



**REGIONAL MEDICAL
EXAMINER'S OFFICE**

SUICIDE ASSESSMENT

WCRMEO CASE #

Information Source: _____ Relationship: _____

Investigator: _____ Date/Time: _____

Demographics

Occupation:

Education:

Religion:

Children Y N

Living Situation

- ☐ Alone
- ☐ With family/parents
- ☐ With spouse/partner
- ☐ With kids
- ☐ Unknown

Military Y N Veteran

- ☐ Branch:

Alcohol History

Years:

Amount:

- ☐ Social
- ☐ Affected life
- ☐ Disability

Drug History

Type:

Time period:

- ☐ Prescription
- ☐ Illicit
- ☐ Social
- ☐ Affected Life

Family Mental Health History

- ☐ Remote
- ☐ Immediate
- ☐ Significant other
- ☐ Suicide of friend/family

Other:

Firearm

Type:

Location:

- ☐ Owner
- ☐ Permit
- ☐ Familiarity
- ☐ Loaded

Declaration of Intent

Date:

- ☐ Written
- ☐ Verbal
- ☐ Phone
- ☐ Recorded
- ☐ Demonstrated
- ☐ Social Media

Other Addictions

- ☐ Gambling
- ☐ Sexual
- ☐ Adrenaline/thrill
- ☐ Other:

Possible Causal Factors

- ☐ Unknown
- ☐ Marital
- ☐ Social
- ☐ Legal
- ☐ Life quality
- ☐ Money
- ☐ Employment
- ☐ School
- ☐ Death in family
- ☐ Death of friend
- ☐ Criminal record
- ☐ Health
- ☐ Family
- ☐ Love life
- ☐ Abuse history
- ☐ Victim of crime/assault
- ☐ Social isolation
- ☐ Guilt
- ☐ Humiliation
- ☐ Insomnia
- ☐ Chronic pain/illness
- ☐ Other:

Previous Threats/Gestures

Number:

Method:

Date:

Mental Health

Date Diagnosed:

- ☐ Depression
- ☐ Schizophrenia
- ☐ Bipolar
- ☐ PTSD
- ☐ Personality Disorder

Treatment:

- ☐ Therapist
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Social Worker
- ☐ Physician

Name:

Phone:

- ☐ Prescription medication
- ☐ Compliance:
- ☐ Recent ER/PCP visit?

Reason:

Prior Attempt(s)

Date:

- ☐ Drugs
- ☐ CO
- ☐ Drowning
- ☐ Hanging
- ☐ Asphyxia
- ☐ Stabbing/Cutting
- ☐ Unknown
- ☐ Other:

Behavior

- ☐ In the past 2 weeks, have there been any behavior changes? (E.g. diet, sleep, mood, planning)

Sexual Orientation / Gender Identity Assessment (All cases):Sex at birth

- ☐ Male
- ☐ Female
- ☐ Unknown

Sexual Partners/Attraction

- ☐ Only male
- ☐ Only female
- ☐ Both male and female
- ☐ No sexual partners to determine

Gender Identity at Time of Death

- ☐ Male, not transgender
- ☐ Female, not transgender
- ☐ Transgender male
- ☐ Transgender female
- ☐ Transgender non-binary or other
- ☐ Unable to determine

Sexual Orientation

- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Heterosexual
- ☐ Unable to determine

Caused life stress:

Females Only:

- ☐ Recent pregnancy or birth (within 1yr)
- ☐ Recent miscarriage/still birth (within 1yr)
- ☐ Diagnosed post-partum depression
- ☐ Hormone treatment for menopause

Youth Assessment (18 and under):School History

- ☐ School failure
- ☐ Move/new school
- ☐ Problems with grades
- ☐ Individualized education plan (IEP)
- ☐ Suspension / Expulsion
- ☐ Loss of extracurricular activities
- ☐ Gang affiliation
- ☐ Other:

Type of Bullying

- ☐ Victim
- ☐ Perpetrator
- ☐ Unknown

Type of Bullying if known

- ☐ Physical
- ☐ Verbal
- ☐ On the basis of religion
- ☐ On the basis of perceived sexual orientation/gender identity
- ☐ On the basis of disability
- ☐ Online/social media
- ☐ Other:

Relationship Stressors

- ☐ Argument with significant other
- ☐ Argument with family
- ☐ Interaction with law enforcement
- ☐ Breakup
- ☐ Conflict with peers
- ☐ Argument with friends
- ☐ Rumor mongering
- ☐ Physical abuse/assault
Past / Recent / Current
- ☐ Rape/sexual abuse
Past / Recent / Current
- ☐ Online/social media conflict
- ☐ Other:

Family Circumstances

- ☐ Intact family
- ☐ Parents separated / divorced
- ☐ On-going custody issues
- ☐ Single parent household
- ☐ Foster care or out of home placement
- ☐ Ongoing family discord
- ☐ Incarcerated parent
- ☐ Parent in the military
- ☐ Other: