

New Jersey Department of Human Services
Division of Mental Health & Addiction Services
Appendix 4: Suicide or Suicide Attempt Questionnaire

(To be used in all cases when a consumer committed suicide or had a suicide attempt)

- 1) Was the consumer seen by a Designated Screening Center within the last 60 days?
 - a. If yes, please provide the name of the screening center, date of the screening episode and disposition, i.e. face-to-face/telephone call follow-up.
 - b. Provide the name of community mental health service provider(s) and specific program element(s) to which the individual was linked at the time of discharge.

- 2) Describe any recent stressors in the consumer's life that could have triggered an increase in psychiatric symptoms, such as: recent hospitalizations, loss of significant other/relationship, loss of job, financial or legal issues, significant medical conditions, loss of and/or change in medications, etc.
 - a. What interventions were implemented and what was the outcome(s)?

- 3) Did the consumer express any suicidal and/or homicidal ideation?
 - a. Did the consumer express any suicide plan or intent? If so, what interventions were implemented and what was the outcome(s), i.e. crisis/safety plan?
 - b. Did the consumer leave a suicide note? If yes, please summarize.

- 4) Describe any recent or history of suicide attempts, including dates, method and severity of the suicide attempts.
 - a. Did the consumer require medical treatment and/or inpatient psychiatric treatment?
 - b. What interventions were implemented by the community mental health care provider and what was the outcome(s)?

- 5) Was a suicide risk assessment completed on the consumer?
 - a. If yes, what was the date and outcome of the last assessment? (Attach suicide risk assessment to 45-Day Follow-up)
 - b. If not, please explain.

- 6) Was the consumer referred to a higher credentialed clinician to assess for suicidality?
 - a. What was the name, title and credentials of the higher level clinician?
 - b. What was the date and result of the referral?

- 7) Describe any demonstration of recent violent or assaultive behavior.
 - a. What interventions were implemented and what was the outcome(s)?

- 8) Describe how contributing factors such as medications, substance use issues and self-injurious behavior were addressed.

- 9) What was the consumer's medication (psychiatric and medical medications) adherence?
 - a. How did the agency collaborate with the consumer's primary care physician or specialist?

- 10) Was the autopsy report requested from the Medical Examiner's Office?
 - a. Describe attempts made to obtain the autopsy.