8 = RW Bliss Army Health Center | |
| 32 = Evans Army Community Hospital | |
| 37 = Walter Reed Army Medical Center | |
| 47 = Eisenhower Army Medical Center | |
| 48 = Martin Army Community Hospital | |
| 49 = Winn Army Community Hospital | |
| 52 = Tripler Army Medical Center | |
| 57 = Irwin Army Community Hospital | |
| 58 = Munson Army Health Center | |
| 60 = Blanchfield Army Community Hospital | |
| 61 = Ireland Army Community Hospital | |
| 64 = Bayne-Jones Army Community Hospital | |
| 69 = Kimbrough Ambulatory Care Center | |
| 75 = General Leonard Wood Army Community Hospital | |
| 81 = Patterson Army Health Center | |
| 86 = Keller Army Community Hospital | |
| 89 = Womack Army Medical Center | |
| 98 = Reynolds Army Community Hospital | |
| 105 = Moncrief Army Community Hospital | |
| 108 = William Beaumont Army Medical Center | |
| 109 = Brooke Army Medical Center | |
| 110 = Darnall Army Medical Center | |
| 121 = McDonald Army Health Center | |
| 122 = Kenner Army Health Center | |
| 123 = DeWitt Army Community Hospital | |
| 125 = Madigan Army Medical Center | |
| 131 = Weed Army Community Hospital | |
| 247 = Monterey Army Health Center | |
| 256 = DiLorenzo Tricare Health Clinic | |
| 273 = Lawrence Joel Army Health Center | |

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|---|--|
| 308 = Kirk Army Health Center | |
| 309 = Barquist Army Health Center | |
| 330 = Guthrie Army Health Center | |
| 352 = Dunham Army Health Center | |
| 390 = Andrew Rader Army Health Center | |
| 606 = US Army MEDDAC Heidelberg | |
| 607 = Landstuhl Regional Medical Center | |
| 609 = US Army MEDDAC Bavaria | |
| 610 = US Army MEDDAC Camp Zama, Japan | |
| 612 = 121st General Hospital, Korea | |
| 953 = Rodriguez Army Health Center, Puerto Rico | |
| 222 = Iraq | |
| 33 = Kuwait | |
| 444 = Afghanistan | |
| 999 = Other | |