Suicide Death Investigation Form

The purpose of the form is to collect information about contributing factors that lead to suicide. Nonidentifying data will be compiled and analyzed by a qualified team to develop robust prevention strategies that are relevant to specific populations. This form can also serve as a template for Suicide Death Review Teams.

DECEDENT INFORMATION

Last name:	**Date of birth** (MM/DD/YYYY):
First name:	**Date of Death** (MM/DD/YYYY):
Middle name:	**Age at death:**

Type of Residence:

☐Own home/townhouse
☐ Nursing home/assisted living
☐ School Dorm
☐ Treatment facility
☐ Foster Care
☐ Correctional facility
☐ Apt.
☐ Group Home
☐ Homeless shelter

Recent/Pending Eviction: ☐Yes ☐ No ☐ Unknown
Recent/Pending Foreclosure: ☐Yes ☐ No ☐ Unknown

Eviction/Loss of home:
☐Last 12 months ☐Last 2 weeks

Race:

☐**Concerns with racial discrimination?**
☐White
☐Black or African American
☐Asian, specify:
☐American Indian,
Tribe if known:
☐Alaskan Native, Tribe if known:
☐Native Hawaiian or other Pacific Islander
☐Other, specify:
☐Unspecified

Sexual Orientation:

☐Heterosexual or straight ☐Bisexual
☐Lesbian/gay ☐Questioning
☐Unknown/Other

Sexual Orientation Struggle: ☐Yes ☐No ☐ Unknown
☐Last 12 months
☐Last 2 weeks

Gender identity:

☐Cisgender male
☐Cisgender female
☐Transgender/Transfeminine (male to female)
☐Transgender/Transmasculine (female to male)
☐Gender non-conforming/non-binary

CISGENDER: identifies as their sex assigned at birth.
TRANSGENDER: encompassing term of many gender identities of those who do not identify with their sex assigned at birth.
GENDER NON-CONFORMING: umbrella term for all genders other than female/male or woman/man

Gender Identity Struggle:
☐Yes ☐No ☐ Unknown
☐Last 12 months
☐Last 2 weeks

Relationship status:
☐In a Relationship
☐ Not in a Relationship
☐ Unknown

Intimate Partner Problems:
☐Last 12 months ☐Last 2 weeks ☐None

☐ Argument
☐ Breakup
☐ Other

Intimate Partner Violence:
☐Last 12 months ☐Last 2 weeks ☐None

Type:	**Victim:**	**Perpetrator:**
☐Verbal	☐	☐
☐Sexual	☐	☐
☐Emotional	☐	☐
☐Physical	☐	☐

Relationship Problems with Family (other than intimate partner) **-(decedent issue with family)**
☐Last 12 months ☐Last 2 weeks ☐None

Family Circumstances: (for youth primarily)
☐ Intact family
☐ Single parent home
☐ Foster care/out of home placement
☐ Parent Divorce
☐ Parent Separation
☐ Sibling taken out of home
☐ Incarcerated Parent
☐ Parent in the Military
☐ On going family discord

Social Isolation: ☐ Yes ☐No
☐In the last 12 months
☐In the last 2 weeks
Notes:

Relationship Problems with friends:
☐In the last 12 months
☐In the last 2 weeks
☐None

Type:
☐Argument
☐Rumors
☐Peer Pressure
☐Other

Harassment/Bullying:
Victim: ☐Yes ☐ No
Perpetrator: ☐Yes ☐ No

Type:
☐Verbal ☐Emotional
☐Physical ☐Sexual

When:
☐In the last 12 months
☐In the last 2 weeks

Religious Affiliation:
☐Yes
☐No
☐Unknown
☐ **Religious discrimination?**

Changed level of participation in religious activities over the past year:
☐Increased
☐Decreased
☐Remained the same
☐Unknown

In school at time of death? ☐ Yes ☐ No
Highest education level attained:
☐Unknown
☐None
☐8th grade or less
☐9th-12:_____
☐Some College Credit
☐Technical/Trade School
☐Associate Degree
☐Bachelor Degree
☐GED Completed
☐HS Graduate
☐Master Degree
☐ Doctorate/Professional
Field of Study if in college/technical school:
_____

School concerns: ☐Last 12 months ☐Last 2 weeks
☐Grade decline
☐Suspension
☐Failure
☐Behavior
☐Relationships
☐Pressure to succeed
☐Bullying
☐Recent transfer
☐Connectedness
☐Loss of extracurricular activity
☐Other, Specify

NOTES:

If employed Specific Occupation:
_____
Hours/week worked:_____
Type of Industry/Business:

Employment status:

☐Employed ☐Self-employed ☐ Homemaker ☐ Other, specify:_____
☐ Unemployed ☐Student ☐ Disability
☐Not applicable ☐Unknown ☐ Retired

Work related Issues:

☐New employment ☐Behavior
☐Promotion/demotion ☐Relationship
☐Transportation ☐Attendance
☐Reprimand ☐Recent failure or feelings of failure
☐Feeling pressure to succeed ☐Other(Describe)
☐Performance ☐None

Job Problem Present:

☐Last 12 months
☐Last 2 weeks

If employment discontinued:
Date:_____

☐Disabled
☐Laid-off
☐Resigned
☐Retired
☐Terminated

Insurance:

☐Private insurance
☐Medicaid including medical assistance, Title 19 or Badger Care
☐Medicare
☐ Military
☐Uninsured
☐Unknown

Financial Concerns:

☐Yes
☐No
☐Unknown

Financial Problem Present:

☐Last 12 months
☐Last 2 weeks

Ever Served in the Military:

☐Yes ☐ No ☐Unknown

Dates of Service:

Discharge Status:

DATE_____
☐Honorable
☐Medical
☐General
☐Less than Honorable
☐Dishonorable
☐Unknown

Medical conditions including chronic Illness/conditions (e.g. back pain, migraines, diabetes)

☐Yes ☐No ☐Unknown

Recent life-changing medical diagnosis?

☐Yes ☐ No ☐Unknown
Diagnosis:

Female ONLY

☐ **Pregnant at time of death**
☐ Unwanted
☐ **Miscarriage within last 6 months**
☐ **Recent Birth**
☐ Placed for adoption
☐ Child Protection involvement/removal

NOTES:

Traumatic Brain Injury/Concussion at any time? ☐Yes ☐No ☐Unknown Date(s):_____	**Mental health conditions diagnosed by professional:** ☐ Yes ☐ No ☐Unknown **Suspected mental health condition UNDIAGNOSED:** ☐ Yes ☐ No
Last seen by any Health Professional: ☐Within 30 days prior to death ☐Within 3 months ☐Between last 3-12 months ☐Over 12 months ago ☐Unknown ☐ Never	**Mental Health Diagnoses** (check all that apply): ☐Depression/Dysthymia ☐Bipolar disorder ☐Anxiety disorder ☐ADD/ADHD ☐Obsessive-Compulsive Disorder ☐Schizophrenia ☐ Other: _____
Treatment Status: ☐Actively engaged ☐ Withdrew/failed to complete ☐ Terminated from Treatment program ☐Aftercare ☐Completed treatment, date:_____ ☐None ☐Unknown ☐Other, specify	**Treatment Disposition:** ☐Inpatient: Voluntarily ☐Inpatient: Involuntarily ☐Outpatient: off work ☐Outpatient ☐Returned home with follow up care ☐Returned home with no follow up care ☐Unknown ☐Other, specify:
☐**History of Mental health hospitalizations:** ☐One ☐Two or more ☐Unknown	**History mental health treatment** ☐Yes ☐ No ☐Unknown **Details:**
☐**History of commitment** (ch.51)**:** ☐More than One Most Recent Date:_____ Facility: _____ Reason:	**Recent medication change?** ☐ Yes ☐ No **Taking all prescribed medications as prescribed?** ☐Yes ☐ No ☐Unknown If no: ☐Evidence of Overuse ☐Evidence of Underuse If yes; list medications:
NOTES:	

Addiction/Dependency Problem (as perceived by self or others)
☐Yes ☐No ☐ Unknown
Pattern of use:
☐Binge Drinking/Use
☐Daily
☐Unknown
Substance:
☐ Alcohol ☐ Prescription pills
☐ Illicit drugs ☐Video Games/Internet/Soc. Media
☐Gambling ☐ Sex/pornography

☐ **History of Treatment attempts**

Currently in treatment for addiction:
☐Yes ☐No ☐Refused ☐Unknown

Types: check all that apply
☐Medication Assisted Treatment (vivitrol/methadone/suboxone)
☐Outpatient
☐Intensive Outpatient
☐Residential
☐Also addressing mental health issues

Barriers to accessing health care, mental health care and /or substance abuse treatment: (mark all that apply)
☐Unknown
☐Lack of time
☐Specialty physician not in area
☐Physical barriers
☐Lack of child care
☐Uninsured
☐Cannot afford to pay
☐Insurance did not cover
☐Unaware of resources
☐Co-payments too high
☐Poor medical care
☐Unable to get appointment
☐Lack of transportation
☐Missed Appointments
☐ Stigma
☐ Personal Consequence
☐Job Consequence
☐Other(Describe):

Support group attendance:
☐Yes ☐No ☐Unknown
Type:
☐AA
☐NA
☐Celebrate Recovery
☐NAMI Support Groups
☐Dual Recovery
☐S.O.S (Survivors of Suicide)
☐Other:

Current legal involvement:
☐Yes ☐No ☐Pending Charges ☐Unknown

☐Under investigation
Type of Crime:
☐Contributing criminal legal problem
☐Civil legal problems (divorce/bankruptcy/eviction)
☐Death was precipitated by a crime
☐On probation, parole, or pre-trial services
☐If youth, current involvement with youth offender services

Autopsy performed?
☐Yes
☐No
☐Unknown

Toxicology:
☐Complete
☐Pending
☐Report Not Available
☐Not Done
Impaired at time of death? ☐ Yes ☐ No

Primary Means (check all that apply):
☐Cutting
☐Drowning
☐Firearm
☐Hanging
☐Suffocation
☐Intentional motor vehicle crash
☐Jumping
☐Overdose
☐Poisoning

Suicide Note:
☐Yes ☐No
Format:
☐Paper
☐Cell phone
☐Computer
☐Social media

Type of place at which injury occurred:

☐ House
☐ Highway
☐ School
☐ Office building
☐ Woods
☐ Bridge
☐ Motor vehicle
☐ Jail
☐ Nursing Home
☐ Group Home
☐ Rehab facility

NOTES:

Firearm

Type:

☐Rifle ☐ Shotgun ☐Handgun

Type of safety features used on gun:

Owner

☐Owned by Decedent
☐Parents
☐Other Family
☐Friend
☐Obtained illegally

Access

☐Knew where gun was stored
☐Gun left out in view

Deceased have permission to have access to the firearm?

☐Yes ☐No ☐Unknown

Firearm locked up?

☐Yes ☐No ☐Unknown

Firearm stored loaded?

☐Yes ☐No ☐Unknown

Ammunition stored separate from firearm?

☐Yes ☐ No ☐Unknown

Ammunition locked up?

☐Yes ☐No ☐Unknown

Date/Where purchased:

Overdose

☐Prescribed to decedent
☐Another individual's prescription
☐Over the counter
☐Illicit drug

Substance(s):

Amount consumed:

Route of administration:

☐Oral ☐ IV ☐ Inhale ☐Other:

How substance was stored:

☐Locked ☐Unlocked

Key accessible:

☐Yes ☐No ☐Unknown

Any bystanders with opportunity to intervene:

☐Yes ☐No ☐Unknown

Naloxone administered:

☐Yes ☐No ☐Unknown

Adverse Childhood Experiences (ACE's):

(check all that apply)

***Events experienced in the first 18years of life only.*

Total # boxes checked:

☐Verbal abuse
☐Physical abuse
☐Sexual abuse
☐Emotional neglect
☐Physical needs neglected (food, clothing, medical care)
☐Parental separation or divorce
☐Witness domestic violence
☐Substance misuse in the home
☐Household member mentally ill
☐Household member incarcerated

SUMMARY:

Risk Factors (present within last year):

☐Life changing health related diagnosis
☐History of self-mutilation (cutting/burning/picking)
☐History of suicidal ideation or plans
☐History prior suicide attempts (**List dates**):

☐Part of a suicide pact
☐Part of a suicide cluster
☐Murder-suicide
☐Suicide of family member or friend
If yes, specify relationship and date:

Signs prior to Death (Check all that apply)

☐Sadness
☐Anxiety/Agitation
☐Rage/anger
☐Dramatic change in mood
☐Lack of interest in usual activities
☐Giving away valuable
☐Feeling of being a burden to others
☐Feeling of being a failure
☐Expression of hopelessness
☐Reckless/risky activities
☐Increase alcohol/substance use
☐Withdrawal from family/friends
☐Sleep problems
☐Feeling lack of purpose in life
☐Mentioning wanting to die
☐Other:

Additional Comments:
Known crisis of any kind in last 2 weeks?

Person(s) Interviewed:

Form Completed by and date:

The form was compiled by a group dedicated to suicide and other death prevention. Please contact the lead for questions and comments. Improvements always welcome

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