Army Suicide Event Report 2006 ASER

Version: 2.2.1 (29-Dec-2005)
Previous editions are obsolete.

The ASER was developed to standardize the data collected on all suicide behaviors among Army soldiers. Completed suicide is one of the leading causes of death among U.S. soldiers, and suicide behaviors lead to unnecessary soldier and family suffering and premature attrition. The ASER is an integral part of the Army's Suicide Prevention Program.

The ASER should be completed for all fatalities, hospitalizations, and evacuations where the injury or injurious intent is self-directed. It is not intended to replace the psychological autopsy, which is limited to fatalities in which the manner of death is uncertain.

Instructions:

The ASER is REQUIRED for:

- All suicide behaviors that resulted in hospitalization or evacuation.
- All suicide completions/fatalities.

This form must be completed by a credentialed behavioral health (BH) clinician (psychologist, psychiatrist, social worker, or psychiatric nurse) within 30 days of the date of hospitalization or evacuation, or within 60 days of the date the event was determined to be a suicide. All answers should reflect the circumstances at the time of the event.

The preferred method of entry for the ASER is via the web form available at https://aser.amedd.army.mil. If the web form is inaccessible, this Microsoft Word form may be used. Word forms have known problems with "Reading Layout" and should be completed in "Print Layout". To activate this mode, select "View" from the menu bar at the top of the screen and choose the "Print Layout" menu item.

Please respond to all questions by typing in the text fields and clicking on the checkboxes. If you are unable to find an answer, respond with "don't know". Use the "File" menu-item "Save As" to save the form to a new file name. Email the completed form to suicide.reporting@us.army.mil using AKO web mail to guarantee a secure email environment. If electronic completion is impossible, this form may be completed by hand and faxed to 253-968-3731.

For suicide behaviors that resulted in hospitalization or evacuation:

1. Information is primarily obtained from the patient
2. Review all available medical and behavioral health records
3. Interview co-workers and supervisors as needed

For suicide completions/fatalities:

1. Review all available records:
   - Medical and mental health records
   - Personnel and counseling records
   - Responsible investigative agency (e.g. CID) records
   - Records related to manner of death, such as casualty reports, toxicology/lab reports, pathology/autopsy reports, suicide notes, etc.
2. Interview related persons:
   - Co-workers and supervisors
   - Responsible investigative agency officer
   - Involved professionals, such as physicians, behavioral health clinicians, drug and alcohol counselors, chaplains, military police, family service personnel (e.g. ACS), etc.
   - Interviews with family members are encouraged but not required, and should only be done with the utmost sensitivity. The purpose of these interviews is to provide firsthand data concerning the decedent and his/her behavior, not to determine accountability or culpability for the decedent's death.

Privacy:

HIPAA: This document may contain confidential protected health information (PHI) and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited.

Freedom of Information Act (FOIA): Personally identifying information in this document is protected under FOIA exemption 6 (5 U.S.C. (b)(6)). Release of information in this document to satisfy FOIA requests is limited to aggregate and non-personally identifiable data. Reports that satisfy these requirements are published by the Suicide Risk Management and Surveillance Office (SRMSO). Email suicide.reporting@us.army.mil or visit https://aser.amedd.army.mil for more information.

I. Event Information

1. Event date: Event time:	_____ (dd-mmm-yy) _____ (local time, hhmm)
2. Geographic location of event: Country: State (or equivalent): City, post, or camp:	 _____ _____ _____
3. Event setting:	☐ Residence (own) ☐ Residence of friend or family ☐ Work/jobsite ☐ Automobile (away from residence) ☐ Inpatient medical facility ☐ Other: _____
4. Type of event: (check all that apply)	☐ Completed suicide ☐ Hospitalization (inpatient) ☐ Evacuation ☐ Other: _____
If hospitalized, what types of facilities were involved? (check all that apply) List the facility name(s): Start date of hospitalization? End date of hospitalization?	☐ Military Treatment Facility ☐ Civilian facility ☐ VA hospital ☐ Don't know _____ (dd-mmm-yy) ☐ Check if unknown (dd-mmm-yy) ☐ Check if unknown ☐ Check if patient is still in the inpatient facility
5. 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
6. During the event, was alcohol used?	☐ Yes ☐ No ☐ Don't know

I. Event Information (continued)

7. During the event, were drugs used?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

If yes, what types of drugs were used?

	Overdose	Used, no overdose	Were not used
Drugs (illicit/illegal)	☐	☐	☐
Prescription medications	☐	☐	☐
Non-prescription medications (e.g. over-the-counter medication)	☐	☐	☐

8. Is there evidence that the patient/decedent intended to die?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

9. Was the method used (and quantity, if appropriate) one that is typically lethal?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

10. Is there evidence the event involved death-risk gambling? (e.g. Russian roulette, walking railroad tracks, playing "chicken")
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

11. Is there evidence that the event was planned and/or premeditated?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

12. Was the event performed under circumstances where it would likely be observed and intervened in by others?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

13. Was a suicide note left?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

14. Prior to the event, did the patient/decedent communicate potential for self-harm?
    - ☐ 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: _____

I. Event Information (continued)

15. What was the patient/ decedent's primary 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 being hurt in other ways)
- ☐ **Individual reasons** (e.g. self-punishment, to express anger, be with deceased loved one)
- ☐ **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

16. 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: _____

17. 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

II. Patient/Decedent Personal Information

18. Last name: First name & middle initial: Social Security Number:	_____ _____, _ _____
19. Date of birth:	_____ (dd-mmm-yy)
20. Sex:	☐ Male ☐ Female ☐ Don't know
21. Relationship to sponsor:	☐ Sponsor ☐ Spouse ☐ Child ☐ Other: _____
22. Racial category: (check only one)	☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black/African American ☐ White/Caucasian ☐ Other: _____ ☐ Don't know
23. Specific ethnic group: (check only one)	Hispanic ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Latin American ☐ Other Spanish Native American ☐ Aleut ☐ Eskimo ☐ U.S/Canadian Indian Tribes ☐ Other ☐ Don't know Asian ☐ Chinese ☐ Japanese ☐ Korean ☐ Indian ☐ Filipino ☐ Vietnamese ☐ Other Asian Pacific Islander ☐ Melanesian ☐ Polynesian ☐ Other Pacific Islands
24. 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

II. Patient/Decedent Personal Information (continued)

25. 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 certificate ☐ Four-year college degree ☐ Master's degree or greater ☐ Don't know
26. 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
27. Did the patient/decedent reside alone at the time of the event?	☐ Yes ☐ No ☐ Don't know
28. 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

III. Sponsor's Military Information

29. Service:	☐ Army ☐ Coast Guard ☐ Navy ☐ Foreign military ☐ Air Force ☐ Other uniformed service ☐ Marines ☐ Other: _____
30. Component/Military status:	☐ Regular (e.g. Army, Air Force) ☐ Reserve (e.g. USAR, USMCR) ☐ National Guard ☐ Other: _____
31. Job code: (MOS, SSI, AFSC, DAFSC, or other military job code)	_____
32. 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
33. Pay grade:	☐ E1 ☐ E6 ☐ W1 ☐ O1 ☐ O6 ☐ E2 ☐ E7 ☐ W2 ☐ O2 ☐ O7 ☐ E3 ☐ E8 ☐ W3 ☐ O3 ☐ O8 ☐ E4 ☐ E9 ☐ W4 ☐ O4 ☐ O9 ☐ E5 ☐ W5 ☐ O5 ☐ O10 ☐ Cadet/Midshipman ☐ Does not apply
34. Permanent duty station / command location	☐ Same as geographic event location ☐ Other location
If other location, Country: State (or equivalent): City, post, or camp:	 _____ _____ _____
35. Permanent duty assignment: Division: Brigade: Battalion: Company:	 _____ _____ _____ _____
36. UIC or other unit identification:	_____
37. Length of time in unit:	__ years, __ months ☐ Check if unknown

IV. History

Was the patient/decedent seen by…	Yes	No	Don't know	If yes, how long prior to event? (select most recent occurrence) Within 30 days	Within 3 months	Within 1 year	Over 1 year ago
38. …a Medical Treatment Facility?	☐	☐	☐	☐	☐	☐	☐
39. …Substance Abuse Services?	☐	☐	☐	☐	☐	☐	☐
40. …a Family Advocacy Program?	☐	☐	☐	☐	☐	☐	☐
41. …Chaplain services?	☐	☐	☐	☐	☐	☐	☐
42. …Outpatient Mental Health? (including deployment mental health services)	☐	☐	☐	☐	☐	☐	☐
43. …Inpatient Mental Health?	☐	☐	☐	☐	☐	☐	☐
Had the patient/decedent…							
44. …been diagnosed with any Mood Disorder?	☐	☐	☐	☐	☐	☐	☐
45. …been diagnosed with a Bipolar Disorder?	☐	☐	☐	☐	☐	☐	☐
46. …been diagnosed with Major Depression?	☐	☐	☐	☐	☐	☐	☐
47. …been diagnosed with a Psychotic Disorder?	☐	☐	☐	☐	☐	☐	☐
48. …been diagnosed with PTSD?	☐	☐	☐	☐	☐	☐	☐
49. …been diagnosed with an Anxiety Disorder?	☐	☐	☐	☐	☐	☐	☐
50. …been diagnosed with a Personality Disorder?	☐	☐	☐	☐	☐	☐	☐
51. …had a history of Substance Abuse?	☐	☐	☐	☐	☐	☐	☐
If yes, select all that apply:	Dependence	Abuse					
Alcohol	☐	☐					
Drugs (illicit/illegal)	☐	☐					
Prescription medications	☐	☐					
Non-prescription medications (e.g. over-the-counter medication)	☐	☐					
52. …taken psychotropic medications?	☐	☐	☐	☐	☐	☐	☐
53. …had prior self-injurious events?	☐	☐	☐	☐	☐	☐	☐
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: _____							

IV. History (continued)

Was the patient/decedent the subject of...	Yes	No	Don't know	If yes, how long prior to event? (select most recent occurrence) Within 30 days	Within 3 months	Within 1 year	Over 1 year ago
54. ...Courts Martial proceedings?	☐	☐	☐	☐	☐	☐	☐
55. ...Article 15 proceedings or civilian criminal problems?	☐	☐	☐	☐	☐	☐	☐
56. ...Administrative Separation proceedings?	☐	☐	☐	☐	☐	☐	☐
57. ...AWOL or desertion proceedings?	☐	☐	☐	☐	☐	☐	☐
58. ...a Medical Evaluation Board?	☐	☐	☐	☐	☐	☐	☐
59. ...civil legal problems? (e.g. child custody dispute, litigation)	☐	☐	☐	☐	☐	☐	☐
60. ...non-selection for advanced schooling, promotion, or command?	☐	☐	☐	☐	☐	☐	☐
Was the patient/decedent an alleged or confirmed VICTIM of...							
61. ...physical abuse or assault?	☐	☐	☐	☐	☐	☐	☐
62. ...sexual abuse or assault?	☐	☐	☐	☐	☐	☐	☐
63. ...emotional abuse or assault?	☐	☐	☐	☐	☐	☐	☐
64. ...sexual harassment?	☐	☐	☐	☐	☐	☐	☐
Was the patient/decedent an alleged or confirmed PERPETRATOR of...							
65. ...physical abuse or assault?	☐	☐	☐	☐	☐	☐	☐
66. ...sexual abuse or assault?	☐	☐	☐	☐	☐	☐	☐
67. ...emotional abuse or assault?	☐	☐	☐	☐	☐	☐	☐
68. ...sexual harassment?	☐	☐	☐	☐	☐	☐	☐

IV. History (continued)

69. List the three most recent deployments, if any, including current deployments:

Deployment location 1:
- ☐ Afghanistan
- ☐ Iraq
- ☐ Kuwait
- ☐ Korea
- ☐ Other: _____
- ☐ Kosovo
- ☐ Other Europe
- ☐ North America
- ☐ Central or South America

Deployment start date: _____ (dd-mmm-yy)

Deployment end date: _____ (dd-mmm-yy)
(or expected end date)

Deployment location 2:
- ☐ Afghanistan
- ☐ Iraq
- ☐ Kuwait
- ☐ Korea
- ☐ Other: _____
- ☐ Kosovo
- ☐ Other Europe
- ☐ North America
- ☐ Central or South America

Deployment start date: _____ (dd-mmm-yy)

Deployment end date: _____ (dd-mmm-yy)
(or expected end date)

Deployment location 3:
- ☐ Afghanistan
- ☐ Iraq
- ☐ Kuwait
- ☐ Korea
- ☐ Other: _____
- ☐ Kosovo
- ☐ Other Europe
- ☐ North America
- ☐ Central or South America

Deployment start date: _____ (dd-mmm-yy)

Deployment end date: _____ (dd-mmm-yy)
(or expected end date)

	Yes	No	Don't know	If yes, how long prior to event? (select most recent occurrence) Within 30 days	Within 3 months	Within 1 year	Over 1 year ago
70. Did the patient/decedent experience direct combat operations?	☐	☐	☐	☐	☐	☐	☐
If yes, did the patient/decedent…							
…and his/her unit engage in battle resulting in casualties/wounded?	☐	☐	☐	☐	☐	☐	☐
…become wounded or injured in combat?	☐	☐	☐	☐	☐	☐	☐
…personally witness a unit member, ally, enemy, or civilian being seriously wounded or killed?	☐	☐	☐	☐	☐	☐	☐
…see the bodies of dead soldiers or civilians following battle?	☐	☐	☐	☐	☐	☐	☐
…kill others in combat (or have reason to believe others were killed as result of actions)?	☐	☐	☐	☐	☐	☐	☐

IV. History (continued)

Was there evidence of...	Yes	No	Don't know	If yes, how long prior to event? (select most recent occurrence) Within 30 days	Within 3 months	Within 1 year	Over 1 year ago
71. ...a failed or failing spousal or intimate partner relationship?	☐	☐	☐	☐	☐	☐	☐
72. ...a failed or failing other relationship?	☐	☐	☐	☐	☐	☐	☐
73. ...a completed spousal suicide?	☐	☐	☐	☐	☐	☐	☐
74. ...a completed family member suicide?	☐	☐	☐	☐	☐	☐	☐
75. ...a completed suicide by a friend?	☐	☐	☐	☐	☐	☐	☐
76. ...a death of spouse or family member? (other than suicide)	☐	☐	☐	☐	☐	☐	☐
77. ...a death of a friend? (other than suicide)	☐	☐	☐	☐	☐	☐	☐
78. ...a physical health problem?	☐	☐	☐	☐	☐	☐	☐
79. ...a chronic spousal or family severe illness?	☐	☐	☐	☐	☐	☐	☐
80. ...excessive debt or bankruptcy?	☐	☐	☐	☐	☐	☐	☐
81. ...job problems? (e.g. laid off, fired, excessive pressure)	☐	☐	☐	☐	☐	☐	☐
82. ...supervisor or coworker issues or problems?	☐	☐	☐	☐	☐	☐	☐
83. ...a poor work performance review or evaluation? (e.g. bar for reenlistment, flagged record, extra duty imposed)	☐	☐	☐	☐	☐	☐	☐
84. ...unit or workplace hazing?	☐	☐	☐	☐	☐	☐	☐

	Yes	No	Don't know
85. Did the patient/decedent have a family history of mental illness or suicide?	☐	☐	☐
86. Was there a gun in the home or immediate environment?	☐	☐	☐

V. Narrative Summary

Personally identifying information in the narrative summary is protected by HIPAA and FOIA exemption 6 (5 U.S.C. (b)(6)).

87. Describe any details of the circumstances that led to the suicide attempt/completion that have not already been captured by this form.

88. Provide a brief "bio-psycho-social" formulation as to WHY this patient/decedent engaged in suicidal behavior. (optional)

89. Identify any additional risk management issues associated with this case.

VI. ASER Completion Information

90. Today's date: _____ (dd-mmm-yy)

91. Location where this ASER was completed:
- ☐ Same as geographic event location
- ☐ Other location

If other location,
Country: _____
State (or equivalent): _____
City, post, or camp: _____

92. Medical facility where this ASER was completed or supporting MTF: (use standard acronym, e.g. WRAMC) _____

93. Behavioral Health provider:
Name: _____
Rank/grade: _____
SSN: _____
Phone number: _____
DSN prefix: _____
Email: _____
Specialty:
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Social Worker
- ☐ Psychiatric Nurse
- ☐ Licensed Mental Health Counselor or equivalent
- ☐ Other: _____

94. Form completer, if not Behavioral Health provider:
Name: _____
Rank/grade: _____
SSN: _____
Phone number: _____
DSN prefix: _____
Email: _____

95. Comments: