Psychological Autopsy Semi-Structured Interview Format

The interviewer will NOT be asking these questions verbatim. Interviewers will be trained to conduct the interview in a manner that is sensitive and professional. Interviewees who do not speak English will be interviewed with the help of a translator.

Case Initials: Date of Birth: Date of Death: Age at time of death: Method used for suicide:		Interview Date: Interviewer: Interview venue:
Relationship of respondent to decedent □ Spouse □ Father/Mother □ Brother/Sister □ Aunt/Uncle □ Child □ Other Relative	□ Friend □ Work Colleague/Employer □ Classmate □ Teacher □ Other □ Specify:_____	Any comments on respondent's cooperation/questions/reactions regarding the validity of responses:
Comments:		Time Interview Started: Time Interview Ended:

Demographic Information of decedent

1. Place of birth (city, state, country)		
2. Tribal nation		
3 Was the decedent a US citizen	□ Yes □ No. Specify status in the US □ Don't know	
4. Primary language:		
5. Gender:		
6. Race/Ethnicity	□ White □ Black □ Hispanic □ American Indian □ Alaskan Native	□ Asian □ Pacific Islander □ Other – Please Specify _____ □ Don't know

7. Education status	□ Never attended □ Elementary school □ Junior high school □ High school □ Some college	□ College degree □ Graduate or professional school □ GED □ Other – Please Specify _____ □ Don't know
8. Raised by	□ Adoptive parents □ Foster parents □ Biological parents	□ Other – Specify: □ Don't know
9. If teen was a member of a minority group, did the teen have a strong/weak attachment to their cultural/ethnic traditions and identify?	□ Yes No □ Explain	
10. Marital status at the time of death Feelings about marital status?	□ Married □ Living together □ Widowed – Since when? _____	□ Divorced - When? _____ □ How many times? _____ □ Separated – When? _____ □ Never married _____

School History

11. School status at time of death	□ Full time □ Part time	□ Grade level _____
12. General school satisfaction	□ Happy □ Unhappy	□ No strong feelings □ Don't know
13. Any negative school changes in past 6 months?	□ Suspension; Patterns of detention □ Academic stress (big tests or projects; applying to college; failing classes)	□ Peer issues (relationship breakup, fallout with friend, bullying, teasing) □ Health issues □ Family distress □ Issues with sports/clubs

14. Did teen have any special abilities or talents?	□ Specify:	□ Did these create any special problems or opportunities for her/him?
15. Father present/employed Mother present/employed	Occupation: _____ Occupation: _____	

Occupation and Employment

16. Employment status at time of death	□ Full time □ Part time □ Retired	□ Unemployed □ Self employed
17. Occupation	□ Laborer □ Agriculture □ Professional □ Service industry □ Government	□ Homemaker □ Subsistence □ Railroad □ Other – Specify: □ Don't know
18. Tenure at last job	□ Less than one year □ 1 – 5 years □ 10 - 20 years	□ 20 – 30 years □ 30 years or more □ Don't know
19. Job satisfaction	□ Happy □ Unhappy	□ No strong feelings □ Don't know
20. Any major negative job change in past 6 months	□ Fired or Laid off □ Demoted □ Pay cut □ Seasonal	□ Health issues □ Other – Specify: □ None □ Don't know
21. Main source of income	□ Job □ Savings/Retirement □ Public Assistance □ Social Security □ Spouse	□ Parents □ Other family members □ Friends □ Other – Please Specify _____ □ Don't know
22. Financial situation	□ No financial pressure □ Lived paycheck to paycheck □ Other Specify:	□ Significant Debt □ Don't Know

Religion/Spirituality

23. Religion/Spirituality	
24. Was he/she active in his/her spirituality?	□ Very active □ Somewhat active □ Not active □ Don't know
25. Family expectations for spirituality Practice	□ Expected □ Optional □ Other – Specify: □ Don't know
26. Attended spirituality services	□ Daily □ Once/week □ Monthly □ Rarely □ Don't know
27. Change in participation in spirituality activities over past year	□ Increase □ Decrease □ Remained the same □ Don't know

Suicidal Desire / Symptoms

28. Symptoms or behaviors in weeks preceding death (check all that apply)	□ Appeared sad, tearful, or moody □ Displayed symptoms of depression. Describe: □ Expressed suicidal ideation or thoughts of dying. Describe: □ Appeared to have made a change for the better □ Appeared anxious, or complained of anxiety or panic attacks □ Appeared agitated □ Behaved impulsively □ Displayed uncontrolled rage or aggressive behavior □ Demonstrated constricted thinking or "tunnel vision" □ Disclosed feelings of guilt or shame □ Appeared confused, disoriented, or psychotic □ Expressed feelings of hopelessness, helplessness, or worthlessness □ Showed an inflated sense of self or signs of magical thinking □ Engaged in excessive risk-taking behaviors □ Preparations for own death (e.g. updating will, insurance policies) □ Expressed wish to reunite with a deceased one or to be reborn

29. Mental Status: Did decedent exhibit any of these in the last year of life?	☐ Impaired memory ☐ Poor comprehension ☐ Poor judgment ☐ Hallucinations or delusions ☐ Difficulty recognizing friends or family members
30. Precipitants to death (Check all that apply)	☐ Significant loss(es) – relationships, job, finances, prestige, self-concept, family member, moving, anything else important to deceased individual ☐ Disruption of a primary relationship (real or perceived) ☐ Legal troubles ☐ Difficulties with police ☐ Traumatic event ☐ Significant life changes (negative as well as positive) ☐ Suicide or suicide attempt by family member or loved one ☐ Anniversary of a significant loss ☐ Exposure to suicide of another (e.g. celebrity) through media or personal acquaintance

Physical Health

31. Any major health problems during his/her life	☐ Yes – Specify: _____ ☐ No ☐ Don't know
32. Seeing a doctor for any health problem in 6 months prior to death?	☐ Yes – Specify: _____ ☐ No ☐ Don't know

Emotional Reactivity

33. Over the course of his/her life, how many time did decedent:	Never	Once	Few times	Many times	Too many times	Don't know
a. Throw a temper tantrum – screaming, slamming doors?						
b. Get into a physical fight with people						
c. Get into verbal arguments with people						
d. Deliberately hit another person or animal						
e. Have discipline problems resulting in suspensions or expulsions						

f. Have fights with bosses or supervisors that led to reprimands, demotions, or firing from job						
g. Have difficulties with police that resulted in a warning, arrest, or conviction for a misdemeanor or felony						
h. Do something that caused someone to complain to the police or to other family members						

Lifestyle/Character

34. Would you describe the decedent as a perfectionist?	□ Yes □ No □ Don't know
35. Would you describe the decedent as rigid or very strict?	□ Yes □ No □ Don't know
36. Safety belt use during the last year of life	□ Always □ Sometimes □ Never □ Didn't ride or drive in last year □ Don't know
37. Compared with most drivers, did the decedent drive	□ A lot faster □ A little faster □ About the same speed □ A little slower □ A lot slower □ Don't know
38. Any motor vehicle accidents in year prior to decedent's death?	Describe:
39. Smoking behavior at time of death	□ Yes – Specify how many packs each day: _____ □ No □ Don't know
40. Duration of smoking behavior	□ 0-4 years □ 5-9 years □ 10-14 years □ 15 years or more □ Don't know
41. Was decedent trying to quit smoking at time of death?	□ Yes □ No □ Don't know

42. Did decedent ride a motorcycle, ATV, or snow mobile?	□ Yes □ No □ Don't know
43. Did decedent ever crash while riding a motorcycle, ATV, or snow mobile?	□ Yes – Specify when, how many times: _____ □ No □ Don't know
44. Did decedent wear helmet while riding ATV, snow mobile, or motorcycle?	□ Never □ Sometimes □ Most of the time □ Always □ Don't know
45. In the last 30 days of life, how often did decedent drive a car when he/she had been drinking alcohol	□ Never □ Once □ 2 - 4 times □ 5 or more times □ Don't know
46. Would you describe the decedent as impulsive?	□ Yes □ No □ Don't know
47. Gambling behavior	□ Never □ Sometimes □ Often □ Don't know

Suicidal Capability / Psychiatric History

48. Prior suicidal attempts	□ Yes – Describe each attempt: (Method, date of attempt, any medical attention or hospitalization): _____ □ No □ Don't know
49. Hospitalization in psychiatric setting	□ Yes – Describe where, when, diagnosis: _____ □ No □ Don't know

Substance Abuse

50. Did he/she ever drink alcohol?	□ Yes □ No □ Don't know	□ If yes: □ Daily □ Weekly □ Monthly □ Other – Specify:

51. Binge drinking in the month prior to death	□ Yes □ No □ Don't know
52. History of drinking problem	□ Yes □ No □ Don't know
53. History of drug use (non-medication)	□ Yes – Specify which drugs: _____ □ No □ Don't know
54. History of "accidental overdose"	□ Yes – Specify when, which drug: _____ □ No □ Don't know
55. Under influence of alcohol or other drug at time of death	□ Yes – Specify which drug: _____ □ No □ Don't know
56. History of blackouts after drinking	□ Yes Describe how often: _____ □ No □ Don't know
57. History of arrests due to drinking or drug abuse	□ Yes Specify when, which drug, how often: _____ □ No □ Don't know

Family History

58. Raised by either biological parent	□ Yes Specify: Both parents or Single parent, Mother or Father □ No □ Don't know	
59. Family birth order	□ Only child □ First born □ Second born □ Third born	□ Fourth born □ Other – Specify: □ Multiple birth – Specify: □ Don't know

60. Number of biological siblings	Don't know
61. Number of siblings dead	Don't know
62. Manner of sibling death	

Sibling	Natural	Accident	Suicide	Homicide	Undetermined	Other
#1						
#2						
#3						
#4						

63. Has decedent's mother, father, or caregiver died	Yes No Don't know
64. Manner of parents'/caregivers' death	
63. Has decedent's mother, father, or caregiver died	Yes No Don't know
64. Manner of parents'/ caregivers' death	

Parent	Natural	Accident	Suicide	Homicide	Un-determined	Other
Mother						
Father						
Care-giver 1						
Care-giver 2						

65. Family history of suicide	□ Yes – Specify how many, who, method	□ No □ Don't Know
66. Family history of mental illness	□ Yes – Specify who, diagnosis	□ No □ Don't Know

Firearm History

67. Did the decedent have access to or own a firearm?	□ Yes - Specify when obtained: □ No □ Don't know
68. Were any guns kept in or around decedent's home in the year prior to his/her death?	□ Yes □ No □ Don't know
69. What types of guns did decedent have access to? (Check all that apply)	□ Handgun □ Shotgun □ Rifle □ Other – Specify: □ Don't know
70. Were the guns kept locked up?	□ Yes □ No □ Don't know
71. Did the firearms have a locking mechanism such as a trigger lock?	□ Yes □ No □ Don't know
72. Did the decedent have access to ammunition for the firearm?	□ Yes □ No □ Don't know
73. How familiar was decedent with firearms?	□ Very familiar □ Somewhat familiar □ Not familiar at all □ Don't know

Suicidal Intent / Method of death

74. Would decedent have had knowledge and/or capability of assessing the degree of lethality of such an act?	□ Yes □ No □ Don't know
75. Distance of railroad from decedent's residence	
76. Presence of barriers to access train tracks	□ Yes – Specify kind of barrier □ No
77. Was suicide rehearsed or planned	□ Yes □ No □ Don't know
78. Did decedent give any opportunity to be rescued	□ Yes – Specify: _____ □ No □ Don't know

79. Did decedent have any relationship to the site of death?	□ Yes – Specify: _____ □ No □ Don't know
80. Did decedent leave a suicide note?	□ Yes □ No □ Don't know
81. Did decedent tell anyone that he was going to commit suicide?	□ Yes – Specify whom: _____ □ No □ Don't know

Buffers/Connectedness

Access to Care

82. Received counseling in last year	□ Yes. From whom? □ No □ Don't know	
83. Seen a therapist in last year	□ Yes □ No □ Don't know	□ If yes, □ Psychologist □ Psychiatrist □ Social worker □ School counselor □ Other – Specify:
84. In therapy at the time of death	□ Yes □ No – Stopped when?	□ Don't know _____
85. Receiving needed mental health care	□ Yes □ No □ Don't know	□ If no, why? □ Didn't believe in counseling or seeking help □ Difficulty finding or getting into a facility □ Difficulty finding or getting treatment □ Problems getting help at home □ Problems paying bills □ Problems with transportation □ No insurance coverage □ Did not want help □ Other – Specify: □ Don't know
86. Did you seek help for deceased individual	□ Yes	□ No

Access to Medications

87. Any prescription medications used	□ Yes – Specify which medications, dosage? □ No □ Don't know	
88. Medications taken regularly	□ Took as prescribed □ Occasionally missed doses	Frequently missed doses Don't know
89. Medications covered by insurance	□ Yes □ No □ Don't know	
90. Trouble paying for medications	□ Yes □ No □ Don't know	
91. Ease of obtaining medications	□ Easy □ Difficult	□ Other – Specify □ Don't know

Social Supports/Attachments

92. Number of close friends or relatives to talk freely to	
93. Who could decedent count on to help him/her feel better when under pressure?	□ No one □ Relationship
94. Did decedent have a confidante?	□ Yes. Specify: □ No □ Don't know
95. Who accepted the decedent totally (best and worst points)	□ No one □ Relationship
96. Who would help with daily chores if decedent was sick	□ No one □ Relationship