

Behavioral Health Readiness and Suicide Risk Reduction Review (R4)

X-1. General.

a. Leaders may refer to scientifically-based, field-tested tool(s) that provide tactics, techniques, and procedures to facilitate the identification, management, resourcing, and readying of Soldiers that may be at-risk for suicide and/or negative behavioral health outcomes. These tool(s) and associated processes begin with leader to led engagement at team, squad, and platoon leader level and support a synchronized, multi-disciplinary review process through each echelon of the chain of command. The Behavioral Health Readiness and Suicide Risk Reduction Review (R4), and its associated operational processes and applications, supports the CR2C through the SPWG. Units may incorporate these processes and procedures into their own R2 processes (see chapter 7-7),

X-2. The R4 is described as follows by echelon:

a. Platoon, Squad, and Team Leaders.

(1) R4 Overview for Platoon, Squad, and Team Leaders: Evaluate whether the Soldier potentially exhibits behavioral indicators consistent with limited BH readiness and/or greater suicide risk (Platoon, Squad, Team Leaders' R4 - [Appendix 1](#)). When indicators are present, Leaders engage in face-to-face conversations with the Soldier in order to better understand both the Soldier and the context of the Soldier's situation (Platoon, Squad, Team Leaders' R4 and Face-to-Face Conversation Support Questions- [Appendix 2](#)). Document any relevant findings in Platoon, Squad, Team Leaders' R4 tool (appendix 1) sections 1-4 and any overall impressions and/or resource allocation responses in section 5. This information will be used to inform the Commander and 1SG's level of concern for suicidal behavior and/or decreased readiness.

(2) R4 Initiation and Reporting (Platoon, Squad, and Team Leaders): An R4 review should be initiated for a Soldier whenever the Leader becomes aware of issues relating to the themes indicated on the tool, as a supporting part of the regular developmental counseling process, and when directed by the Company or Battalion Commander (for additional information and definitions, as well as examples on when to initiate R4, see Platoon, Squad, Team Leaders' R4 ([Appendix 1](#)) and Index of R4 Terms ([Appendix 3](#)), and Additional Examples of When to Use R4) ([Appendix 4](#)). Any immediate safety concerns or high risk factors should be reported to the Commander/1SG immediately. Any other findings should be communicated to the Commander/1SG at a minimum of once every 30 days.

(3) R4 Platoon-Company Review: The Company Commander/1SG are advised to establish a regular, synchronized R4 review meeting with Platoon-level Leaders at a minimum of once every 30 days to review Platoon-level R4 reports.

(4) Documentation of Findings (Platoon, Squad, Team Leaders): After completing Platoon, Squad, Team Leaders' R4 tool Sections 1-5, Leaders will include a copy of the R4 document in the Soldier's local developmental counseling file, ensure the Company Commander/1SG are made aware of any findings from Sections 1-5, and coordinate the resource allocation response with Company leadership.

(5) Resource Allocation Response (Platoon, Squad, Team Leaders): Commanders will carefully consider what additional resources are required to support the Soldier and will often require Platoon-level Leaders to ensure that those support services are received as ordered. Examples of additional resources include appropriate medical services, embedded BH (EBH), Substance Use Disorder Clinical Care (SUDCC), Family Advocacy Program (FAP), financial services, legal assistance, Military OneSource, local health promotion support programs, and/or the emergency department in the case of imminent suicidal behavior or other related emergencies.

b. Company Commanders and First Sergeants.

(1) R4 Overview for Company Commanders and 1SGs: Company Commanders evaluate whether the Soldier exhibits behavioral indicators consistent with limited Behavioral Health (BH) readiness and/or greater suicide risk (see Company Commander and 1SGs' tool sections 1-5, ([Appendix 5](#)) and When To

(2) Use R4. When indicators are present, Company Commanders/1SG's engage in face-to-face conversations with the Soldier and obtain collateral information in order to better inform the level of Commander concern for suicidal behavior (CO and 1SG's R4 Tool). Based on this assessment, Company Commanders rate their level of concern for suicidal behavior as Standard, Minor, or Major for each section. Next, Company Commanders indicate their overall concern for suicide risk in Section 6 based on their responses to Sections 1-5 and choose a final corresponding low, intermediate, or high risk category. Section 6 also prompts recommended courses of action for allocating appropriate resources for the Soldier. Additional information and definition of tool terms can be found in the Index of R4 Terms.

(3) R4 Initiation and Reporting (Company Commander and 1SG): An R4 review should be initiated for a Soldier whenever the Leader becomes aware of issues relating to the themes indicated on the tool, as a supporting part of the regular developmental counseling process, and when directed by the Company or Battalion Commander. Platoon, Squad, and Team Leaders are provided additional examples of when to initiate R4 (Additional Examples of When to Use R4). Platoon, Squad, and Team Leaders should report any immediate safety concerns or high risk factors to the Company Commander/1SG immediately, and any other findings should be communicated to the Company Commander/1SG at a minimum of once every 30 days.

(4) R4 Platoon-Company Review: The Company Commander/1SG are advised to establish a regular, synchronized R4 review meeting with Platoon-level Leaders at a minimum of once every 30 days to review Platoon-level R4 reports. This synchronized Platoon-Company review meeting is advised to precede a synchronized Company-Battalion level R4 review, at which the Company Commander/1SG will present risk assignments, safety and resource allocations, and deployability determinations to the Battalion Commander for acceptance, declination, or alteration.

(5) Resource Allocation Response (Company Commander and 1SG): Regardless of the overall suicide risk level indicated in Section 6, Commanders should carefully consider what additional resources are required to support each individual Soldier. For example, Commanders may consider referring the Soldier to additional appropriate medical services, embedded BH (EBH), Substance Use Disorder Clinical Care (SUDCC), Family Advocacy Program (FAP), financial services, legal assistance, Military OneSource, local health promotion support programs, and/or the emergency department in the case of imminent suicidal behavior or other related emergencies. Other resources vested within the Commanders authority, such as, but not limited to appropriate duty, safety, billeting, financial relief, restriction, and/or favorable personnel action options should also be carefully considered.

c. Battalion, Brigade, and Division Commanders and Command Sergeants Major.

(1) R4 Overview for Battalion Commanders and CSMs: The Battalion Commander/CSM are advised to establish a regular, synchronized R4 review meeting with Company Commanders/1SGs at a minimum of once every 30 days to review Company-level R4 reports. Attendees at the Battalion level R4 should include, at a minimum, either the Brigade's embedded Behavioral Health Officer (BHO) or the Embedded BH/Medical Treatment Facility aligned Battalion BH provider/Team lead (preferably both), and the unit Chaplain. Military Family Life Counselors (MFLC) and other health promotion officers assigned or aligned with the Battalion are also highly recommended to attend. Recommendations from these individuals will be used to support Battalion/Company Commander BH readiness and suicide safety decision-making, as well as assist in the execution of the Commander's provision for the health and welfare of the Soldier.

(2) R4 Overview for Brigade and Division Commanders and CSMs: The Brigade Commander/CSM are advised to incorporate a regular, synchronized R4 review into the Brigade's Unit R2 forum with Battalion Commanders/CSGs at a minimum of once per quarter to review Battalion-level R4 reports. Attendees at the Brigade level R4 should include, at a minimum, either the Brigade's embedded Behavioral Health Officer (BHO), the Division Psychiatrist, and the Division and Brigade Chaplains. Battalion Commanders will present aggregated BH readiness findings (for example, how many high and intermediate risk Soldiers in the Battalion) and suicide support safety concerns (for example, trends, system gaps, and/or resource deficits). In turn, the resulting consolidated Brigade R4 reports will be used to inform the SPWG in support of the installation Senior Mission Commander's CR2C.

