Suicide Death Investigation Form

Clear Form

This Suicide Death Investigation Form can be completed by investigators from coroners' offices or law enforcement agencies for all potential suicide deaths. The purpose of the form is to capture risk factor and circumstance data in suspected or known cases of suicide, as well as general mortality information to be used in prevention efforts, not to determine possible negligence or accountability. This form can also serve as a template for gathering information to be submitted with the Death Certificate and Violent Death Reporting Form.

1. Administrative information:

a. Date report completed (MM/DD/YYYY):	b. Date of incident (MM/DD/YYYY):
c. Reporting agency name:	
d. Agency number:	e. Person completing form:

2. Decedent information:

a. Decedent name: First: Middle: Last:	b. Date of birth (MM/DD/YYYY): ☐ Unknown	c. Date of death (MM/DD/YYYY): ☐ Unknown

3. Race (check all that apply):	4. Hispanic origin:
☐ White ☐ African-American ☐ American-Indian/Alaska ☐ Native Asian/Pacific Islander ☐ Unknown ☐ Other, specify: _____	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

5. Relationship and family status:

a. Current relationship status:

☐ In a relationship
☐ Not in a relationship
☐ Unknown

c. Current child custody/Child support issues:

☐ Yes
☐ No
☐ If yes, please specify: _____

b. Marital status

☐ Married
☐ Remarried
☐ Separated
☐ Living together separated
☐ Unknown
☐ Never married
☐ Married Divorced/Legally
☐ Widowed
☐ Other

6. Residence information:

a. Type of residence:

☐ House/Townhome
☐ Apartment
☐ Homeless
☐ Treatment facility
☐ Correctional facility
☐ Unknown
☐ Other, specify: _____

b. Recent residence problems?

☐ Recent eviction/threat of eviction
☐ Recent foreclosure/threat of foreclosure

7. Sexual orientation:

For information regarding sexual orientation and guidance for proper coding, please refer to Sexual Orientation and Gender Identity: A guide for the Investigator, 2016. http://www.lgbtmortality.com/

- ☐ Straight/Heterosexual - only different-sex partners/attractions in the 12 months
- ☐ before death Gay/Lesbian - only same-sex partners/attractions in the 12 months
- ☐ before death
- ☐ Bisexual - both same-sex and different-sex partners/attractions in the 12 months
- ☐ before death Sexual behavior inconsistent with identity
- ☐ Unknown
- ☐ Other, specify:

8. Armed services/ First responders history:

a. Military service:
- ☐ Yes, specify years of service: _____
- ☐ No military service
- ☐ Unknown

b. Combat experience:
- ☐ Yes
- ☐ No
- ☐ Unknown

c. Branch:
- ☐ Army
- ☐ Navy
- ☐ Marine Corps
- ☐ Air Force
- ☐ Spaceforce
- ☐ Coast Guard
- ☐ National Guard
- ☐ Reserve Forces
- ☐ Unknown

d. Military discharge:
- ☐ Honorable
- ☐ Less than Honorable Medical
- ☐ Unknown
- ☐ Dishonorable

e. First responders:
- ☐ Active Police
- ☐ Retired Police
- ☐ Paramedics
- ☐ Active Fire
- ☐ Retired Fire

9. Employment information:

Industry and Occupation are terms used by National Institute for Occupational Safety and Health, and represent the usual or lifetime career of an individual. The occupation is the actual job or position of the individual. For more information visit: https://www.cdc.gov/niosh/docs/2012-149/pdfs/2012-149.pdf

a. Decedent's employment status prior to death:
- ☐ Employed Title: _____
- ☐ Student
- ☐ Unknown
- ☐ Unemployed
- ☐ Other, specify: _____
- ☐ Homemaker

10. Incident information:

a. Injury location:
- ☐ School
- ☐ Hospital/Medical facility
- ☐ Park, playground, public area
- ☐ Street/Road, sidewalk, alleyway
- ☐ Motor vehicle
- ☐ Parking lot/Public garage
- ☐ Other commercial establishment
- ☐ Other, specify: _____
- ☐ Own residence
- ☐ Natural area (e.g. state park, wooded area)
- ☐ Hotel/Motel
- ☐ Highway/Freeway
- ☐ Industrial/Construction area
- ☐ Supervised residential facility
- ☐ Jail/Correctional facility

b. Was planning or preparation involved in this death based on the available evidence?
- ☐ Yes (apparent ritual, preparation, or elaboration)
- ☐ No (no apparent ritual, preparation, or elaboration)
- ☐ Unknown

c. By whom was the body first encountered/discovered?
- ☐ Family member, specify relationship to decedent: _____
- ☐ Friend
- ☐ Stranger
- ☐ Coworker
- ☐ Emergency responder
- ☐ Police Officer
- ☐ Firefighter
- ☐ Other, specify: _____

d. Any evidence that the incident involved death-risk game (e.g. Russian Roulette, playing chicken, or choking game)?
- ☐ Yes, specify:
- ☐ No
- ☐ Unknown

e. Any evidence the incident involved a suicide pact with another individual?
- ☐ Yes
- ☐ No

10. Incident information (continued)

f. Did the decedent communicate suicidal ideation or threats prior to death?

- ☐ Yes
- ☐ No
- ☐ Unknown

g. To whom was suicidal ideation or threat expressed (check all that apply)**:**

Ever	Past 2 Weeks		Ever	Past 2 Weeks	
☐	☐	Intimate partner	☐	☐	Medical professional
☐	☐	Family member	☐	☐	Faith leader
☐	☐	Friend/Coworker	☐	☐	Mental health provider
☐	☐	Supervisor	☐	☐	Other, specify: _____

h. Was there a suicide note ?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Other

i. Suicide note format, if applicable:

- ☐ Paper/physical copy
- ☐ On cell phone
- ☐ On personal computer
- ☐ On social media
- ☐ Other, specify: _____

j. Was alcohol use suspected?

☐ Yes ☐ No ☐ Unknown

k. Was there evidence of substance involvement?

- ☐ No
- ☐ Yes
- ☐ Other

If known, list here:

l. Evidence of alcohol use:

m. Was there any accompanying act of violence perpetrated by the decedent? (e.g. threats, hostage taking, assault, domestic violence, stalking, homicide)

- ☐ No
- ☐ Yes, specify:

n. If yes, was a homicide involved?

- ☐ No
- ☐ Yes, relationship with murder victim:

11. If poisoning or overdose cause injury:

a. Type of substance used (check all that apply):

- ☐ Prescription drug (if prescribed to decedent)
- ☐ Illicit/Street drug
- ☐ Household substance
- ☐ Someone else's prescription
- ☐ Illegally obtained without prescription
- ☐ OTC drug
- ☐ Other, specify:

12. If inhalant caused injury:

a. If carbon monoxide was used, what was the source?

- ☐ Automobile
- ☐ Other vehicle type
- ☐ Grill/stove
- ☐ Other, specify:

b. If other inhalant used (helium etc.)**, please specify which one:**

13. Cause of injury leading to death:

a. Method used to inflict fatal injury:

- ☐ Firearm/Gunshot
- ☐ Sharp instrument
- ☐ Motor vehicle collision
- ☐ Jumping/fall from height
- ☐ Carbon monoxide/Helium/Inhalant
- ☐ Other, specify: _____
- ☐ Poisoning/overdose
- ☐ Hanging, strangulation, suffocation

14. If firearm caused injury:

a. Type of firearm used:

- ☐ Handgun
- ☐ Long Gun

b. Who owned firearm?

- ☐ Decedent
- ☐ Other family member
- ☐ Unknown
- ☐ Other, specify:
- ☐ Parent
- ☐ Friend
- ☐ Firearm Stolen

c. Did owner of firearm have a concealed carry permit?

- ☐ Yes
- ☐ No
- ☐ Unknown

14. If firearm caused injury (continued):

d. How was the firearm usually stored?

- ☐ Locked cabinet/safe
- ☐ Unlocked cabinet
- ☐ Unsecured (e.g., closet, bedside table), specify: _____
- ☐ Unknown
- ☐ Other, specify: _____

- ☐ Loaded
- ☐ Unloaded
- ☐ Unloaded with ammunition
- ☐ Unknown

e. How recently has firearm been purchased/ gained access by decedent prior to death?

- ☐ Day of
- ☐ Within 1 week
- ☐ Within past month
- ☐ Within 3 months
- ☐ Within 1 year
- ☐ Owned over 1 year
- ☐ Unknown
- ☐ Other, specify:

f. Are there safety features on the firearm?

- ☐ Yes
- ☐ No

Firearm make: _____

Firearm model: _____

15. Life stressors

a. Relationship stressors (check all that apply):

- ☐ Intimate partner problem
- ☐ Family relationship problem
- ☐ Other relationship problem, specify:
- ☐ Was there a recent argument? If so, when did the argument occur?

b. Additional life stressors (check all that apply):

- ☐ Civil legal problems (e.g., divorce, bankruptcy, eviction)
- ☐ Physical health problem
- ☐ Job problem/dissatisfaction
- ☐ Financial problem
- ☐ Financial issues due to child support School problem
- ☐ Lack of housing/homelessness
- ☐ Suicide of friend or family member
- ☐ Non-suicide death of friend or family member
- ☐ Disaster exposure (flood, fire, etc.)
- ☐ Sexual Assault/ Abuse
- ☐ Disaster
- ☐ Trauma
- ☐ COVID
- ☐ Assault/Trauma

Describe:

c. Domestic violence (check all that apply):

- ☐ Decedent was a perpetrator of DV
- ☐ Decedent was a victim of DV
- ☐ Decedent filed a restraining order, against whom (specify relationship to decedent):
- ☐ Decedent had restraining order filed against them, by whom (specify relationship to decedent):

d. Crime and criminal activity:

- ☐ Contributing criminal legal problem
- ☐ Death was precipitated by a crime

Type of crime:

- ☐ Decedent was on parole, probation, or pre-trial services
- ☐ If youth, current involvement with youth offender system:

e. Recent Crisis:

Did decedent have a known crisis in the two weeks preceding death?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please describe:

16.Child maltreatment history all ages (inclusive of abuse and neglect):

a. Decedent experienced maltreatment as a child (check all that apply):

- ☐ Physical
- ☐ Emotional
- ☐ Sexual
- ☐ Neglect
- ☐ Unknown
- ☐ Other, specify:

b. Decedent was perpetrator of maltreatment (check all that apply):

- ☐ Physical
- ☐ Emotional
- ☐ Sexual
- ☐ Neglect
- ☐ Unknown
- ☐ Other, specify:

17. Medical History:

c. Medical Problems

☐ **Any** recent major life-changing medical diagnosis (e.g. cancer, HIV+), specify:

☐ Chronic Illness/condition (e.g. back pain, migraines, diabetes), specify:

☐ Recent serious injury (i.e. car accident, fall), specify:

☐ History of brain trauma/concussion? Specify: How recent?

☐ Pregnancy, recently delivered, ect.

☐ Other?

d. Recent hospital disposition (within 30 days) (check all that apply):

☐ Returned home, with no follow-up care
☐ Other, specify:

e. Recent contact with a medical provider:

e1. Release from an inpatient institution/ hospital:

☐ Less than 30 days ago
☐ 1 month to 3 months ago
☐ 3 months to a year ago
☐ More than a year ago
☐ Type of institution:

e2. Last seen by a physician or in an emergency department:

☐ Less than 30 days ago
☐ 1 month to 3 months ago
☐ 3 months to a year ago
☐ More than a year ago
☐ Reason for visit:

18. Alcohol, Substance Use, and Addiction History:

a. Ever any alcohol-related problems?

☐ Binge drinking
☐ Alcohol abuse or dependence
☐ Driving under the influence
☐ Other alcohol-related arrests
☐ Unknown

If yes, how recent:

b. Current tobacco user?

☐ Yes
☐ No
☐ Unknown

c. Substance abuse history (check all that apply):

Non-prescription, illicit, or diverted substances:

☐ Cocaine
☐ Marijuana
☐ Methamphetamine
☐ Heroin
☐ Prescription opiates (not prescribed to decedent)
☐ Hallucinogens
☐ Inhalants
☐ Unknown
☐ Other, specify:

d. Prescription drugs:

☐ Prescription opiates (only if prescribed to decedent)
☐ Benzodiazepines
☐ Barbiturates
☐ Muscle relaxants
☐ Over the counter
☐ Steroids
☐ Unknown
☐ Other, specify:
☐ If yes, how recent:

e. Any change in alcohol or drug use behavior within 2 weeks of death?

