Suicide Death Investigation: Youth Form

Incident information:

a. By whom was the body first encountered/discovered?

- ☐ Family member, specify relationship to decedent:
- ☐ Coworker
- ☐ Friend
- ☐ Emergency responder
- ☐ Police Officer
- ☐ Firefighter
- ☐ Stranger
- ☐ Other, specify:

b. Were grief/survivor resources offered to the person(s) in range to intervene or to those who found the body?

- ☐ Yes
- ☐ No
- ☐ Unknown

c. Injury location:

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

d. Was planning or preparation involved in this death?

- ☐ Yes (apparent ritual, preparation, etc.)
- ☐ No (no apparent ritual, preparation, etc.)
- ☐ Unknown

e. Any evidence the incident involved the following (check all that apply):

- ☐ A suicide cluster (multiple suicides that fall within an accelerated time frame and within a defined geographical area)
- ☐ Death-risk game (e.g. Russian Roulette, playing chicken, or choking game)?
- ☐ Suicide pact with another individual?

f. Did the decedent communicate suicidal ideation or threats (e.g. days, weeks, months) **prior to death?**

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, describe how was it expressed and to whom was it expressed:

g. EMS on scene:

- ☐ Yes
- ☐ No
- ☐ Unknown

h. Was a suicide note found on scene?

- ☐ Yes
- ☐ No
- ☐ Unknown

i. Suicide note format, if applicable:

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

j. List of prescriptions or substances found on scene:

k. Was there evidence of substance involvement? (check all that apply)

- ☐ No
- ☐ Alcohol
- ☐ Stimulants
- ☐ Depressants
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Over the counter products
- ☐ Prescription drugs (if prescribed to decedent)
- ☐ Prescription drugs (not prescribed to decedent)
- ☐ Other

Life stressors:

a. School history (check all that apply)**:**

- ☐ School failure
- ☐ Move/new school
- ☐ Problems with grades
- ☐ Individualized education plan
- ☐ Suspension
- ☐ Expulsion
- ☐ Loss of extracurricular activities

Other serious school problems, specify:

b. Relationship stressors (check all that apply)**:**

- ☐ Argument with significant other
- ☐ Argument with family/relatives
- ☐ Breakup
- ☐ Conflict with peers
- ☐ Argument with friends
- ☐ Rumor mongering (i. e. gossip)
- ☐ Physical abuse/assault
- ☐ Rape/sexual abuse
- ☐ Online community/social media conflict

Other, specify:

c. Family circumstances (check all that apply)**:**

- ☐ Intact family
- ☐ 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:

d. Type of bullying (check all that apply)**:**

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

e. Type of bullying (check all that apply)**:**

- ☐ Intimate partner problem
- ☐ Family relationship problem
- ☐ Other relationship problem, specify:
- ☐ Recent argument, timing of argument:

f. Additional life stressors (check all that apply)**:**

- ☐ Civil legal problems (e.g., divorce,)
- ☐ Criminal legal problems (e.g. arrest)
- ☐ Domestic violence
- ☐ Physical health problem
- ☐ Job problem/dissatisfaction
- ☐ Financial problem
- ☐ 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.)
- ☐ Assault/Trauma

Describe:

g. Other important information:

Medical history:

a. Did the individual have any of the following medical problems?

- ☐ Recent life-changing diagnosis (e.g. cancer, HIV+)
- ☐ Chronic Illness/condition (e.g. back pain, migraines, diabetes)
- ☐ Recent serious injury (i.e. car accident, fall)
- ☐ History of brain trauma/concussion

If yes, please specify and describe how recently it took place:

b. Any currently prescribed medications?

- ☐ Yes. If so, specify the medications and who supervised the prescribed medications (e.g. psychiatrist):
- ☐ No
- ☐ Unknown

c. Did decedent have health insurance?

- ☐ Yes
- ☐ No
- ☐ Unknown

Substance Use Disorder history:

a. Did the decedent have any alcohol-related problems?

- ☐ Binge drinking
- ☐ Alcohol use disorder
- ☐ Driving under the influence
- ☐ Other alcohol-related arrests
- ☐ Unknown

If yes, how recent:

b. Did the decedent use tobacco?

- ☐ Yes
- ☐ No
- ☐ Unknown

c. Did the decedent have a history of drug overdose?

- ☐ Yes
- ☐ No
- ☐ Unknown

d. Any change in alcohol or drug use behavior within two weeks of death?

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

e. Substance use disorder 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:

Prescription drugs:

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

If yes to any on the left, how recent:

Mental health history:

a. Did the decedent recently express/demonstrate any of the following? (Check all that apply)**:**

- ☐ A desire to die
- ☐ Lack of interest in usual activities
- ☐ Feelings of hopelessness/uselessness
- ☐ Feelings of powerlessness
- ☐ Feelings of failure
- ☐ Feelings of shame, guilt or remorse
- ☐ Changes in eating patterns
- ☐ Change in usual mood
- ☐ Feeling of being a burden to others
- ☐ Feelings of anxiety
- ☐ Running away/disappearing
- ☐ Impulsivity
- ☐ A desire to be free of all problems
- ☐ Feelings of depression
- ☐ Changes in usual sleep patterns
- ☐ Weight gain/loss
- ☐ Rejection by a loved one
- ☐ Loneliness
- ☐ Isolation
- ☐ Self-deprecation
- ☐ Agitation
- ☐ Self-mutilation/cutting

b. Had the decedent been receiving mental health services?

c. Excluding the decedent, any family history of? (Check all that apply)**:**

- ☐ Substance use disorder
- ☐ Depression
- ☐ Suicide gestures /attempts
- ☐ Homicide
- ☐ Suicide
- ☐ Child abuse/neglect
- ☐ Domestic violence
- ☐ Sexual assault
- ☐ Other mental health conditions, specify: