

ARMY SUICIDE EVENT REPORT (ASER)

CALENDAR YEAR 2007

Suicide Risk Management & Surveillance Office

Army Behavioral Health Technology Office
Madigan Army Medical Center
Tacoma, Washington 98431
suicide.reporting@us.army.mil

(b)(6) Ph.D.
Colonel, US Army

(b)(6) Ph.D.
Research Psychologist



ABHTO



This report does not necessarily represent the official policy of the Department of Defense, the U.S. Army, or the Office of the Surgeon General.

EXECUTIVE SUMMARY

The Army Suicide Event Report (ASER) standardizes data collected on suicide events and is an integral part of the Army's Suicide Prevention Program. Completion of the ASER allows for detailed Army-wide statistical reports on suicide events.

Method:

The ASER is a surveillance tool and process to gather standardized risk and protective factor information for suicide events across multiple domains. Submission of an ASER is required for all suicide-related behaviors that result in death, hospitalization, or evacuation from theater. ASER points of contact (POCs) are designated by medical treatment facility (MTF) Commanders and are responsible for completion of ASERs. ASER POCs are also required to submit monthly reports on suicide-related hospitalizations.

Purpose:

ASER data comprise the only Army-wide repository for a spectrum of suicide behaviors and provide for a more detailed set of psychosocial and event information on completed suicides than is otherwise available. ASER analyses are frequently relied upon by the Army and DOD leadership. The ASER database, which includes 1666 records from this year alone, provides a meaningful tool for the AMEDD to leverage in support of suicide evaluation.

Conclusions are presently limited by the relatively small sample size when looking at individual risk factors and the unavailability of control group data. However, combining data across multiple years provided the opportunity to conduct deployment subgroup analyses. Future efforts will continue to pursue further advances for the program to enhance support to the AMEDD, the Army, and the DOD.

Summary of Results:

This annual report of the ASER provides statistics for CY 2007 as reported and submitted as of 1 March 2008. In 2007, there were 108 suicides confirmed by AFME at the time of this writing, including 29 in Iraq, 4 in Afghanistan, 0 in Kuwait. ASERs were received for 93% of all confirmed suicides. One-hundred-and-sixty-six suicide attempts were reported as occurring in OIF-OEF. Suicide behaviors were significantly more common for young, Caucasian, unmarried, junior enlisted Soldiers. Younger, lower-enlisted female Soldiers were overrepresented for suicide attempts compared to completions. Firearms were the most common method for completed suicide and overdoses and cutting were the most common methods for attempts. Thirty percent of suicide cases reportedly used drugs and/or alcohol during the event, and these rates were higher for suicide attempts. The majority of suicide cases did not have a known history of a mental disorder; 6% of suicide cases and 8% of cases with a suicide attempt reportedly had a prior diagnosis of PTSD. Fifty percent of Soldiers who completed suicide had a recent failed intimate relationship; similar results were observed among those with suicide attempts. Seven percent of completions and 7% of attempts had histories of multiple deployments to Iraq and/or Afghanistan reported. ASER data suggested a differential pattern of risk factors for suicide behaviors during OIF-OEF deployments compared to suicide behaviors in other settings. Marriage may be more protective against a completion and less protective against a suicide attempt during deployment compared to other event locations. Similar results were observed for having a minor child. Rates of work-related problems were generally higher among those with OIF-OEF events, while rates for a number of traditional stressors and risk factors (e.g. failed intimate relationships) were lower for Soldiers with suicides during deployment. In addition, there was a significant relationship between suicide attempts and number of days deployed to OIF-OEF, with the second quarter of deployment showing the highest frequency of attempts. Rates of traditional risk factors for suicide were similar between 2006 and 2007 Army suicides. Conclusions and interpretations regarding noted patterns must be made cautiously until data are available for a demographically similar comparison group of Army Soldiers.

ACKNOWLEDGEMENTS

Preparation of this report was supported by the Suicide Risk Management & Surveillance Office (SRMSO) research team, including (b)(6) M.A., MPH, and (b)(6). SRMSO acknowledges the contributions of several individuals to the development and design of the Army Suicide Event Report tool and data collection efforts. (b)(6) and (b)(6) of the Army Behavioral Health Technology Office were instrumental in the development and maintenance of the ASER web form and database. The SRMSO is especially grateful to the Armed Forces Medical Examiner's Office at the Armed Forces Institute of Pathology and the Army Suicide Prevention Program Manager, (b)(6) for notification of confirmed Army suicides and their support for these efforts. These notifications are crucial in the process of maintaining a valid data representation of completed suicides for the Army. SRMSO also thanks (b)(6) Chief of the Army Demographics Office, for providing Army population data. ASER data would not be available without the hard work of the ASER POCs, who have made great strides in improving submission rates. SRMSO is also grateful to COL (b)(6) M.D. and COL (b)(6) Psy.D. for their leadership to ensure compliance with the submission requirements.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
ACKNOWLEDGEMENTS	3
TABLE OF CONTENTS	4
BACKGROUND	5
METHOD.....	5
RESULTS	9
ASER CY 2007 Itemized Results	10
Dispositional/Personal Factors	10
Situational/Contextual Factors	16
Clinical/Symptom Factors.....	19
Historical/Developmental Factors	23
SUMMARY.....	30
REFERENCES	31
APPENDIX A: New in ASER 2007.....	32
APPENDIX B: ASER 2007 Web form Items	35
APPENDIX C: ASER Policies and Procedures.....	49
APPENDIX D: ASER and Command POC List	52
APPENDIX E: ASER Submission – CY 2007 Compliance.....	54
APPENDIX F: OIF-OEF Events Versus All Other Events.....	56
APPENDIX G: OIF-OEF Events Versus Non-OIF-OEF Events Among Soldiers With OIF-OEF Deployment History	84
APPENDIX H: Comparing CY 2006 To CY 2007	111
APPENDIX I: Acronym List.....	139
FEEDBACK AND SUGGESTIONS	142

BACKGROUND

The Army established the Suicide Risk Management & Surveillance Office (SRMSO) in 2004 at Ft. Lewis, WA to effectively execute the suicide surveillance mission. SRMSO uses an epidemiological data collection form called the Army Suicide Event Report (ASER) to collect standardized data on suicide behaviors among Soldiers. Completion of the ASER is required for all active duty Soldiers who exhibit suicide-related behaviors that result in death, hospitalization, or evacuation. It is not intended to replace the psychological autopsy, which is limited to fatalities in which the manner of death is uncertain. The ASER allows for detailed Army-wide statistical reports on suicide events, including attempts and completions.

This report provides statistics for Calendar Year (CY) 2007, with detailed tables presented for ASER items categorized by event type. Appendices include a copy of the ASER 2007 Web form, the policy document that describes the ASER process, the ASER and Command points of contact (POC), the ASER reporting compliance rates by location, and additional analyses conducted on deployment status.

METHOD

ASER Items

Development of the current ASER content evolved from structured reviews of the past ASER versions, examination of previous ASER data, and a systematic review of the literature. In addition, suggestions from senior leaders, ASER POCs, and other stakeholders are maintained and reviewed by the SRMSO team for changes that are implemented Jan 1 of each CY. Revisions in 2007 also included feedback from the Mental Health Advisory Team (MHAT)-IV Report, and a recent SRMSO program evaluation. A number of refinements to the ASER 2007 items were implemented. Briefly, there was an effort to update and modify the ASER to meet the needs of a deployed force. The deployment section of the ASER was expanded, and a psychologist with recent deployment experience consulted on the revisions. In addition, changes were made to the way non-fatal suicide behaviors were coded (see Data Collection Process below), and the section on psychiatric conditions was expanded. All ASER 2007 item changes are listed in Appendix A. The complete ASER 2007 can be found in Appendix B.

For a theoretically meaningful presentation, risk variables are organized into categories. While multiple alternatives were available for this organization, a relevant prototype successfully implemented in the violence risk assessment literature [1] was selected: (1) dispositional or personal factors (e.g., demographics), (2) historical or developmental (e.g., family history, prior suicide behaviors, life events), (3) contextual or situational (e.g., access to firearms, place of residence), and (4) clinical or symptom factors (e.g., post-traumatic stress disorder, other psychiatric disorders or symptoms). These factors were combined with a comprehensive set of questions related to the event to form the current ASER.

Data Collection Process

The ASER is a web form that is available via the internet and submitted to the SRMSO via a secure website. The ASER data presented here are a descriptive compilation of ASERs as they have been completed and submitted by ASER POCs across the Army. ASER data included in this report are for suicide behaviors that occurred in CY 2007 as reported and submitted by 1 March 2008, two months following the end of the calendar year. Consideration has been given to extending this date to obtain additional ASERs as it may take as long as one year to determine suicide as cause of death. The Centers for Disease Control (CDC) has addressed this with longer timeframes for reporting (e.g., 2004 data are available at the end of 2006) [2]. The March date was established as a compromise between the competing values of timely reporting and complete data collection.

The Army policy on ASER submission can be reviewed in Appendix C. Submission of an ASER is required for all suicide related behaviors that result in death, hospitalization, or evacuation. This requirement has been in place since March 2004. SRMSO has worked with each Medical Treatment

Facility (MTF) to identify both an ASER POC and a Command POC (Appendix D). Command POCs are the MTF Commander or their designee. Command POCs are responsible for ensuring their MTF's compliance with reporting requirements. ASER POCs are designated by the MTF Commander and each is generally a behavioral health (BH) provider, responsible for ASER completion and submission at that location. The ASER POC at each MTF is responsible for either personally completing and submitting, or ensuring that a qualified provider completes and submits the ASER. An ASER must be completed by a credentialed BH provider (psychologist, psychiatrist, social worker, or psychiatric nurse), as completion of some ASER items require clinical judgment and knowledge of BH issues and diagnoses.

Table 1
Source Information Required to Complete an ASER

Completed Suicides	Suicide Attempts
<p>Review of:</p> <ul style="list-style-type: none"> • Medical and BH records • Personnel and counseling records • Investigative agency records (e.g. CID) • Records related to manner of death (casualty reports, toxicology, autopsy, suicide notes) <p>Interviews (as needed and appropriate):</p> <ul style="list-style-type: none"> • Co-workers and supervisors • Responsible investigative agency officer • Other involved professionals and family members 	<p>Review of:</p> <ul style="list-style-type: none"> • Medical and BH records <p>Interviews (as needed and appropriate):</p> <ul style="list-style-type: none"> • Patient • Co-workers and supervisors

Completion of an ASER requires a review of all relevant records. In addition, interviews may be needed in some cases. The data sources used to complete an ASER differ somewhat based on whether the ASER is submitted for an "attempt" or a completion. Compared to an attempt, a suicide completion requires a review of additional records, such as personnel, Criminal Investigation Division (CID), and records related to the manner of

death (Table 1). Different interviews are sometimes conducted as well. Following a suicide attempt, ASER POCs frequently utilize an interview with the patient to collect some of the required information, while interviews with co-workers and CID officers are more common following a completion.

death (Table 1). Different interviews are sometimes conducted as well. Following a suicide attempt, ASER POCs frequently utilize an interview with the patient to collect some of the required information, while interviews with co-workers and CID officers are more common following a completion.

Completed Suicides

The typical flow of information is illustrated in Figure 1. For completed suicides, the event may be identified locally and an ASER submitted based on that determination, or completed after notification from SRMSO. SRMSO receives notification from the Armed Forces Medical Examiner's Office (AFME) at the Armed Forces Institute of Pathology that a Soldier's death is confirmed as a suicide. Upon such notification, the ASER and Command POC for the MTF are notified and requested to complete an ASER within 60 days. Formal requests are sent to ASER POCs for each AFME confirmed event with follow-up messages sent for all events for which an ASER is not received in the required timeframe. Additionally, compliance reports that highlight delinquent ASERs are issued monthly to ASER and Command POCs.

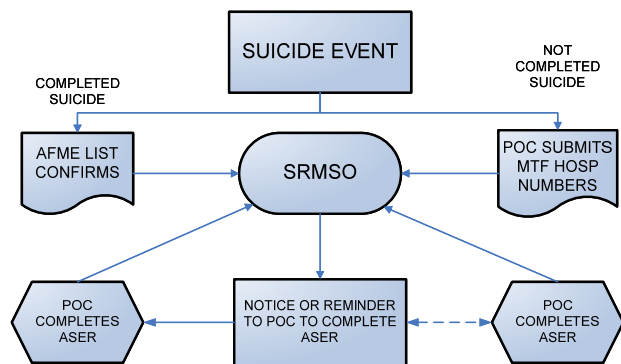


Figure 1. Typical flow of information resulting in an ASER submission to SRMSO. ASERs can be submitted after an event is identified locally or after a reminder from SRMSO.

Hospitalization/Evacuation

In addition to completed suicide events, ASERs are required for any suicide behavior that results in hospitalization and/or evacuation. For CY 2007, SRMSO clarified that ASERs are required for hospitalizations/evacuations that are initiated for suicidal ideation only (i.e. no self-harm). ASER data are presented separately for suicide attempts and events with suicidal ideation only. The World Health Organization's (WHO's) definition of suicide attempts was used, which includes any act with a non-fatal outcome, in which an individual deliberately initiates a non-habitual behavior that, without intervention from others, will cause self-harm [3]. Suicidal ideation was defined as thoughts about ending one's own life. (A new suicide nomenclature has been informally approved for use by all DoD Suicide Prevention Program Managers [4]; these new definitions were adopted for use by SRMSO in CY 2008. However, for the purposes of this document, the WHO definitions apply.) ASERs submitted according to these definitions are referred to as "attempts" or "ideation only" below. Data on events for ideation only are not described in the text, but the data on these cases is provided in the tables throughout the report.

For events submitted on the basis of an attempt or ideation only, the reporting process requires the ASER POC for each MTF to track these events and ensure ASER submission. An ASER POC is required to submit monthly reports on suicide-related hospitalizations for each MTF by the 5th working day of the following calendar month to identify the number of attempts for that MTF. ASERs are then expected for events based on these reports. This generally involves coordination with Inpatient Psychiatric personnel and the Outpatient Behavioral Health Clinic(s) personnel.

Data Quality Control Procedures

Four primary quality control procedures are conducted. First, the data submission website has been developed to minimize the possibility of data entry errors. The software utilizes form field validation to request user clarification when data is not logically possible (e.g., impossible dates). Radio buttons and checkboxes are utilized to further reduce the chances of data entry errors.

Second, each submitted ASER is individually reviewed to ensure that it is face valid. The ASER website is a secure site (HTTPS). (b)(5)

(b)(5)

Third, ASERs are analyzed for incorrect data entry. Individuals make a variety of data entry mistakes (such as transposing years) and these are corrected when identified. A conservative approach is taken to correcting errors such that only clear mistakes are corrected.

Fourth, all ASERs are reviewed to ensure that two or more ASERs were not submitted for the same event. When duplicates are identified, the local ASER POC is contacted in an attempt to determine which submission represents the most complete data, and this ASER is used in analyses.

Statistical Analysis

POC Compliance

ASER submission compliance rates are calculated for each MTF. In the Department of Defense (DOD), suicide completions are officially defined by the AFME's Office. The number of ASER submissions for each MTF is compared to the number of AFME-confirmed suicides for its region. For suicide attempts, the number of ASER submissions is compared to the number of reported suicide-related behaviors that resulted in hospitalization or evacuation.

Comparison to Army Population

Fiscal year (FY) Army population data was available for a number of demographic variables from the Office of Army Demographics [5]. Pearson chi square statistics were calculated to determine whether suicide behaviors were independent of these demographic variables. In the analyses, ASER suicide behavior classifications (Suicides, Attempts, Ideation only) were used to compare suicide behaviors to the Army population. Although the Army population is significantly larger than the other groups, frequency

counts for suicide behaviors were subtracted from Army population totals to satisfy the assumption of independent groups. Where an overall relationship between a variable and suicide behaviors was detected, a second similar analysis was conducted to determine whether completion status (Attempt, Completion) was independent of the factor. Where cell counts were too small to analyze, subgroups were combined to increase the cell frequency (e.g., No Diploma combined with GED, Reserves and National Guard combined, all unmarried groups combined). In the case of Cadets/Midshipmen, there was no intuitive way to combine these data, and they were excluded from the analysis.

Comparison of Suicides and Hospitalizations/Evacuations

Data are presented in detail by event type: suicides, attempts, and suicidal ideation only. Statistical comparisons between these categories must be interpreted with caution, as ASER compliance rates are not necessarily randomly distributed, and analyses of such patterns are difficult to interpret with no event base rates determined for attempts or ideation only. In addition, the different data collection methods described above may impact the results. With the exception of demographic variables where Army population data was available, variables are not statistically compared by type of suicide behavior in this report. Enough data is provided to allow the reader to calculate some comparisons, when of interest.

History of Deployment

Pearson chi square statistics were calculated to determine whether Operation Iraqi Freedom or Operation Enduring Freedom (OIF-OEF) events and non-OIF-OEF events were independent of a variety of possible risk factors. The analyses were repeated for OIF-OEF events compared to the subgroup of the non-OIF-OEF events where Soldiers were positive for a prior OIF-OEF deployment. These subgroup analyses were possible by combining ASER data submitted for 2006 and 2007 events.

Comparison of 2006 and 2007 ASERs

Where items remained unchanged, chi squares were used to examine possible differences between 2006 and 2007.

Interpretive Considerations

The purpose of this report is to broadly examine all ASER items. Therefore, exploratory analyses were conducted without corrections for multiple comparisons. This increases the probability of finding statistically significant results by chance, even when no real difference exists.

When interpreting the results, it is also important to note the effect of the "Don't Know" option that is provided for many ASER items. Percentages were often calculated based on the total number of responses, including "Don't Know" responses. If one group has a higher "Don't Know" response rate than comparison groups, it affects the way the data appear. For example, a group that is really 50% male would show about a 40% male rate (and 40% female rate) where a 20% "Don't Know" response rate is observed.

In some cases, cells were combined into super-ordinate categories to create sufficient cell sizes appropriate for analyses (e.g., combining multiple item options into Married, Not Married categories). Frequencies for all item options are provided in the data tables. Therefore, percentages may not match with those cited in the text in a few analyses, and these are noted where they occur.

RESULTS

ASER Submissions and POC Compliance

2007 Reported Suicide Events

A total of 1666 ASERs for CY 2007 were analyzed. Of these, 109 were submitted for completed suicide events, 935 were submitted for suicide attempts, and 622 were submitted for suicidal ideation only (see Table 2). Nine of the ASERs submitted for completed suicides that were not on the AFME report. This is typically due to pending AFME determinations and, therefore, these ASERs are included in our analyses.

The official number of Army suicides for CY 2007, as of 1 March 2008, per AFME was 108. Eighty-nine of these were Regular Army component (not National Guard or Reserve). Breaking this down by sex, six of the 108 AFME confirmed completed suicides were for females, with three of the 89 regular Army suicides completed by females (Table 3).

The Army Suicide Prevention Program (G-1) maintains the Army's official suicide rates. Suicide rates are not reported here in order to avoid confusion, since suicide rates change as pending cases are confirmed. The raw number of suicides in 2007 was the highest since at least 1990 (as far back as our office has visibility).

Table 2

CY 2007 ASERs SUBMITTED

	Count	Percent
Suicides	109	6.5
Attempts	935	56.1
Ideation Only	622	37.3

Note: The number of ASERs submitted for suicides differs from the number of AFME confirmed suicides, as detailed in the text and Table 3.

Table 3

Completed Suicides by Data Source

	AFME Confirmed Suicides	AFME AC Suicides Only	ASERs Received that are Pending AFME Confirmation
Male	102	86	9
Female	6	3	0
Total Suicides	108	89	9
ASERs Received	100	80	9
Compliance Rate	93%	90%	-

Submission Rates

Completed Suicides: ASERs were received for 100 of the 108 AFME confirmed suicides. Thus, the estimated compliance rate for completed suicide events that occurred in CY 2007 was 93%. The CY 2007 compliance rates by MTF are presented in Appendix E.

Hospitalization/Evacuation: As the ASER is the only tracking mechanism for attempts, it is not possible to calculate a true response rate for this category of suicide behavior at this time. However, submissions were compared to reported MTF hospitalization and evacuation data, as described in the Methods section. These CY 2007 compliance rates by MTF are also presented in Appendix E.

ASER CY 2007 ITEMIZED RESULTS

Dispositional/Personal Factors

Demographics (Table 4)

Table 4 displays demographic data by event type. Some of this data was available for all suicide cases (including cases with missing ASERs) in enterprise databases. ASER data was supplemented with this information, when available, providing data on 100% of confirmed cases¹. There was a significant difference between Soldiers with suicide behaviors and the Army population on all measured demographics ($p < .001$). Table 4 displays the distributions. Compared to the Army population, Soldiers with suicide behaviors were younger, enlisted Soldiers who were less likely to be ethnic minorities. Suicide behaviors were also significantly less common in married individuals than would be expected based on the marriage rate in the general Army population, supporting the view that marriage may be a protective factor against suicide in the Army. Gender and educational patterns differed by group membership, and ASERs were more commonly submitted for Regular component Soldiers than National Guard or Reservists, combined.

Demographic factors not only differed among the four groups, but also differentiated Soldiers who completed suicide from those who attempted suicide. Suicide attempts were made by a disproportionately high number of females. Although Soldiers who completed suicides were younger than the general Army population, the youngest Soldiers were more likely to attempt suicide than to complete suicide. A similar pattern was observed for rank, with attempts showing the highest proportion of lower enlisted Soldiers. Compared to cases with an attempt, suicide cases were more likely to be married. Suicides and attempts also differed on Race/Ethnicity, and education.

Table 4

		CY 2007 ASER DEMOGRAPHICS							
		EVENT TYPE							
		Suicides		Attempts		Ideation Only		Overall Army*	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
GENDER	Male	111	95%	679	73%	467	75%	446,683	86%
	Female	6	5%	255	27%	152	25%	71,100	14%
RACE/ ETHNICITY	Asian/Pacific Islander	4	3%	19	2%	17	3%	17,453	3%
	African American	13	11%	129	14%	88	14%	103,939	20%
	Caucasian	78	67%	654	70%	428	69%	323,708	63%
	Hispanic	7	6%	82	9%	54	9%	55,517	11%
	Other/DK/Missing	15	13%	51	6%	35	6%	17,166	3%

¹ The total N = 117 when 100% of completion data was available (108 AFME confirmed suicides + 9 ASERs pending AFME confirmation).

Table 4 (continued)

CY 2007 ASER DEMOGRAPHICS

		EVENT TYPE							
		Suicides		Attempts		Ideation Only		Overall Army*	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
AGE RANGE	Under 25	53	45%	657	70%	403	65%	204,200	39%
	25-29	25	21%	148	16%	110	18%	120,218	23%
	30-39	27	23%	112	12%	90	14%	140,543	27%
	40+	12	10%	18	2%	19	3%	52,822	10%
RANK	Enlisted	105	90%	906	98%	600	97%	433,101	84%
	E1-E4	64	55%	788	85%	509	82%	237,399	46%
	E5-E9	41	35%	118	13%	91	15%	195,702	38%
	Officer	11	9%	18	2%	13	2%	70,839	14%
	Warrant Officer	1	1%	4	<1%	0	<1%	13,843	3%
	Cadet/Midshipman	0	<1%	3	<1%	7	1%		
COMPONENT*	Regular	94	83%	852	92%	511	85%	517,783	49%
	Reserve	2	3%	34	4%	36	6%	189,882	18%
	National Guard	17	14%	42	5%	52	9%	352,707	33%
EDUCATION	No HS Diploma	1	1%	10	1%	7	1%	2,970	1%
	GED	4	4%	164	18%	94	15%	45,431	9%
	HS Diploma	38	35%	402	43%	247	40%	310,297	60%
	Some College/AA	16	15%	197	21%	137	22%	44,079	8%
	BA/BS	4	4%	32	3%	18	3%	64,125	12%
	MA+	3	3%	8	1%	6	1%	30,862	6%
	Unknown	42	39%	116	12%	105	17%	20,019	4%
MARITAL STATUS	Never married (single)	44	38%	475	51%	307	50%	196,494	38%
	Married	57	49%	368	40%	239	39%	287,579	56%
	Legally Separated	3	3%	20	2%	12	2%	-	-
	Divorced	7	6%	42	5%	40	7%	-	-
	Widowed	0	<1%	3	<1%	3	<1%	-	-
	Don't Know	5	4%	17	2%	11	2%	-	-

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Note. Data may not add to expected totals due to missing item responses. Rounding and multiple responses for individuals may result in totals adding to greater than 100

* Army data are based upon Regular Active Duty Soldiers only (total of 517,783) for FY 2007, with the exception of Component, which includes Regular, Reserve and National Guard (total of 1,060,372) for FY 2007. Data provided by the Office of Army Demographics, Army Profile FY-07.

Event Setting (Table 5)

Both completions and attempts occurred most commonly in the Soldier's personal residence. For suicides and attempts, the "Other" category included a variety of settings ranging from outdoor locations (e.g. countryside) to hotels, to family residences.

Table 5

CY 2007 ASER EVENT SETTING

EVENT SETTING		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
Residence (personal)		68	63%	766	83%	405	75%
Residence (friend/family)		7	6%	37	4%	35	6%
Work/jobsite		3	3%	37	4%	40	7%
Automobile (away from residence)		5	5%	22	2%	5	1%
Inpatient medical facility		0	0%	2	<1%	4	1%
Other		25	23%	60	6%	52	10%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Event Method (Figure 2)

Figure 2 displays the differential methods used by type of event. Firearms were the most commonly reported method for completed suicides (63%, n = 74), followed by Hanging, strangulation or suffocation (21%, n = 25). Additional methods utilized in 2007 suicides included Overdose (6%, n = 7 for drugs; 1%, n = 1 for alcohol), Vehicle exhaust (4%, n = 5), Jumping (1%, n = 1), Lying in front of a moving vehicle (1%, n = 1), Sharp or blunt object (1%, n = 1), Drowning (1%, n = 1), and Other (1%, n = 1).

Overdose (57%, n = 533 for drugs; 3%, n = 26 for alcohol) and Cutting (19%, n = 178) were most common for attempted suicides. Attempted suicides also utilized Hanging (5%, n = 44), and Firearms (4%, n = 42). Attempt methods in the Other category (Figure 2) include Jumping (1%, n = 12), Motor vehicle crash (1%, n = 7), Submersion/drowning (<1%, n = 1), and Poisoning by exhaust (1%, n = 7), Utility gas (<1%, n = 3), or Substance such as solvents or other agricultural agents (1%, n = 10).

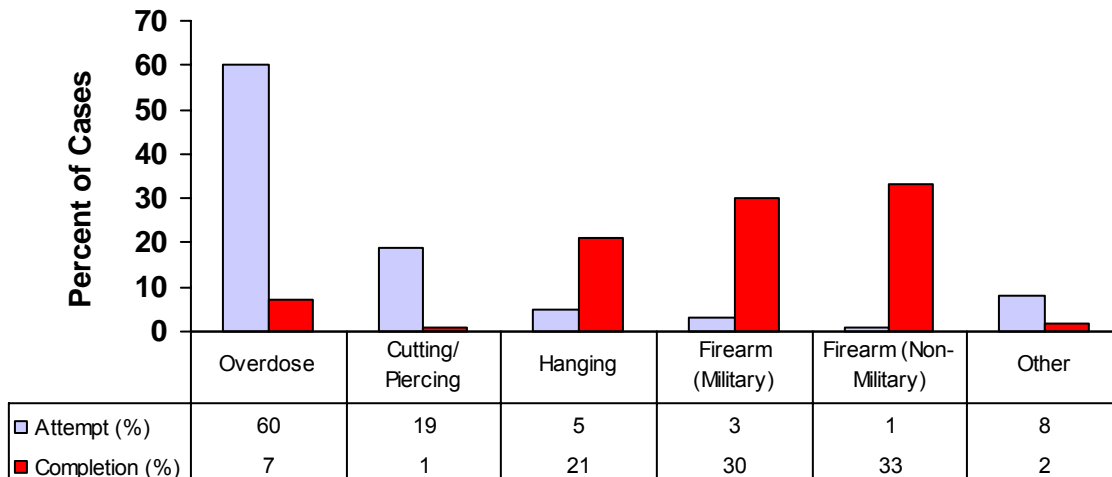


Figure 2. Suicide behavior method by type of event

Event Motivation (Table 6)

After reviewing all relevant records and conducting appropriate interviews, the ASER asks the provider to subjectively identify the patient or decedent's primary motivation for performing the event. Although this item attempts to document what might have motivated Army suicide behaviors, in doing so it simplifies an extremely complex behavior. Due to the subjectivity of the content, results for this item should be interpreted with caution. (This item is not requested for hospitalizations/evacuations based on suicidal ideation only).

For 48% of the completed suicides, the motivation was unknown or unreported. Of those for which a motivation was identified 14% (n = 15) reported Emotion relief (e.g., to stop bad feelings, self-hatred, anxiety relief), and 8% (n = 9) reported Avoidance or escape. Frequencies for other primary motivations are displayed in Table 6.

Primary motivation for attempts, in order of frequency, was reported as follows: 35% (n = 330) Emotion relief; 11% (n = 100) Hopelessness; 11% (n = 98) Depression; 10% (n = 92) Avoidance or escape; 8% (n = 77) Impulsivity; 7% (n = 66) Interpersonal influence; 3% (n = 30) Individual reasons; 2% (n = 19) Other psychiatric reasons; 1% (n = 5) Feeling generation; 13% (n = 114) Other/don't know.

Table 6

CY 2007 ASER EVENT MOTIVATION

		EVENT TYPE			
		Suicides		Attempts	
MOTIVATION		Count	Percent	Count	Percent
	Emotion relief	15	14%	330	35%
	Interpersonal influence	4	4%	66	7%
	Feeling generation	0	0%	5	1%
	Avoidance/escape	9	8%	92	10%
	Individual reasons	4	4%	30	3%
	Hopelessness	6	6%	100	11%
	Depression	3	3%	98	11%
	Other psychiatric symptoms	1	1%	19	2%
	Impulsivity	7	6%	77	8%
	Other	8	7%	61	7%
	Don't Know	52	48%	53	6%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Other Event Details

In addition to method, location, and motivation associated with the suicide event, detailed information is gathered as to whether alcohol or other drugs were used during the event (not necessarily as a method for self-harm), whether the Soldier intended to die, communicated the intent for self-harm, and whether the method used is one that is typically lethal.

Additional items in this section pertain to evidence of death-risk gambling such as Russian roulette or walking railroad tracks, planned or premeditated acts, and whether suicide events were performed in areas or under circumstances in which Soldiers are likely to be observed by others. Several of these items are not requested for hospitalizations/evacuations that are initiated for suicidal ideation only. Therefore, this data is not available in tables presented below.

Substance Use During the Event. A total of 30% of submitted completions reportedly used alcohol and/or drugs during the event (Figure 3)². This percentage is likely an underestimate, as a significant minority of cases did not have access to information about substance use, presumably because autopsy results were not available at the time of the ASER submission. After excluding cases containing “Don’t Know” responses, 46% of ASERs submitted for a completion reported alcohol and/or drug use during the event.

In contrast, during suicide attempts, a total of 67% of submitted cases reportedly used alcohol and/or drugs during the event³. After excluding “Don’t Know” cases, 72% of ASERs submitted for an attempt reported alcohol and/or drug use during the event. Interpretation of this data requires the recognition that Overdose was the most commonly reported method of suicide attempt.

Other Event Information (Table 7). Since ASERs are submitted for a wide variety of “suicide attempts,” information is gathered to help characterize the nature of the reported events. A significant subgroup of suicide attempts appeared to represent dangerous behaviors with a high possibility of death. Evidence of intent to die was noted for 41% (n = 382) of attempts and 29% (n = 261) used methods that are typically lethal. Suicide notes were rare among those who attempted suicide (8%; n = 75), but 38% of the reported notes were left by those who used typically lethal methods during the attempt (n = 28). In contrast, 49% (n = 452) of reported attempts were performed under circumstances where it would likely be observed and intervened in by others.

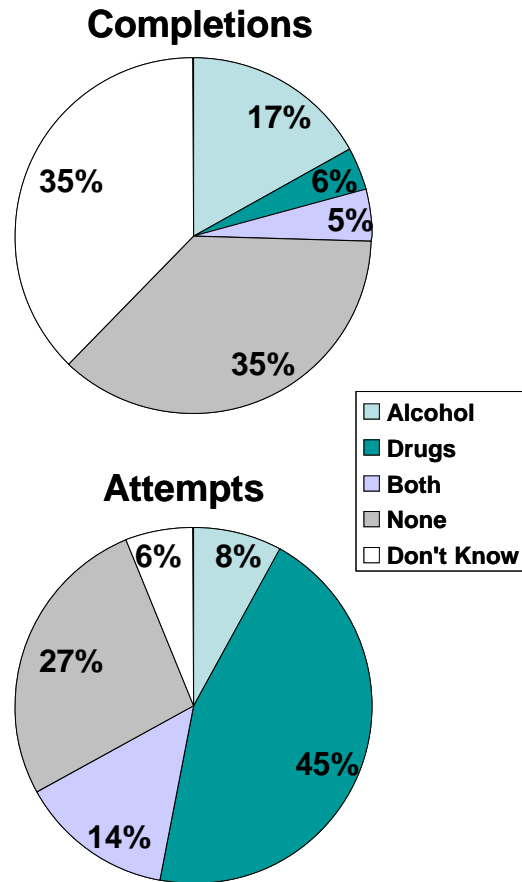


Figure 3. Substance Use During Events.
Note: Percentages from the text may not sum to the same totals in the figure due to rounding differences

² Eight suicide cases used both drugs and alcohol during the event. Six of the total 14 drug-use cases reportedly represented over-the-counter (n = 1) or prescription medication (n = 6) use “without overdose.” The intent of this response is ambiguous, as the ASER item does not differentiate between appropriate therapeutic drug use and drug abuse. Given the wording of the item (“During the event, were drugs used?”), these cases were included in the numbers reported above.

³ Reported data reflects the fact that 128 cases reportedly used both drugs and alcohol during the event. Fifty-three ASERs reported over-the-counter or prescription medication use “without overdose”; there were similar concerns regarding the ASER POCs intent here, but these cases were included.

For completed suicides, 74% of cases (n = 76) showed evidence to suggest intent to die, and 97% (n = 71) used methods that are typically lethal. Thirty-one percent of completed suicides showed evidence that the event was planned or premeditated (n = 33). Suicide notes were found in 22% of completions (n = 24).

Evidence of death risk gambling (e.g., Russian roulette) was fairly rare (1% of attempts) resulting in 12 non-fatal events. This is likely an under-estimate, as a number of such attempts probably went undetected. See Table 7 for details.

Table 7

CY 2007 ASER OTHER EVENT INFORMATION

		EVENT TYPE			
		Suicides		Attempts	
		Count	Percent	Count	Percent
INTENT TO DIE	Yes	76	74%	382	41%
	No	16	16%	406	44%
	Don't Know	11	11%	133	14%
LETHAL	Yes	71	97%	261	29%
	No	0	0%	456	51%
	Don't Know	2	3%	171	19%
DEATH RISK/GAMBLING	Yes	0	0%	12	1%
	No	88	81%	872	94%
	Don't Know	20	19%	42	5%
PLANNED/ PREMEDITATED	Yes	33	31%	234	25%
	No	37	35%	590	63%
	Don't Know	37	35%	106	11%
OBSERVABLE	Yes	15	14%	452	49%
	No	78	72%	361	39%
	Don't Know	15	14%	110	12%
SUICIDE NOTE LEFT	Yes	24	22%	75	8%
	No	55	50%	763	82%
	Don't Know	30	28%	87	9%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Communication of Intent (Table 8). The majority of patients and decedents did not communicate their potential for self-harm prior to the event. Twenty-three percent of individuals who attempted suicide (n = 215), and 25% of Soldiers who completed suicide (n = 27) communicated their intent prior to the event. At least three Soldiers who completed suicide (3%) reported their intent to multiple people. However, similar to other analyses, these percentages are probably an underestimate, as ASER POCs responded "Don't Know" in 13% of attempts (n = 124) and 24% of completions (n = 26). In addition, false-negative response errors are likely. In almost all positive cases, intent was communicated verbally (187 of the attempts and 23 of the completions).

Examination of the type of individuals with whom patients and decedents shared intent may be helpful for informing suicide prevention efforts. Soldiers who attempted suicide most commonly shared their intent with Friends, Mental Health Staff, and Supervisors (Table 8). For completions, Soldiers most commonly shared their intent with Spouses, Friends and Other. There may be a bias in favor of identifying intent communicated to mental health staff, given the documentation requirements of providers and the fact that ASER POCs are generally behavioral health providers. The majority of the “Other” responses reflected a variety of co-workers and family members.

Table 8

CY 2007 RECIPIENTS OF COMMUNICATED INTENT

	EVENT TYPE			
	Suicides		Attempts	
	Count	Percent	Count	Percent
FRIEND	9	8%	77	8%
MENTAL HEALTH STAFF	4	3%	75	8%
SUPERVISOR	0	0%	63	7%
SPOUSE	10	9%	46	5%
CHAPLAIN	1	1%	29	3%
OTHER	6	5%	41	4%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Situational/Contextual Factors

Situational Factors (Table 9)

These items pertain to the individual’s current situation, such as place of residence, current living situation and stressors, factors that are subject to change over time. In the majority of attempts (73%, n = 680) and 42% of completions (n = 45), Soldiers resided in barracks. Family housing was the second most prevalent response for both groups (on-post and off-post equal for completions; off-post family housing more prevalent than on-post housing in attempt cases). A fourth or less of both groups (attempts and completions) resided alone at the time of the event. Forty percent of completions (n = 43) and 22% of attempts (n = 203) reportedly had minor children; the majority of those did not live with their children at the time of the event. A gun was present in the home or immediate environment for 54% (n = 59) of completed suicides and 18% (n = 164) of attempts.

Table 9

CY 2007 ASER SITUATIONAL INFORMATION

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	45	42%	680	73%	455	74%
	Non-military shared	4	4%	15	2%	9	1%
	BEQ/BOQ	3	3%	5	1%	2	<1%
	On-post family housing	19	18%	39	4%	24	4%
	Off-post family housing	19	18%	130	14%	74	12%
	Other	11	10%	27	3%	30	5%
	Don't Know	7	6%	37	4%	23	4%
RESIDES WITH SPOUSE	Resides with spouse	29	54% ^a	125	35% ^a	77	33% ^a
	Separated, relationship issues	10	19% ^a	82	23% ^a	32	14% ^a
	Separated, other	11	20% ^a	137	38% ^a	116	50% ^a
	Don't Know	4	7% ^a	13	4% ^a	5	2% ^a
RESIDES ALONE	Yes	27	25%	211	23%	82	13%
	No	67	62%	656	70%	498	80%
	Don't Know	14	13%	67	7%	41	7%
MINOR CHILDREN	Yes	43	40%	203	22%	135	22%
	No	52	48%	645	69%	417	68%
	Don't Know	13	12%	82	9%	62	10%
RESIDES WITH CHILDREN	Yes	16	37% ^a	54	26% ^a	40	30% ^a
	No	17	40% ^a	145	71% ^a	90	68% ^a
	Don't Know	10	23% ^a	6	3% ^a	3	2% ^a
GUN IN IMMEDIATE ENVIRONMENT	Yes	59	54%	164	18%	124	20%
	No	16	15%	594	64%	358	58%
	Don't Know	34	31%	164	18%	132	21%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

^a Percentages for Resides with Children and Resides with Spouse were calculated based only on the number of Soldiers with minor children or a spouse.

Duty Status/Environment (Tables 10 and 11)

For the item pertaining to duty status and duty environment at time of event, respondents were instructed to check all that apply; thus percentages add to more than 100%. Garrison was the most commonly reported duty environment for both completed events (43%, n = 46) and attempts (58%, n = 532), followed by Deployed for completed events (30%, n = 32), and Training for attempts (28%, n = 255). Additional information regarding deployment status is provided in Tables 14-15 in the section on Historical Factors, and in Appendices F-H. Data on Soldiers with suicidal ideation only is provided in Tables 10-11.

Table 10

CY 2007 ASER DUTY STATUS

	EVENT TYPE					
	Suicides		Attempts		Ideation Only	
	Count	Percent	Count	Percent	Count	Percent
ACTIVE	100	86%	756	83%	467	78%
AGR	9	8%	13	1%	13	2%
IET	2	2%	218	24%	168	28%
MOBILIZED	2	2%	7	1%	13	2%
ADT	1	1%	9	1%	6	1%
IDT	0	0%	1	<1%	1	<1%
OTHER	4	3%	9	1%	22	4%
TRAINING	5	4%	255	28%	193	32%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Table 11

CY 2007 ASER DUTY ENVIRONMENT

	EVENT TYPE					
	Suicides		Attempts		Ideation Only	
	Count	Percent	Count	Percent	Count	Percent
GARRISON	46	43%	532	58%	293	48%
PSYCH HOSPITALIZATION	1	1%	1	0%	1	<1%
LEAVE	7	6%	12	1%	15	2%
MEDICAL HOLD	3	3%	19	2%	9	1%
TDY	0	0%	5	1%	1	<1%
IN EVAC CHAIN	0	0%	2	<1%	3	0%
AWOL	3	3%	11	1%	13	2%
UNDER CMD OBS	0	0%	6	1%	1	<1%
DEPLOYED	32	30%	111	12%	93	15%
OTHER	17	16%	29	3%	26	4%
TRAINING	5	5%	255	28%	193	31%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Clinical/Symptom Factors

Diagnoses (Table 12)

Forty-four percent of completed suicides (n = 48) had a history of at least one mental disorder. Of completed suicides, 24% (n = 26) had been diagnosed with a Mood Disorder in the past, including Major Depression (n = 13), Dysthymic Disorder (n = 4), and Other Mood Disorders (n = 11). Twenty percent of completed suicides (n = 22) had been diagnosed with an Anxiety Disorder, including 6% (n = 7) with posttraumatic stress disorder (PTSD). Of the 7 PTSD cases, 2 had reportedly been diagnosed within 30 days of the event, 1 had been diagnosed within 3 months, 1 had been diagnosed over a year prior to the event, and 3 ASER respondents left the timing of the diagnosis blank. One Soldier had reportedly been diagnosed with a Psychotic Disorder (over a year prior to the event). Three Soldiers (3%) were identified with a Personality Disorder, and 18% (n = 19) had a history of Substance Abuse.

Of attempts, 55% of submissions (n = 515) had a history of at least one mental disorder. Thirty-nine percent (n = 358) of Soldiers who attempted suicide had been diagnosed with a Mood Disorder, including Bipolar (n = 48), Major Depression (n = 212), Dysthymic Disorder (n = 29), and Other Mood Disorders (n = 104). Seventeen percent (n = 156) had been diagnosed with any Anxiety Disorder, including 8% diagnosed with PTSD (n = 77). Of these cases, 17 were diagnosed within one month of the suicide attempt. Two percent (n = 15) were diagnosed with a Psychotic Disorder (4 within one month of the suicide attempt). In addition, 10% (n = 90) were diagnosed with a Personality Disorder, and 24% (n = 222) had a history of Substance Abuse.

Table 12

CY 2007 ASER SYMPTOM FACTORS

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	26	24%	358	39%	238	39%
	No	49	45%	482	52%	306	50%
	Don't Know	34	31%	85	9%	62	10%
DX BIPOLAR DISORDER	Yes	0	0% ^a	48	21% ^a	37	22% ^a
	No	22	100% ^a	163	73% ^a	113	68% ^a
	Don't Know	0	0% ^a	13	6% ^a	15	9% ^a
DX MAJOR DEPRESSION	Yes	13	54% ^a	212	72% ^a	124	61% ^a
	No	10	42% ^a	77	26% ^a	66	33% ^a
	Don't Know	1	4% ^a	6	2% ^a	13	6% ^a
DX DYSTHYMIC DISORDER	Yes	4	20% ^a	29	13% ^a	9	6% ^a
	No	14	70% ^a	175	77% ^a	136	85% ^a
	Don't Know	2	10% ^a	24	11% ^a	15	9% ^a
DX OTHER MOOD DISORDER	Yes	11	44% ^a	104	40% ^a	80	44% ^a
	No	12	48% ^a	136	52% ^a	88	48% ^a
	Don't Know	2	8% ^a	23	9% ^a	15	8% ^a
DX ANXIETY DISORDER	Yes	22	20%	156	17%	102	17%
	No	58	53%	662	73%	429	71%
	Don't Know	29	27%	92	10%	73	12%

^a Respondents were presented with items related to specific diagnoses only when the super-ordinate category was endorsed (e.g. mood disorder). Percentages in these cases are based on the total number of responses for each item and not the total number of events (e.g. suicides).

Table 12 (continued)

CY 2007 ASER SYMPTOM FACTORS

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
DX PTSD	Yes	7	41% ^a	77	60% ^a	44	58% ^a
	No	6	35% ^a	47	37% ^a	27	36% ^a
	Don't Know	4	24% ^a	4	3% ^a	5	7% ^a
DX PANIC DISORDER	Yes	0	0% ^a	17	19% ^a	12	18% ^a
	No	13	81% ^a	67	74% ^a	50	76% ^a
	Don't Know	3	19% ^a	7	8% ^a	4	6% ^a
DX GENERAL ANXIETY DISORDER	Yes	3	19% ^a	44	44% ^a	30	39% ^a
	No	11	69% ^a	51	50% ^a	39	51% ^a
	Don't Know	2	13% ^a	6	6% ^a	7	9% ^a
DX STRESS DISORDER	Yes	0	0% ^a	6	6% ^a	7	11% ^a
	No	11	73% ^a	74	79% ^a	51	80% ^a
	Don't Know	4	27% ^a	14	15% ^a	6	9% ^a
DX OTHER ANXIETY DISORDER	Yes	10	50% ^a	36	34% ^a	27	36% ^a
	No	8	40% ^a	60	56% ^a	41	55% ^a
	Don't Know	2	10% ^a	11	10% ^a	7	9% ^a
DX PERSONALITY DISORDER	Yes	3	3%	90	10%	44	7%
	No	72	67%	713	79%	484	80%
	Don't Know	33	31%	103	11%	75	12%
DX PSYCHOTIC DISORDER	Yes	1	1%	15	2%	5	1%
	No	75	69%	793	89%	520	87%
	Don't Know	32	30%	88	10%	73	12%
HX SUBSTANCE ABUSE	Yes	19	18%	222	24%	110	18%
	No	53	49%	598	65%	421	70%
	Don't Know	36	33%	93	10%	71	12%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

^a Respondents were presented with items related to specific diagnoses only when the super-ordinate category was endorsed (e.g. anxiety disorder). Percentages in these cases are based on the total number of responses for each item and not the total number of events (e.g. suicides).

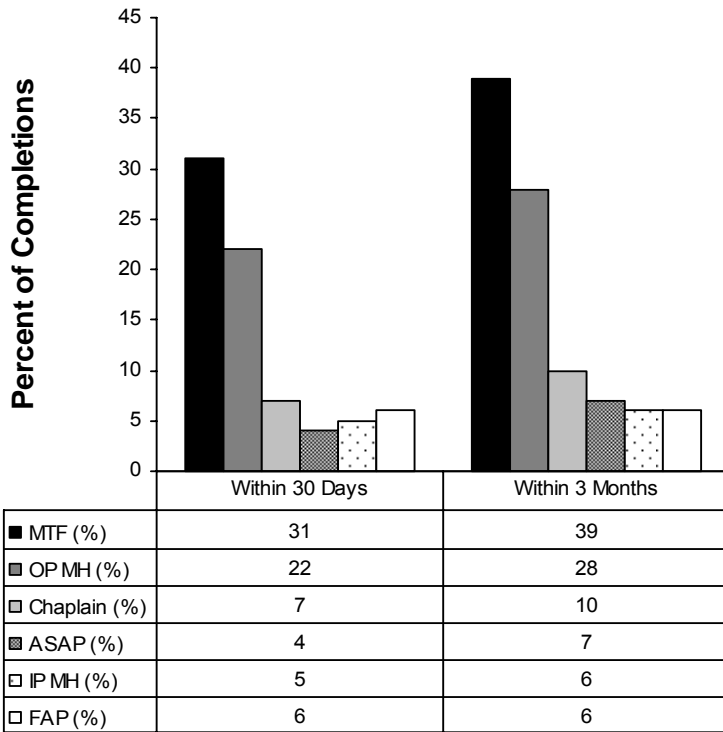


Figure 4. Programs visited within 30 Days and 3 Months of suicide completions. Percentages are cumulative (Within 3 Months includes the Soldiers displayed Within 30 Days). MTF = Medical Treatment Facility; OP MH = Outpatient Mental Health; ASAP = Army Substance Abuse Program; IP MH = Inpatient Mental Health; FAP = Family Advocacy Program.

Treatment

Table 13 displays the history of visits to programs and clinics prior to the event. Figure 4 more specifically displays the percent of completions who visited these programs within 30 days and within 3 months of completions. Of completed suicides, 47% (n = 51) had been seen at an MTF prior to the event (31% within 30 days of the completion). Of attempted suicides, 46% (n = 421) had been seen at an MTF prior to the event (32% within 30 days of the event). Completions were positive for an Outpatient Mental Health visit prior to the event in 40% (n = 44) of cases, versus 55% (n = 516) of attempts. Thirty-five percent of attempts (n = 330) and 22% of completions (n = 24) had an outpatient mental health visit within 30 days of the event. History of an Inpatient Mental Health stay was positive in 7% (n = 8) of completed suicides, versus 21% (n = 193) of attempts; five completions (5%) and 68 Soldiers who attempted suicide (7%) received inpatient services within 30 days of the event. Forty-

six percent of completions (n = 50) and 53% of attempts (n = 493) had been seen in at least one of the programs/clinics within 30 days of the event.

History of psychotropic medication use was reported for 27% (n = 29) of individuals who completed suicide. Of those, 88% (n = 23) were receiving antidepressants; 46% (n = 11) were on anti-anxiety medications; 5% (n = 1) were on anti-convulsants; and 24% (n = 6) were on anti-psychotics. For individuals who attempted suicide, 34% (n = 307) reported psychotropic medication use; 93% (n = 269) of the cases positive for psychotropic medication use were positive for antidepressant use; 37% (n = 86) were using anti-anxiety medications; 5% (n = 9) were on anti-manic medications; 9% (n = 19) were on anti-convulsants; and 22% (n = 48) were on anti-psychotics.

Thirteen percent (n = 14) of suicides and 14% (n = 133) of Soldiers who attempted suicide had reportedly taken psychotropic medication within 30 days of the event.

History of prior self-inflicted injury was documented for 7% (n = 8) of completed suicides, and 35% (n = 335) of attempts. For suicides, 4 cases had a known history of one such event, and 4 cases had a history of two or more prior self-injurious behaviors. The mean age of the first self-injurious event for completed and attempted suicides was 18.0 and 17.8, respectively.

Table 13

CY 2007 ASER TREATMENT HISTORY

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
SEEN BY MTF	Yes	51	47%	421	46%	248	41%
	No	38	35%	409	45%	281	46%
	Don't Know	19	18%	89	10%	78	13%
SEEN BY ASAP	Yes	11	10%	117	13%	51	8%
	No	78	72%	715	78%	477	79%
	Don't Know	20	18%	82	9%	78	13%
SEEN BY FAP	Yes	8	7%	35	4%	18	3%
	No	76	70%	791	87%	504	83%
	Don't Know	25	23%	85	9%	83	14%
SEEN BY CHAPLAIN	Yes	10	9%	174	19%	120	20%
	No	43	39%	540	59%	349	58%
	Don't Know	56	51%	195	21%	130	22%
SEEN BY OP MH	Yes	44	40%	516	55%	364	59%
	No	55	50%	367	39%	212	34%
	Don't Know	10	9%	47	5%	43	7%
SEEN BY IP MH	Yes	8	7%	193	21%	93	16%
	No	82	75%	658	72%	447	75%
	Don't Know	19	17%	59	6%	59	10%
TAKEN PSYCHOTROPIC MEDS	Yes	29	27%	307	34%	166	27%
	No	50	46%	532	58%	380	62%
	Don't Know	29	27%	76	8%	65	11%
HX PHYSICAL HEALTH PROBLEM	Yes	16	15%	180	19%	108	18%
	No	60	55%	649	70%	428	70%
	Don't Know	33	30%	97	10%	79	13%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Historical/Developmental Factors

Deployment History (Table 14)

The ASER 2007 gathered detailed information pertaining to the Soldier’s most recent three deployments. The following table summarizes this information for the most commonly reported deployment locations: Afghanistan, Iraq, and Kuwait. Iraq was the most common deployment location reported for both

Table 14

CY 2007 ASER HISTORY EVER DEPLOYED TO OIF/OEF

	EVENT TYPE					
	Suicides		Attempts		Ideation Only	
	Count	Percent	Count	Percent	Count	Percent
AFGHANISTAN	9	8%	32	3%	19	3%
IRAQ	55	47%	258	28%	176	28%
KUWAIT	3	3%	18	2%	17	3%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

completions and attempts, with almost half of ASERs for completed suicides positive for a history of Iraq deployment. Sixty-one percent of completions (n = 66) and 33% of attempts (n = 304) were positive for at least one OIF-OEF deployment.

Seven percent of completions (n = 8) and 7% of attempts (n = 64) reportedly had histories of multiple deployments to Iraq

and/or Afghanistan. Combining these data with ASERs from 2006 to increase the N resulted in similar results. A total of 18 ASERs (9%) for completions and 105 attempts (6%) from 2006-2007 events reported multiple deployments to Iraq and/or Afghanistan. Unfortunately, Army base rates for multiple deployments are not available at the time of this writing to assist interpretation. It is possible that biases related to retrospective data collection may have resulted in underestimates in the ASER data. In addition, missing data may not be randomly distributed, and true ASER submission compliance rates for attempts are unknown.

Information is also gathered about completions and attempts that occurred during deployment. In 2007, there were 33 suicides in OIF-OEF confirmed by AFME at the time of this writing (29 in Iraq, 4 in Afghanistan, 0 in Kuwait). ASERs were submitted for 29 of these cases. ASERs were also submitted for two OIF-OEF cases that are currently pending AFME confirmation. For attempts, there were 105 ASERs that listed OIF or OEF countries as the event location. Ninety-four ASERs were submitted for ideation only in OIF-OEF.

Appendices F-G present analyses of ASER items by location of event (OIF-OEF, Non-OIF-OEF).

Days Deployed (Figure 5): Suicides completed in OIF or OEF were analyzed to determine whether there was a relationship between number of days deployed and suicide completion. Deployment start date was subtracted from the ASER event date to determine days deployed prior to event. To increase the sample available for this subgroup analysis, OIF and OEF cases from 2005 through 2007 were included.

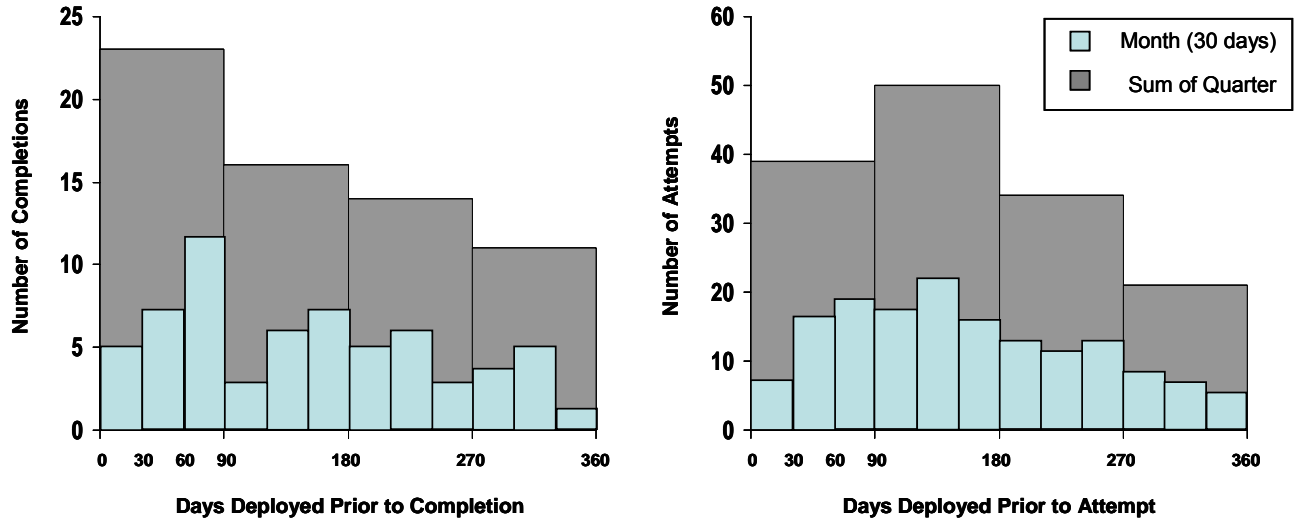


Figure 5. Frequency of OIF-OEF Completions and Attempts by number of Months and Quarters deployed prior to the event.

Figure 5 shows the results of this analysis. When completions were grouped by month, expected cell sizes were small for a goodness of fit test. Therefore, completion frequencies were grouped by quarter. Despite the visual trend, the obtained frequencies did not statistically differ from what would be expected by chance. However, power to detect effects was fairly limited.

Similar analyses were conducted for suicide attempts. One hundred and forty-four ASERs provided sufficient data required for analysis. There was a significant relationship between suicide attempt and quarters deployed ($X^2 = 12.06, p < .01$). Figure 5 illustrates that 3 to 6 months of deployment showed the highest frequency of suicide attempts. Limitations to this analysis include the unavailability of base rates for each deployment time frame, and the fact that deployment lengths have varied over the years included in the analysis.

Provider’s Opinion on the Role of Deployment

(Figure 6): After reviewing all available records and conducting appropriate interviews, the ASER POC was asked to provide a subjective opinion as to whether the event was related to a deployment. Providers indicated that 17% (n = 19) of completions were related to a deployment. The majority of these were related to a current deployment, rather than an anticipated or prior deployment (Figure 6).

Providers indicated that 21% (n = 194) of suicide attempts were related to a deployment. Relatively few ASERs indicated that an attempt was related to an anticipated deployment (5%; n = 48).

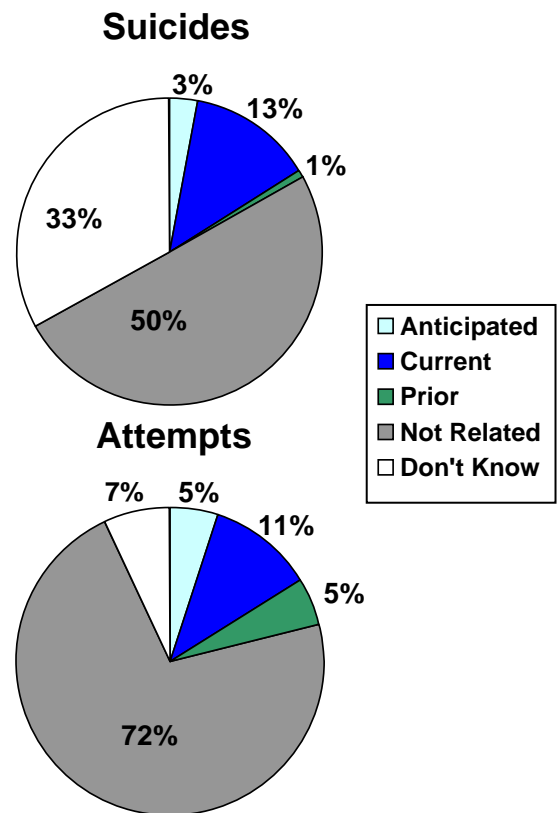


Figure 6. Events Related to a Deployment

Combat History for Attempts and Completions (Table 15): History of experiencing direct combat operations was positive in 24% (n = 26) of completed suicides, and 16% (n = 138) of attempts. The percentages of Soldiers for whom specific combat experiences were reported were generally low. However, these numbers reflect both the response rate and the fact that the denominator includes those with and without any combat experiences.

Table 15

CY 2007 ASER COMBAT HISTORY

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
EXPERIENCED DIRECT COMBAT	Yes	26	24%	138	16%	87	15%
	No	40	37%	623	72%	400	70%
	Don't Know	42	39%	109	13%	84	15%
SAW CASUALTIES		17	16%	91	10%	48	8%
INJURED IN COMBAT		2	2%	25	3%	16	3%
WITNESSED KILLING IN COMBAT		16	15%	93	11%	52	9%
SAW DEAD BODIES IN COMBAT		17	16%	89	10%	52	9%
KILLED OTHERS IN COMBAT		7	6%	54	6%	28	5%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Family & Relationship History (Table 16)

Failed marital/intimate relationships were reported for 50% (n = 55) of completed and 41% (n = 383) of attempted suicide events. In addition, other failed relationships (non-intimate) were reported for 15% (n = 16) of completed and 14% (n = 133) of attempts. Thirteen percent of completions and 9% of attempt ASERs reported both intimate and non-intimate failed relationships.

Most of these failed relationships occurred close in time to the suicide behaviors. For suicide cases, 37% of the total sample had a failed intimate relationship within 30 days of the suicide. The figure was a little lower among those who attempted suicide, with 18% reportedly experiencing a failed intimate relationship within 30 days of the attempt. Similarly, other failed relationships occurred within 30 days of the events in 9% of suicides and 6% of attempts.

There was also a positive history of recent spousal or family death in 1% (n = 1) of completed suicides, and 13% (n = 121) of attempts. There was a positive history of a chronic spousal or family severe illness in 2% (n = 2) of completed suicides, and in 10% (n = 96) of attempts. Family history of mental illness or suicide was reported for 10% (n = 11) of individuals who completed suicide, versus 34% (n = 312) of individuals who attempted suicide. These rates are probably underestimates, as "Don't Know" responses were fairly common for all of these risk factors.

Table 16

CY 2007 ASER FAMILY HISTORY

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
FAILED SPOUSE RELATIONSHIP	Yes	55	50%	383	41%	184	30%
	No	30	28%	446	48%	350	57%
	Don't Know	24	22%	103	11%	83	13%
FAILED OTHER RELATIONSHIP	Yes	16	15%	133	14%	67	11%
	No	53	49%	661	71%	445	72%
	Don't Know	39	36%	131	14%	104	17%
HX SPOUSE SUICIDE	Yes	0	0%	1	<1%	0	0%
	No	89	82%	829	90%	549	89%
	Don't Know	20	18%	88	10%	68	11%
HX FAMILY SUICIDE	Yes	0	0%	62	7%	46	7%
	No	55	50%	736	80%	470	76%
	Don't Know	54	50%	124	13%	99	16%
HX FRIEND SUICIDE	Yes	1	1%	81	9%	61	10%
	No	51	47%	708	77%	450	73%
	Don't Know	57	52%	130	14%	103	17%
HX FAMILY DEATH	Yes	1	1%	121	13%	98	16%
	No	53	49%	680	74%	421	68%
	Don't Know	55	50%	119	13%	97	16%
HX FRIEND DEATH	Yes	4	4%	106	11%	65	11%
	No	48	44%	681	74%	451	73%
	Don't Know	57	52%	135	15%	100	16%
HX CHRONIC FAMILY ILLNESS	Yes	2	2%	96	10%	67	11%
	No	56	51%	704	76%	454	74%
	Don't Know	51	47%	122	13%	92	15%
HX FAMILY MENTAL ILL/SUICIDE	Yes	11	10%	312	34%	211	34%
	No	22	20%	457	49%	293	47%
	Don't Know	76	70%	162	17%	114	18%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Administrative & Legal History (Table 17)

History of Article 15 proceedings were reported in 13% of completions (n = 14) and 19% of attempts (n = 173). Civil legal problems were also fairly common; 10% of completions (n = 11) and 7% of attempts (n = 60) had a history of civil legal problems. In ten percent of attempts (n = 95) and 4% of completions (n = 4), Soldiers were reportedly the subjects of administrative separation proceedings. Other administrative and legal risk factors were less commonly reported as shown in Table 17.

Table 17

CY 2007 ASER ADMIN/LEGAL HISTORY

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	2	2%	27	3%	12	2%
	No	89	82%	808	88%	520	85%
	Don't Know	17	16%	83	9%	77	13%
ARTICLE 15 PROCEEDINGS	Yes	14	13%	173	19%	91	15%
	No	74	68%	661	72%	438	72%
	Don't Know	21	19%	90	10%	83	14%
ADMIN SEP PROCEEDINGS	Yes	4	4%	95	10%	38	6%
	No	87	81%	736	80%	494	81%
	Don't Know	17	16%	91	10%	76	13%
AWOL/DESERTION PROCEEDINGS	Yes	5	5%	68	7%	39	6%
	No	89	82%	770	84%	495	81%
	Don't Know	15	14%	78	9%	75	12%
MEB PROCEEDINGS	Yes	8	7%	41	4%	19	3%
	No	85	78%	794	87%	508	84%
	Don't Know	16	15%	80	9%	81	13%
CIVIL LEGAL PROBLEMS	Yes	11	10%	60	7%	28	5%
	No	72	66%	747	82%	498	82%
	Don't Know	26	24%	106	12%	82	13%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Abuse History (Table 18)

Of completed suicides, 7% (n = 8) had a reported history of being a victim of physical abuse, 2% (n = 2) sexual abuse, and 7% (n = 8) emotional abuse. History of sexual harassment was not reported for any completed suicides. Of attempts, 22% (n = 196) had a reported history of being a victim of physical abuse, 17% (n = 152) sexual abuse, 23% (n = 212) emotional abuse, and 4% (n = 35) sexual harassment. Abuse in which the Soldier was the perpetrator was not commonly indicated, although ASERs for 3% (n = 3) of completions and 5% (n = 49) of attempts reported alleged or confirmed perpetration of physical abuse in the past. This data, along with the data for Soldiers reporting ideation only, can be found in Table 18.

Table 18

CY 2007 ASER ABUSE HISTORY

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	8	7%	196	22%	122	21%
	No	46	43%	575	63%	376	63%
	Don't Know	54	50%	138	15%	97	16%
VICTIM SEXUAL ABUSE	Yes	2	2%	152	17%	89	15%
	No	48	44%	606	67%	403	68%
	Don't Know	58	54%	147	16%	102	17%
VICTIM EMOTIONAL ABUSE	Yes	8	7%	212	23%	128	22%
	No	44	41%	557	61%	360	61%
	Don't Know	56	52%	142	16%	105	18%
VICTIM SEXUAL HARASSMENT	Yes	0	0%	35	4%	16	3%
	No	53	50%	690	77%	463	79%
	Don't Know	54	50%	169	19%	109	19%
PERP PHYSICAL ABUSE	Yes	3	3%	49	5%	28	5%
	No	54	50%	731	79%	475	77%
	Don't Know	51	47%	148	16%	114	18%
PERP SEXUAL ABUSE	Yes	3	3%	14	2%	8	1%
	No	54	50%	766	82%	494	80%
	Don't Know	51	47%	149	16%	114	19%
PERP EMOTIONAL ABUSE	Yes	1	1%	27	3%	27	4%
	No	52	48%	744	81%	473	77%
	Don't Know	55	51%	153	17%	116	19%
PERP SEXUAL HARASSMENT	Yes	0	0%	3	<1%	2	<1%
	No	56	52%	770	83%	496	81%
	Don't Know	52	48%	151	16%	116	19%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Financial and Workplace Difficulties (Table 19)

Excessive debt or bankruptcy was reported for 13% (n = 116) of attempts and 9% (n = 10) of completed suicides. Additional information related to job or employment difficulties are presented below. History of employment problems or co-worker difficulties were relatively common for both attempted and completed suicides and were also the most frequently endorsed items of this section.

Table 19
CY 2007 ASER OTHER HISTORY

		EVENT TYPE					
		Suicides		Attempts		Ideation Only	
		Count	Percent	Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	10	9%	116	13%	54	9%
	No	56	51%	676	74%	455	74%
	Don't Know	43	39%	127	14%	107	17%
HX JOB PROBLEMS	Yes	24	22%	250	27%	154	25%
	No	54	50%	568	61%	369	60%
	Don't Know	31	28%	106	11%	95	15%
SUPV/COWORKER ISSUES	Yes	17	16%	200	22%	150	24%
	No	60	55%	597	65%	361	58%
	Don't Know	32	29%	120	13%	107	17%
POOR PERFORMANCE EVAL	Yes	10	9%	166	18%	109	18%
	No	69	63%	620	67%	394	64%
	Don't Know	30	28%	134	15%	115	19%
HX WORKPLACE HAZING	Yes	4	4%	33	4%	29	5%
	No	71	66%	738	81%	468	78%
	Don't Know	33	31%	140	15%	105	17%

Data from 1/1/2007 through 12/31/2007 as of 3/1/2008

Comparing 2006 and 2007 ASER Results (Appendix H)

ASER results were compared between 2006 and 2007 events⁴. Few differences were identified between 2006 and 2007 suicides. Higher rates of Anxiety Disorders were reported in 2007 (n = 22; 20%) compared to 2006 (n = 8; 9%; p < .04). However, reported PTSD rates were similar with 4% (n = 3) in 2006 and 6% (n = 7) in 2007. There was no significant difference between years in mood disorders, psychotic disorders, personality disorders, or substance abuse. In 2006, suicides were more frequently rated as events that appear planned or premeditated, and a higher proportion of 2006 decedents reportedly had physical health problems prior to the suicide. However, for these items, the proportion of "Don't Know" responses differed by year which may have contributed to the results. Four other items that differed by year but had expected cell counts less than 5 are not discussed here. All data is provided in Appendix H.

Comparisons of 2006 and 2007 attempts may be more affected by changes in compliance with ASER submission requirements than completions, which have high compliance rates that are known. Significant effort has been dedicated to improving compliance with attempt submissions. Therefore, changes in ASER responses from 2006 to 2007 should be interpreted with caution. In addition,

⁴ Some ASERs for 2006 events were received after the March 1, 2007 cut-off for inclusion in last year's report. Numbers reported here will not match the 2006 ASER Report.

comparisons of all ASER items are likely to result in some significant differences between years simply by chance. Significant differences between years were noted for the use of drugs during the attempt, use of typically lethal methods, communication of intent, relationship of event to deployment, gun in the immediate environment, mood disorders, anxiety disorders, substance use disorders, history of treatment in ASAP and inpatient mental health, visit to a chaplain, history of family death, history of a friend's death, history of family mental illness/suicide, history of courts martial proceedings, excessive debt/bankruptcy, and perpetration of physical abuse. Several effects were driven in part by differences in the rate of "Don't Know" responses. All distributions are available in Appendix H.

SUMMARY

This annual statistical report of the ASER provides statistics and analyses for Army suicide events occurring in CY 2007, with detailed tables presented for ASER items broken down by event type.

A total of 1666 valid ASERs were submitted for CY 2007; 109 were for completed suicide events. Of the 108 AFME confirmed suicides, an ASER had been received for 100 of the events for a submission compliance rate of 93% in CY 2007. (Nine ASERs submitted for completions are still pending final AFME determination). The raw number of suicides in 2007 was the highest since at least 1990 (as far back as our office has visibility).

Demographic variables differentiated Soldiers with suicide behaviors from the rest of the Army population. Suicide behaviors were most common for young, Caucasian, unmarried, junior enlisted Soldiers. Attempts and completions were further differentiated from each other by age, gender, and rank, with younger, lower-enlisted female Soldiers overrepresented for suicide attempts compared to completions. Firearms were the most common method for completed suicide, and overdoses and cutting were the most common methods of self-harm not resulting in death. The majority of events occurred in a garrison duty environment, although almost a third of completed suicides occurred in a deployed environment. It was not uncommon for individuals to have had prior self-injurious events, past psychiatric diagnoses, and/or prior outpatient or other mental health care, especially for Soldiers with suicide attempts. Most completed suicides (56%) did *not* have a diagnosed psychiatric disorder reported. The most frequently reported stressors included failed or failing relationships (especially intimate/spousal), legal problems, work-related problems, and excessive debt.

Of the 108 confirmed suicides, 29 occurred in Iraq, 4 in Afghanistan, 0 in Kuwait. One-hundred-and-sixty-six suicide attempts were reported as occurring in OIF-OEF. Seven percent of Soldiers who completed or attempted suicide had a history of multiple deployments to Iraq and/or Afghanistan. ASER data suggested a differential pattern of risk factors for suicide behaviors during OIF-OEF deployments compared to suicide behaviors in other settings (Appendix F-G). Some evidence suggested that marriage may be more protective against a completion during deployment than during other assignments. In contrast, marriage may be less protective against a suicide attempt during a deployment compared to other assignments. A similar pattern was noted for parents of minor children. Rates of work-related problems were generally higher among OIF-OEF events. However, a number of traditional stressors and risk factors were lower for Soldiers with events during deployment, even when compared to Soldiers with an OIF-OEF deployment history. For example, failed intimate relationships were less common among OIF-OEF suicide cases than among non-OIF-OEF cases. Still, base rate data for OIF-OEF and non-OIF-OEF populations are required for a proper interpretation.

In addition, there was a significant relationship between suicide attempts and number of days deployed to an OIF-OEF country, with the second quarter of deployment showing the highest frequency of suicide attempts. A similar pattern was observed for completions, but the finding was not statistically significant.

Results from ASERs submitted for a suicide in 2007 were generally consistent with patterns observed in 2006. In addition, the proportion of ideation only cases with traditional risk factors for suicide was similar to rates observed in suicide attempt cases.

Conclusions and interpretations regarding noted patterns must be made with caution until data are available for a comparable group of Soldiers that is demographically similar.

REFERENCES

- [1] Monohan J, Steadman H J, Appelbaum P S, et al. Developing a Clinically Useful Actuarial Tool for Assessing Violence Risk. *BR J Psychiatry*. 2000; 176:312-319.
- [2] Centers for Disease Control and Prevention, U.S. Population Statistics for CY 2003. Available at <http://www.cdc.gov/ncipc/wisqars/default.htm>. Accessed March 14, 2007.
- [3] Platt S, et al. Parasuicide in Europe: The WHO/EURO multicentre study on parasuicide. I. Introduction and preliminary analysis for 1989. *Acta Psychiatrica Scandinavica* 1992, 85:97-104.
- [4] Silverman MM, Berman AL, Sanddal ND, O'Carroll PW, Joiner TE. Rebuilding the tower of Babel: a revised nomenclature for the study of suicide and suicidal behaviors. Part 2: Suicide-related ideations, communications, and behaviors. *Suicide Life Threat Behav*. 2007 Jun;37(3):264-77.
- [5] Office of Army Demographics. Army Profile FY-06. U. S. Army, Office of Army Demographics. Received data from Chief, Army Demographics Office G-1, Office of the Deputy Chief of Staff for Personnel U.S. Army on 19 March 2007 via e-mail.

APPENDIX A

NEW IN ASER 2007

The Suicide Risk Management & Surveillance Office conducts an annual review of ASER content and deploys a revised ASER January 1 of each CY. SRMSO maintains a list of proposed changes which can be derived from ASER or Command POC suggestions, consult questions from Army leaders during the year, changes in the Army mission, recent research findings in the literature, or other sources. A SRMSO committee consisting of two research psychologists, the ASER administrator, and the SRMSO Director review potential changes and attempt to balance requests for new items with the requirement to keep the ASER brief. In addition, a psychologist with recent deployment experience consults on changes to ASER items.

Following is a list of changes to the 2007 version of the ASER.

A calendar pop-up was added for the Date of Birth, Event Date, and all Deployment Date fields.

A pull-down list of MOS codes was added for consistency of data entry.

Pull-down lists were added for all Country and State fields for consistency of data entry.

A pull-down list of Army Divisions was added for consistency of data entry.

Two Event Types were added: Suicidal ideation only (without an attempt or gesture); and Test, calibration, or special study (to support evaluation efforts directed at ASER improvements).

Edited existing item to read, "Actions taken as a consequence of the current event," with selections of Hospitalization (inpatient), Outpatient mental health evaluation/treatment, Evacuation, and Other.

Removed the requirement to list names of facilities where patient/decedent was hospitalized.

Primary method used item was modified to make drug overdose and alcohol overdose two separate selections, and adding selections for Fire, steam, etc.; and Lying in front of moving object to make options consistent with ICD options.

Added an item that applies only to gestures and attempts, asking if the patient experienced physical harm (including poisoning) as a result of the event.

Added a text field for description of the general sequence of events leading up to the ideation/attempt/suicide, and discovery/intervention.

Modified the Mental Health history section into five major categories, with sub-categories for two of them. An affirmative response to a major category then displays the sub-categories as follows:

- Diagnosed with any Mood Disorder (e.g. major depression, etc.)
 - Diagnosed with a Bipolar Disorder
 - Diagnosed with Major Depression
 - Diagnosed with Dysthymic Disorder
 - Diagnosed with any other Mood Disorder

Diagnosed with an Anxiety Disorder (e.g. PTSD, etc.)
Diagnosed with PTSD
Diagnosed with Panic Disorder
Diagnosed with Generalized Anxiety Disorder
Diagnosed with Acute Stress Disorder
Diagnosed with any other Anxiety Disorder

Diagnosed with a Personality Disorder
Diagnosed with a Psychotic Disorder
Had a history of Substance Abuse

History of taking Psychotropic Medications item was modified to ask about specific psychotropic medications. An affirmative response to having taken psychotropic medications displays sub-items, as follows:

Antidepressants
Anti-anxiety medications
Antimanics
Anticonvulsants
Antipsychotics

Added a text field for elaboration of any other relevant details related to the patient/decedent's mental health treatment history.

Added a text field for description or elaboration on life stressors or other circumstances affecting the patient/decedent within the administrative/legal history section.

Added a text field for description of any known childhood or developmental history that may have contributed to the event at the end of the abuse history section.

Added a field to ask for number of deployments, with selections of 0, 1, 2, and 3 or more. A response of greater than zero then displays deployment-related items to describe up to three deployments.

Added an item asking for R&R dates, if taken and known, for the most recent deployment.

Modified the item for Experienced Direct Combat to ask for time frame if direct combat was experienced during the most recent deployment, and a check box to indicate whether direct combat was experienced during other deployments, if applicable.

If an affirmative response is entered for any direct combat exposure, the following items are asked:

Did the patient/decedent and his/her unit engage in battle resulting in casualties/wounded?
Did the patient/decedent become wounded or injured in combat?
Did the patient/decedent personally witness a unit member, ally, enemy, or civilian being seriously wounded or killed?
Did the patient/decedent see the bodies of dead soldiers or civilians following battle?
Did the patient/decedent kill others in combat (or have reason to believe others were killed as a result of actions)?

Added a text box for description of any additional relevant military history, including additional relevant deployment history.

Added a text box for description or elaboration on any additional details related to the family and work history section.

Added a pull-down list of Army MTFs to select from to indicate where the ASER was completed, for consistency of data entry.

Added a section to indicate sources of information that were used to complete the ASER. Selections are as follows:

Interviews with:

- The patient (non-fatalities)
- Co-workers/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.
- Family members

Review of records, including:

- Medical and behavioral health records
- Family Advocacy records
- Army Substance Abuse Program records (ASAP)
- Personnel and counseling records
- Responsible investigative agency records (e.g. CID)
- Court-martial records
- Records related to manner of death, such as casualty reports, toxicology/lab reports, pathology/autopsy reports, suicide notes, etc.)

APPENDIX B

ASER CY 2007

ASER 2007 WEB FORM ITEMS

Army Suicide Event Report 2007

ASER

Version: 2.3.1 (01-Jan-2007)
Previous editions are obsolete.

I. Patient/Decedent Personal Information

1. Last name:	_____																								
First name & middle initial:	_____, ____																								
Social Security Number:	____-____-____																								
2. Date of birth:	____/____/____ pop up calendar																								
3. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Don't know																								
4. Relationship to sponsor:	_____																								
5. Racial category: (check only one)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know																								
6. Specific ethnic group: (check only one)	<table border="0"><tr><td><u>Hispanic</u></td><td><u>Asian</u></td></tr><tr><td><input type="checkbox"/> Mexican</td><td><input type="checkbox"/> Chinese</td></tr><tr><td><input type="checkbox"/> Puerto Rican</td><td><input type="checkbox"/> Japanese</td></tr><tr><td><input type="checkbox"/> Cuban</td><td><input type="checkbox"/> Korean</td></tr><tr><td><input type="checkbox"/> Latin American</td><td><input type="checkbox"/> Indian</td></tr><tr><td><input type="checkbox"/> Other Spanish</td><td><input type="checkbox"/> Filipino</td></tr><tr><td><u>Native American</u></td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> Aleut</td><td><input type="checkbox"/> Other Asian</td></tr><tr><td><input type="checkbox"/> Eskimo</td><td><u>Pacific Islander</u></td></tr><tr><td><input type="checkbox"/> U.S/Canadian Indian Tribes</td><td><input type="checkbox"/> Melanesian</td></tr><tr><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> Polynesian</td></tr><tr><td><input type="checkbox"/> Don't know</td><td><input type="checkbox"/> Other Pacific Islands</td></tr></table>	<u>Hispanic</u>	<u>Asian</u>	<input type="checkbox"/> Mexican	<input type="checkbox"/> Chinese	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Japanese	<input type="checkbox"/> Cuban	<input type="checkbox"/> Korean	<input type="checkbox"/> Latin American	<input type="checkbox"/> Indian	<input type="checkbox"/> Other Spanish	<input type="checkbox"/> Filipino	<u>Native American</u>	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Aleut	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Eskimo	<u>Pacific Islander</u>	<input type="checkbox"/> U.S/Canadian Indian Tribes	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Other	<input type="checkbox"/> Polynesian	<input type="checkbox"/> Don't know	<input type="checkbox"/> Other Pacific Islands
<u>Hispanic</u>	<u>Asian</u>																								
<input type="checkbox"/> Mexican	<input type="checkbox"/> Chinese																								
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Japanese																								
<input type="checkbox"/> Cuban	<input type="checkbox"/> Korean																								
<input type="checkbox"/> Latin American	<input type="checkbox"/> Indian																								
<input type="checkbox"/> Other Spanish	<input type="checkbox"/> Filipino																								
<u>Native American</u>	<input type="checkbox"/> Vietnamese																								
<input type="checkbox"/> Aleut	<input type="checkbox"/> Other Asian																								
<input type="checkbox"/> Eskimo	<u>Pacific Islander</u>																								
<input type="checkbox"/> U.S/Canadian Indian Tribes	<input type="checkbox"/> Melanesian																								
<input type="checkbox"/> Other	<input type="checkbox"/> Polynesian																								
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other Pacific Islands																								
7. Marital status: (check only one)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Don't know																								
If married,	<input type="checkbox"/> Resides with spouse <input type="checkbox"/> Separated due to relationship issues <input type="checkbox"/> Separated for reasons other than relationship (e.g. deployed) <input type="checkbox"/> Don't know																								

I. Patient/Decedent Personal Information (continued)

8. 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

9. Residence at the time of event:
- Barracks, tents, or other shared military living environment
 - Non-military shared living environment
 - Bachelor Enlisted Quarters or Bachelor Officer Quarters
 - On-post family housing
 - Off-post family housing
 - Other: _____
 - Don't know

10. Did the patient/decedent reside alone at the time of the event?
- Yes
 - No
 - Don't know

11. 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

I. Sponsor's Military Information

12. Service: Army Coast Guard
 Navy Foreign military
 Air Force Other uniformed service
 Marines Other: _____

13. Component/Military status: Regular (e.g. Army, Air Force)
 Reserve (e.g. USAR, USMCR)
 National Guard
 Other: _____

14. Job code: (MOS, SSI, AFSC, DAFSC, or other military job code) _____ pull down menu

15. 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

16. 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

17. Permanent duty station / command location Same as geographic event location
 Other location

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

18. Permanent duty assignment:
Division: _____
Brigade: _____
Battalion: _____
Company: _____

19. UIC or other unit identification: _____

20. Length of time in unit: ___ years, ___ months Check if unknown

II. Event Information

21. Event date: _____ **Pop up calendar**
Event time: _____ (local time)

22. Geographic location of event:
Country: _____ **pull down menu**
State (or equivalent): _____ **pull down menu**
City, post, or camp: _____

23. Type of event:

- Completed suicide
- Suicide attempt/gesture
- Suicidal ideation only (w/o an attempt or gesture)

Event Setting:

- Residence (own)
- Residence of friend or family
- Work/jobsite
- Automobile (away from residence)
- Inpatient medical facility
- Other: _____

24. Actions taken as a consequence of the current event:

- Hospitalization (inpatient)
- Outpatient mental health evaluation/treatment
- Evacuation
- Other: _____
- None

Start date of hospitalization? _____ **pop up calendar**
 Check if unknown
End date of hospitalization? _____ **pop up calendar**
 Check if unknown
 Check if patient is still in the inpatient facility

25. Primary method used:

- Drugs
- Alcohol
- Gas, vapors (e.g. vehicle exhaust, utility gas)
 - Poisoning by vehicle exhaust
 - Poisoning by utility gas
- Solvents, pesticides & other agricultural chemicals
- Hanging
- Drowning
- Guns and/or explosives
 - Firearm / gun, military issue or duty weapon
 - Firearm / gun, other than military issue
- Fire, steam, etc.
- Sharp and/or blunt object
- Jumping from high place

Primary method used (cont.):	<input type="checkbox"/> Lying in front of a moving object <input type="checkbox"/> Crashing a motor vehicle <input type="checkbox"/> Submersion / drowning <input type="checkbox"/> Other: <input style="width: 50px; height: 15px;" type="text"/> <input type="checkbox"/> Unknown
------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

During the event, was alcohol used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
-------------------------------------	----------------------------------------------------------------------------------------------------

During the event, were drugs used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
If yes, what types of drugs were used?	Overdose	Used, no overdose	Were not used
Drugs (illicit/illegal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-prescription medications (e.g. over-the-counter medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Is there evidence that the patient/decedent intended to die?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

27. Was there physical harm that occurred as a result of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
---------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

28. Was the method used (and quantity, if appropriate) one that is typically lethal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

29. Is there evidence the event involved death-risk gambling? (e.g. Russian roulette, walking railroad tracks, playing "chicken")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

30. Is there evidence that the event was planned and/or premeditated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

31. Was the event performed under circumstances where it would likely be observed and intervened in by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

32. Was a suicide note left?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
------------------------------	----------------------------------------------------------------------------------------------------

33. Prior to the event, did the patient/decedent communicate potential for self-harm? (other than a suicide note)

- 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: _____

III. Event Information (continued)

34. 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

35. 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: _____

36. 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

37. Please describe the general sequence of events leading up to the attempt/completion & discovery/intervention.

IV. History

PRIOR to the event 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
a. ...a Medical Treatment Facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. ...Substance Abuse Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. ...a Family Advocacy Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. ...Chaplain services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. ... <u>Outpatient</u> Mental Health? (including deployment mental health services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. ... <u>Inpatient</u> Mental Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had the patient/decedent...							
44. ...been diagnosed with any <u>Mood Disorder</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with a Bipolar Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with Major Depression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with <u>Dysthymic Disorder</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with any other Mood Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. ...been diagnosed with an <u>Anxiety Disorder</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with PTSD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with Panic Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with Generalized anxiety disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with Acute stress disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been diagnosed with any other anxiety disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ...been diagnosed with a <u>Personality Disorder</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. ...been diagnosed with a <u>Psychotic Disorder</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. ...had a history of <u>Substance Abuse</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, select all that apply:							
Alcohol	Dependence		Abuse				
	<input type="checkbox"/>	<input type="checkbox"/>					
Drugs (illicit/illegal)	<input type="checkbox"/>	<input type="checkbox"/>					
Prescription medications	<input type="checkbox"/>	<input type="checkbox"/>					
Non-prescription medications (e.g. over-the-counter medication)	<input type="checkbox"/>	<input type="checkbox"/>					

49. ...taken prescribed psychotropic medications?	Yes	No	Don't Know				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within 30 days	Within 3 months	Within 1 year	Over 1 year ago
...taken Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...taken Anti-anxiety meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...taken Antimanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...taken Antipsychotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...taken Anticonvulsants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>							
50. ...had prior self-injurious events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many prior events?	<input type="checkbox"/> One prior event <input type="checkbox"/> More than one prior event						
Was this event similar to prior event(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know						
Age at first self-injurious event:	_____						

51. Please elaborate on any other relevant details related to patient/decedent's mental health treatment history:

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
52. ...Courts Martial proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. ...Article 15 proceedings or civilian criminal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. ...Administrative Separation proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. ...AWOL or desertion proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. ...a Medical Evaluation Board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. ...civil legal problems? (e.g. child custody dispute, litigation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. ...non-selection for advanced schooling, promotion, or command?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Please describe or elaborate on life stressors or other circumstances affecting the patient/decedent prior to the event:

Was the patient/decedent an alleged or confirmed VICTIM of...

60. ...physical abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. ...sexual abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. ...emotional abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. ...sexual harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the patient/decedent an alleged or confirmed PERPETRATOR of...

64. ...physical abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. ...sexual abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. ...emotional abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. ...sexual harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Please describe any known childhood or developmental history that may have contributed to the event:

IV. History (continued)

69. How many deployments? _____ pull down menu (if more than 0, pop out the following for each)

Please list **MOST RECENT** deployment first

Deployment location 1: _____ pull down menu

Deployment start date: _____ pull down menu

Deployment end date:
(or expected end date) _____ pull down menu

For Most Recent deployment only:
R&R start date: _____ pull down menu

R&R end date: _____ pull down menu

	Yes	No	Don't know	[For most recent deployment only] If yes, how long prior to event? (select most recent occurrence)			
				Within 30 days	Within 3 months	Within 1 year	Over 1 year ago
Did the patient/decedent experience direct combat operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, did the patient/decedent...	Deployment 1 (Most recent)	Deployment 2	Deployment 3
...and his/her unit engage in battle resulting in casualties/wounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...become wounded or injured in combat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...personally witness a unit member, ally, enemy, or civilian being seriously wounded or killed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...see the bodies of dead soldiers or civilians following battle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...kill others in combat (or have reason to believe others were killed as result of actions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Please describe any additional relevant military history:



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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. ...a failed or failing other relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. ...a completed spousal suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. ...a completed family member suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. ...a completed suicide by a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. ...a death of spouse or family member? (other than suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. ...a death of a friend? (other than suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. ...a physical health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. ...a chronic spousal or family severe illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. ...excessive debt or bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. ...job problems? (e.g. laid off, fired, excessive pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. ...supervisor or coworker issues or problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. ...a poor work performance review or evaluation? (e.g. bar for reenlistment, flagged record, extra duty imposed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. ...unit or workplace hazing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don't know				
85. Did the patient/decedent have a family history of mental illness or suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
86. Was there a gun in the home or immediate environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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. Please provide a brief "bio-psycho-social" formulation as to WHY this patient/decedent engaged in suicidal behavior:

VI. ASER Completion Information

88. Today's date: _____ pull down menu

89. Location where this ASER was completed: Same as geographic event location
 Other location

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

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

91. Behavioral Health provider:

Name: _____

Rank/grade: _____

SSN: _____

Phone number: _____

DSN prefix: _____

Email: _____

Specialty: Licensed Mental Health Counselor or equivalent
 Psychiatric Nurse
 Psychiatrist
 Psychologist
 Social Worker
 Other: _____

92. Information based on certain types of records requires special privacy protection. Please indicate what sources of information were used to compile this report (Check all that apply):

Interviews with:	<input type="checkbox"/> The patient (non-fatalities) <input type="checkbox"/> Co-workers/Supervisors <input type="checkbox"/> Responsible investigative agency officer <input type="checkbox"/> Involved professionals (physicians, behavioral health clinicians, drug/alcohol counselors, chaplains, military police, etc.) <input type="checkbox"/> Family members
Review of records Including:	<input type="checkbox"/> Medical and behavioral health records <input type="checkbox"/> Family Advocacy Records <input type="checkbox"/> Army Substance Abuse Program records (ASAP) <input type="checkbox"/> Personnel and counseling records <input type="checkbox"/> Responsible investigative agency records (e.g. CID) <input type="checkbox"/> Court-martial records <input type="checkbox"/> Records related to manner of death (e.g. causality reports, toxicology/lab reports, pathology/autopsy reports, suicide notes)

93. Form completer, if not Behavioral Health provider:

Name: _____
Rank/grade: _____
SSN: _____
Phone number: _____
DSN prefix: _____
Email: _____

94. Comments:

APPENDIX C

ASER CY 2007

DEPARTMENT OF THE ARMY ARMY SUICIDE EVENT REPORT POLICIES & IMPLEMENTATION PROCEDURES

27 December 2007

1. Purpose. This document establishes responsibilities and procedures for submission of the Army Suicide Event Report (ASER). This document is designed for, but not limited to, credentialed behavioral health providers (psychologists, psychiatrists, psychiatric nurses, and social workers).
 2. References.
 - a. Army Regulation (AR) 600-63 Health Promotion, 7 May 2007.
 - b. Deputy Surgeon General Memorandum "Army Suicide Event Reporting" 4 February 2004.
 - c. Deputy Surgeon General Memorandum "AMEDD Suicide Event Report Compliance" 13 August 2004.
 3. Responsibilities:
 - a. Medical Treatment Facility (MTF) Commander:
 - (1) Will appoint a point of contact (POC) from within the Command Group who will be kept informed of the MTF's ASER status, and who will be an alternate contact in the event that the MTF's ASER POC is not available.
 - (2) Will appoint a POC from the MTF's Behavioral Health staff who will serve as the MTF's ASER POC.
 - b. ASER POC:
 - (1) Will ensure that an ASER is submitted when required.
-

(2) Will ensure that the Command POC is kept informed of the MTF's ASER status at all times.

(3) Will report monthly hospitalization numbers to the Suicide Risk Management and Surveillance Office not later than the fifth working day of each month for the previous month. Reporting should be accomplished via electronic mail to suicide.reporting@us.army.mil.

c. Suicide Risk Management and Surveillance Office (SRMSO):

(1) Will provide notification to ASER and Command POCs when the submission of an ASER is required for a completed suicide event.

(2) Will monitor compliance with the procedures delineated herein.

(3) Will maintain the database of ASER information, and provide regular reports to leadership, ASER POCs and Command POCs on the status of suicide events within the Army.

(4) Will maintain a list of current ASER POCs and Command POCs.

4. Policy and Procedures.

a. An ASER is required to be submitted for any suicide behavior that results in hospitalization, evacuation, or death of an active duty Army Soldier, as well as any National Guard or Reserve Component member in an active duty status.

(1) The ASER will be completed by a credentialed behavioral health provider (psychologist, psychiatrist, psychiatric nurse, or social worker).

(2) ASERs for hospitalizations or evacuations will be due within 30 days of the date of the event. ASERs for completed suicides will be due within 60 days of the date of the event, or within 60 days from notification that the death of a Soldier has been determined to be a suicide by the Armed Forces Medical Examiner System (AFMES).

(3) In the event of an evacuation, the ASER will be completed by the facility initiating the evacuation, and a copy should accompany the patient through the evacuation chain. A copy of the web ASER is available by clicking on the Print button within the browser window when on the Summary page of the ASER. Print the ASER prior to clicking the Submit button.

(4) ASERs will be completed online at

(b)(5)

b. The SRMSO will receive notification from the Armed Forces Medical Examiner System (AFMES) at the Armed Forces Institute of Pathology (AFIP) when a determination is made that the death of a Soldier was a suicide. SRMSO will in turn provide that notification to the ASER and Command POCs at the MTF responsible for providing mental health care to the decedent's unit. When the decedent's unit is a Reserve or National Guard unit that does not fall within the catchment area of an MTF, ASER responsibility will be assigned to the closest Army MTF to the unit, as determined by standard mapping applications.

c. The SRMSO will review casualty reports via the Online Casualty Reporting System on a daily basis. In turn, SRMSO will provide notification of any death that has the possibility of being determined to be a suicide to the ASER POC at the MTF that services that individual's unit. This will alert the ASER POC to initiate contact with the local investigative agencies (Military Police, Criminal Investigation Division, Field Officer of the Day, civilian law enforcement agencies, etc.) to facilitate early communication should it be determined that the casualty was a suicide.

d. The SRMSO will monitor compliance with the monthly hospitalization reporting and ASER submission for both completed suicides and suicide behavior hospitalizations. Monthly compliance reporting will be distributed to ASER POCs, ASER Command POCs, and Psychology Consultants. Monthly reports will be published within the first 15 days of the second calendar month following the month being reported.

e. The SRMSO will provide ASER annual and other reports as appropriate.

APPENDIX D

ASER AND COMMAND POC LIST

As of 1 March 2008

REGION	MTF	POST	ASER POC	Command POC
ERMC	Landstuhl RMC		(b)(6)	
ERMC	Heidelberg AH			
ERMC	Wuerzburg AH			
GPRMC	Brooke AMC	Ft. Sam Houston		
GPRMC	Darnall ACH	Ft. Hood		
GPRMC	W Beaumont AMC	Ft. Bliss		
GPRMC	RW Bliss AHC	Ft. Huachuca		
GPRMC	Evans ACH	Ft. Carson		
GPRMC	Irwin ACH	Ft. Riley		
GPRMC	Munson AHC	Ft. Leavenworth		
GPRMC	GL Wood AHC	Ft. Leonard Wood (BT)		
GPRMC	Reynolds ACH	Ft. Sill (BT)		
GPRMC	B-Jones ACH	Ft. Polk		
NARMC	Dunham AHC	Carlisle Barracks		
NARMC	Barquist AHC	Ft. Detrick		
NARMC	Guthrie AHC	Ft. Drum		
NARMC	DeWitt ACH	Ft. Belvoir		
NARMC	Ireland ACH	Ft. Knox (BT)		
NARMC	Womack AMC	Ft. Bragg		
NARMC	Kenner AHC	Ft. Lee		
NARMC	Kimbrough ACC	Ft. Meade		
NARMC	Walter Reed AMC	Washington, DC		
NARMC	McDonald ACH	Ft. Eustis		
NARMC	Keller ACH	West Point		
NARMC	DiLorenzo TS HC	Pentagon		
NARMC	Kirk AHC	Aberdeen PG		
NARMC	A Rader AHC	Ft. Myer		
NARMC	Patterson AHC	Ft. Monmouth		

REGION	MTF	POST	ASER POC	Command POC
			(b)(6)	
PRMC	Tripler			
PRMC	USAMEDDAC-J	Camp Zama		
SERMC	L Joel AHC	Ft. McPherson		
SERMC	Rodriguez AHC	Ft. Buchanan, PR		
SERMC	Winn ACH	Ft. Stewart		
SERMC	Lyster ACH	Ft. Rucker		
SERMC	Martin ACH	Ft. Benning (BT)		
SERMC	Moncrief ACH	Ft. Jackson (BT)		
SERMC	Eisenhower AMC	Ft. Gordon		
SERMC	Fox AHC	Redstone Arsenal		
SERMC	Blanchfield ACH	Ft. Campbell		
WRMC	Madigan AMC	Ft. Lewis		
WRMC	Bassett ACH	Ft. Wainwright		
WRMC	Weed ACH	Ft. Irwin		
WRMC	POM USAHC	Presidio of Monterey		
KOREA	121 Gen Hosp			
IRAQ				
KUWAIT				
AFGH				

(BT) indicates a basic training location, and was coded based on reported Sponsor Location Station (Item 30) and/or City (Item 31) and/or POC identification information.

APPENDIX F

ASER CY 2007

COMPARING EVENTS THAT OCCURRED IN OIF-OEF TO ALL OTHER EVENTS

Risk factors for suicide behaviors were compared between events that occurred during OIF-OEF deployments and other events. In order to improve the feasibility of the analyses (e.g., increase small cell sizes), ASERs submitted for events during both 2006 and 2007 were combined. When cell sizes were still too small, attempts were made to combine cells into super-ordinate categories, as discussed in the Methods. Although the analyses included a number of potentially confounded variables (e.g., factors that are associated with deployment, as well as suicide in a non-deployed population), chi-square analyses were performed in an exploratory manner to examine potential differences in risk factors between Soldiers with suicide behaviors on deployment, and Soldiers with suicide behaviors elsewhere. Significant differences for clearly confounded variables are not discussed in the text. For example, combat exposure is obviously expected to be higher for OIF-OEF events, since many Soldiers with non-OIF-OEF events have never deployed. However, the full data tables are presented below for the reader.

There were 57 ASERs submitted for OIF-OEF completions, and 146 ASERs submitted for non-OIF-OEF completions (2006-2007 events). Data for some additional missing cases was supplemented from enterprise databases when available. There were 166 ASERs submitted for attempts that occurred in OIF-OEF, and 1656 for non-OIF-OEF attempts.

Marital status demonstrated differential results for completions and attempts. After combining item options into Married or Not Married, Soldiers who completed suicide during an OIF-OEF deployment showed a significantly lower rate of marriage compared to Soldiers with Non-OIF-OEF events (33% vs. 51%, respectively; $p = .02$)⁵. Although the marriage rate for deployed and non-deployed populations was not available, the overall Army rate is 56% [5]. This suggests that marriage may be more protective against suicide completion during an OIF-OEF deployment than in other duty environments. In contrast, Soldiers who attempted suicide during an OIF-OEF deployment showed a significantly higher rate of marriage (56%) than those who were not deployed to OIF-OEF at the time of the attempt (37%; $p < .001$)⁵. This provides some evidence that marriage may be less protective against suicide attempt during an OIF-OEF deployment.

The same pattern was observed in relation to having children. For completions, OIF-OEF cases had minor children at significantly lower rates (25% compared to 41% in non-OIF-OEF cases, $p < .05$). For suicide attempts, OIF-OEF cases more frequently had minor children (33% compared to 22% in non-OIF-OEF cases, $p = .006$). We did not have access to information on the number of Soldiers with children in the Army by event location.

OIF-OEF completions and attempts also differed from non-OIF-OEF events with regard to suicide method. Firearms were more frequently used during suicides in OIF-OEF compared to other event locations (93% vs. 52%, respectively). Forty-five suicide attempts in OIF-OEF reportedly involved the use of a firearm (compared to 32 in all other event locations). We explored a subset of 19 of the suicide attempts that occurred in Iraq to help inform the nature of these events. In three cases, the Soldiers shot themselves (chest, shoulder, hand) but did not die; 2 cases struggled with others; 3 cases pointed a firearm at themselves in front of a witness but did not fire (no known struggle); 1 case reportedly involved a weapons malfunction; 5 cases represented self-reported, non-witnessed events; and 3 cases had no additional details available. While the increased use of a military firearm in OIF-OEF is not surprising, it highlights the importance and challenges of carefully evaluating options to limit access to weapons during periods of increased risk for individuals.

⁵ Calculations are based on combined item options and therefore do not match figures in Table below

As might be expected, use of alcohol and drugs were significantly less frequent during the events for OIF-OEF completions and attempts ($p < .01$). Some other event details also differed by location of the suicide; OIF-OEF suicides were reportedly less frequently planned/premeditated or performed under circumstances where it would likely be observed and intervened in by others. In addition, fewer decedents in OIF-OEF were known to have communicated potential for self-harm prior to the suicide (16% for OIF-OEF cases; 27% for non-OIF-OEF cases; $p = .02$).

Last year, trends suggested that diagnoses of psychiatric conditions may be less prevalent among suicide cases in OIF-OEF. This year, mood disorders and a history of a physical health problem were significantly less common among OIF-OEF completions compared to non-OIF-OEF completions. Pre-deployment screening procedures may contribute to these findings. OIF-OEF attempts showed similar results for physical health problems, but personality disorders were slightly more common in patients with an OIF-OEF attempt compared to non-OIF-OEF cases (17% vs. 11%, respectively, $p = .003$).

Last year, trends suggested that Soldiers who complete suicide in OIF-OEF may see Chaplains prior to the event more frequently than non-OIF-OEF Soldiers who completed suicide; a similar pattern was observed this year that achieved statistical significance (18% vs. 10%, respectively; $p = .009$). Compared to Soldiers who completed suicide in non-OIF-OEF locations, OIF-OEF cases were seen at significantly lower rates at MTFs, ASAP, and Outpatient Mental Health (p 's $< .04$). Use of psychotropic medications was also lower in OIF-OEF cases ($p = .02$).

OIF-OEF suicide attempts showed similar patterns for MTFs and ASAP. However, outpatient mental health visits for Soldiers with OIF-OEF attempts were more common compared to Soldiers with non-OIF-OEF events (65% vs. 54%, $p = .03$). Consistent with this pattern, psychotropic medication use was also reported at a higher rate for OIF-OEF suicide attempts.

Consistent with data from last year, the prevalence of some traditional stressors/risk factors trended lower for Soldiers who completed suicide in OIF-OEF compared to Soldiers who completed suicide in other locations. For example, a failed spousal/intimate relationship was reported for 57% of non-OIF-OEF completions, but only 42% of OIF-OEF completions ($p = .006$). A history of civil legal problems was reported in 15% of non-OIF-OEF events, but 4% of OIF-OEF completions ($p = .03$). The notable exception was a history of job or work related problems (37% for OIF-OEF suicides compared to 20% in non-OIF-OEF suicides, $p = .006$). Similarly, higher rates of supervisor or co-worker problems were reported for the OIF-OEF group (OIF-OEF = 32%, non-OIF-OEF = 10%; $p < .001$).

A similar pattern was noted for OIF-OEF suicide attempts. Significantly lower rates of physical health problems, history of family suicide, history of friend suicide, history of family death, administrative separation proceedings, AWOL/desertion proceedings, and excessive debt/bankruptcy were reported for attempts during an OIF-OEF deployment compared to other attempts (p 's $< .05$). Similar to OIF-OEF completions, higher rates of supervisor or co-worker issues were reported for OIF-OEF attempts compared to non-OIF-OEF attempts.

Lower rates of stressors and traditional risk factors in OIF-OEF events may be confounded by deployment status in some cases. For example, deployed Soldiers are paid more and may therefore be less likely to have significant financial problems. Other findings may reflect a "healthy worker effect." That is, since Soldiers with a variety of physical and behavioral health problems are not deployed, any factor that correlates with non-deployable conditions will likely show lower rates in the deployed sample. Base rate information is required for both populations to assist interpretation. However, the relevance of some of the findings in this section is strengthened by similar findings when Soldiers with suicide behaviors and deployment histories were used as the comparison group (Appendix G).

Finally, for suicide attempts, it is possible that OIF-OEF attempts represent higher risk behaviors than non-OIF-OEF attempts. Attempts carried out during deployment more frequently used typically lethal methods ($p = .003$); firearms were more often used during OIF-OEF events (27% in OIF-OEF vs. 2% in non-OIF-OEF events). Suicide notes were also more frequently left prior to OIF-OEF events.

Data tables displaying the frequencies and percentages for ASER items by location of the event follow.

COMPLETED EVENTS

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DEMOGRAPHICS SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
GENDER	Male	154	94%	50	88%
	Female	9	6%	7	12%
RACE/ETHNICITY	American Indian/Alaskan Native	3	2%	0	0%
	Asian/Pacific Islander	7	4%	1	2%
	African American	21	13%	8	14%
	Caucasian	109	66%	38	67%
	Hispanic	9	5%	5	9%
	Other/DK/Missing	15	9%	5	9%
AGE RANGE	Under 25	69	42%	35	61%
	25-29	34	21%	8	14%
	30-39	39	24%	8	14%
	40 +	22	13%	6	11%
RANK	E1-E4	85	52%	41	72%
	E5-E9	61	37%	10	18%
	Officer	12	7%	6	11%
	Warrant Officer	4	2%	0	0%
	Cadet/Midshipman	1	1%	0	0%
COMPONENT	Regular	134	84%	51	93%
	Reserve	11	7%	0	0%
	National Guard	15	9%	4	7%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DEMOGRAPHICS (CON'T) SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EDUCATION	Some HS, did not graduate	2	1%	0	0%
	GED	4	3%	6	11%
	HS graduate	45	31%	26	46%
	Some college/tech, no degree	24	16%	5	9%
	College degree/tech cert < 4 yrs	3	2%	2	4%
	Four-year degree	6	4%	4	7%
	Master's degree or greater	3	2%	2	4%
	Don't Know	59	40%	11	20%
MARITAL STATUS	Never married	59	36%	34	61%
	Married	79	48%	17	30%
	Legally separated	5	3%	0	0%
	Divorced	11	7%	3	5%
	Widowed	0	0%	0	0%
	Don't Know	9	6%	2	4%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SETTING SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	88	61%	22	39%
	Residence (friend/family)	13	9%	1	2%
	Work/jobsite	1	1%	9	16%
	Automobile (away from residence)	12	8%	2	4%
	Inpatient medical facility	0	0%	0	0%
	Other	30	21%	23	40%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: METHOD SUICIDES

EVENT METHOD		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
Overdose	15	10%	1	2%	
Poisoning by substance	1	1%	0	0%	
Poisoning by exhaust	4	3%	0	0%	
Poisoning by utility gas	1	1%	0	0%	
Firearm/gun (military)	6	4%	53	93%	
Firearm/gun, (non-military)	70	48%	0	0%	
Jumping	1	1%	0	0%	
Motor vehicle crash	0	0%	0	0%	
Hanging/strangulation	41	28%	2	4%	
Cutting/piercing instrument	1	1%	0	0%	
Submersion/drowning	1	1%	0	0%	
Other	2	1%	0	0%	
Don't know	3	2%	1	2%	

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: MOTIVATION SUICIDES

MOTIVATION		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
Emotion relief	22	15%	7	12%	
Interpersonal influence	5	3%	2	4%	
Feeling generation	0	0%	0	0%	
Avoidance/escape	9	6%	3	5%	
Individual reasons	8	5%	1	2%	
Hopelessness	9	6%	10	18%	
Depression	4	3%	1	2%	
Other psychiatric symptoms	2	1%	0	0%	
Impulsivity	13	9%	1	2%	
Other	9	6%	6	11%	
Don't Know	65	45%	26	46%	

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT:
OTHER EVENT INFORMATION
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	47	32%	0	0%
	No	45	31%	39	68%
	Don't Know	54	37%	18	32%
DRUGS USED	Yes	24	16%	2	4%
	No	61	42%	38	67%
	Don't Know	61	42%	17	30%
INTENT TO DIE	Yes	111	80%	39	68%
	No	11	8%	11	19%
	Don't Know	17	12%	7	12%
LETHAL	Yes	108	95%	50	96%
	No	0	0%	1	2%
	Don't Know	6	5%	1	2%
DEATH RISK/GAMBLING	Yes	2	1%	0	0%
	No	117	80%	52	93%
	Don't Know	27	18%	4	7%
PLANNED/PREMEDITATED	Yes	63	44%	15	26%
	No	37	26%	28	49%
	Don't Know	44	31%	14	25%
OBSERVABLE	Yes	28	19%	3	5%
	No	94	65%	48	86%
	Don't Know	23	16%	5	9%
SUICIDE NOTE LEFT	Yes	28	19%	13	23%
	No	75	51%	36	63%
	Don't Know	43	29%	8	14%
COMMUNICATED INTENT	Yes	40	27%	9	16%
	No	71	49%	40	70%
	Don't Know	35	24%	8	14%
RELATED TO DEPLOYMENT	Yes	12	8%	26	46%
	No	94	64%	16	28%
	Don't Know	40	27%	15	26%

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT:
SITUATIONAL INFORMATION
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	41	28%	54	95%
	Non-military shared	8	6%	0	0%
	BEQ/BOQ	3	2%	0	0%
	On-post family housing	23	16%	0	0%
	Off-post family housing	39	27%	0	0%
	Other	19	13%	1	2%
	Don't Know	12	8%	2	4%
RESIDES WITH SPOUSE	Resides with spouse	42	59% ^a	3	18% ^a
	Separated, relationship issues	16	23% ^a	1	6% ^a
	Separated, other	8	11% ^a	12	71% ^a
	Don't Know	5	7% ^a	1	6% ^a
RESIDES ALONE	Yes	45	31%	7	12%
	No	73	50%	45	79%
	Don't Know	27	19%	5	9%
MINOR CHILDREN	Yes	59	41%	14	25%
	No	64	44%	36	63%
	Don't Know	21	15%	7	12%
CHILDREN RESIDE WITH	Yes	22	37% ^a	2	15% ^a
	No	26	44% ^a	11	85% ^a
	Don't Know	11	19% ^a	0	0% ^a
GUN IN IMMEDIATE ENVIRONMENT	Yes	64	44%	47	82%
	No	32	22%	4	7%
	Don't Know	50	34%	6	11%

CY 2006 and CY 2007 as of 3/1/2008

^a Percentages for Resides with Spouse and Resides with Children were calculated based only on the number of Soldiers with spouses or minor children, respectively.

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DUTY STATUS SUICIDES

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
ACTIVE	138	85%	53	93%
AGR	14	9%	1	2%
IET	8	5%	0	0%
MOBILIZED	3	2%	2	4%
ADT	1	1%	0	0%
IDT	0	0%	0	0%
OTHER	6	4%	1	2%
TRAINING	12	7%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DUTY ENVIRONMENT SUICIDES

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
GARRISON	90	62%	1	2%
PSYCH HOSPITALIZATION	1	1%	0	0%
LEAVE	12	8%	0	0%
MEDICAL HOLD	7	5%	0	0%
TDY	1	1%	0	0%
IN EVAC CHAIN	1	1%	0	0%
AWOL	5	3%	0	0%
UNDER CMD OBS	0	0%	0	0%
DEPLOYED	3	2%	56	98%
OTHER	31	21%	0	0%
TRAINING	12	8%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SYMPTOM FACTORS SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	40	27%	6	11%
	No	70	48%	34	60%
	Don't Know	36	25%	17	30%
DX BIPOLAR DISORDER	Yes	1	1%	0	0%
	No	61	-	19	-
	Don't Know	9	-	7	-
DX MAJOR DEPRESSION	Yes	23	16%	3	5%
	No	41	-	16	-
	Don't Know	10	-	7	-
DX ANXIETY DISORDER	Yes	28	19%	4	7%
	No	87	60%	37	65%
	Don't Know	31	21%	16	28%
DX PTSD	Yes	11	8%	0	0%
	No	47	-	15	-
	Don't Know	10	-	8	-

Beginning in 2007, ASER items for specific disorders were presented only if the super-ordinate category (e.g. mood disorder) was positive. Therefore, while all positive cases are captured across years, not all No and Don't Know responses were captured in 2007. Since data in these tables were combined across 2006 and 2007, it would be inappropriate to calculate a percentage for No and Don't Know responses based on either the total number of cases or the total number of positive cases for the super-ordinate category. Therefore, these percentages are omitted. In addition, diagnoses new to ASER 2007 are omitted.

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SYMPTOM FACTORS (CON'T)
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX PERSONALITY DISORDER	Yes	8	6%	1	2%
	No	98	68%	38	67%
	Don't Know	39	27%	18	32%
DX PSYCHOTIC DISORDER	Yes	2	1%	0	0%
	No	108	74%	40	70%
	Don't Know	35	24%	17	30%
HX SUBSTANCE ABUSE	Yes	36	25%	6	11%
	No	65	45%	34	60%
	Don't Know	44	30%	17	30%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: COMBAT HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	26	18%	26	46%
	No	62	43%	18	32%
	Don't Know	55	38%	13	23%
SAW CASUALTIES		19	13%	11	19%
INJURED IN COMBAT		5	29%	0	0%
WITNESSED KILLING IN COMBAT		13	3%	13	23%
SAW DEAD BODIES IN COMBAT		18	13%	14	25%
KILLED OTHERS IN COMBAT		9	6%	4	7%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: TREATMENT HISTORY SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
SEEN BY MTF	Yes	83	57%	14	25%
	No	38	26%	30	54%
	Don't Know	25	17%	12	21%
SEEN BY ASAP	Yes	25	17%	2	4%
	No	93	64%	43	77%
	Don't Know	27	19%	11	20%
SEEN BY FAP	Yes	11	8%	0	0%
	No	103	71%	45	80%
	Don't Know	32	22%	11	20%
SEEN BY CHAPLAIN	Yes	14	10%	10	18%
	No	49	34%	27	49%
	Don't Know	82	57%	18	33%
SEEN BY OP MH	Yes	70	48%	15	26%
	No	62	42%	37	65%
	Don't Know	14	10%	5	9%
SEEN BY IP MH	Yes	18	12%	1	2%
	No	106	73%	45	80%
	Don't Know	22	15%	10	18%
TAKEN PSYCHOTROPIC MEDS	Yes	49	34%	8	14%
	No	61	42%	33	59%
	Don't Know	36	25%	15	27%
HX PHYSICAL HEALTH PROBLEM	Yes	32	22%	4	7%
	No	79	54%	40	70%
	Don't Know	34	23%	13	23%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: FAMILY HISTORY SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
FAILED SPOUSE RELATIONSHIP	Yes	83	57%	24	42%
	No	27	19%	23	40%
	Don't Know	35	24%	10	18%
FAILED OTHER RELATIONSHIP	Yes	21	15%	8	14%
	No	64	44%	31	54%
	Don't Know	59	41%	18	32%
HX SPOUSE SUICIDE	Yes	1	1%	0	0%
	No	115	79%	50	88%
	Don't Know	29	20%	7	12%
HX FAMILY SUICIDE	Yes	0	0%	0	0%
	No	74	51%	28	49%
	Don't Know	70	49%	29	51%
HX FRIEND SUICIDE	Yes	1	1%	1	2%
	No	71	49%	27	47%
	Don't Know	73	50%	29	51%
HX FAMILY DEATH	Yes	6	4%	1	2%
	No	74	51%	32	57%
	Don't Know	65	45%	23	41%
HX FRIEND DEATH	Yes	4	3%	3	5%
	No	67	46%	31	54%
	Don't Know	74	51%	23	40%
HX CHRONIC FAMILY ILLNESS	Yes	6	4%	2	4%
	No	75	52%	33	58%
	Don't Know	64	44%	22	39%
HX FAMILY MENTAL ILL/SUICIDE	Yes	17	12%	4	7%
	No	35	24%	11	19%
	Don't Know	94	64%	42	74%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ADMIN/LEGAL HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	2	1%	2	4%
	No	119	82%	47	84%
	Don't Know	24	17%	7	13%
ARTICLE 15 PROCEEDINGS	Yes	23	16%	11	19%
	No	99	68%	36	63%
	Don't Know	24	16%	10	18%
ADMIN SEP PROCEEDINGS	Yes	10	7%	1	2%
	No	112	77%	48	86%
	Don't Know	23	16%	7	13%
AWOL/DESERTION PROCEEDINGS	Yes	7	5%	1	2%
	No	117	80%	49	88%
	Don't Know	22	15%	6	11%
MEB PROCEEDINGS	Yes	13	9%	0	0%
	No	111	76%	51	91%
	Don't Know	22	15%	5	9%
CIVIL LEGAL PROBLEMS	Yes	22	15%	2	4%
	No	86	59%	43	77%
	Don't Know	38	26%	11	20%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: OTHER HISTORY SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	16	11%	4	7%
	No	71	49%	37	65%
	Don't Know	58	40%	16	28%
HX JOB PROBLEMS	Yes	29	20%	21	37%
	No	74	51%	30	53%
	Don't Know	41	28%	6	11%
SUPV/COWORKER ISSUES	Yes	15	10%	18	32%
	No	83	57%	33	58%
	Don't Know	47	32%	6	11%
POOR PERFORMACE EVAL	Yes	18	13%	10	18%
	No	82	57%	39	68%
	Don't Know	44	31%	8	14%
HX WORKPLACE HAZING	Yes	1	1%	6	11%
	No	97	68%	37	66%
	Don't Know	45	31%	13	23%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ABUSE HISTORY SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	10	7%	5	9%
	No	65	45%	24	43%
	Don't Know	70	48%	27	48%
VICTIM SEXUAL ABUSE	Yes	3	2%	2	4%
	No	69	48%	25	45%
	Don't Know	73	50%	29	52%
VICTIM EMOTIONAL ABUSE	Yes	7	5%	5	9%
	No	63	43%	22	40%
	Don't Know	75	52%	28	51%
VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	73	51%	26	46%
	Don't Know	70	49%	30	54%
PERP PHYSICAL ABUSE	Yes	9	6%	0	0%
	No	75	52%	31	54%
	Don't Know	61	42%	26	46%
PERP SEXUAL ABUSE	Yes	4	3%	1	2%
	No	76	52%	31	54%
	Don't Know	65	45%	25	44%
PERP EMOTIONAL ABUSE	Yes	1	1%	0	0%
	No	75	52%	32	56%
	Don't Know	69	48%	25	44%
PERP SEXUAL HARASSMENT	Yes	1	1%	0	0%
	No	79	54%	32	56%
	Don't Know	65	45%	25	44%

CY 2006 and CY 2007 as of 3/1/2008

ATTEMPT EVENTS

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DEMOGRAPHICS ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
GENDER	Male	1174	71%	119	72%
	Female	481	29%	47	28%
RACE/ETHNICITY	American Indian/Alaskan Native	17	1%	3	2%
	Asian/Pacific Islander	34	2%	7	4%
	African American	217	13%	25	15%
	Caucasian	1154	70%	104	63%
	Hispanic	146	9%	15	9%
	Other/DK/Missing	89	5%	12	7%
AGE RANGE	Under 25	1172	71%	111	67%
	25-29	259	16%	32	19%
	30-39	192	12%	22	13%
	40 +	34	2%	1	1%
RANK	E1-E4	1424	86%	125	76%
	E5-E9	191	12%	31	19%
	Officer	27	2%	6	4%
	Warrant Officer	4	0%	2	1%
	Cadet/Midshipman	6	0%	0	0%
COMPONENT	Regular	1502	92%	150	91%
	Reserve	61	4%	7	4%
	National Guard	75	5%	8	5%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DEMOGRAPHICS (CON'T) ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EDUCATION	Some HS, did not graduate	26	2%	1	1%
	GED	268	16%	19	12%
	HS graduate	705	43%	74	45%
	Some college/tech, no degree	314	19%	21	13%
	College degree/tech cert < 4 yrs	43	3%	5	3%
	Four-year degree	58	4%	7	4%
	Master's degree or greater	10	1%	1	1%
	Don't Know	223	14%	35	21%
MARITAL STATUS	Never married	866	53%	56	34%
	Married	590	36%	90	55%
	Legally separated	34	2%	3	2%
	Divorced	87	5%	13	8%
	Widowed	3	0%	0	0%
	Don't Know	57	3%	3	2%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SETTING ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	1035	63%	93	57%
	Residence (friend/family)	60	4%	0	0%
	Work/jobsite	110	7%	46	28%
	Automobile (away from residence)	42	3%	0	0%
	Inpatient medical facility	15	1%	1	1%
	Other	379	23%	24	15%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: METHOD ATTEMPTS

METHOD		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
	Overdose	958	58%	82	50%
	Poisoning by substance	24	1%	1	1%
	Poisoning by exhaust	9	1%	0	0%
	Poisoning by utility gas	3	0%	1	1%
	Firearm/gun (military)	8	0%	41	25%
	Firearm/gun (non-military)	24	1%	4	2%
	Jumping	20	1%	0	0%
	Motor vehicle crash	16	1%	0	0%
	Hanging/strangulation	71	4%	5	3%
	Cutting/piercing instrument	329	20%	24	15%
	Submersion/drowning	4	0%	0	0%
	Other	147	9%	5	3%
	Don't know	36	2%	1	1%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: MOTIVATION ATTEMPTS

MOTIVATION		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
	Emotion relief	560	34%	44	27%
	Interpersonal influence	115	7%	23	14%
	Feeling generation	12	1%	1	1%
	Avoidance/escape	164	10%	18	11%
	Individual reasons	51	3%	5	3%
	Hopelessness	196	12%	18	11%
	Depression	186	11%	12	7%
	Other psychiatric symptoms	39	2%	4	2%
	Impulsivity	133	8%	24	15%
	Other	108	7%	8	5%
	Don't Know	86	5%	8	5%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT:
OTHER EVENT INFORMATION
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	401	24%	11	7%
	No	1079	66%	144	88%
	Don't Know	157	10%	8	5%
DRUGS USED	Yes	832	50%	71	43%
	No	704	43%	91	55%
	Don't Know	115	7%	4	2%
INTENT TO DIE	Yes	649	40%	70	43%
	No	755	46%	56	34%
	Don't Know	231	14%	38	23%
LETHAL	Yes	464	29%	65	41%
	No	875	54%	66	41%
	Don't Know	272	17%	29	18%
DEATH RISK/GAMBLING	Yes	24	1%	3	2%
	No	1534	94%	157	96%
	Don't Know	80	5%	4	2%
PLANNED/PREMEDITATED	Yes	418	25%	45	27%
	No	1033	63%	97	59%
	Don't Know	193	12%	22	13%
OBSERVABLE	Yes	853	52%	70	42%
	No	597	36%	70	42%
	Don't Know	192	12%	25	15%
SUICIDE NOTE LEFT	Yes	114	7%	23	14%
	No	1386	84%	126	77%
	Don't Know	143	9%	15	9%
COMMUNICATED INTENT	Yes	467	28%	56	34%
	No	941	57%	88	54%
	Don't Know	231	14%	19	12%
RELATED TO DEPLOYMENT	Yes	222	13%	125	76%
	No	1334	81%	26	16%
	Don't Know	96	6%	14	8%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT:
SITUATIONAL INFORMATION
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	1146	69%	155	94%
	Non-military shared	40	2%	2	1%
	BEQ/BOQ	7	<1%	0	0%
	On-post family housing	84	5%	0	0%
	Off-post family housing	246	15%	0	0%
	Other	69	4%	5	3%
	Don't Know	59	4%	3	2%
RESIDES WITH SPOUSE	Resides with spouse	224	39%	13	15%
	Separated, relationship issues	145	25%	9	11%
	Separated, other	186	32%	60	71%
	Don't Know	25	4%	2	2%
RESIDES ALONE	Yes	373	23%	21	13%
	No	1169	71%	133	81%
	Don't Know	112	7%	11	7%
MINOR CHILDREN	Yes	358	22%	54	33%
	No	1147	70%	98	59%
	Don't Know	144	9%	14	8%
CHILDREN RESIDE WITH	Yes	112	31%	2	4%
	No	231	65%	52	96%
	Don't Know	15	4%	0	0%
GUN IN IMMEDIATE ENVIRONMENT	Yes	141	9%	134	82%
	No	1187	72%	19	12%
	Don't Know	310	19%	10	6%

CY 2006 and CY 2007 as of 3/1/2008

Note: Percentages for Resides with Spouse and Resides with Children were calculated based only on the number of Soldiers with spouses or minor children, respectively.

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DUTY STATUS ATTEMPTS

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
ACTIVE	1292	79%	152	92%
AGR	18	1%	7	4%
IET	435	27%	0	0%
MOBILIZED	12	1%	7	4%
ADT	14	1%	0	0%
IDT	1	<1%	0	0%
OTHER	17	1%	1	1%
TRAINING	491	30%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: DUTY ENVIRONMENT ATTEMPTS

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
GARRISON	1052	64%	3	2%
PSYCH HOSPITALIZATION	2	0%	0	0%
LEAVE	42	3%	1	1%
MEDICAL HOLD	39	2%	3	2%
TDY	8	<1%	0	0%
IN EVAC CHAIN	3	<1%	0	0%
AWOL	30	2%	1	1%
UNDER CMD OBS	5	0%	3	2%
DEPLOYED	13	1%	160	96%
OTHER	72	4%	2	1%
TRAINING	491	30%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SYMPTOM FACTORS ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	550	34%	59	36%
	No	927	57%	87	53%
	Don't Know	162	10%	17	10%
DX BIPOLAR DISORDER	Yes	117	7%	3	3%
	No	787	-	67	-
	Don't Know	96	-	10	-
DX MAJOR DEPRESSION	Yes	396	24%	29	27%
	No	570	-	49	-
	Don't Know	101	-	12	-
DX ANXIETY DISORDER	Yes	247	15%	24	15%
	No	1206	74%	113	71%
	Don't Know	172	11%	22	14%
DX PTSD	Yes	147	9%	17	11%
	No	678	-	43	-
	Don't Know	89	-	13	-

Beginning in 2007, ASER items for specific disorders were presented only if the super-ordinate category (e.g. mood disorder) was positive. Therefore, while all positive cases are captured across years, not all No and Don't Know responses were captured in 2007. Since data in these tables were combined across 2006 and 2007, it would be inappropriate to calculate a percentage for No and Don't Know responses based on either the total number of cases or the total number of positive cases for the super-ordinate category. Therefore, these percentages are omitted. In addition, diagnoses new to ASER 2007 are omitted.

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: SYMPTOM FACTORS (CONT)
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX PERSONALITY DISORDER	Yes	170	11%	27	17%
	No	1266	78%	105	66%
	Don't Know	183	11%	26	16%
DX PSYCHOTIC DISORDER	Yes	32	2%	2	1%
	No	1415	88%	134	88%
	Don't Know	167	10%	17	11%
HX SUBSTANCE ABUSE	Yes	443	27%	32	20%
	No	1015	62%	109	69%
	Don't Know	174	11%	18	11%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: COMBAT HISTORY
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	212	14%	57	38%
	No	1147	75%	70	46%
	Don't Know	179	12%	25	16%
SAW CASUALTIES		138	9%	32	21%
INJURED IN COMBAT		39	3%	7	5%
WITNESSED KILLING IN COMBAT		137	9%	36	24%
SAW DEAD BODIES IN COMBAT		141	9%	30	20%
KILLED OTHERS IN COMBAT		78	5%	15	10%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: TREATMENT HISTORY ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
SEEN BY MTF	Yes	815	50%	48	29%
	No	657	40%	100	61%
	Don't Know	155	10%	17	10%
SEEN BY ASAP	Yes	250	15%	9	6%
	No	1220	75%	131	81%
	Don't Know	150	9%	21	13%
SEEN BY FAP	Yes	61	4%	4	2%
	No	1387	86%	134	83%
	Don't Know	163	10%	23	14%
SEEN BY CHAPLAIN	Yes	350	22%	24	15%
	No	883	55%	91	57%
	Don't Know	376	23%	45	28%
SEEN BY OP MH	Yes	884	54%	106	65%
	No	679	41%	51	31%
	Don't Know	85	5%	7	4%
SEEN BY IP MH	Yes	407	25%	21	13%
	No	1110	69%	127	79%
	Don't Know	101	6%	13	8%
TAKEN PSYCHOTROPIC MEDS	Yes	567	35%	74	46%
	No	921	56%	75	47%
	Don't Know	143	9%	11	7%
HX PHYSICAL HEALTH PROBLEM	Yes	336	21%	16	10%
	No	1105	68%	134	82%
	Don't Know	183	11%	14	9%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: FAMILY HISTORY ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
FAILED SPOUSE RELATIONSHIP	Yes	656	40%	71	43%
	No	789	48%	77	47%
	Don't Know	185	11%	17	10%
FAILED OTHER RELATIONSHIP	Yes	240	15%	29	18%
	No	1122	69%	112	68%
	Don't Know	260	16%	24	15%
HX SPOUSE SUICIDE	Yes	4	0%	0	0%
	No	1437	89%	153	93%
	Don't Know	172	11%	11	7%
HX FAMILY SUICIDE	Yes	109	7%	6	4%
	No	1281	79%	135	82%
	Don't Know	228	14%	23	14%
HX FRIEND SUICIDE	Yes	148	9%	4	2%
	No	1221	76%	130	81%
	Don't Know	246	15%	27	17%
HX FAMILY DEATH	Yes	246	15%	14	9%
	No	1135	70%	128	79%
	Don't Know	237	15%	21	13%
HX FRIEND DEATH	Yes	216	13%	10	6%
	No	1139	70%	128	78%
	Don't Know	262	16%	27	16%
HX CHRONIC FAMILY ILLNESS	Yes	181	11%	19	12%
	No	1195	74%	125	76%
	Don't Know	243	15%	21	13%
HX FAMILY MENTAL ILL/SUICIDE	Yes	553	33%	53	32%
	No	780	47%	73	45%
	Don't Know	318	19%	38	23%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ADMIN/LEGAL HISTORY ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	34	2%	4	3%
	No	1454	88%	143	91%
	Don't Know	156	9%	11	7%
ARTICLE 15 PROCEEDINGS	Yes	290	18%	30	19%
	No	1186	72%	118	73%
	Don't Know	171	10%	13	8%
ADMIN SEP PROCEEDINGS	Yes	195	12%	9	6%
	No	1284	78%	137	86%
	Don't Know	165	10%	13	8%
AWOL/DESERTION PROCEEDINGS	Yes	114	7%	1	1%
	No	1383	84%	147	93%
	Don't Know	141	9%	10	6%
MEB PROCEEDINGS	Yes	83	5%	1	1%
	No	1411	86%	149	94%
	Don't Know	143	9%	8	5%
CIVIL LEGAL PROBLEMS	Yes	110	7%	10	6%
	No	1342	82%	131	83%
	Don't Know	187	11%	17	11%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: OTHER HISTORY ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	183	11%	6	4%
	No	1193	74%	130	80%
	Don't Know	240	15%	27	17%
HX JOB PROBLEMS	Yes	434	27%	39	24%
	No	987	61%	112	68%
	Don't Know	200	12%	13	8%
SUPV/COWORKER ISSUES	Yes	363	23%	50	31%
	No	1020	63%	97	60%
	Don't Know	227	14%	15	9%
POOR PERFORMANCE EVAL	Yes	289	18%	26	16%
	No	1080	67%	112	70%
	Don't Know	248	15%	23	14%
HX WORKPLACE HAZING	Yes	70	4%	9	6%
	No	1283	80%	122	76%
	Don't Know	244	15%	30	19%

CY 2006 and CY 2007 as of 3/1/2008

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT: ABUSE HISTORY ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	329	20%	31	20%
	No	1041	64%	96	61%
	Don't Know	253	16%	31	20%
VICTIM SEXUAL ABUSE	Yes	284	18%	25	16%
	No	1075	66%	103	66%
	Don't Know	262	16%	28	18%
VICTIM EMOTIONAL ABUSE	Yes	360	22%	49	31%
	No	992	61%	86	54%
	Don't Know	271	17%	24	15%
VICTIM SEXUAL HARASSMENT	Yes	73	5%	4	3%
	No	1238	77%	112	73%
	Don't Know	295	18%	38	25%
PERP PHYSICAL ABUSE	Yes	72	4%	5	3%
	No	1300	79%	128	79%
	Don't Know	280	17%	30	18%
PERP SEXUAL ABUSE	Yes	20	1%	0	0%
	No	1353	82%	133	81%
	Don't Know	279	17%	31	19%
PERP EMOTIONAL ABUSE	Yes	43	3%	3	2%
	No	1314	80%	131	80%
	Don't Know	290	18%	30	18%
PERP SEXUAL HARASSMENT	Yes	3	0%	1	1%
	No	1356	82%	133	81%
	Don't Know	285	17%	30	18%

CY 2006 and CY 2007 as of 3/1/2008

APPENDIX G ASER CY 2007

COMPARING EVENTS THAT OCCURRED IN OIF-OEF TO NON-OIF-OEF EVENTS AMONG SOLDIERS WITH OIF-OEF DEPLOYMENT HISTORY

The analyses described in Appendix F were repeated, but this time the comparison group (the group with non-OIF-OEF events) included only Soldiers positive for an OIF-OEF deployment history (389 attempts and 64 completions). This provided an opportunity to explore factors that may contribute to the difference in the timing of the event (during deployment, after deployment). It also provides a control to some analyses that may have been confounded by deployment history in the previous analysis. However, it does introduce new biases, as post-deployed Soldiers are more likely to be older, higher rank, potentially healthier (since they remained in the Army after deployment), etc. The analyses again included data from ASERs for both 2006 and 2007 events.

Last year, some data indicated that, compared to those with OIF-OEF events, combat exposure may be higher among those with non-OIF-OEF events with deployment history. These results were not replicated this year among those with completions. However, among those with attempts, Soldiers with non-OIF-OEF events reportedly experienced combat in 53% of cases, while OIF-OEF events reportedly experienced combat in 38% of cases ($p < .001$). When types of combat exposure were further examined in attempt cases, non-OIF-OEF events showed somewhat higher percentages of exposure to every type of combat exposure relative to OIF-OEF events. While caution is indicated in interpreting this data with low n's, retrospective data collection biases might be expected to reduce the non-OIF-OEF combat exposure frequencies more than the OIF-OEF events. However, Soldiers with OIF-OEF attempts who were evacuated probably spent less time in theater, reducing the probability of combat exposure.

One item on the ASER asks providers to offer a subjective opinion as to whether the event was related to a deployment after reviewing all available records and conducting appropriate interviews. The limitations of this item that were described above in the main report apply here and caution should be used in interpreting the results. However, there was a significant difference between OIF-OEF completions and the non-OIF-OEF completions with a deployment history; 46% of OIF-OEF completions were reportedly related to a deployment in the providers' opinion, whereas 17% of the suicides completed by those with a deployment history were judged to be related to a deployment ($p = .001$). Similar results were reported for attempts (76% vs. 38%, respectively; $p < .001$).

Additional analyses with Soldiers who completed suicide with a deployment history generally confirmed many of the findings described in Appendix F for the whole sample, including findings related to differences in marriage rates, having minor children, event method, use of alcohol or drugs during the event, rates of visiting helping professionals, history of a physical health problem, rates of failed spousal/intimate relationships, relationship of event to deployment, history of job problems, and history of co-worker/supervisor issues. All findings were in the direction described above (Appendix F) for the whole sample. In addition, younger, female Soldiers were more prevalent among OIF-OEF cases in this analysis (p 's $< .05$), and mood and anxiety disorders were reported less frequently in OIF-OEF cases compared to completion cases with an OIF-OEF deployment history. Base rate information would be helpful to assist interpretation. Data tables displaying these findings follow.

COMPLETED EVENTS

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF OIF-OEF: DEMOGRAPHICS SUICIDES

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
GENDER	Male	63	98%	50	88%
	Female	1	2%	7	12%
RACE/ETHNICITY	American Indian/Alaskan Native	0	0%	0	0%
	Asian/Pacific Islander	2	3%	1	2%
	African American	12	19%	8	14%
	Caucasian	42	66%	38	67%
	Hispanic	3	5%	5	9%
	Other/DK/Missing	5	8%	5	9%
AGE RANGE	Under 25	24	38%	35	61%
	25-29	14	22%	8	14%
	30-39	19	30%	8	14%
	40 +	7	11%	6	11%
RANK	E1-E4	32	50%	41	72%
	E5-E9	30	47%	10	18%
	Officer	1	2%	6	11%
	Warrant Officer	1	2%	0	0%
	Cadet/Midshipman	0	0%	0	0%
COMPONENT	Regular	55	87%	51	93%
	Reserve	4	6%	0	0%
	National Guard	4	6%	4	7%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: DEMOGRAPHICS (CON'T)
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EDUCATION	Some HS, did not graduate	1	2%	0	0%
	GED	3	5%	6	11%
	HS graduate	24	38%	26	46%
	Some college/tech, no degree	14	22%	5	9%
	College degree/tech cert < 4 yrs	1	2%	2	4%
	Four-year degree	1	2%	4	7%
	Master's degree or greater	1	2%	2	4%
	Don't Know	19	30%	11	20%
MARITAL STATUS	Never married	19	30%	34	61%
	Married	36	56%	17	30%
	Legally separated	4	6%	0	0%
	Divorced	5	8%	3	5%
	Widowed	0	0%	0	0%
	Don't Know	0	0%	2	4%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: EVENT SETTING
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	43	67%	22	39%
	Residence (friend/family)	7	11%	1	2%
	Work/jobsite	0	0%	9	16%
	Automobile (away from residence)	5	8%	2	4%
	Inpatient medical facility	0	0%	0	0%
	Other	9	14%	23	40%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: EVENT METHOD
SUICIDES**

EVENT METHOD		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
Overdose	12	19%	1	2%	
Poisoning by substance	0	0%	0	0%	
Poisoning by exhaust	1	2%	0	0%	
Poisoning by utility gas	0	0%	0	0%	
Firearm/gun (military)	2	3%	53	93%	
Firearm/gun (non-military)	32	50%	0	0%	
Jumping	0	0%	0	0%	
Motor vehicle crash	0	0%	0	0%	
Hanging/strangulation	14	22%	2	4%	
Cutting/piercing instrument	0	0%	0	0%	
Submersion/drowning	1	2%	0	0%	
Other	2	3%	0	0%	
Don't know	0	0%	1	2%	

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: EVENT MOTIVATION
SUICIDES**

MOTIVATION		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
Emotion relief	8	13%	7	12%	
Interpersonal influence	2	3%	2	4%	
Feeling generation	0	0%	0	0%	
Avoidance/escape	7	11%	3	5%	
Individual reasons	3	5%	1	2%	
Hopelessness	4	6%	10	18%	
Depression	3	5%	1	2%	
Other psychiatric symptoms	2	3%	0	0%	
Impulsivity	5	8%	1	2%	
Other	7	11%	6	11%	
Don't Know	23	36%	26	46%	

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: OTHER EVENT INFORMATION
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	27	42%	0	0%
	No	22	34%	39	68%
	Don't Know	15	23%	18	32%
DRUGS USED	Yes	17	27%	2	4%
	No	29	45%	38	67%
	Don't Know	18	28%	17	30%
INTENT TO DIE	Yes	50	82%	39	68%
	No	6	10%	11	19%
	Don't Know	5	8%	7	12%
LETHAL	Yes	47	96%	50	96%
	No	0	0%	1	2%
	Don't Know	2	4%	1	2%
DEATH RISK/GAMBLING	Yes	2	3%	0	0%
	No	55	86%	52	93%
	Don't Know	7	11%	4	7%
PLANNED/ PREMEDITATED	Yes	26	41%	15	26%
	No	22	34%	28	49%
	Don't Know	16	25%	14	25%
OBSERVABLE	Yes	14	22%	3	5%
	No	41	64%	48	86%
	Don't Know	9	14%	5	9%
SUICIDE NOTE LEFT	Yes	12	19%	13	23%
	No	44	69%	36	63%
	Don't Know	8	13%	8	14%
COMMUNICATED INTENT	Yes	22	34%	9	16%
	No	36	56%	40	70%
	Don't Know	6	9%	8	14%
RELATED TO DEPLOYMENT	Yes	11	17%	26	46%
	No	35	55%	16	28%
	Don't Know	18	28%	15	26%

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: SITUATIONAL INFORMATION
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	15	23%	54	95%
	Non-military shared	3	5%	0	0%
	BEQ/BOQ	2	3%	0	0%
	On-post family housing	11	17%	0	0%
	Off-post family housing	22	34%	0	0%
	Other	10	16%	1	2%
	Don't Know	1	2%	2	4%
RESIDES WITH SPOUSE	Resides with spouse	24	65%	3	18%
	Separated, relationship issues	8	22%	1	6%
	Separated, other	4	11%	12	71%
	Don't Know	1	3%	1	6%
RESIDES ALONE	Yes	26	41%	7	12%
	No	34	53%	45	79%
	Don't Know	4	6%	5	9%
MINOR CHILDREN	Yes	30	47%	14	25%
	No	29	45%	36	63%
	Don't Know	5	8%	7	12%
CHILDREN RESIDE WITH	Yes	12	40%	2	15%
	No	13	43%	11	85%
	Don't Know	5	17%	0	0%
GUN IN IMMEDIATE ENVIRONMENT	Yes	31	48%	47	82%
	No	15	23%	4	7%
	Don't Know	18	28%	6	11%

CY 2006 and CY 2007 as of 3/1/2008

Note: Percentages for Resides with Spouse and Resides with Children were calculated based only on the number of Soldiers with spouses or minor children, respectively.

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: DUTY STATUS
SUICIDES**

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
ACTIVE	58	91%	53	93%
AGR	5	8%	1	2%
IET	0	0%	0	0%
MOBILIZED	2	3%	2	4%
ADT	0	0%	0	0%
IDT	0	0%	0	0%
OTHER	2	3%	1	2%
TRAINING	1	2%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: DUTY ENVIRONMENT
SUICIDES**

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
GARRISON	41	64%	1	2%
PSYCH HOSPITALIZATION	0	0%	0	0%
LEAVE	6	9%	0	0%
MEDICAL HOLD	5	8%	0	0%
TDY	1	2%	0	0%
IN EVAC CHAIN	1	2%	0	0%
AWOL	2	3%	0	0%
UNDER CMD OBS	0	0%	0	0%
DEPLOYED	1	2%	56	98%
OTHER	13	20%	0	0%
TRAINING	1	2%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: SYMPTOM FACTORS
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	21	33%	6	11%
	No	36	56%	34	60%
	Don't Know	7	11%	17	30%
DX BIPOLAR DISORDER	Yes	1	2%	0	0%
	No	35	-	19	-
	Don't Know	2	-	7	-
DX MAJOR DEPRESSION	Yes	14	22%	3	5%
	No	23	-	16	-
	Don't Know	2	-	7	-
DX ANXIETY DISORDER	Yes	20	31%	4	7%
	No	40	63%	37	65%
	Don't Know	4	6%	16	28%
DX PTSD	Yes	10	16%	0	0%
	No	23	-	15	-
	Don't Know	4	-	8	-

Beginning in 2007, ASER items for specific disorders were presented only if the super-ordinate category (e.g. mood disorder) was positive. Therefore, while all positive cases are captured across years, not all No and Don't Know responses were captured in 2007. Since data in these tables were combined across 2006 and 2007, it would be inappropriate to calculate a percentage for No and Don't Know responses based on either the total number of cases or the total number of positive cases for the super-ordinate category. Therefore, these percentages are omitted. In addition, diagnoses new to ASER 2007 are omitted.

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: SYMPTOM FACTORS (CON'T)
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX PERSONALITY DISORDER	Yes	5	8%	1	2%
	No	50	78%	38	67%
	Don't Know	9	14%	18	32%
DX PSYCHOTIC DISORDER	Yes	1	2%	0	0%
	No	55	86%	40	70%
	Don't Know	8	13%	17	30%
HX SUBSTANCE ABUSE	Yes	17	27%	6	11%
	No	32	50%	34	60%
	Don't Know	15	23%	17	30%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: COMBAT HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	26	41%	26	46%
	No	11	17%	18	32%
	Don't Know	26	41%	13	23%
SAW CASUALTIES		19	30%	11	19%
INJURED IN COMBAT		5	8%	0	0%
WITNESSED KILLING IN COMBAT		13	21%	13	23%
SAW DEAD BODIES IN COMBAT		18	29%	14	25%
KILLED OTHERS IN COMBAT		9	14%	4	7%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: TREATMENT HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
SEEN BY MTF	Yes	45	70%	14	25%
	No	14	22%	30	54%
	Don't Know	5	8%	12	21%
SEEN BY ASAP	Yes	12	19%	2	4%
	No	44	69%	43	77%
	Don't Know	8	13%	11	20%
SEEN BY FAP	Yes	6	9%	0	0%
	No	46	72%	45	80%
	Don't Know	12	19%	11	20%
SEEN BY CHAPLAIN	Yes	3	5%	10	18%
	No	23	37%	27	49%
	Don't Know	37	59%	18	33%
SEEN BY OP MH	Yes	38	59%	15	26%
	No	26	41%	37	65%
	Don't Know	0	0%	5	9%
SEEN BY IP MH	Yes	12	19%	1	2%
	No	49	77%	45	80%
	Don't Know	3	5%	10	18%
TAKEN PSYCHOTROPIC MEDS	Yes	27	42%	8	14%
	No	29	45%	33	59%
	Don't Know	8	13%	15	27%
HX PHYSICAL HEALTH PROBLEM	Yes	13	20%	4	7%
	No	44	69%	40	70%
	Don't Know	7	11%	13	23%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: FAMILY HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
FAILED SPOUSE RELATIONSHIP	Yes	45	70%	24	42%
	No	10	16%	23	40%
	Don't Know	9	14%	10	18%
FAILED OTHER RELATIONSHIP	Yes	9	14%	8	14%
	No	35	56%	31	54%
	Don't Know	19	30%	18	32%
HX SPOUSE SUICIDE	Yes	0	0%	0	0%
	No	57	89%	50	88%
	Don't Know	7	11%	7	12%
HX FAMILY SUICIDE	Yes	0	0%	0	0%
	No	39	62%	28	49%
	Don't Know	24	38%	29	51%
HX FRIEND SUICIDE	Yes	0	0%	1	2%
	No	38	59%	27	47%
	Don't Know	26	41%	29	51%
HX FAMILY DEATH	Yes	3	5%	1	2%
	No	40	63%	32	57%
	Don't Know	21	33%	23	41%
HX FRIEND DEATH	Yes	3	5%	3	5%
	No	36	56%	31	54%
	Don't Know	25	39%	23	40%
HX CHRONIC FAMILY ILLNESS	Yes	3	5%	2	4%
	No	42	66%	33	58%
	Don't Know	19	30%	22	39%
HX FAMILY MENTAL ILL/SUICIDE	Yes	10	16%	4	7%
	No	18	28%	11	19%
	Don't Know	36	56%	42	74%

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: ADMIN/LEGAL HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	1	2%	2	4%
	No	58	91%	47	84%
	Don't Know	5	8%	7	13%
ARTICLE 15 PROCEEDINGS	Yes	10	16%	11	19%
	No	49	77%	36	63%
	Don't Know	5	8%	10	18%
ADMIN SEP PROCEEDINGS	Yes	3	5%	1	2%
	No	55	87%	48	86%
	Don't Know	5	8%	7	13%
AWOL/DESERTION PROCEEDINGS	Yes	0	0%	1	2%
	No	61	95%	49	88%
	Don't Know	3	5%	6	11%
MEB PROCEEDINGS	Yes	7	11%	0	0%
	No	54	84%	51	91%
	Don't Know	3	5%	5	9%
CIVIL LEGAL PROBLEMS	Yes	8	13%	2	4%
	No	43	67%	43	77%
	Don't Know	13	20%	11	20%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: OTHER HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	10	16%	4	7%
	No	36	56%	37	65%
	Don't Know	18	28%	16	28%
HX JOB PROBLEMS	Yes	11	17%	21	37%
	No	42	67%	30	53%
	Don't Know	10	16%	6	11%
SUPV/COWORKER ISSUES	Yes	6	9%	18	32%
	No	45	70%	33	58%
	Don't Know	13	20%	6	11%
POOR PERFORMACE EVAL	Yes	8	13%	10	18%
	No	44	69%	39	68%
	Don't Know	12	19%	8	14%
HX WORKPLACE HAZING	Yes	1	2%	6	11%
	No	48	76%	37	66%
	Don't Know	14	22%	13	23%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: ABUSE HISTORY
SUICIDES**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	4	6%	5	9%
	No	33	52%	24	43%
	Don't Know	27	42%	27	48%
VICTIM SEXUAL ABUSE	Yes	1	2%	2	4%
	No	37	58%	25	45%
	Don't Know	26	41%	29	52%
VICTIM EMOTIONAL ABUSE	Yes	4	6%	5	9%
	No	32	50%	22	40%
	Don't Know	28	44%	28	51%
VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	38	59%	26	46%
	Don't Know	26	41%	30	54%
PERP PHYSICAL ABUSE	Yes	5	8%	0	0%
	No	40	63%	31	54%
	Don't Know	19	30%	26	46%
PERP SEXUAL ABUSE	Yes	2	3%	1	2%
	No	42	66%	31	54%
	Don't Know	20	31%	25	44%
PERP EMOTIONAL ABUSE	Yes	1	2%	0	0%
	No	40	63%	32	56%
	Don't Know	23	36%	25	44%
PERP SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	43	67%	32	56%
	Don't Know	21	33%	25	44%

CY 2006 and CY 2007 as of 3/1/2008

ATTEMPT EVENTS

OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF OIF-OEF: DEMOGRAPHICS ATTEMPTS

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
GENDER	Male	340	87%	119	72%
	Female	49	13%	47	28%
RACE/ETHNICITY	American Indian/Alaskan Native	2	1%	3	2%
	Asian/Pacific Islander	10	3%	7	4%
	African American	56	14%	25	15%
	Caucasian	258	66%	104	63%
	Hispanic	44	11%	15	9%
	Other/DK/Missing	19	5%	12	7%
AGE RANGE	Under 25	210	54%	111	67%
	25-29	94	24%	32	19%
	30-39	79	20%	22	13%
	40 +	6	2%	1	1%
RANK	E1-E4	266	69%	125	76%
	E5-E9	116	30%	31	19%
	Officer	5	1%	6	4%
	Warrant Officer	1	<1%	2	1%
	Cadet/Midshipman	0	0%	0	0%
COMPONENT	Regular	378	98%	150	91%
	Reserve	4	1%	7	4%
	National Guard	4	1%	8	5%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: DEMOGRAPHICS (CON'T)
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EDUCATION	Some HS, did not graduate	2	1%	1	1%
	GED	44	11%	19	12%
	HS graduate	172	45%	74	45%
	Some college/tech, no degree	93	24%	21	13%
	College degree/tech cert < 4 yrs	10	3%	5	3%
	Four-year degree	13	3%	7	4%
	Master's degree or greater	2	1%	1	1%
	Don't Know	50	13%	35	21%
MARITAL STATUS	Never married	123	32%	56	34%
	Married	206	54%	90	55%
	Legally separated	12	3%	3	2%
	Divorced	32	8%	13	8%
	Widowed	1	<1%	0	0%
	Don't Know	10	3%	3	2%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: EVENT SETTING
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	268	69%	93	57%
	Residence (friend/family)	24	6%	0	0%
	Work/jobsite	13	3%	46	28%
	Automobile (away from residence)	18	5%	0	0%
	Inpatient medical facility	2	1%	1	1%
	Other	61	16%	24	15%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: EVENT METHOD
ATTEMPTS**

EVENT METHOD		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
	Overdose	231	60%	82	50%
	Poisoning by substance	4	1%	1	1%
	Poisoning by exhaust	5	1%	0	0%
	Poisoning by utility gas	2	1%	1	1%
	Firearm/gun (military)	3	1%	41	25%
	Firearm/gun (non-military)	12	3%	4	2%
	Jumping	3	1%	0	0%
	Motor vehicle crash	8	2%	0	0%
	Hanging/strangulation	14	4%	5	3%
	Cutting/piercing instrument	62	16%	24	15%
	Submersion/drowning	0	0%	0	0%
	Other	37	10%	5	3%
	Don't know	7	2%	1	1%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: EVENT MOTIVATION
ATTEMPTS**

MOTIVATION		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
	Emotion relief	133	34%	44	27%
	Interpersonal influence	29	7%	23	14%
	Feeling generation	2	1%	1	1%
	Avoidance/escape	25	6%	18	11%
	Individual reasons	13	3%	5	3%
	Hopelessness	57	15%	18	11%
	Depression	38	10%	12	7%
	Other psychiatric symptoms	24	6%	4	2%
	Impulsivity	35	9%	24	15%
	Other	17	4%	8	5%
	Don't Know	15	4%	8	5%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: OTHER EVENT INFORMATION
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	172	45%	11	7%
	No	179	47%	144	88%
	Don't Know	31	8%	8	5%
DRUGS USED	Yes	200	51%	71	43%
	No	167	43%	91	55%
	Don't Know	22	6%	4	2%
INTENT TO DIE	Yes	171	45%	70	43%
	No	165	43%	56	34%
	Don't Know	47	12%	38	23%
LETHAL	Yes	129	35%	65	41%
	No	182	49%	66	41%
	Don't Know	59	16%	29	18%
DEATH RISK/GAMBLING	Yes	6	2%	3	2%
	No	362	95%	157	96%
	Don't Know	13	3%	4	2%
PLANNED/ PREMEDITATED	Yes	96	25%	45	27%
	No	255	66%	97	59%
	Don't Know	33	9%	22	13%
OBSERVABLE	Yes	164	43%	70	42%
	No	179	46%	70	42%
	Don't Know	42	11%	25	15%
SUICIDE NOTE LEFT	Yes	19	5%	23	14%
	No	337	87%	126	77%
	Don't Know	31	8%	15	9%
COMMUNICATED INTENT	Yes	110	29%	56	34%
	No	221	58%	88	54%
	Don't Know	50	13%	19	12%
RELATED TO DEPLOYMENT	Yes	147	38%	125	76%
	No	207	53%	26	16%
	Don't Know	35	9%	14	8%

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: SITUATIONAL INFORMATION
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	161	41%	155	94%
	Non-military shared	18	5%	2	1%
	BEQ/BOQ	2	1%	0	0%
	On-post family housing	44	11%	0	0%
	Off-post family housing	123	32%	0	0%
	Other	18	5%	5	3%
	Don't Know	22	6%	3	2%
RESIDES WITH SPOUSE	Resides with spouse	104	52%	13	15%
	Separated, relationship issues	59	29%	9	11%
	Separated, other	35	17%	60	71%
	Don't Know	3	1%	2	2%
RESIDES ALONE	Yes	133	34%	21	13%
	No	219	57%	133	81%
	Don't Know	35	9%	11	7%
MINOR CHILDREN	Yes	122	32%	54	33%
	No	240	62%	98	59%
	Don't Know	24	6%	14	8%
CHILDREN RESIDE WITH	Yes	58	48%	2	4%
	No	57	47%	52	96%
	Don't Know	6	5%	0	0%
GUN IN IMMEDIATE ENVIRONMENT	Yes	41	11%	134	82%
	No	254	66%	19	12%
	Don't Know	89	23%	10	6%

CY 2006 and CY 2007 as of 3/1/2008

Note: Percentages for Resides with Spouse and Resides with Children were calculated based only on the number of Soldiers with spouses or minor children, respectively.

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: DUTY STATUS
ATTEMPTS**

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
ACTIVE	375	98%	152	92%
AGR	2	1%	7	4%
IET	0	0%	0	0%
MOBILIZED	5	1%	7	4%
ADT	1	<1%	0	0%
IDT	0	0%	0	0%
OTHER	6	2%	1	1%
TRAINING	3	1%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: DUTY ENVIRONMENT
ATTEMPTS**

	Location of Events			
	Non-OIF-OEF Event		OIF-OEF Event	
	Count	Percent	Count	Percent
GARRISON	300	78%	3	2%
PSYCH HOSPITALIZATION	1	<1%	0	0%
LEAVE	20	5%	1	1%
MEDICAL HOLD	14	4%	3	2%
TDY	3	1%	0	0%
IN EVAC CHAIN	3	1%	0	0%
AWOL	3	1%	1	1%
UNDER CMD OBS	3	1%	3	2%
DEPLOYED	10	3%	160	96%
OTHER	36	9%	2	1%
TRAINING	3	1%	0	0%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: SYMPTOM FACTORS
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	148	38%	59	36%
	No	211	55%	87	53%
	Don't Know	26	7%	17	10%
DX BIPOLAR DISORDER	Yes	15	4%	3	2%
	No	203	-	67	-
	Don't Know	16	-	10	-
DX MAJOR DEPRESSION	Yes	107	28%	29	18%
	No	142	-	49	-
	Don't Know	14	-	12	-
DX ANXIETY DISORDER	Yes	101	26%	24	15%
	No	259	68%	113	71%
	Don't Know	22	6%	22	14%
DX PTSD	Yes	97	25%	17	11%
	No	140	-	43	-
	Don't Know	13	-	13	-

Beginning in 2007, ASER items for specific disorders were presented only if the super-ordinate category (e.g. mood disorder) was positive. Therefore, while all positive cases are captured across years, not all No and Don't Know responses were captured in 2007. Since data in these tables were combined across 2006 and 2007, it would be inappropriate to calculate a percentage for No and Don't Know responses based on either the total number of cases or the total number of positive cases for the super-ordinate category. Therefore, these percentages are omitted. In addition, diagnoses new to ASER 2007 are omitted.

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: SYMPTOM FACTORS (CON'T)
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
DX PERSONALITY DISORDER	Yes	31	8%	27	17%
	No	317	84%	105	66%
	Don't Know	28	7%	26	16%
DX PSYCHOTIC DISORDER	Yes	3	1%	2	1%
	No	350	93%	134	88%
	Don't Know	24	6%	17	11%
HX SUBSTANCE ABUSE	Yes	133	35%	32	20%
	No	223	58%	109	69%
	Don't Know	28	7%	18	11%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: COMBAT HISTORY
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	201	53%	57	38%
	No	84	22%	70	46%
	Don't Know	94	25%	25	16%
SAW CASUALTIES		131	35%	32	21%
INJURED IN COMBAT		36	9%	7	5%
WITNESSED KILLING IN COMBAT		130	34%	36	24%
SAW DEAD BODIES IN COMBAT		134	35%	30	20%
KILLED OTHERS IN COMBAT		73	19%	15	10%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: TREATMENT HISTORY
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
SEEN BY MTF	Yes	206	54%	48	29%
	No	143	38%	100	61%
	Don't Know	29	8%	17	10%
SEEN BY ASAP	Yes	85	23%	9	6%
	No	263	70%	131	81%
	Don't Know	26	7%	21	13%
SEEN BY FAP	Yes	28	8%	4	2%
	No	310	83%	134	83%
	Don't Know	35	9%	23	14%
SEEN BY CHAPLAIN	Yes	77	21%	24	15%
	No	201	54%	91	57%
	Don't Know	97	26%	45	28%
SEEN BY OP MH	Yes	245	63%	106	65%
	No	126	33%	51	31%
	Don't Know	16	4%	7	4%
SEEN BY IP MH	Yes	92	24%	21	13%
	No	264	70%	127	79%
	Don't Know	22	6%	13	8%
TAKEN PSYCHOTROPIC MEDS	Yes	154	40%	74	46%
	No	206	54%	75	47%
	Don't Know	23	6%	11	7%
HX PHYSICAL HEALTH PROBLEM	Yes	89	23%	16	10%
	No	262	68%	134	82%
	Don't Know	36	9%	14	9%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: FAMILY HISTORY
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
FAILED SPOUSE RELATIONSHIP	Yes	219	57%	71	43%
	No	137	35%	77	47%
	Don't Know	31	8%	17	10%
FAILED OTHER RELATIONSHIP	Yes	51	13%	29	18%
	No	279	73%	112	68%
	Don't Know	53	14%	24	15%
HX SPOUSE SUICIDE	Yes	2	1%	0	0%
	No	348	91%	153	93%
	Don't Know	31	8%	11	7%
HX FAMILY SUICIDE	Yes	14	4%	6	4%
	No	329	86%	135	82%
	Don't Know	40	10%	23	14%
HX FRIEND SUICIDE	Yes	17	4%	4	2%
	No	316	83%	130	81%
	Don't Know	49	13%	27	17%
HX FAMILY DEATH	Yes	47	12%	14	9%
	No	284	75%	128	79%
	Don't Know	50	13%	21	13%
HX FRIEND DEATH	Yes	63	16%	10	6%
	No	260	68%	128	78%
	Don't Know	62	16%	27	16%
HX CHRONIC FAMILY ILLNESS	Yes	33	9%	19	12%
	No	299	78%	125	76%
	Don't Know	52	14%	21	13%
HX FAMILY MENTAL ILL/SUICIDE	Yes	111	29%	53	32%
	No	208	54%	73	45%
	Don't Know	69	18%	38	23%

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: ADMIN/LEGAL HISTORY
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	5	1%	4	3%
	No	355	92%	143	91%
	Don't Know	27	7%	11	7%
ARTICLE 15 PROCEEDINGS	Yes	69	18%	30	19%
	No	283	73%	118	73%
	Don't Know	35	9%	13	8%
ADMIN SEP PROCEEDINGS	Yes	44	11%	9	6%
	No	312	80%	137	86%
	Don't Know	32	8%	13	8%
AWOL/DESERTION PROCEEDINGS	Yes	20	5%	1	1%
	No	344	89%	147	93%
	Don't Know	23	6%	10	6%
MEB PROCEEDINGS	Yes	30	8%	1	1%
	No	329	85%	149	94%
	Don't Know	28	7%	8	5%
CIVIL LEGAL PROBLEMS	Yes	45	12%	10	6%
	No	305	79%	131	83%
	Don't Know	38	10%	17	11%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: OTHER HISTORY
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	64	17%	6	4%
	No	269	70%	130	80%
	Don't Know	50	13%	27	17%
HX JOB PROBLEMS	Yes	108	28%	39	24%
	No	240	62%	112	68%
	Don't Know	39	10%	13	8%
SUPV/COWORKER ISSUES	Yes	79	21%	50	31%
	No	256	67%	97	60%
	Don't Know	46	12%	15	9%
POOR PERFORMACE EVAL	Yes	72	19%	26	16%
	No	261	68%	112	70%
	Don't Know	52	14%	23	14%
HX WORKPLACE HAZING	Yes	18	5%	9	6%
	No	315	83%	122	76%
	Don't Know	48	13%	30	19%

CY 2006 and CY 2007 as of 3/1/2008

**OIF-OEF EVENT COMPARED TO NON-OIF-OEF EVENT WITH ANY HISTORY OF
OIF-OEF: ABUSE HISTORY
ATTEMPTS**

		Location of Events			
		Non-OIF-OEF Event		OIF-OEF Event	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	51	13%	31	20%
	No	274	72%	96	61%
	Don't Know	54	14%	31	20%
VICTIM SEXUAL ABUSE	Yes	30	8%	25	16%
	No	295	78%	103	66%
	Don't Know	54	14%	28	18%
VICTIM EMOTIONAL ABUSE	Yes	60	16%	49	31%
	No	261	69%	86	54%
	Don't Know	57	15%	24	15%
VICTIM SEXUAL HARASSMENT	Yes	4	1%	4	3%
	No	309	82%	112	73%
	Don't Know	63	17%	38	25%
PERP PHYSICAL ABUSE	Yes	20	5%	5	3%
	No	307	79%	128	79%
	Don't Know	61	16%	30	18%
PERP SEXUAL ABUSE	Yes	1	<1%	0	0%
	No	327	84%	133	81%
	Don't Know	60	15%	31	19%
PERP EMOTIONAL ABUSE	Yes	15	4%	3	2%
	No	307	79%	131	80%
	Don't Know	66	17%	30	18%
PERP SEXUAL HARASSMENT	Yes	1	<1%	1	1%
	No	320	83%	133	81%
	Don't Know	64	17%	30	18%

CY 2006 and CY 2007 as of 3/1/2008

APPENDIX H ASER CY 2007

COMPARING CY 2006 TO CY 2007

COMPLETED EVENTS

CY 2006 COMPARED TO CY 2007: DEMOGRAPHICS SUICIDES

		Year			
		2006		2007	
		Count	Percent	Count	Percent
GENDER	Male	91	90%	111	95%
	Female	10	10%	6	5%
RACE/ETHNICITY	American Indian/Alaskan Native	0	0%	3	3%
	Asian/Pacific Islander	4	4%	4	3%
	African American	16	16%	13	11%
	Caucasian	68	67%	78	67%
	Hispanic	7	7%	7	6%
	Other/DK/Missing	7	7%	12	10%
AGE RANGE	Under 25	50	49%	53	45%
	25-29	16	16%	25	21%
	30-39	20	20%	27	23%
	40 +	16	16%	12	10%
RANK	E1-E4	60	59%	64	55%
	E5-E9	30	30%	41	35%
	Officer	7	7%	11	9%
	Warrant Officer	3	3%	1	1%
	Cadet/Midshipman	1	1%	0	0%
COMPONENT	Regular	89	89%	94	83%
	Reserve	8	8%	3	3%
	National Guard	3	3%	16	14%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: DEMOGRAPHICS (CON'T)
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EDUCATION	Some HS, did not graduate	0	0%	1	1%
	GED	6	7%	4	4%
	HS graduate	32	35%	38	35%
	Some college/tech, no degree	16	17%	13	12%
	College degree/tech cert < 4 yrs	2	2%	3	3%
	Four-year degree	6	7%	4	4%
	Master's degree or greater	2	2%	3	3%
	Don't Know	28	30%	42	39%
MARITAL STATUS	Never married	47	47%	44	38%
	Married	39	39%	57	49%
	Legally separated	2	2%	3	3%
	Divorced	7	7%	7	6%
	Widowed	0	0%	0	0%
	Don't Know	6	6%	5	4%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: EVENT SETTING
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	41	45%	68	63%
	Residence (friend/family)	7	8%	7	6%
	Work/jobsite	7	8%	3	3%
	Automobile (away from residence)	9	10%	5	5%
	Inpatient medical facility	0	0%	0	0%
	Other	27	30%	25	23%

CY 2006 and CY 2007 as of 3/1/2008

Change in "Residence (personal)" item most likely due to clarification of instruction to include barracks, which were commonly listed as "Other" in 2006

**CY 2006 COMPARED TO CY 2007: EVENT METHOD
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EVENT METHOD	Overdose	6	7%	8	7%
	Poisoning by substance	1	1%	0	0%
	Poisoning by exhaust	0	0%	4	4%
	Poisoning by utility gas	1	1%	0	0%
	Firearm/gun (military)	28	30%	31	28%
	Firearm/gun (non-military)	34	37%	36	33%
	Jumping	0	0%	1	1%
	Motor vehicle crash	0	0%	0	0%
	Hanging/strangulation	19	21%	24	22%
	Cutting/piercing instrument	0	0%	1	1%
	Submersion/drowning	0	0%	1	1%
	Other	0	0%	2	2%
	Don't know	3	3%	1	1%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: EVENT MOTIVATION
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
MOTIVATION	Emotion relief	13	14%	15	14%
	Interpersonal influence	3	3%	4	4%
	Feeling generation	0	0%	0	0%
	Avoidance/escape	3	3%	9	8%
	Individual reasons	5	5%	4	4%
	Hopelessness	13	14%	6	6%
	Depression	2	2%	3	3%
	Other psychiatric symptoms	1	1%	1	1%
	Impulsivity	6	7%	7	6%
	Other	7	8%	8	7%
	Don't Know	39	42%	52	48%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: OTHER EVENT INFORMATION
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	19	21%	27	25%
	No	39	42%	44	40%
	Don't Know	34	37%	38	35%
DRUGS USED	Yes	10	11%	14	13%
	No	47	51%	52	48%
	Don't Know	35	38%	43	39%
INTENT TO DIE	Yes	74	81%	76	74%
	No	4	4%	16	16%
	Don't Know	13	14%	11	11%
LETHAL	Yes	85	93%	71	97%
	No	1	1%	0	0%
	Don't Know	5	5%	2	3%
DEATH RISK/GAMBLING	Yes	2	2%	0	0%
	No	79	86%	88	81%
	Don't Know	11	12%	20	19%
PLANNED/ PREMEDITATED	Yes	45	49%	33	31%
	No	26	28%	37	35%
	Don't Know	21	23%	37	35%
OBSERVABLE	Yes	14	15%	15	14%
	No	64	70%	78	72%
	Don't Know	13	14%	15	14%
SUICIDE NOTE LEFT	Yes	17	18%	24	22%
	No	54	59%	55	50%
	Don't Know	21	23%	30	28%
COMMUNICATED INTENT	Yes	22	24%	27	25%
	No	53	58%	56	51%
	Don't Know	17	18%	26	24%
RELATED TO DEPLOYMENT	Yes	18	20%	19	17%
	No	55	60%	54	50%
	Don't Know	19	21%	36	33%

CY 2006 and CY 2007 as of 3/1/2008

CY 2006 COMPARED TO CY 2007: SITUATIONAL INFORMATION SUICIDES

		Year			
		2006		2007	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	49	53%	45	42%
	Non-military shared	4	4%	4	4%
	BEQ/BOQ	0	0%	3	3%
	On-post family housing	4	4%	19	18%
	Off-post family housing	20	22%	19	18%
	Other	8	9%	11	10%
	Don't Know	7	8%	7	6%
	RESIDES WITH SPOUSE	Resides with spouse	16	47%	29
Separated, relationship issues		7	21%	10	19%
Separated, other		9	26%	11	20%
Don't Know		2	6%	4	7%
RESIDES ALONE	Yes	25	27%	27	25%
	No	49	53%	67	62%
	Don't Know	18	20%	14	13%
MINOR CHILDREN	Yes	30	33%	43	40%
	No	46	51%	52	48%
	Don't Know	15	16%	13	12%
CHILDREN RESIDE WITH	Yes	8	28%	16	37%
	No	20	69%	17	40%
	Don't Know	1	3%	10	23%
GUN IN IMMEDIATE ENVIRONMENT	Yes	52	57%	59	54%
	No	18	20%	16	15%
	Don't Know	22	24%	34	31%

CY 2006 and CY 2007 as of 3/1/2008

Note: Percentages for Resides with Spouse and Resides with Children were calculated based only on the number of Soldiers with spouses or minor children, respectively.

**CY 2006 COMPARED TO CY 2007: DUTY STATUS
SUICIDES**

	Year			
	2006		2007	
	Count	Percent	Count	Percent
ACTIVE	89	87%	100	86%
AGR	6	6%	9	8%
IET	5	5%	2	2%
MOBILIZED	3	3%	2	2%
ADT	0	0%	1	1%
IDT	0	0%	0	0%
OTHER	3	3%	4	3%
TRAINING	6	6%	5	4%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: DUTY ENVIRONMENT
SUICIDES**

	Year			
	2006		2007	
	Count	Percent	Count	Percent
GARRISON	44	48%	46	43%
PSYCH HOSPITALIZATION	0	0%	1	1%
LEAVE	5	5%	7	6%
MEDICAL HOLD	3	3%	3	3%
TDY	1	1%	0	0%
IN EVAC CHAIN	1	1%	0	0%
AWOL	2	2%	3	3%
UNDER CMD OBS	0	0%	0	0%
DEPLOYED	27	29%	32	30%
OTHER	14	15%	17	16%
TRAINING	6	7%	5	5%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: SYMPTOM FACTORS
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	19	21%	26	24%
	No	54	59%	49	45%
	Don't Know	19	21%	34	31%
DX BIPOLAR DISORDER	Yes	1	1%	0	0%
	No	56	-	22	-
	Don't Know	16	-	0	-
DX MAJOR DEPRESSION	Yes	12	13%	13	12%
	No	46	-	10	-
	Don't Know	16	-	1	-
DX ANXIETY DISORDER	Yes	8	9%	22	20%
	No	66	72%	58	53%
	Don't Know	18	20%	29	27%
DX PTSD	Yes	3	3%	7	6%
	No	55	-	6	-
	Don't Know	14	-	4	-

Beginning in 2007, ASER items for specific disorders were presented only if the super-ordinate category (e.g. mood disorder) was positive. Therefore, while all positive cases are captured across years, not all No and Don't Know responses were captured in 2007. Since data in these tables were combined across 2006 and 2007, it would be inappropriate to calculate a percentage for No and Don't Know responses based on either the total number of cases or the total number of positive cases for the super-ordinate category. Therefore, these percentages are omitted. In addition, diagnoses new to ASER 2007 are omitted.

**CY 2006 COMPARED TO CY 2007: SYMPTOM FACTORS (CON'T)
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
DX PERSONALITY DISORDER	Yes	5	5%	3	3%
	No	63	68%	72	67%
	Don't Know	24	26%	33	31%
DX PSYCHOTIC DISORDER	Yes	1	1%	1	1%
	No	71	77%	75	69%
	Don't Know	20	22%	32	30%
HX SUBSTANCE ABUSE	Yes	21	23%	19	18%
	No	46	50%	53	49%
	Don't Know	25	27%	36	33%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: COMBAT HISTORY
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	25	28%	26	24%
	No	39	43%	40	37%
	Don't Know	26	29%	42	39%
SAW CASUALTIES		13	14%	17	16%
INJURED IN COMBAT		3	3%	2	2%
WITNESSED KILLING IN COMBAT		9	10%	16	15%
SAW DEAD BODIES IN COMBAT		14	16%	17	16%
KILLED OTHERS IN COMBAT		5	6%	7	6%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: TREATMENT HISTORY
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
SEEN BY MTF	Yes	44	48%	51	47%
	No	30	33%	38	35%
	Don't Know	18	20%	19	18%
SEEN BY ASAP	Yes	14	16%	11	10%
	No	58	64%	78	72%
	Don't Know	18	20%	20	18%
SEEN BY FAP	Yes	3	3%	8	7%
	No	70	77%	76	70%
	Don't Know	18	20%	25	23%
SEEN BY CHAPLAIN	Yes	13	15%	10	9%
	No	32	36%	43	39%
	Don't Know	44	49%	56	51%
SEEN BY OP MH	Yes	39	42%	44	40%
	No	44	48%	55	50%
	Don't Know	9	10%	10	9%
SEEN BY IP MH	Yes	10	11%	8	7%
	No	68	75%	82	75%
	Don't Know	13	14%	19	17%
TAKEN PSYCHOTROPIC MEDS	Yes	26	28%	29	27%
	No	44	48%	50	46%
	Don't Know	22	24%	29	27%
HX PHYSICAL HEALTH PROBLEM	Yes	19	21%	16	15%
	No	58	64%	60	55%
	Don't Know	14	15%	33	30%

CY 2006 and CY 2007 as of 3/1/2008

CY 2006 COMPARED TO CY 2007: FAMILY HISTORY SUICIDES

		Year			
		2006		2007	
		Count	Percent	Count	Percent
FAILED SPOUSE RELATIONSHIP	Yes	51	56%	55	50%
	No	19	21%	30	28%
	Don't Know	21	23%	24	22%
FAILED OTHER RELATIONSHIP	Yes	13	14%	16	15%
	No	41	45%	53	49%
	Don't Know	37	41%	39	36%
HX SPOUSE SUICIDE	Yes	1	1%	0	0%
	No	74	81%	89	82%
	Don't Know	16	18%	20	18%
HX FAMILY SUICIDE	Yes	0	0%	0	0%
	No	45	50%	55	50%
	Don't Know	45	50%	54	50%
HX FRIEND SUICIDE	Yes	1	1%	1	1%
	No	45	49%	51	47%
	Don't Know	45	49%	57	52%
HX FAMILY DEATH	Yes	6	7%	1	1%
	No	51	57%	53	49%
	Don't Know	33	37%	55	50%
HX FRIEND DEATH	Yes	2	2%	4	4%
	No	49	54%	48	44%
	Don't Know	40	44%	57	52%
HX CHRONIC FAMILY ILLNESS	Yes	5	5%	2	2%
	No	51	56%	56	51%
	Don't Know	35	38%	51	47%
HX FAMILY MENTAL ILL/SUICIDE	Yes	9	10%	11	10%
	No	23	25%	22	20%
	Don't Know	60	65%	76	70%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: ADMIN/LEGAL HISTORY
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	2	2%	2	2%
	No	75	82%	89	82%
	Don't Know	14	15%	17	16%
ARTICLE 15 PROCEEDINGS	Yes	20	22%	14	13%
	No	59	64%	74	68%
	Don't Know	13	14%	21	19%
ADMIN SEP PROCEEDINGS	Yes	7	8%	4	4%
	No	71	78%	87	81%
	Don't Know	13	14%	17	16%
AWOL/DESERTION PROCEEDINGS	Yes	3	3%	5	5%
	No	75	82%	89	82%
	Don't Know	13	14%	15	14%
MEB PROCEEDINGS	Yes	4	4%	8	7%
	No	76	84%	85	78%
	Don't Know	11	12%	16	15%
CIVIL LEGAL PROBLEMS	Yes	13	14%	11	10%
	No	55	60%	72	66%
	Don't Know	23	25%	26	24%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: OTHER HISTORY
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	10	11%	10	9%
	No	50	55%	56	51%
	Don't Know	31	34%	43	39%
HX JOB PROBLEMS	Yes	25	28%	24	22%
	No	49	54%	54	50%
	Don't Know	16	18%	31	28%
SUPV/COWORKER ISSUES	Yes	16	18%	17	16%
	No	54	59%	60	55%
	Don't Know	21	23%	32	29%
POOR PERFORMACE EVAL	Yes	18	20%	10	9%
	No	50	56%	69	63%
	Don't Know	22	24%	30	28%
HX WORKPLACE HAZING	Yes	3	3%	4	4%
	No	61	69%	71	66%
	Don't Know	25	28%	33	31%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: ABUSE HISTORY
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	7	8%	8	7%
	No	41	45%	46	43%
	Don't Know	43	47%	54	50%
VICTIM SEXUAL ABUSE	Yes	3	3%	2	2%
	No	44	48%	48	44%
	Don't Know	44	48%	58	54%
VICTIM EMOTIONAL ABUSE	Yes	4	4%	8	7%
	No	39	43%	44	41%
	Don't Know	47	52%	56	52%
VICTIM SEXUAL HARASSMENT	Yes	0	0%	0	0%
	No	44	49%	53	50%
	Don't Know	46	51%	54	50%
PERP PHYSICAL ABUSE	Yes	6	7%	3	3%
	No	50	54%	54	50%
	Don't Know	36	39%	51	47%
PERP SEXUAL ABUSE	Yes	2	2%	3	3%
	No	51	55%	54	50%
	Don't Know	39	42%	51	47%
PERP EMOTIONAL ABUSE	Yes	0	0%	1	1%
	No	53	58%	52	48%
	Don't Know	39	42%	55	51%
PERP SEXUAL HARASSMENT	Yes	1	1%	0	0%
	No	53	58%	56	52%
	Don't Know	38	41%	52	48%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: EVER DEPLOYED TO OIF-OEF
SUICIDES**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
AFGHANISTAN	Yes	8	8%	9	8%
	No	94	92%	108	92%
IRAQ	Yes	42	41%	55	47%
	No	60	59%	62	53%
KUWAIT	Yes	6	6%	3	3%
	No	96	94%	114	97%

CY 2006 and CY 2007 as of 3/1/2008

ATTEMPT EVENTS

CY 2006 COMPARED TO CY 2007: DEMOGRAPHICS ATTEMPTS

		Year			
		2006		2007	
		Count	Percent	Count	Percent
GENDER	Male	614	69%	679	73%
	Female	273	31%	255	27%
RACE/ETHNICITY	American Indian/Alaskan Native	12	1%	8	1%
	Asian/Pacific Islander	22	2%	19	2%
	African American	113	13%	129	14%
	Caucasian	604	68%	654	70%
	Hispanic	79	9%	82	9%
	Other/DK/Missing	58	7%	43	5%
AGE RANGE	Under 25	626	70%	657	70%
	25-29	143	16%	148	16%
	30-39	102	11%	112	12%
	40 +	17	2%	18	2%
RANK	E1-E4	761	86%	788	85%
	E5-E9	104	12%	118	13%
	Officer	15	2%	18	2%
	Warrant Officer	2	<1%	4	<1%
	Cadet/Midshipman	3	<1%	3	<1%
COMPONENT	Regular	800	91%	852	92%
	Reserve	34	4%	34	4%
	National Guard	41	5%	42	5%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: DEMOGRAPHICS (CON'T)
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EDUCATION	Some HS, did not graduate	17	2%	10	1%
	GED	123	14%	164	18%
	HS graduate	377	43%	402	43%
	Some college/tech, no degree	166	19%	169	18%
	College degree/tech cert < 4 yrs	20	2%	28	3%
	Four-year degree	33	4%	32	3%
	Master's degree or greater	3	<1%	8	1%
	Don't Know	142	16%	116	12%
MARITAL STATUS	Never married	447	51%	475	51%
	Married	312	36%	368	40%
	Legally separated	17	2%	20	2%
	Divorced	58	7%	42	5%
	Widowed	0	0%	3	<1%
	Don't Know	43	5%	17	2%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: EVENT SETTING
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EVENT SETTING	Residence (personal)	362	41%	766	83%
	Residence (friend/family)	23	3%	37	4%
	Work/jobsite	119	14%	37	4%
	Automobile (away from residence)	20	2%	22	2%
	Inpatient medical facility	14	2%	2	<1%
	Other	343	39%	60	6%

CY 2006 and CY 2007 as of 3/1/2008

Change in "Residence (personal)" item most likely due to clarification of instruction to include barracks, which were commonly listed as "Other" in 2006

CY 2006 COMPARED TO CY 2007: EVENT METHOD ATTEMPTS

EVENT METHOD		Year			
		2006		2007	
		Count	Percent	Count	Percent
Overdose	481	54%	559	60%	
Poisoning by substance	15	2%	10	1%	
Poisoning by exhaust	2	<1%	7	1%	
Poisoning by utility gas	1	<1%	3	<1%	
Firearm/gun (military)	20	2%	29	3%	
Firearm/gun (non-military)	15	2%	13	1%	
Jumping	8	1%	12	1%	
Motor vehicle crash	9	1%	7	1%	
Hanging/strangulation	32	4%	44	5%	
Cutting/piercing instrument	175	20%	178	19%	
Submersion/drowning	3	<1%	1	<1%	
Other	90	10%	62	7%	
Don't know	32	4%	5	1%	

CY 2006 and CY 2007 as of 3/1/2008

CY 2006 COMPARED TO CY 2007: EVENT MOTIVATION ATTEMPTS

MOTIVATION		Year			
		2006		2007	
		Count	Percent	Count	Percent
Emotion relief	274	31%	330	35%	
Interpersonal influence	72	8%	66	7%	
Feeling generation	8	1%	5	1%	
Avoidance/escape	90	10%	92	10%	
Individual reasons	26	3%	30	3%	
Hopelessness	114	13%	100	11%	
Depression	100	11%	98	11%	
Other psychiatric symptoms	24	3%	19	2%	
Impulsivity	80	9%	77	8%	
Other	55	6%	61	7%	
Don't Know	41	5%	53	6%	

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: OTHER EVENT INFORMATION
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
ALCOHOL USED	Yes	205	23%	207	23%
	No	602	68%	621	68%
	Don't Know	79	9%	86	9%
DRUGS USED	Yes	350	40%	553	59%
	No	468	53%	327	35%
	Don't Know	66	7%	53	6%
INTENT TO DIE	Yes	337	38%	382	41%
	No	405	46%	406	44%
	Don't Know	136	15%	133	14%
LETHAL	Yes	268	30%	261	29%
	No	485	55%	456	51%
	Don't Know	130	15%	171	19%
DEATH RISK/GAMBLING	Yes	15	2%	12	1%
	No	819	93%	872	94%
	Don't Know	42	5%	42	5%
PLANNED/ PREMEDITATED	Yes	229	26%	234	25%
	No	540	62%	590	63%
	Don't Know	109	12%	106	11%
OBSERVABLE	Yes	471	53%	452	49%
	No	306	35%	361	39%
	Don't Know	107	12%	110	12%
SUICIDE NOTE LEFT	Yes	62	7%	75	8%
	No	749	85%	763	82%
	Don't Know	71	8%	87	9%
COMMUNICATED INTENT	Yes	308	35%	215	23%
	No	446	51%	583	63%
	Don't Know	126	14%	124	13%
RELATED TO DEPLOYMENT	Yes	153	17%	194	21%
	No	689	78%	671	72%
	Don't Know	44	5%	66	7%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: SITUATIONAL INFORMATION
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
RESIDENCE	Barracks, other shared military	621	70%	680	73%
	Non-military shared	27	3%	15	2%
	BEQ/BOQ	2	<1%	5	1%
	On-post family housing	45	5%	39	4%
	Off-post family housing	116	13%	130	14%
	Other	47	5%	27	3%
	Don't Know	25	3%	37	4%
	RESIDES WITH SPOUSE	Resides with spouse	112	36%	125
Separated, relationship issues		72	23%	82	23%
Separated, other		109	36%	137	38%
Don't Know		14	5%	13	4%
RESIDES ALONE	Yes	183	21%	211	23%
	No	646	73%	656	70%
	Don't Know	56	6%	67	7%
MINOR CHILDREN	Yes	209	24%	203	22%
	No	600	68%	645	69%
	Don't Know	76	9%	82	9%
CHILDREN RESIDE WITH	Yes	60	29%	54	26%
	No	138	67%	145	71%
	Don't Know	9	4%	6	3%
GUN IN IMMEDIATE ENVIRONMENT	Yes	111	13%	164	18%
	No	612	70%	594	64%
	Don't Know	156	18%	164	18%

CY 2006 and CY 2007 as of 3/1/2008

Note: Percentages for Resides with Spouse and Resides with Children were calculated based only on the number of Soldiers with spouses or minor children, respectively.

**CY 2006 COMPARED TO CY 2007: DUTY STATUS
ATTEMPTS**

	Year			
	2006		2007	
	Count	Percent	Count	Percent
ACTIVE	688	78%	756	83%
AGR	12	1%	13	1%
IET	217	25%	218	24%
MOBILIZED	12	1%	7	1%
ADT	5	1%	9	1%
IDT	0	0%	1	<1%
OTHER	9	1%	9	1%
TRAINING	236	27%	255	28%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: DUTY ENVIRONMENT
ATTEMPTS**

	Year			
	2006		2007	
	Count	Percent	Count	Percent
GARRISON	523	59%	532	58%
PSYCH HOSPITALIZATION	1	<1%	1	<1%
LEAVE	31	4%	12	1%
MEDICAL HOLD	23	3%	19	2%
TDY	3	<1%	5	1%
IN EVAC CHAIN	1	<1%	2	<1%
AWOL	20	2%	11	1%
UNDER CMD OBS	2	<1%	6	1%
DEPLOYED	62	7%	111	12%
OTHER	45	5%	29	3%
TRAINING	236	27%	255	28%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: SYMPTOM FACTORS
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
DX MOOD DISORDER	Yes	251	29%	358	39%
	No	532	61%	482	52%
	Don't Know	94	11%	85	9%
DX BIPOLAR DISORDER	Yes	72	8%	48	5%
	No	691	-	163	-
	Don't Know	93	-	13	-
DX MAJOR DEPRESSION	Yes	213	24%	212	23%
	No	542	-	77	-
	Don't Know	107	-	6	-
DX ANXIETY DISORDER	Yes	115	13%	156	17%
	No	657	75%	662	73%
	Don't Know	102	12%	92	10%
DX PTSD	Yes	87	1%	77	60%
	No	674	-	47	-
	Don't Know	98	-	4	-

Beginning in 2007, ASER items for specific disorders were presented only if the super-ordinate category (e.g. mood disorder) was positive. Therefore, while all positive cases are captured across years, not all No and Don't Know responses were captured in 2007. Since data in these tables were combined across 2006 and 2007, it would be inappropriate to calculate a percentage for No and Don't Know responses based on either the total number of cases or the total number of positive cases for the super-ordinate category. Therefore, these percentages are omitted. In addition, diagnoses new to ASER 2007 are omitted.

**CY 2006 COMPARED TO CY 2007: SYMPTOM FACTORS (CON'T)
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
DX PERSONALITY DISORDER	Yes	107	12%	90	10%
	No	658	76%	713	79%
	Don't Know	106	12%	103	11%
DX PSYCHOTIC DISORDER	Yes	19	2%	15	2%
	No	756	87%	793	89%
	Don't Know	96	11%	88	10%
HX SUBSTANCE ABUSE	Yes	253	29%	222	24%
	No	526	60%	598	65%
	Don't Know	99	11%	93	10%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: COMBAT HISTORY
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EXP DIRECT COMBAT	Yes	131	16%	138	16%
	No	594	72%	623	72%
	Don't Know	95	12%	109	13%
SAW CASUALTIES		79	10%	91	10%
INJURED IN COMBAT		21	3%	25	3%
WITNESSED KILLING IN COMBAT		80	10%	93	11%
SAW DEAD BODIES IN COMBAT		82	10%	89	10%
KILLED OTHERS IN COMBAT		39	5%	54	6%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: TREATMENT HISTORY
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
SEEN BY MTF	Yes	442	51%	421	46%
	No	348	40%	409	45%
	Don't Know	83	10%	89	10%
SEEN BY ASAP	Yes	142	16%	117	13%
	No	636	73%	715	78%
	Don't Know	89	10%	82	9%
SEEN BY FAP	Yes	30	3%	35	4%
	No	730	85%	791	87%
	Don't Know	101	12%	85	9%
SEEN BY CHAPLAIN	Yes	200	23%	174	19%
	No	434	50%	540	59%
	Don't Know	226	26%	195	21%
SEEN BY OP MH	Yes	474	54%	516	55%
	No	363	41%	367	39%
	Don't Know	45	5%	47	5%
SEEN BY IP MH	Yes	235	27%	193	21%
	No	579	67%	658	72%
	Don't Know	55	6%	59	6%
TAKEN PSYCHOTROPIC MEDS	Yes	334	38%	307	34%
	No	464	53%	532	58%
	Don't Know	78	9%	76	8%
HX PHYSICAL HEALTH PROBLEM	Yes	172	20%	180	19%
	No	590	68%	649	70%
	Don't Know	100	12%	97	10%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: FAMILY HISTORY
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
FAILED SPOUSE RELATIONSHIP	Yes	344	40%	383	41%
	No	420	49%	446	48%
	Don't Know	99	11%	103	11%
FAILED OTHER RELATIONSHIP	Yes	136	16%	133	14%
	No	573	66%	661	71%
	Don't Know	153	18%	131	14%
HX SPOUSE SUICIDE	Yes	3	<1%	1	<1%
	No	761	89%	829	90%
	Don't Know	95	11%	88	10%
HX FAMILY SUICIDE	Yes	53	6%	62	7%
	No	680	79%	736	80%
	Don't Know	127	15%	124	13%
HX FRIEND SUICIDE	Yes	71	8%	81	9%
	No	643	75%	708	77%
	Don't Know	143	17%	130	14%
HX FAMILY DEATH	Yes	139	16%	121	13%
	No	583	68%	680	74%
	Don't Know	139	16%	119	13%
HX FRIEND DEATH	Yes	120	14%	106	11%
	No	586	68%	681	74%
	Don't Know	154	18%	135	15%
HX CHRONIC FAMILY ILLNESS	Yes	104	12%	96	10%
	No	616	71%	704	76%
	Don't Know	142	16%	122	13%
HX FAMILY MENTAL ILL/SUICIDE	Yes	294	33%	312	34%
	No	396	45%	457	49%
	Don't Know	194	22%	162	17%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: ADMIN/LEGAL HISTORY
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
COURTS-MARTIAL PROCEEDINGS	Yes	11	1%	27	3%
	No	789	89%	808	88%
	Don't Know	84	10%	83	9%
ARTICLE 15 PROCEEDINGS	Yes	147	17%	173	19%
	No	643	73%	661	72%
	Don't Know	94	11%	90	10%
ADMIN SEP PROCEEDINGS	Yes	109	12%	95	10%
	No	685	78%	736	80%
	Don't Know	87	10%	91	10%
AWOL/DESERTION PROCEEDINGS	Yes	47	5%	68	7%
	No	760	86%	770	84%
	Don't Know	73	8%	78	9%
MEB PROCEEDINGS	Yes	43	5%	41	4%
	No	766	87%	794	87%
	Don't Know	71	8%	80	9%
CIVIL LEGAL PROBLEMS	Yes	60	7%	60	7%
	No	726	82%	747	82%
	Don't Know	98	11%	106	12%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: OTHER HISTORY
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
EXCESSIVE DEBT/BANKRUPTCY	Yes	73	8%	116	13%
	No	647	75%	676	74%
	Don't Know	140	16%	127	14%
HX JOB PROBLEMS	Yes	223	26%	250	27%
	No	531	62%	568	61%
	Don't Know	107	12%	106	11%
SUPV/COWORKER ISSUES	Yes	213	25%	200	22%
	No	520	61%	597	65%
	Don't Know	122	14%	120	13%
POOR PERFORMANCE EVAL	Yes	149	17%	166	18%
	No	572	67%	620	67%
	Don't Know	137	16%	134	15%
HX WORKPLACE HAZING	Yes	46	5%	33	4%
	No	667	79%	738	81%
	Don't Know	134	16%	140	15%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: ABUSE HISTORY
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
VICTIM PHYSICAL ABUSE	Yes	164	19%	196	22%
	No	562	64%	575	63%
	Don't Know	146	17%	138	15%
VICTIM SEXUAL ABUSE	Yes	157	18%	152	17%
	No	572	66%	606	67%
	Don't Know	143	16%	147	16%
VICTIM EMOTIONAL ABUSE	Yes	197	23%	212	23%
	No	521	60%	557	61%
	Don't Know	153	18%	142	16%
VICTIM SEXUAL HARASSMENT	Yes	42	5%	35	4%
	No	660	76%	690	77%
	Don't Know	164	19%	169	19%
PERP PHYSICAL ABUSE	Yes	28	3%	49	5%
	No	697	79%	731	79%
	Don't Know	162	18%	148	16%
PERP SEXUAL ABUSE	Yes	6	1%	14	2%
	No	720	81%	766	82%
	Don't Know	161	18%	149	16%
PERP EMOTIONAL ABUSE	Yes	19	2%	27	3%
	No	701	79%	744	81%
	Don't Know	167	19%	153	17%
PERP SEXUAL HARASSMENT	Yes	1	<1%	3	<1%
	No	719	81%	770	83%
	Don't Know	164	19%	151	16%

CY 2006 and CY 2007 as of 3/1/2008

**CY 2006 COMPARED TO CY 2007: EVER DEPLOYED TO OIF-OEF
ATTEMPTS**

		Year			
		2006		2007	
		Count	Percent	Count	Percent
AFGHANISTAN	Yes	25	3%	32	3%
	No	863	97%	903	97%
IRAQ	Yes	229	26%	258	28%
	No	659	74%	677	72%
KUWAIT	Yes	11	1%	18	2%
	No	877	99%	917	98%

CY 2006 and CY 2007 as of 3/1/2008

APPENDIX I

ACRONYM LIST

AA	Associates Degree
ABHTO	Army Behavioral Health Technology Office
AC	Active Component
ACC	Ambulatory Care Center
ACH	Army Community Hospital
AHC	Army Health Clinic
ADT	Active Duty for Training
AFME	Armed Forces Medical Examiner
AFMES	Armed Forces Medical Examiner System
AGR	Active Guard/Reserve
AH	Army Hospital
AMC	Army Medical Center
AMEDD	Army Medical Department
ASAP	Army Substance Abuse Program
ASER	Army Suicide Event Report
AWOL	Absent Without Leave
BA	Bachelor of Arts
BEQ	Bachelor Enlisted Quarters
BH	Behavioral Health
BOQ	Bachelor Officer Quarters
BS	Bachelor of Science
CDC	Centers for Disease Control
CID	Criminal Investigation Division
CMD	Command
CY	Calendar Year

DOD	Department of Defense
DSN	Defense Switched Network
DX	Diagnosis
ERMC	European Regional Medical Command
FAP	Family Advocacy Program
FOIA	Freedom of Information Act
FY	Fiscal Year
GED	General Educational Development
GPRMC	Great Plains Regional Medical Command
HIPAA	Health Insurance Portability & Accounting Act of 1996
HS	High School
HX	History
ICD	International Statistical Classification of Diseases and Related Health Problems
IDT	From ASER – Weekend Reserve Drill
IET	Initial Entry Training
IP	Inpatient
IP MH	Inpatient Mental Health
MA	Master of Arts
MEB	Medical Evaluation Board
MHAT	Mental Health Advisory Team
MTF	Medical Treatment Facility
NARMC	North Atlantic Regional Medical Command
OBS	Observation
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OP	Outpatient
OP MH	Outpatient Mental Health
PHI	Protected Health Information

POC	Point of Contact
PRMC	Pacific Regional Medical Command
PSYCH	Psychiatric
PTSD	Posttraumatic Stress Disorder
RMC	Regional Medical Center
SERMC	Southeast Regional Medical Command
SRMSO	Suicide Risk Management and Surveillance Office
SSN	Social Security Number
TDY	Temporary Duty
UIC	Unit Identification Code
WHO	World Health Organization
WRMC	Western Regional Medical Command

FEEDBACK AND SUGGESTIONS

In a continuing effort to provide an annual ASER Report that is useful to the Army community that it serves, feedback and suggestions on the information contained in this report are welcome.

Please return the completed survey by mail, fax or email to:

Suicide Risk Management & Surveillance Office
Army Behavioral Health Technology Office
Madigan Army Medical Center
Tacoma, Washington 98431

(b)(5)

1. How did you receive this report?

Initial distribution list _____

Copy provided/forwarded by someone else? _____

(Position of who forwarded) _____

2. How valuable did you find this report?

No value Very Little Somewhat Much Extremely Valuable

1 2 3 4 5

3. How helpful was the information contained in this report?

Not Helpful Little Help Somewhat Helpful More Helpful Extremely Helpful

1 2 3 4 5

4. What other statistics or comparisons would you like to have in this report?

5. How did/will you use this report?

Feedback and suggestions:

Optional:

Name _____ Title _____

Phone: _____

Organization: _____

Email address: _____