Appendix - 1
Platoon, Squad, and Team Leaders' R4

Platoon, Squad, & Team Leaders' Behavioral Health Readiness and Suicide Risk Reduction Review (R4) Instructions: Complete Sections 1-5. Check any applicable criteria before advancing to the next section below.
1 Does the Soldier demonstrate any of the following high risk factors? Check all that apply.
<input type="checkbox"/> a. Suicidal or homicidal behavior ¹ <input type="checkbox"/> b. Excessive alcohol use or illegal drug use If either criterion 1a or 1b is checked, discuss with Soldier using face-to-face conversation(s) and secure Soldier safety. Immediately inform the Company (CO) Commander/1SG of your findings.
2 Has the Soldier recently sustained or will likely sustain a loss? Check all that apply.
<input type="checkbox"/> a. Death of a close family member (e.g., spouse) or friend <input type="checkbox"/> f. Work responsibilities limited or restriction placed <input type="checkbox"/> b. Divorce, severe marital conflict, or loss of child custody <input type="checkbox"/> g. Significant financial loss or hardship <input type="checkbox"/> c. Breakup (e.g., loss of significant relationship) <input type="checkbox"/> h. Legal jeopardy or criminal activity <input type="checkbox"/> d. Major physical injury, illness, chronic pain, or disability <input type="checkbox"/> i. Significant career transition (e.g., separation) <input type="checkbox"/> e. Perceived loss of honor, dignity, or self-respect (e.g., public/private embarrassment; shame-inducing event) <input type="checkbox"/> j. Spiritual despair or distressing loss of faith-based belief(s) <input type="checkbox"/> k. Other, please specify: _____ If any criteria 2a-2k are checked, assess how loss(es) uniquely impacts Soldier using face-to-face conversation(s) with the Soldier. Upon completion, document findings below and inform the CO Commander/1SG of your assessment. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
3 Is there any known indication that the Soldier is socially and/or psychologically isolated? Check all that apply.
<input type="checkbox"/> a. Reclusiveness or dramatic change in social interactions <input type="checkbox"/> c. Difficulty forming or maintaining relationships <input type="checkbox"/> b. Estrangement from family of origin and/or close friends <input type="checkbox"/> d. Excessive social media dependence for social interactions If any criteria 3a-3d are checked, assess how isolating factor(s) uniquely impacts Soldier using face-to-face conversation(s) with the Soldier. Upon completion, document findings below and inform the CO Commander/1SG of your assessment. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
4 Has the Soldier made any written or verbal comments about suicide that cause concern? Check all that apply.
<input type="checkbox"/> a. Soldier comments that suicide is an acceptable way to avoid physical or psychological pain or suffering <input type="checkbox"/> c. Soldier states that personal cultural beliefs permit suicide <input type="checkbox"/> b. Soldier mentions that suicide is an acceptable way to avoid negative outcomes (e.g., confinement, bankruptcy) <input type="checkbox"/> d. Soldier endorses suicide as an acceptable tactic in waging war, exacting revenge, administering justice, or making philosophical or political statements. If any criteria 4a-4d are checked, assess how the comment(s) uniquely impacts Soldier using face-to-face conversation(s) with the Soldier. Upon completion, document findings below and inform the CO Commander/1SG of your assessment. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
5 Include this document in Soldier's counseling file. Inform the CO Commander/1SG of any findings from Sections 1-4 and coordinate resource allocation response with Company leadership. Describe any additional relevant findings below.
<div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>

¹Behavior includes intent, plans, preparatory actions (i.e., giving away possessions, obtaining means for suicide/homicide), attempts, self-harm acts (e.g., cutting or mutilating one's body), or animal torture/cruelty.
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Appendix - 2

Face-to-Face Conversation Support Questions

A. Introduction Questions

1. How have things been going for you recently?
2. Tell me about a particularly good day you had recently. What made that day good?
3. Tell me about a particularly tough day you had recently. What made that day so hard?
4. Thinking about the past couple of weeks – on average, would you say you've been having a tough time more often than not?

B. Intermediate Questions

1. What have you been doing with your free time after work?
2. What have you been doing with your weekends/days off?
3. Who do you hang out with, when you are not at work?
4. Who do you feel most comfortable talking to?
 - 4.a. How often do you talk to them?
 - 4.b. What keeps you from talking to them more frequently?
5. Over the course of a week, how many times do you find yourself in an argument?
 - 5a. What are the arguments about?
 - 5b. Can you tell me a little bit about a specific argument you had recently?
(Who was it with? What was it about? What was the outcome or resolution?)
6. Let's talk about some of the things that have changed in your life recently. What has changed for you, recently?
 - 6a. How has this change impacted your performance within the unit?
 - 6b. How has this change impacted your friendships?
 - 6c. How has this change impacted your interactions with other unit members?
7. Let's talk about some of the difficulties you've encountered at work recently. What seems difficult for you, recently, at work?
 - 7a. How have these difficulties at work impacted your performance within the unit?
 - 7b. How have these difficulties at work impacted your friendships?
 - 7c. How have these difficulties impacted your interactions with other unit members?
8. How have you been feeling lately?

C. Significant Questions

1. It's come to my attention that you've been having a tough time recently – can you tell me more about what's been going on?
2. What do you think is the main cause of this situation?
3. How do you think you're handling this situation?
4. How has this situation impacted your life?
5. Thinking about the impact of this situation – what are you most concerned about in the near-term?
6. Thinking about the impact of this situation – what are you most concerned about in the longer-term?
7. [If not already addressed] How do you think this situation has impacted your performance within the unit?
8. [If not already addressed] How do you think this situation has impacted your friendships?
9. [If not already addressed] How do you think this situation has impacted your interactions within the unit?
10. Is there anyone else you've talked to about this situation?
 - 10a. [If yes]: How did they react? Did they provide any guidance for you? How helpful was that guidance?
 - 10b. [If no]: Can you help me understand why you've chosen not to let anyone else know about this situation?

11. Do you find yourself thinking about this situation a lot?
 - 11a. What kinds of thoughts have been running through your mind?
 - 11b. Do you ever find yourself thinking that this is going to last forever?
12. How confident do you feel in your ability to eventually overcome this challenge?
 - 12a. What steps do you think you can take?
 - 12b. Can you walk me through the COAs for a successful outcome?
 - 12c. What are you currently doing now, to manage your stress?
13. Have you thought about getting some help for the issues you're working through?
 - 13a. [If yes]: What has kept you from getting some help?
 - 13b. [If no]: What are your concerns, when it comes to asking for assistance?
14. Is this the first time you've experienced something like this?
15. Have you been drinking more than you otherwise usually would?
16. Have you been taking more medication than you otherwise usually would?
17. What can I do to help you out?
18. Have you had any thoughts about wanting to hurt yourself?
19. Have you had any thoughts about wanting to hurt anyone else?
20. Tell me about where you see yourself in 2 to 5 years?
 - 20a. What are some of your goals?
 - 20b. How do you feel about being able to reach those goals?
21. What are you looking forward to, over the next month or so?

Appendix - 3
Index of R4 Terms

Active drug or alcohol abuse necessitating medical treatment	Includes enrollment in Substance Use Disorder Clinical Care (SUDCC) treatment, but does not include 1-2 day education programs such as “ADAPT” or “Prime for Life”
BH profile	A medical profile for BH reasons
BH-related hospital admission	Reason for hospital admission to medical or psychiatric unit was due to BH-related cause
Difficulty forming or maintaining relationships	Soldier exhibits marked and/or repeated difficulties making friends, sustaining mutually satisfying relationships, or finding acceptance within the unit
Estrangement from family of origin and/or close friends	Minimal interaction, support, and/or active disapproval from Soldier’s family or friends
Excessive social media dependence for social interactions	The vast majority of Soldier’s social interactions occur through social media, such that there are minimal face-to-face interactions with others outside of required work duties
Excessively reclusive behavior	Soldier appears withdrawn and/or interaction with others outside of required work duties is noticeably limited. Social interactions necessary to sustain routine activities of daily living (e.g., cooking, cleaning, maintaining one’s domicile) are at a bare minimum or less.
Homicidal behavior	Inappropriate and/or unlawful homicidal behavior outside of the expected duties of Soldiers in the ethical application of lethal force
Insomnia requiring continuous need for sleeping medication most nights	Generally refers to medication use for sleeping disturbances (e.g., trouble falling or staying asleep) for 4 or greater nights per week
Known BH condition	A behavioral health condition that is known to the Commander; however, the Soldier does not have a corresponding profile
Legal jeopardy	Serious legal consequences are a reasonable possibility (military or civilian)
Marital conflict	Includes but is not limited to domestic violence and child/abuse neglect incidents
Major Concern	The highest level of Commander concern afforded to U.S. Army Soldiers that in the Commander’s judgment require significant safety precautions, resources, and/or duty limitations as determined by individual Soldier factors, face to face conversations with Soldiers, and collateral information
Minor Concern	A level of Commander concern that is higher than standard and afforded to U.S. Army Soldiers that in the Commander’s judgment require additional safety precautions, resources, and/or duty limitations as determined by individual Soldier factors, face to face conversations with Soldiers, and collateral information, but for which the highest Commander concern level may be excessive or unnecessary

Perceived loss of honor, dignity, or self-respect	As perceived by the Soldier; note that this will vary by culture
Psychiatric and/or opiate medications	A list of medications can be found by referring to the Central Command (CENTCOM) Formulary (opiate drug class) and CNS Psychotropic List. At the following link, select "CENTCOM Formulary" to access the respective medication spreadsheet: http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/Deployment-Prescription-Program
Psychotic disorder	Psychosis is a general term that describes very severe psychiatric symptoms such as significantly disorganized thoughts or behavior, hallucinations, delusions, or catatonia. These symptoms can be due to many causes, including but not limited to schizophrenia, drug use, bipolar disorder, or severe depression. If the diagnosis includes the term "psychotic" or "psychosis" this generally connotes a very severe BH condition.
Shame-inducing event	Events associated with high rates of reported humiliation secondary to cruel, abusive, or oppressive treatment (i.e., bullying, hazing, or assault)
Significant career transition	Separation (including retirement) from the military is generally always considered significant; depending on the Soldier's unique circumstances, accession, change of MOS, PCS moves, and deployments may also be considered significant. Use Commander judgment when making this determination.
Significant financial loss or hardship	Includes but is not limited to inability to cover monthly expenses, home foreclosure, difficulty meeting child support obligations, and/or significant debt
Spiritual despair or distressing loss of faith-based belief(s)	Includes but is not limited to a complete loss or absence of hope, feelings of personal abandonment and/or punishment by God, feeling unworthy of forgiveness by God, and/or distressing loss of spiritual/ faith-based belief(s) or higher life purpose and/or meaning
Standard Concern	The standard level of Commander concern afforded to all U.S. Army Soldiers by the execution of the Commander's duty to provide for the health and welfare of his/her troops.
Suicidal behavior	Suicidal behavior includes intent, plans, preparatory actions, attempts, and self-harm acts (e.g., cutting or mutilating one's body)
Work responsibilities curtailed or restriction placed	Includes but is not limited to negative counselings, negative evaluations, promotion denial, barred re-enlistment, APFT failure, and weight failure

Appendix - 4

When to Use R4: Additional Examples for Platoon, Squad, and Team Leaders

High risk factors

1a. Suicidal or homicidal behavior

- Endorses suicidal/homicidal ideation with clearly articulated intent or a plan of action
- Makes suicide/homicide preparations (e.g. gives away possessions, obtains or fashions means)
- Attempts suicide/homicide but is unsuccessful
- Attempts suicide/homicide but aborts prior to conclusion of attempt
- Engages in self-harm acts such as cutting and/or mutilating one's body
- Animal torture or cruelty

1b. Excessive alcohol use or illegal drug use

- Drunk or intoxicated on duty
- Driving under the influence or driving while intoxicated
- Significant alcohol/drug-related occupational problem
- Receiving medical treatment for alcohol/drug misuse
- Increasing alcohol/drug-related legal difficulties
- Increasing alcohol/drug-related financial difficulties
- Increasing alcohol/drug related family/friend/child difficulties

Loss

2a-2k. General associations

- Angry outbursts / demonstrating lack of self-control or good judgment
- Significantly increased defensiveness, emotional reactivity (easily frustrated and/or quickly upset), and/or excessive irritability
- Significantly decreased interactions, conversations, or participation in unit activities
- Ongoing inability to sleep and/or observed signs of sleep deprivation
- Significantly increased difficulty with relationships
- Significantly increased difficulty with work activities
- Reports of increased alcohol/substance use

2a. Death of a close family member or friend

- Appears to be severely preoccupied with the loss (e.g. persistent and intrusive memories, frequently overwhelmed by intense negative emotions, including sadness or anger)
- Expresses the wish to have died along with loved one

2b-c. Divorce, severe marital conflict, loss of child custody, breakup

- Going through a divorce or breakup with intimate partner
- Frequent arguments with spouse or intimate partner
- Frequently taking leave (related to family court, visitation/supervised visits, couples counseling)
- Bad mouthing/disparaging spouse/intimate partner
- Phone calls with tense affect/language with spouse/intimate partner, lawyers, etc
- Significantly decreased participation in kid(s)'s schedule and activities
- Change in frequency of phone calls/texts with spouse/intimate partner and possibly kid(s)
- Concerning comments about loss of relationship or about loss of kid(s)/kid(s) being taken away

2d. Major physical injury, illness, chronic pain, or disability

- Clear evidence of significant injury, illness, longstanding pain, or disability
- Frequently taking leave due to doctor's appointments
- Signs of medical problems, such as observed pill bottles or pill-taking, pain or discomfort
- Inability or unwillingness to participate in PT due to medical causes

2e. Perceived loss of honor, dignity, or self-respect (e.g., public/private embarrassment; shame-inducing event)

- Failing at something (school, board, badge, tab, etc) for which the Soldier was heavily invested
- Subjected to bullying, hazing, or assault
- Reports significant feelings of humiliation or shame
- Significantly increased self-isolating or avoidant behavior following failure or negative event
- Associated uncharacteristic change in personality following failure or negative event
- Significantly increased expressions of embarrassment/shame
- Significantly increased self-deprecating comments/jokes

2.f. Work responsibilities curtailed or restriction placed

- Negative event at work
- Demotion
- Disciplinary action
- Training accident
- Negative evaluation
- Negative counseling
- Promotion denial
- Barred from re-enlistment
- APFT failure
- Not meeting body weight standards
- Administrative flag placed on Soldier

2g. Significant financial loss or hardship

- Excessive debt
- Paying off one credit card with another
- Frequently borrowing from emergency relief or co-workers
- Skipping meals to save money (e.g. not eating or bringing lunch)
- Selling personal items
- Kicked off lease; inability to pay rent
- Home foreclosure; inability to make house payments.
- Utilities being turned off
- Delinquent on child support
- Limited credit access
- Loss of transportation (vehicle)
- Comments about feeling trapped/having no way out

2h. Legal jeopardy or criminal activity

- Event or behavior that could lead to legal and/or administrative consequences
- Arrest on or off post
- Undergoing criminal or AR15-6 investigation
- Criminal conviction or court martial

2i. Significant career transition (e.g., separation)

- Separation
- Retirement
- PCS

2j. Spiritual despair or distressing loss of faith-based belief(s)

- Lacks hope for their life or the meaning of their life
- Expresses a belief he or she has done something that cannot be forgiven
- Expresses a belief he or she is being punished by God or for sins
- Expresses a belief that he or she is being abandoned by God

Social and/or psychological isolation

3a-3d. General associations

- Increasingly spends significant amounts of time at home
- Appears significantly withdrawn (always sits alone at meals or goes straight home after work)
- Significantly decreased participation in conversations
- Significantly decreased participation in social interactions and events
- Significantly increased activity online
- Majority of relationships soldier has are with online individuals
- Experiences a "falling out" with family/friend(s)
- "Disowned" by family/friend(s)
- Never goes home for the holidays or other important events
- Has significantly different worldview/viewpoints than family/friend(s), causing conflict
- Major life events change relationship with family/friend(s)
- Expresses disappointment in/anger with family/friend(s)
- Ongoing inability to sleep and/or observed signs of sleep deprivation
- Significantly increased difficulty with relationships
- Significantly increased difficulty with work activities
- Reports of increased alcohol/substance use

Written or verbal comments about suicide that cause concern

4a-d. General associations

- Posts unclear or threatening statements about suicide or suicidal/homicidal material online
- Makes unclear (dubious) or threatening comments about suicide in the motor pool, home, or at work
- Describes suicide as an acceptable way to address significant life challenges
- Endorses suicide as an acceptable personal conclusion (without intent or plan)
- Refers to himself/herself as burdensome, alone, vengeful, trapped, hopeless, or without purpose

Appendix - 5

Company Commander and 1SG's R4

Company Commander & 1SG's Behavioral Health Readiness and Suicide Risk Reduction Review (R4)

Instructions: Check any applicable section criteria before advancing to the next section; if none checked, select Standard Concern.

1 Does the Soldier have a behavioral health (BH) profile or known condition with any high risk factors? Check all that apply.

<input type="checkbox"/> a. Suicidal or homicidal behavior ¹	<input type="checkbox"/> d. Schizophrenia, bipolar, or psychotic disorder diagnosis
<input type="checkbox"/> b. Recent BH-related hospital admission or intensive outpatient care (i.e., place of duty is medical setting)	<input type="checkbox"/> e. Active drug or alcohol abuse necessitating medical treatment or occupational restriction
<input type="checkbox"/> c. 4 or more psychiatric and/or opiate medications simultaneously used for medical treatment	<input type="checkbox"/> f. Insomnia requiring continuous need for sleeping medication most nights for 3 or more months

Select **Major Concern** if any criteria 1a-1f are met unless there are significant mitigating circumstances.

<input type="checkbox"/> Standard Concern	<input type="checkbox"/> Minor Concern	<input type="checkbox"/> Major Concern
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2 Does the Soldier have a BH profile or known condition without any of the above high risk factors (1a-1f)? No Yes
If yes, determine if further BH input is needed, impact to pending mission(s), and concern for suicidal behavior below.

<input type="checkbox"/> Standard Concern	<input type="checkbox"/> Minor Concern	<input type="checkbox"/> Major Concern
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3 Has the Soldier recently sustained or will likely sustain a loss? Check all that apply.

<input type="checkbox"/> a. Death of a close family member (e.g., spouse) or friend	<input type="checkbox"/> f. Work responsibilities curtailed or restriction placed
<input type="checkbox"/> b. Divorce, severe marital conflict, or loss of child custody	<input type="checkbox"/> g. Significant financial loss or hardship
<input type="checkbox"/> c. Breakup (e.g., loss of significant relationship)	<input type="checkbox"/> h. Legal jeopardy, UCMJ action, or criminal conviction
<input type="checkbox"/> d. Major physical injury, illness, chronic pain, or disability	<input type="checkbox"/> i. Significant career transition (e.g., separation)
<input type="checkbox"/> e. Perceived loss of honor, dignity, or self-respect (e.g., public/private embarrassment; shame-inducing event)	<input type="checkbox"/> j. Spiritual despair or distressing loss of faith-based belief(s)
	<input type="checkbox"/> k. Other, please specify: _____

If any criteria 3a-3k are checked, assess how loss(es) uniquely impacts Soldier using face-to-face conversation(s) and collateral information. Based on this assessment, indicate the level of your concern for suicidal behavior below.

<input type="checkbox"/> Standard Concern	<input type="checkbox"/> Minor Concern	<input type="checkbox"/> Major Concern
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4 Is there any known indication the Soldier is socially and/or psychologically isolated? Check all that apply.

<input type="checkbox"/> a. Extremely reclusive or dramatic change in interactions	<input type="checkbox"/> c. Difficulty forming or maintaining relationships
<input type="checkbox"/> b. Estrangement from family of origin and/or close friends	<input type="checkbox"/> d. Excessive social media dependence for social interactions

If any criteria 4a-4d are checked, assess how isolating factor(s) uniquely impacts Soldier using face-to-face conversation(s) and collateral information. Based on this assessment, indicate the level of your concern for suicidal behavior below.

<input type="checkbox"/> Standard Concern	<input type="checkbox"/> Minor Concern	<input type="checkbox"/> Major Concern
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5 Has the Soldier given any written or verbal indication that suicide may be personally acceptable? Check all that apply.

<input type="checkbox"/> a. Soldier comments that suicide is an acceptable way to avoid physical or psychological pain or suffering	<input type="checkbox"/> c. Soldier states that personal cultural beliefs permit suicide
<input type="checkbox"/> b. Soldier mentions that suicide is an acceptable way to avoid negative outcomes (e.g., confinement, bankruptcy)	<input type="checkbox"/> d. Soldier endorses suicide as an acceptable tactic in waging war, exacting revenge, administering justice, or making philosophical or political statements

If any criteria 5a-5d are checked, assess how ideological factor(s) uniquely impacts Soldier using face-to-face conversation(s) and collateral information. Based on this assessment, indicate the level of your concern for suicidal behavior below.

<input type="checkbox"/> Standard Concern	<input type="checkbox"/> Minor Concern	<input type="checkbox"/> Major Concern
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6 Determine overall suicide risk based on highest level of concern (Standard, Minor, or Major) marked in Sections 1-5.

<input type="checkbox"/> Standard Overall	<input type="checkbox"/> Minor Concern Overall	<input type="checkbox"/> Major Concern Overall
<p>Low Risk</p> <p>If Section 2 checked "Yes" Soldier may require waiver to deploy; consult AOR guidance. Coach, mentor, teach, and build Soldier strength. Leverage relevant support resources as needed.</p>	<p>Intermediate Risk</p> <p>If Section 2 checked "Yes" Soldier may require waiver to deploy; consult AOR guidance. Soldier may be removed from intermediate risk status at Commander's discretion after minimum 30-day observation period. Execute safety, duty, weapons precautions, and notify Battalion Commander. Leverage relevant medical, BH, billeting, financial, legal, chaplain, and health promotion supports.</p>	<p>High Risk</p> <p>Soldier is non-deployable. Minimum 90 days of stability must be exhibited prior to reducing high risk status. Consult BH professional or Command-direct BH evaluation to obtain a DA Form 3822. Execute safety, duty, weapons precautions, and notify Battalion Commander immediately. Leverage relevant medical, BH, billeting, financial, legal, chaplain, and health promotion supports immediately.</p>

¹Behavior includes intent, plans, preparatory actions, attempts, self-harm acts (e.g., cutting or mutilating one's body), or animal torture/cruelty.