

## Semi-structured Interview for Psychological Autopsy<sup>1</sup>

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.

OMB No. 2130-XXXX

<b>Case Number</b>		<b>Interview Date</b>
<b>Relationship of Informant to Decedent</b> Spouse Father/Mother Brother/Sister Aunt/Uncle Child Other Relative	Friend Work Colleague/Employer Classmate Teacher Other Specify:	<b>ID Number of Interviewer</b>
		<b>Interview Venue</b>
<b>Comments:</b>		<b>Time Interview Started</b> _____ <b>Time Interview Ended</b> _____

<sup>1</sup> Blanca Guevara Werlang<sup>a</sup> and Neury José Botega, A semi-structured interview for psychological autopsy in suicide cases, Rev Bras Psiquiatr 2003;25(4):212-9

## Demographic Information of decedent

1. Marital status at the time of death	Married Living together Widowed – Since when? _____	Divorced - When? _____ How many times? _____ Separated – When? _____ Never married
2. Feelings about marital status	Happy Unhappy	No strong feelings Don't know
3. Place of birth (city, state, country)		
4. Country of birth		
5. Year when did decedent moved to the US?	Year: _____ N/A _____	Don't know
5a. Was the decedent a US citizen	Yes _____ No. Specify status in the US _____ Don't know	
6. Primary language		
7. Race/Ethnicity	White Black Hispanic American Indian Alaskan Native	Asian Pacific Islander Other – Please Specify _____ Don't know
8. 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
9. Raised by	Adoptive parents Foster parents	Other – Specify: Don't know

	Biological parents
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**Occupation and Employment**

10. Employment status at time of death	Full time Part time Retired	Unemployed Self employed
11. Occupation	Laborer Agriculture Professional Service industry Government	Homemaker Subsistence Railroad Other – Specify: Don't know
12. Tenure at last job	Less than one year 1 – 5 years 10 - 20 years	20 – 30 years 30 years or more Don't know
13. Job satisfaction	Happy Unhappy	No strong feelings Don't know
14. 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
15. Main source of income	Job Savings/Retirement Public Assistance Social Security Spouse	Parents Other family members Friends Other – Please Specify _____ Don't know
15a. Financial situation	No financial pressure Lived paycheck to paycheck Other Specify:	Significant Debt Don't Know

### ***Religion and Religiosity***

16. Religion		
17. Was he/she active in his/her religion?	Very active Somewhat active	Not active Don't know
18. Family expectations for religious practice	Expected Optional	Other – Specify: Don't know
19. Attended religious services	Daily Once/week Monthly	Rarely Don't know
20. Change in participation in religious activities over past year	Increase Decrease	Remained the same Don't know

### ***Suicidal Desire***

#### **Symptoms**

21. Symptoms or behaviors in weeks preceding death (check all that apply)	<p>Appeared sad, tearful, or moody</p> <p>Displayed symptoms of depression. Describe:</p> <p>Expressed suicidal ideation or thoughts of dying. Describe:</p> <p>Appeared to have made a change for the better</p> <p>Appeared anxious, or complained of anxiety or panic attacks</p> <p>Appeared agitated</p> <p>Behaved impulsively</p> <p>Displayed uncontrolled rage or aggressive behavior</p> <p>Demonstrated constricted thinking or “tunnel vision”</p> <p>Disclosed feelings of guilt or shame</p> <p>Appeared confused, disoriented, or psychotic</p>
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	<p>Expressed feelings of hopelessness, helplessness, or worthlessness</p> <p>Showed an inflated sense of self or signs of magical thinking</p> <p>Engaged in excessive risk-taking behaviors</p> <p>Preparations for own death (e.g. updating will, insurance policies)</p> <p>Expressed wish to reunite with a deceased one or to be reborn</p>
22. Mental Status: Did decedent exhibit any of these in the last year of life?	<p>Impaired memory</p> <p>Poor comprehension</p> <p>Poor judgment</p> <p>Hallucinations or delusions</p> <p>Difficulty recognizing friends or family members</p>
23. Precipitants to death (Check all that apply)	<p>Significant loss(es) – relationships, job, finances, prestige, self-concept, family member, moving, anything else important to deceased individual</p> <p>Disruption of a primary relationship (real or perceived)</p> <p>Legal troubles</p> <p>Difficulties with police</p> <p>Traumatic event</p> <p>Significant life changes (negative as well as positive)</p> <p>Suicide or suicide attempt by family member or loved one</p> <p>Anniversary of a significant loss</p> <p>Exposure to suicide of another (e.g. celebrity) through media or personal acquaintance</p>

### Physical Health

24. Any major health problems during his/her life	<p>Yes – Specify:</p> <p>No</p> <p>Don't know</p>
25. Seeing a doctor for any health problem in 6 months prior to death?	<p>Yes – Specify:</p> <p>No</p> <p>Don't know</p>
26. Did health problem change lifestyle?	<p>Yes – Specify how:</p> <p>No</p>

	Don't know
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### Emotional Reactivity

27. 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 etc						
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

28. Would you describe the decedent as a perfectionist?	Yes No Don't know
29. Would you describe the decedent as rigid or very strict?	Yes No Don't know
30. Safety belt use during the last year of life	Always Sometimes Never Didn't ride or drive in last year Don't know

31. 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
31a. Any motor vehicle accidents in year prior to decedent's death?	Describe:
32. Smoking behavior at time of death	Yes – Specify how many packs each day No Don't know
33. Duration of smoking behavior	0-4 years 5-9 years 10-14 years 15 years or more Don't know
34. Was decedent trying to quit smoking at time of death?	Yes No Don't know
35. Did decedent ride a motorcycle, ATV, or snow mobile?	Yes No Don't know
36. Did decedent ever crash while riding a motorcycle, ATV, or snow mobile?	Yes – Specify when, how many times No Don't know
37. Did decedent wear helmet while riding ATV, snow mobile, or motorcycle?	Never Sometimes Most of the time Always Don't know

38. 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
39. Would you describe the decedent as impulsive?	Yes No Don't know
40. Gambling behavior	Never Sometimes Often Don't know

### ***Suicidal Capability***

### **Psychiatric History**

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

### **Substance Abuse**

43. Did he/she ever drink alcohol?	Yes No Don't know	If yes: Daily Weekly Monthly
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	Other – Specify:
44. Binge drinking in the month prior to death	Yes No Don't know
45. History of drinking problem	Yes No Don't know
46. History of drug use (non-medication)	Yes – Specify which drugs: No Don't know
47. History of “accidental overdose”	Yes – Specify when, which drug: No Don't know
48. Under influence of alcohol or other drug at time of death	Yes – Specify which drug: No Don't know
49. History of blackouts after drinking	Yes Describe how often: No Don't know
50. History of arrests due to drinking or drug abuse	Yes Specify when, which drug, how often: No Don't know

### Family History

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

				Third born	Don't know		
53. Number of biological siblings				_____	Don't know		
54. Number of siblings dead				_____	Don't know		
55. Manner of sibling death							
Sibling	Natural	Unintentional	Suicide	Homicide	Undetermined	Other	Don't Know
#1							
#2							
#3							
#4							
56. Has decedent's mother, father, or caregiver died				Yes No	Don't know		
57. Manner of parents'/ caregivers' death							
Parent	Natural	Unintentional	Suicide	Homicide	Undetermined	Other	Don't Know
Mother							
Father							
Caregiver 1							
Caregiver 2							
58. Family history of suicide			Yes – Specify how many, who, method			No Don't Know	
59. Family history of mental illness			Yes – Specify who, diagnosis			No Don't Know	

### Firearm History

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

***Suicidal Intent***

**Method of death**

67. Would decedent have had knowledge and/or capability of assessing the degree of lethality of such an act?	Yes No Don't know
68. Distance of railroad from decedent's residence	

69. Presence of barriers to access train tracks	Yes – Specify kind of barrier No Don't know
70. Was suicide rehearsed or planned	Yes No Don't know
71. Did decedent give any opportunity to be rescued	Yes – Specify No Don't know
72. Did decedent have any relationship to the site of death?	Yes – Specify No Don't know
73. Did decedent leave a suicide note?	Yes No Don't know
74. Did decedent tell anyone that he was going to commit suicide?	Yes – Specify whom No Don't know

#### ***IV. Buffers/Connectedness***

##### **Access to Care**

75. Received counseling in last year	Yes. From whom? _____ No Don't know	
76. Seen a therapist in last year	Yes No Don't know	If yes, Psychologist Psychiatrist Social worker

		School counselor Other – Specify: Don't know
77. In therapy at the time of death	Yes No – Stopped when? _____ Don't know	
78. 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
79. Did you seek help for deceased individual	Yes No	

### Access to Medications

80. Any prescription medications used	Yes – Specify Which medications, dosage? No Don't know	
81. Medications taken regularly	Took as prescribed Occasionally missed doses	Frequently missed doses Don't know
82. Medications covered by insurance	Yes No Don't know	
83. Trouble paying for medications	Yes	

	No Don't know	
84. Ease of obtaining medications	Easy Difficult	Other – Specify Don't know

**Social Supports/Attachments:**

85. Number of close friends or relatives to talk freely to	
86. Who could decedent count on to help him/her feel better when under pressure?	No one Relationship
88. Did decedent have a confidante?	Yes. Specify: No Don't know
89. Who accepted the decedent totally (best and worst points)	No one Relationship
90. Who would help with daily chores if decedent was sick	No one Relationship
91. How satisfied was decedent with	Very satisfied

support received	Satisfied Dissatisfied Very dissatisfied
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