- ☐ Increase
- ☐ Decrease
- ☐ No change
- ☐ Unknown

f. Most recent substance abuse episode:

- ☐ Within 2 weeks prior to death
- ☐ Within year prior to death
- ☐ Unknown
- ☐ Other, specify:

g. History of drug overdose:

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, how many:

Date of most recent:

h. Indicate which substances were involved with overdoses (check all that apply):

Non-prescription, illicit or diverted substances:

- ☐ Cocaine
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Heroin
- ☐ Prescription opiates (not prescribed to decedent)
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Unknown
- ☐ Other, specify:

Prescription drugs:

- ☐ Prescription opiates (only if prescribed to decedent)
- ☐ Benzodiazepines
- ☐ Barbiturates
- ☐ Muscle relaxants
- ☐ Over the counter
- ☐ Steroids
- ☐ Unknown

Other, specify:

i. Other known addictions:

- ☐ Gambling
- ☐ Sexual
- ☐ Other, specify:

If yes, how recent:

j. If decedent did not seek treatment services, were there any barriers attributed to decedent regarding seeking assistance?

- ☐ Stigma attached to seeking help
- ☐ Lack of awareness of resources
- ☐ Physical/geographic barriers
- ☐ Unknown
- ☐ Concerns regarding potential job/personal consequences
- ☐ Financial barriers
- ☐ Involved in child custody dispute
- ☐ Other, specify:

19. Mental Health History

a. Ever diagnosed with a mental health disorder?

- ☐ Yes
- ☐ No
- ☐ Unknown

b. Date of last hospitalization (MM/DD/YYYY):

c. Mental Health Diagnoses (check all that apply):

- ☐ Depression/Dysthymia
- ☐ Bipolar disorder
- ☐ Schizophrenia
- ☐ Unknown
- ☐ Obsessive-Compulsive disorder
- ☐ Borderline personality disorder
- ☐ Post-traumatic stress disorder
- ☐ Other, specify: _____
- ☐ Anxiety disorder
- ☐ ADD/ADHD
- ☐ Eating

d. Types of medication prescribed or currently taking: _____

- ☐ How many medical bottles?
- ☐ Last Filled?
- ☐ How many left in bottle?

20. Youth suicide information (only complete for decedents under 18 at the time of death):

a. School history (check all that apply):

- ☐ School failure
- ☐ Move/new school
- ☐ Problems with grades
- ☐ Individualized education plan
- ☐ Suspension
- ☐ Expulsion
- ☐ Loss of extracurricular activities
- ☐ What school district did they attend?
- ☐ Other serious school problems, specify:

b. Type of bullying (check all that apply):

- ☐ Experienced bullying as victim
- ☐ Participated in bullying as perpetrator
- ☐ Unknown

c. Type, if known (check all that apply):

As victim:	As Perpetrator:
☐	☐ Physical
☐	☐ Verbal
☐	☐ On the basis of religion
☐	☐ On the basis of perceived sexual orientation or gender idenity
☐	☐ On the basis of disability
☐	☐ Online/social media
☐	☐ Other, specify:

d. Relationship stressors (check all that apply):

- ☐ Argument with significant other
- ☐ Argument with family/relatives
- ☐ Breakup
- ☐ Conflict with peers
- ☐ Argument with friends
- ☐ Rumor mongering
- ☐ Physical abuse/assault
- ☐ Rape/sexual abuse
- ☐ Online community/social media conflict
- ☐ Other, specify:

e. Family circumstances (check all that apply):

- ☐ Abuse in the household
- ☐ Parents separated
- ☐ Parents divorced
- ☐ Ongoing custody issues
- ☐ Single parent home
- ☐ Foster care or other out of home placement
- ☐ Ongoing family discord
- ☐ Incarcerated parent
- ☐ Parent in the military
- ☐ Other, specify:

Incident/Investigation Narrative: