

GRAYS HARBOR COUNTY PUBLIC HEALTH  
AND SOCIAL SERVICES DEPARTMENT

# SELF-INJURY SURVEILLANCE

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A SUMMARY OF DATA COLLECTED  
AUGUST 1, 2012 – JULY 31, 2013

REPORT PREPARED BY  
BRIANNE PROBASCO

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# SELF-INJURY SURVEILLANCE

A SUMMARY OF DATA COLLECTED AUGUST 1, 2012 – JULY 31, 2013

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## BACKGROUND

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By Order of the Health Officer and beginning August 1, 2012, self-injury among persons less than 25 years of age that results in an emergency department visit or hospitalization became a notifiable condition in Grays Harbor County (see Appendix A).

Surveillance of self-injury among youth and young adults was implemented because:

1. Suicide is a serious public health problem and a leading cause of death among the county's adolescents and young adults.
2. Both suicide and suicide attempts are preventable.
3. Suicide "contagion" is a recognized phenomenon especially among young people. The intense use of social media by youth can inadvertently support suicide contagion.
4. Suicide attempts also contribute to the social and emotional environment of young people, but they often happen "below the radar" of providers of community prevention and support services, who are well-positioned to positively impact the type and flow of information to reduce the risk of contagion.
5. A public health approach to suicide prevention includes improving our understanding of suicide attempts.

Hospitals and local emergency medical service providers were asked to report any person under age 25 who was seen in an emergency department for self-inflicted injury that was not immediately fatal. Core data elements including name, date of birth, gender, city of residence, school attended, where discharged to from Emergency Department, type, place and method of self-injury, and presence/absence of suicidal intent were to be reported immediately to Public Health or to the Public Health Duty Officer. A one-page reporting form (see Appendices C and D) was to be completed and faxed to Public Health within 3 working days of the incident. Upon receipt of a completed reporting form, Public Health staff recorded the incident and checked the patient's history or and eligibility for publicly-funded mental health services through the Regional Support Network (RSN). Patients and families were **not** contacted by Public Health for the purposes of this surveillance program.

This report summarizes data collected through the self-injury surveillance effort from August 1, 2012 through July 31, 2013.

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**SUMMARY OF DATA COLLECTED**

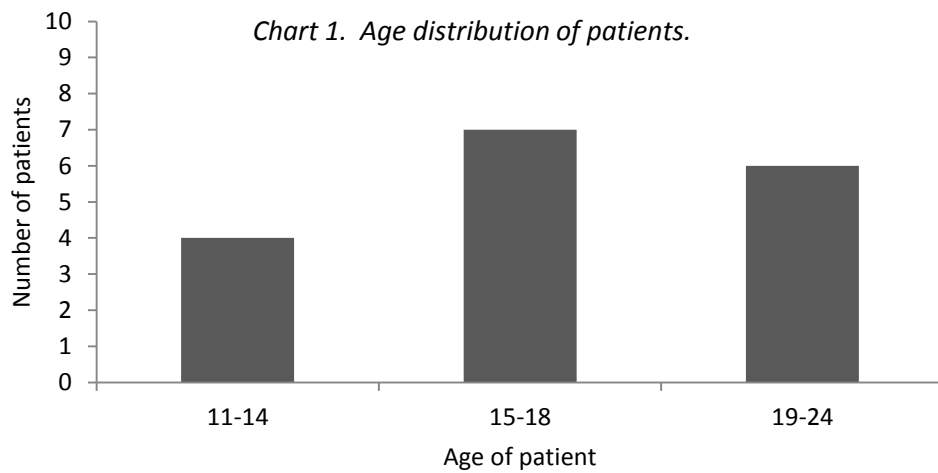
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Between August 1, 2012 and July 31, 2013, there were a total of 17 self-injury cases that met the requirement for reporting. As a point of comparison, there was 1 suicide among persons aged less than 25 years during this same time period.

**DEMOGRAPHICS**

AGE

The youngest patient was 11 years old; the oldest patient was 24 years old. The average age of patients was 17.



*Table 1: Age distribution of patients.*

<i>Age (in years)</i>	<i>Number of patients</i>
11	1
12	1
13	0
14	2
15	3
16	0
17	2

<i>Age (in years)</i>	<i>Number of patients</i>
18	2
19	1
20	2
21	0
22	2
23	0
24	1

GENDER

41% (n=7) of patients were male; 59% (n=10) were female.

SEASON/MONTH OF INCIDENT

35% (n=6) of incidents occurred during summer, 18% (n=3) during autumn, 29% (n=5) during winter and 18% (n=3) during spring.

Chart 2. Distribution of incidents by month.

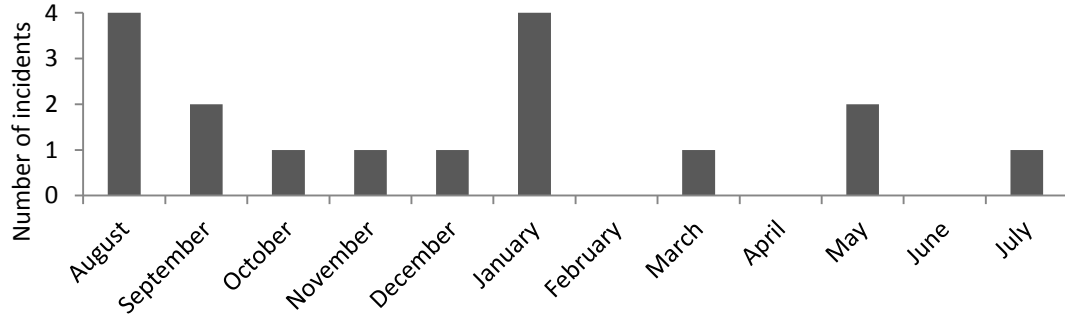


Table 2: Distribution of incidents by month.

Month	Number of incidents
August	4
September	2
October	1
November	1
December	1
January	4
February	0
March	1
April	0
May	2
June	0
July	1

#### CITY OF RESIDENCE

71% (n=12) of patients lived in the Aberdeen/Cosmopolis/Hoquiam area, 18% (n=2) lived in east Grays Harbor County, 6% (n=1) lived in the North Beach area, and 6% (n=1) lived out-of-county. City of residence was not reported for 1 patient.

*Table 3: City of residence.*

<i>City of residence</i>	<i>Number of patients</i>
Aberdeen	8
Cosmopolis	2
Hoquiam	2
Elma	1
Montesano	1
Ocean Shores	1
Lacey	1
Not reported	1

#### RACE AND ETHNICITY

Race was reported for 13 of the 17 patients; of these, all patients were categorized as “White.” Ethnicity was reported for 11 of the 17 patients; of these, all patients were categorized as “Non-Hispanic.”

#### LIVING ARRANGEMENTS

Living arrangements were reported for 9 of the 17 patients.

*Table 4: Living arrangements.*

<i>Living arrangement</i>	<i>Number of patients</i>
With both parents	4
Mother only	3
Foster parents	1
Alone	1
Not reported	8

## GUN IN HOME

Information about whether or not there was a gun in the patient's home was recorded for 13 of the 17 patients, with only one patient indicating there was a gun in the home.

*Table 5: Gun in home.*

<i>Is there a gun in the home?</i>	<i>Number of patients</i>
Yes	1
No	4
Unknown	8
Not reported	4

## ADMITTANCE/TRANSFER TO HOSPITAL

No patients were admitted to the hospital; 2 patients were transferred to another hospital.

## TYPE AND METHOD OF SELF-INJURY

### TYPE OF SELF-INJURY

The type of self-injury was recorded for all but 1 of the patients. 63% (n=10) of patients acted on self-harm thoughts and that act resulted in poisoning or injury, 25% (n=4) of patients acted on self-harm thoughts but the act did not result in poisoning or injury. 6% (n=1) of patients verbalized thoughts of self-harm with a specific plan and another 6% (n=1) of patients verbalized thoughts of self-harm without a specific plan.

### COMPLETION OF ACT

60% (n=9) of patients completed a self-injury act. 40% (n=6) of patients were stopped; 50% (n=3) were stopped by themselves and 50% (n= 3) were stopped by someone else.

## INTENT TO DIE

Information about the patient's intent to die was recorded for 13 of the 17 patients.

*Table 6: Intent to die.*

<i>Intent to die</i>	<i>Number of patients</i>
Yes	9
No	0
Unknown	4
Not reported	4

Of those patients who intended to die, 78% (n=7) explicitly stated that s/he intended to die.

## PLACE OF INCIDENT

80% (n=12) of the self-injury incidents occurred at the patient's home. Place of incident was not reported for 2 patients. "Other" locations included the Chehalis River Bridge and bathrooms at a public beach.

*Table 7: Place of incident.*

<i>Place of incident</i>	<i>Number of patients</i>
Own home	12
Other home	1
Other	2
Not reported	2



## TELLING OTHERS OF PLAN

Information about whether or not the patient had told others of his/her plan to attempt suicide was reported for 12 patients. Of those, 58% (n=7) had told others of their plan.

*Table 8: Distribution of patients who told others of their plan.*

<i>Told others plan?</i>	<i>Number of patients</i>
Yes	7
No	2
Unknown	3
Not reported	5

## METHOD OF SELF-INJURY

59% (n=10) of incidents involved poisoning by solid or liquid substance, 29% (n=5) involved cutting or piercing and 12% (n=2) involved hanging or suffocation. Females were more likely to engage in cutting or piercing, while males were more likely to engage in hanging or suffocation. Females and males were equally likely to engage in poisoning.

*Table 9: Distribution of incidents by method of self-injury and gender.*

<i>Method of self-injury</i>	<i>Number of patients</i>	
	<i>Female</i>	<i>Male</i>
Poisoning	6	4
Cutting or piercing	4	1
Hanging or suffocation	0	2
Other (Threatening to jump off bridge)	0	1

## NUMBER OF PREVIOUS SUICIDE ATTEMPTS

Information about whether or not a patient had made previous suicide attempts was reported for 13 patients. Of those, 54% (n=7) had been known to have made at least one previous suicide attempt. Females and males were equally likely to have reported previous suicide attempts.

*Table 10: Number of previous suicide attempts.*

<i>Number of previous suicide attempts</i>	<i>Number of patients</i>
0	5
1	2
3	1
Previous suicide attempts reported, but number unknown	4
Unknown if patient made previous suicide attempts	1
Not reported	4

### HISTORY OF MENTAL ILLNESS

Information about whether or not the patient had experienced mental illness was reported for 14 patients; of these, 64% (n=9) reported a history of mental illness. Females and males were equally likely to report a history of mental illness.

*Table 11: History of mental illness by gender.*

<i>Mental illness experienced by patient</i>	<i>Number of patients</i>	
	<i>Female</i>	<i>Male</i>
Major Depression	3	3
Bipolar Disorder	2	0
ADHD or ADD	1	0
Borderline Personality Disorder	1	0
Conduct Disorder	0	1
PTSD	1	0
Substance Abuse	0	1
None	2	1
Unknown	2	1
Not reported	1	2

## RISKS

Information about precipitating events and risk factors was reported for 12 patients; of these, 100% reported a precipitating event or risk factor.

*Table 12: Precipitating events and risk factors by gender.*

<i>Precipitating event or risk factor</i>	<i>Number of patients</i>	
	<i>Female</i>	<i>Male</i>
Alcohol and/or drug abuse	1	0
Argument or breakup with boyfriend/girlfriend	2	0
Family discord	3	3
School problems	0	2
Suicide or attempt by friend/relative	2	0
Stress	0	1
Other ("court issues", "feels like he's losing his mind")	1	1
Not reported	3	2

## INTERVENTION

Information about whether or not the patient was referred to an intervention was reported for 14 patients; of these, 100% were referred to an intervention.

*Table 13: Place patient was referred to for intervention.*

<i>Place patient was referred to for intervention</i>	<i>Number of patients</i>
Crisis Clinic	6
Emergency Room	2
Mental Health Professional	5
Behavioral Health Resources (BHR)	1
Bremerton Psych	1
Not reported	3

## ELIGIBILITY FOR AND HISTORY OF PUBLICLY-FUNDED MENTAL HEALTH SERVICES

59% (n=10) of patients were found to be eligible for publicly-funded mental health services at the date of incident; 41% (n=7) were not eligible.

59% (n=10) of patients had received publicly-funded mental health services *prior* to the date of incident; 41% (n=7) had not. 59% (n=10) of patients received publicly-funded mental health services *after* the date of incident; 41% (n=7) did not.

Of those patients who were found to be eligible for publicly-funded mental health services at the date of incident, 30% (n=3) had not received any publicly-funded mental health services prior to the date of incident and 20% (n=2) did not receive any publicly-funded mental health services in the year following their incident.

Of those patients who were found to *not* be eligible for publicly-funded mental health services at the date of incident, 43% (n=3) had received publicly-funded mental health services prior to the date of incident and 29% (n=2) received publicly-funded mental health services after their incident.

## REPORTING PRACTICES

All reports were completed within 3 working days of the incident, but there is currently no process in place to record when the report was received by Public Health.

76% (n=13) of reports were completed by Grays Harbor Community Hospital. Each of the following agencies also completed one report each: Aberdeen Fire Department, Montesano Fire Department, Grays Harbor Fire District 5, Behavioral Health Resources (BHR).

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## DISCUSSION

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### CONTINUED SURVEILLANCE

Stakeholders of the self-injury surveillance effort met in May 2013 to review year-to-date data collected and discuss the benefits of self-injury surveillance. At that time, it was agreed that the Order of the Health Officer making self-injury among persons less than 25 years of age that results in an emergency department visit or hospitalization a notifiable condition would continue.

### COORDINATION WITH SCHOOLS

In April 2013, the Washington state legislature passed House Bill 1336 to increase capacity for school districts to recognize and respond to youth in need through additional training, more comprehensive planning, and emphasis on partnerships between schools and communities. This provides an opportunity for Public Health and local school districts to work together to address youth self-injury and suicide. In particular, Public Health should educate local school districts and the communities they serve about the self-injury surveillance program and work to reduce barriers that prevent effective collaboration. A special effort to include elementary schools in this work should be included.

#### **TRAINING FOR FORM USERS**

It was noted that several data items had high numbers of “Not Reported”; in other words, all of the data elements were not collected for many patients. Stakeholders recommend that training be provided to form users to ensure complete documentation and improved data collection.

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APPENDIX A – ORDER OF THE HEALTH OFFICER

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Grays Harbor County  
Public Health and Social Services Department

PEARSALL BUILDING  
2109 SUMNER AVENUE, ABERDEEN, WA 98520

PHONE: (360) 532-8631  
TDD: (360) 532-8657

FAX: (360) 533-6272  
FAX: (360) 533-1983

**TEMPORARY HEALTH ORDER**  
**Requirement to report suicide attempts among youth**

Findings

- 1) Suicide is a serious public health problem and a leading cause of death among the county's adolescents and young adults.
- 2) Suicide "contagion" is a recognized phenomenon especially among young people. The intense use of social media by youth can inadvertently support suicide contagion.
- 3) Suicide attempts also contribute to the social and emotional environment of young people, but they often happen "below the radar" of providers of community prevention and support services.
- 4) Both suicide and suicide attempts are preventable.
- 5) A public health approach to suicide prevention includes improving our understanding of suicide attempts.

Authority

Under Washington Administrative Code 246-101-505 (3)(d)<sup>1</sup> each local health officer has the authority to "require the notification of additional conditions of public health importance occurring within the jurisdiction of the local health officer".

By Order of the Health Officer

- A. Requirement to report – hospitals and pre-hospital care providers
1. Any hospital which treats as a patient a person under 25 years of age because the person has attempted to commit suicide:
    - a) Shall cause that person to be provided with information and referral to inpatient or outpatient community resources, crisis intervention or other appropriate intervention by the patient's health care provider, hospital social work staff or other appropriate staff
    - b) Shall report identifying and statistical information to Grays Harbor Public Health and Social Services Department.
  2. Any Emergency Medical Services provider who provides pre-hospital care for a person under 25 years of age because the person has attempted to commit suicide AND has transported that person to a hospital outside of Grays Harbor County for initial evaluation and care:

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<sup>1</sup> Statutory authority derived from Revised Code of Washington 70.05.170.

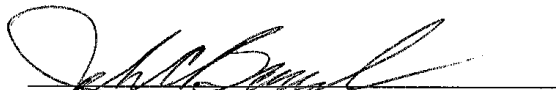
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APPENDIX A CONT'D

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- a) Shall report identifying and statistical information to Grays Harbor Public Health and Social Services Department
- B. Data elements and reporting timeframe
  - 1. Initial report of a suicide attempt shall occur immediately by telephone to Public Health at (360) 532-8631 during regular business hours or, after hours, via the Public Health Duty Officer at 360-581-1401.
  - 2. The initial report will include the following data elements:
    - a) Name
    - b) Date of birth
    - c) School/employer
    - d) City of residence
    - e) Method of self-injury
    - f) Reports from pre-hospital care providers shall include the name of the facility to which the patient was transported.
  - 3. Final report of a suicide attempt shall be completed within 3 working days by faxing the report form provided to (360) 533-1983.
- C. Duration of order and re-evaluation of requirements
  - 1. This order shall remain in effort for a period of 12 months beginning August 1, 2012 and ending July 31, 2013.
  - 2. The contents of this order will be evaluated during the 12 month period and a determination about continuing or discontinuing these requirements will be made and announced prior to July 31, 2013.

Adopted this 26<sup>th</sup> day of July, 2012



John C. Bausher, MD, PhD  
Health Officer, Grays Harbor County

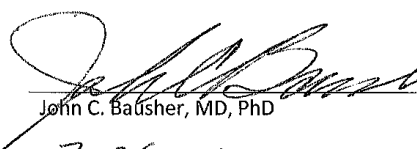
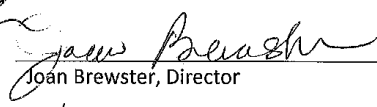


APPENDIX B – PROCEDURES

SUICIDE ATTEMPT SURVEILLANCE

GRAYS HARBOR COUNTY  
PUBLIC HEALTH AND SOCIAL SERVICES

SURVEILLANCE FOR SUICIDE ATTEMPTS AMONG YOUTH

Approved    
 John C. Bausher, MD, PhD Joan Brewster, Director  
 7-26-12 7-26-12  
 Date Date

INTRODUCTION

Suicide is a serious public health problem and a leading cause of death among the county’s adolescents and young adults. The phenomenon of “suicide contagion” is well recognized and youth are at particular risk. The intense use of social media by youth can inadvertently support suicide contagion. Both suicide and suicides attempts are preventable. Suicide attempts are a provisionally notifiable condition in Grays Harbor County under a Temporary Health Order issued by the local health officer on July 6, 2012. **August 1, 2012 and expires on July 31, 2013.**

AUTHORITIES

Under Washington Administrative Code 246-101-505(3)(d) each local health officer has the authority to “require the notification of additional conditions of public health importance occurring within the jurisdiction of the local health officer.

CASE DEFINITION

For the purposes of this reporting requirement, a case is defined as follows:  
In a person under age 25 years, any emergency room visit or inpatient hospital admission related to an injury that was self-inflicted.

ROLES AND RESPONSIBILITIES

Hospitals

- Immediately report core data elements (name, date of birth, school/employer, city of residence, method of self-injury) to Public Health at (360) 532-8631 during regular business hours or, after hours, to the Public Health Duty Officer at 360-581-1401.
- Complete the Suicide Attempt Reporting Form provided by Public Health and submit by fax within 3 working days.

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**APPENDIX B CONT'D**

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SUICIDE ATTEMPT SURVEILLANCE

GRAYS HARBOR COUNTY  
PUBLIC HEALTH AND SOCIAL SERVICES

**Pre-hospital Care Providers**

- Immediately report core data elements (name, date of birth, school/employer, city of residence, method of self-injury, transport status/information) to Public Health at (360) 532-8631 during regular business hours or, after hours, to the Public Health Duty Officer at 360-581-1401.

**Grays Harbor County Public Health**

Communicable Disease Nurse

- Record data elements during business hours and forward information immediately to Health Education Manager, Health Education Supervisor, and/or Public Health Director.
- If none of these people is immediately available email the Director, Health Education Manager, and Health Education Supervisor and provide general information about what has occurred. Do not use identifying information in the email.

Health Assessment Unit

- Notify public health director, public health manager, and youth development and community mental health staff
- Compile annual statistical reports
- Examine data to increase understanding of self-injury among local young people

Public Health Duty Officer

- Record core data elements after hours and notify the Department Director or Education Manager immediately.

**APPENDIX C – EMERGENCY DEPARTMENT REPORTING FORM**

**Suicide Attempt Report – Adolescents and Young Adults**  
Grays Harbor Public Health and Social Services -

**Please report data elements in bold blocks immediately to Public Health at (360) 532-8631 during regular business hours  
or to the Public Health Duty Officer after hours at (360) 581-1401**

Name of Patient (Last, First, MI)	Date of Birth (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Incident (mm/dd/yy)
City of Residence	School Attended (if student)	Admitted as inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transferred to another hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Race**  
 White  Black  Native American  Asian  Other (Specify) \_\_\_\_\_

**Ethnicity**  
 Hispanic  Non-Hispanic

**Patient lives with:**  Both parents  Parent and stepparent  Father only  Mother only  Foster parents  
 Juvenile facility  Friends  Homeless  Unknown  Other (specify) \_\_\_\_\_

<p><b>Type of Self-Harm Behavior (check only one)</b></p> <input type="checkbox"/> Verbalizes thoughts of self-harm with a specific plan <input type="checkbox"/> Verbalizes thoughts of self-harm without a specific plan <input type="checkbox"/> Acts on self-harm thoughts, but act does <u>not</u> result in poisoning or injury <input type="checkbox"/> Acts on self-harm thoughts, and act results in poisoning or injury	<p><b>Was the act completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was the act <input type="checkbox"/> Stopped by the patient  <input type="checkbox"/> Stopped by someone else  <input type="checkbox"/> Unknown</p>
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**Did the patient have any intent to die?**  
 Yes  No  Unknown  
 If yes, did the patient **explicitly state** that s/he intended to die?  
 Yes  No  Unknown

**Place of self-harm behavior**  Own home  Foster home  
 Other home  Juvenile facility  School  
 Other (specify) \_\_\_\_\_

**Method or Methods of Self-Harm Behavior**

 Poisoning by solid or liquid substance including drug or alcohol overdoses and other potentially toxic substances  
*Specify substance(s)* \_\_\_\_\_
 Cutting or piercing *Specify instrument* \_\_\_\_\_ *Specify body site* \_\_\_\_\_
 Hanging or suffocation *Specify method* \_\_\_\_\_
 Firearms and explosives *Specify type (handgun, rifle, etc.)* \_\_\_\_\_ *Specify body site* \_\_\_\_\_
 Other means such as motor vehicle crash, drowning, fire, etc *Specify* \_\_\_\_\_

**History of Mental Health Issues**  Borderline Personality Disorder  PTSD  ADHD or ADD  Bipolar Disorder  
 Eating Disorder  Major depression  Conduct disorder  
 Dysthymia  Other (specify) \_\_\_\_\_  None  Unknown

**Number of previous suicide attempts made during lifetime**  0  1  2  3  4  5  6+  Attempts made, # unknown  History unknown

**Precipitating events and risk factors**

 Argument or breakup with boyfriend/girlfriend  Family discord  Suicide or attempt by friend/relative  
 Pregnancy  Peer pressure/argument  Death of a friend/relative  
 Physical abuse – *specify type and relation to perpetrator, if known* \_\_\_\_\_  
 Sexual abuse or rape – *specify type and relation to perpetrator, if known* \_\_\_\_\_  
 Alcohol and/or drug abuse – *specify substance(s)* \_\_\_\_\_  
 Prior arrests and/or convictions of a crime – *specify* \_\_\_\_\_  
 Other – *specify* \_\_\_\_\_

**Is there a gun in the home?**  Yes  No  Unknown

**Did the youth tell others of his or her plan to attempt suicide?**  Yes  No  Unknown

**Was the youth referred for intervention?**  Yes – specify to whom \_\_\_\_\_  No

**Name of person completing report** \_\_\_\_\_

**Agency** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPENDIX D – EMERGENCY MEDICAL SERVICE PROVIDER REPORT FORM**

**Please report the following information as completely as possible  
immediately to Public Health at (360) 532-8631 during regular business hours  
or to the Public Health Duty Officer after hours at (360) 581-1401**

Name of Patient (Last, First, MI)	Date of Birth (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Incident (mm/dd/yy)
City of Residence	School Attended (if student)	Transported to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which facility?	
<b>Type of Self-Harm Behavior (check only one)</b> <input type="checkbox"/> Verbalizes thoughts of self-harm with a specific plan <input type="checkbox"/> Verbalizes thoughts of self-harm without a specific plan <input type="checkbox"/> Acts on self-harm thoughts, but act does <u>not</u> result in poisoning or injury <input type="checkbox"/> Acts on self-harm thoughts, and act results in poisoning or injury		<b>Was the act completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, was the act <input type="checkbox"/> Stopped by the patient <input type="checkbox"/> Stopped by someone else <input type="checkbox"/> Unknown	
<b>Did the patient have any intent to die?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, did the patient <b>explicitly state</b> that s/he intended to die? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Place of self-harm behavior</b> <input type="checkbox"/> Own home <input type="checkbox"/> Foster home <input type="checkbox"/> Other home <input type="checkbox"/> Juvenile facility <input type="checkbox"/> School <input type="checkbox"/> Other <i>Specify</i> _____	
<b>Method or Methods of Self-Harm Behavior</b> <input type="checkbox"/> Poisoning by solid or liquid substance including drug or alcohol overdoses and other potentially toxic substances <i>Specify substance(s)</i> _____ <input type="checkbox"/> Cutting or piercing <i>Specify instrument</i> _____ <i>Specify body site</i> _____ <input type="checkbox"/> Hanging or suffocation <i>Specify method</i> _____ <input type="checkbox"/> Firearms and explosives <i>Specify type (handgun, rifle, etc.)</i> _____ <i>Specify body site</i> _____ <input type="checkbox"/> Other means such as motor vehicle crash, drowning, fire, etc. <i>Specify</i> _____			

**Name of person completing report** \_\_\_\_\_

**Agency** \_\_\_\_\_ **Date** \_\_\_\_\_

Revised 7/12