

Ministry of Health
Royal Government of Bhutan

Case Reporting Form 1 (CRF-1):- Form for completed suicide

Instructions: The health staff investigator (attending the site examination) should read the form carefully. A careful consideration should be given that each question is adequately responded. If the investigator is a health worker (Eg, HA, Nurse), a duly filled form must be verified and submitted by a Medical Doctor.

- Sections A to E should be filled by the health staff investigator.
- Remember to CIRCLE the response where applicable. DO NOT TICK the responses.

A. Reporting center details: (To be filled by the health staff investigator)		
A1. Health Center:	A2. Name of staff investigator:	A3. Designation of staff:
A4. Dzongkhag:	A5. Investigation Date/Month/Year/...../.....	A6. Signature:

B. Deceased information:

B1. Name:

B2. Age (in years):

B3. Sex:

1. Male
2. Female
3. Any other (Specify):

B4. Nationality: B4.1 CID/Passport No.

B5. Current marital status:

1. Unmarried
2. Married
3. Divorced
4. Widowed
88. Unknown

B7. Residential address (where the deceased was living):

.....

B8. Permanent Address (*where the deceased's census address is*):

.....
.....

B9. Education level

- 1. No education
- 2. Non-formal education (NFE)¹
- 3. Monastic
- 4. Primary (up to class 6)
- 5. High School (class 7-12)
- 6. University
- 88. Unknown
- 99. Other (Specify).....

B10. Occupation status prior to the incident:

B11. Estimated average monthly income for the past 1 year Nu.....
(*Note: When an individual did not have a fix monthly income or salary, gather an estimate of a year and divide by 12 to get monthly income*)

B12. Ethnicity:

- 1. Ngalop
- 2. Sharchop
- 3. Lhotsam
- 4. Kheng/Bumthap/Tongsap
- 88. Unknown
- 99. Others (Specify).....

B13. Religion:

- 1. Buddhist
- 2. Hindu
- 3. Christian
- 4. Muslim
- 88. Unknown
- 99. Others (Specify).....

C. Incident details:

C1.1 Date of the body found (Day/Month /Year):/...../.....

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C1.2 Time of the body found (Use 24-hour clock cycle as described in the footnote)²

(Hour: Min): :

C2.2 Date of death (Day/Month/Year):/...../.....

If C2.2, specific date of death cannot be assigned, give an estimate number of days since death.....

.....

C2.3 Time of death (Hour: Min)::

If C2.3, time of death cannot be assigned, an estimate time since death

.....

.....

C3. Location found:

C4. Suicide method (Describe)

.....

.....

.....

C4.1 If more than one method, describe the suicide method two:

.....

.....

.....

C5. Any evidence of suicide note or intent to die:

1. Yes
2. No

If Yes in C5, description of the evidence.....

.....

² In 24-hour clock cycle, time is reported in number of hours from 00 hrs to 23 hrs. Midnight is reported as 00 hrs, and half past midnight as 00 hrs 30 mins or 00:30 hrs, and 12 mid day is 12 hrs 00 mins or 12:00 hrs, half past mid day as 12 hrs 30 mins or 12:30 hrs, 1 PM as 13 hrs 00 mins or 13:00 hrs and 11:59 PM as 23hrs 59 mins or 23:59 hrs.

C6. Any verbal statement indicating intent to die?

- 1. Yes
- 2. No

If Yes in C6, describe.....

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C7. Any suicide attempts in the past?

- 1. Yes
- 2. No

If Yes in C7, describe (how many past suicide attempts, when, where and how, etc)

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C8. ICD Code(Tobe assigned by the National Suicide Registry Team at the central):

D. Bio-psychological information

D1. Had a doctor EVER stated that the deceased had the following conditions? (*When possible verify with a medical records)

Condition	Yes	No	Unknown
D1.1 Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.2 Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.3 Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.4 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.5 Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.6 HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.7 Cancer (write site in narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.8 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.9 Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.10 Other chronic illness (specify in narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.11 Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.12 Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. (If you answer "Yes" to Physical disability (D1.11) or Mental illness (D2.12), please specify.):

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D3. Was the deceased using any of the following substances? *(Circle all that apply)*

Habits	Yes	No	Unknown
D3.1 Alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.2 Marijuana:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.3 Illicit and prescription drugs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.4 Others (specify):			

.....

D4. Has the deceased experienced any recent adverse life events? *(Circle all that apply)*

Adverse events	Yes	No	Unknown
D4.1 Economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.2 Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.3 Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.5 Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.6 Relationship issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.7 Others (specify):			

.....

D4_Yes.

(For any yes or all yeses in D4 above, describe)

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E. Informant³ details (You may have one or more than one informant)

E1. Name of the informant/s.....

E2. Relationship of the informant/s to the deceased.....

F. Verification & submission
Instructions: The section below is to be filled up by a medical doctor only. The Form 1 for COMPLETED SUICIDE can only be submitted by a Medical Doctor after verification of the information collected by the investigator when a Medical Doctor is not an investigator.

F1. Name of the Medical Officer: Dr.....	F2. Designation:	F3. Hospital:
F4. Dzongkhag:	F5. Submission Dat/Month/Year:/...../.....	Signature:

³ Informant refers to individual/s who provided information about the deceased during the interview. An informant can be a next of kin, a friend, a coworker and any other who knows about the deceased.