## **Reporting Form Self Euthanasia**

Information in this reporting form will solely be used for the purpose of scientific research.

The reporting form can also be found at www.eenwaardiglevenseinde.nl/de-meldingsbrief.

Completed reporting forms can be sent by postal services to SWL, P.O. Box 3930, 1001 AS AMSTERDAM or by email by sending a scan of the completed form to: VasterlingCatharina@gmail.com.

Please fill out the information below about the person that has ended life through self euthanasia. When it concerns a failed attempt, please read 'attempt for self euthanasia' instead of self euthanasia.

Date of	self euthanasia	Year	Month
Locatio	n of self euthanasia (e.g. at home	e, in the hospital, etc.)	
Who was present at self euthanasia? (please encircle)		a. Nobody c. Professional/Volunteer	b. Relatives/Frier d. Other:
Method	of self euthanasia (encircle)	<ul><li>a. Medication</li><li>b. Helium/Nitrogen</li><li>c. Stopping eating and drind</li><li>d. Other, specify:</li></ul>	
medicat	of self euthanasia through tion (7a) please explain which tion was used for self euthanasia	Medication	Quantity
Time in	dication from intake or start till		
General	observations about performanc		
How wa	eations during performance (e.g.		ed, etc): b. Suicide
	encircie) ition about behaviour of police, r		