SUICIDE DEATH INVESTIGATION FORM

This Suicide Death Investigation Form was originally developed by the state of Colorado but has been adapted for the purposes of this toolkit. 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.

Suicide Death Investigation: Full Form

1. Administrative information:

a. Date report completed (MM/DD/YYYY):

b. Date of incident (MM/DD/YYYY):

c. Reporting agency name:

d. Please indicate which types of sources were available (check all that apply):

- ☐ Employment/Personnel record
- ☐ Medical record
- ☐ Autopsy report
- ☐ Ballistics report
- ☐ Financial (debt) report
- ☐ Suicide note
- ☐ Investigative report
- ☐ Interviews
- ☐ School records
- ☐ Other, specify:

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. Education:

Highest education level completed:

- ☐ High school
- ☐ GED
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor-level degree
- ☐ Masters-level degree
- ☐ Doctorate-level degree
- ☐ Unknown
- ☐ Less than high school, specify highest grade completed:

4. Race (check all that apply):

- ☐ White
- ☐ African-American
- ☐ American-Indian/Alaska Native
- ☐ Asian/Pacific Islander
- ☐ Unknown
- ☐ Other, specify:

5. Hispanic origin:

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

6. Relationship and family status:

a. Current relationship status:

- ☐ In a relationship
- ☐ Not in a relationship
- ☐ Unknown

b. Marital status

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

c. If separated/divorced/widowed, date (MM/DD/YYYY):

7. Residence information:

a. Type of residence:

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

b. Residing with (check all that apply):

- ☐ Spouse/Significant other
- ☐ Roommate(s)
- ☐ Parent(s)
- ☐ Child(ren)
- ☐ No one, resided alone
- ☐ Unknown
- ☐ Other, specify:

c. Recent residence problems?

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

This was adapted from the State of Colorado's Suicide Investigation form, found here: cdphe.colorado.gov/suicide-prevention/suicide-investigation-form.

Indiana Department of Health

8. Armed services history:

a. Military service:

- ☐ Yes, specify years of service:
- ☐ No military service
- ☐ Unknown

b. Eligible for services from the VA?

- ☐ Yes, and receiving services
- ☐ Yes, but not receiving services
- ☐ No
- ☐ Unknown
- ☐ Other, specify:

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
- ☐ Student
- ☐ Unemployed
- ☐ Homemaker
- ☐ Retired
- ☐ Unknown
- ☐ On disability
- ☐ Other, specify:

b. If decedent was employed, specify the occupation:

10. 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 (only if prescribed to decedent)
- ☐ Prescription drugs (not prescribed to decedent)
- ☐ Other

11. Cause of injury leading to death:

a. Method used to inflict fatal injury:

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

12. If firearm caused injury:

a. Type of firearm used:

- ☐ Handgun
- ☐ Revolver
- ☐ Shotgun
- ☐ Rifle
- ☐ Other, specify:

b. Who owned firearm?

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

c. How was the firearm usually stored?

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

d. Firearm stored:

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

e. What were the safety features on the firearm?

13. Life stressors:

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

- ☐ Intimate partner problem
- ☐ Family relationship problem
- ☐ Other relationship problem, specify:

- ☐ Recent argument
- ☐ Timing of argument:

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

- ☐ Civil legal problems (e.g., divorce, bankruptcy, eviction)
- ☐ Criminal legal problems (e.g. parole, probation, 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:

c. Other important information:

14. 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

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

15. 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?

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

c. Did decedent have health insurance?

- ☐ Yes
- ☐ No
- ☐ Unknown

16. Substance Use Disorder history:

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

- ☐ Binge drinking
- ☐ Alcohol use disorder or dependence
- ☐ 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 2 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, how recent:

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

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please describe:

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:

Incident/Investigation Narrative: