

Case # : _____ Case or File Name: _____

Interview Date: / / Interviewer Name: _____

Interviewee Name: _____

Psychological Autopsy & Death Investigation

by

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(This instrument is intended for the retrospective examination of scientific evidence relevant to manner of death determination, with a special focus on the causal relationship of psychotropic drugs to death outcome; especially to violent, non-natural death)

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SSRI ψ Autopsy

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INSTRUCTIONS: Copy this form to a word program and then enter your answers electronically. It will take you about 1 to 2 hours to complete it. I need complete answers, even if you think the information may be contained in other records or depositions. Assume that this is the only information on your case that I have. Please, take this task seriously and give complete, thorough, detailed, and specific answers. This form is extremely important as it will allow me to form and defend my expert opinions. If you have any questions, you may call me at 803-240-3073. When you are finished you may, with your attorney's approval (always send a copy to him/her, too), email your completed form to: rwmaris@aol.com Be sure to fill in the cover page with your name and the date. I need a color picture of the decedent.

SSRI ψ Autopsy

Section 1. Biodemographic Overview

1. Deceased or injured's name: _____
2. Height: _____
3. Weight in lbs.: usual _____ & at death _____
4. Age at death or injury: _____ years & _____ months (DOB = / /)
5. Race: White _____ African-American _____ Asian _____
 Other _____ (specify: _____)
6. Usual occupation: _____ &
 duties _____
7. Brief work history from first to last job (See Section 16) and current
 employment status (e.g., employed, unemployed, fired, retired, other):

8. Marital status at death: Married _____ Single _____ Divorced _____
 Separated _____ Gay or Lesbian _____ Other _____ (Partner, etc.)
9. Marital History/ Adult Relationships (inc. "affairs") (get dates of each
 marriage, relationship, cohabitation; See Section 3):

10. List all children, their names, & DOBs (See Section 3):

11. What was the highest year of education the DCD completed? (See section 15):

a. Elementary School (circle) 1 2 3 4 5 6 7 8

b. High School 1 2 3 4

c. College: 1 2 3 4 5 or more

d. Highest degree: _____

12. What was the DCD's annual income in their last job? _____

Section 2. Event/Incident Description (use more space on p. 46, if needed)

13. Describe in detail what happened (e.g., events surrounding the suicide, homicide, homicide-suicide [indicate MOD], injury, etc.):

14. When did the death/injury occur?

a. date : / /

b. day of the week: M T W TH F S S

c. time of day (use 24 hour clock): _____ hours

15. Where did the incident occur (See Q. 74)?

a. Home ____ (specify room: _____)

- b. Work _____
- c. Public place _____ (specify: _____)
- d. Jail or prison _____ (specify which: _____)
- e. City: _____
- f. State: _____ (use initials)
- g. County _____
- h. Country _____

16. What method was used (See Q. 85-5)?

- a. firearms _____ (be specific: _____)
- b. drugs/medications: _____ (specify: _____)
- c. hanging _____
- d. carbon monoxide poisoning _____ (car or oven? _____)
- e. jumping _____
- f. poison _____ (say which: _____)
- g. drowning _____
- h. suffocation by a plastic bag _____
- i. cutting or piercing instruments _____
- j. explosives _____
- k. other _____ (specify: _____)

17. Who discovered the body or injured person and how?
(*Relationship to the DCD? Was discovery time different than death time?*)

18. Was a suicide note or other note left (if ‘yes,’ get a copy & attach)?

a. Yes _____

b. No _____

c. To whom was the note addressed? _____

d. Was there more than one note? _____

e. What was the general content of the note?

f. What was the predominant tone or type of note (e.g., ask forgiveness, accusatory, express love, religious themes, give pragmatic details, disorganized, etc.)?

19. Describe in some detail what happened in the two weeks prior to the incident. Was there any “trigger” of the suicide the day or just before the suicide?

Section 3. Social & Family History

20. DCD's name (married and maiden)? _____

21. Spouses'/Partner's names? (total # of all marriages = ____; 1=1st, 3rd = last)

Name	Dates married/Cohab.	Div. Date	Sep.
1 _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

22. Children names? (total # of children _____ & by which marriage or relationship?)

Name (& married)	DOB	DOD	Any special problems?
1. _____	_____	_____	_____
2. _____	_____	_____	_____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

23. Father's Name?

Date Married Div. Sep.

24. Mother's Name?

Date Married Div. Sep.

26. (Current or last) Spouse's/Partner's Father's Name?

Date Married Div. Sep.

27. Spouse's/Partner's Mother's Name?

Date Married Div. Sep.

28. Grandfather's Name? (Ma & Pat) _____

29. Grandmothers Name? (Ma & Pat) _____

30. Spouse's Grandfather? (Ma & Pat) _____

31. Spouse's Grandmother? (Ma & Pat) _____

32. Total number of aunts _____ and uncles _____ ?

33. Who of aunts or uncles was DCD closest to?

34. Total number of first cousins? _____

35. Who among cousins was the DCD closest to?

36. List the siblings of the DCD.

Name

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

36. Any history of mental disorder in the family? If yes, specify who, what & when (See Q. 85-9).

37. Any history of suicide, homicide, violence or crime in the family? If yes, specify who, what, and when. Was the DCD ever sexually (___) or physically abused (___)? Did the DCD abuse animals (___)?

38. Any history of alcoholism or substance abuse in the family? If yes, specify who, what, and when (See Q. 85-2).

39. Any history of major physical illness or injury in the family? If yes, specify who, what, and when.

Section 4. DCD's Treatment History

(Get all medical, psychiatric, psychological, psychotherapy, etc., treatment records and attach them to the file)

40. Psychiatric/psychological treatment history (a = first; e = last)?

	<u>Hospital / Doctor</u>	<u>Dates</u>		<u>Dx</u> (DSM Code)	<u>Meds</u> (Generic/brand)	<u>Dose</u> (mg;prn bid, tid, qid, HS, qd)
		<i>From</i>	<i>To</i>			
a.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

41. If there were more than five psychiatric hospitalizations, what was the total number of all psychiatric hospitalizations?

_____ times.

42. List the major physical illness or injuries (inc., car wrecks or accidents), including dates and treatments (inc., surgeries).
- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
43. List all other therapists (dates/phone #) seen; including social workers, marital and counselors (inc., school & pastoral), psychotherapists. For what, when, how long?
- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
44. What was the **one** major, recurring psychiatric disorder (if any) that the DCD had (such as major depressive episodes, bipolar I or II, schizophrenia, borderline or antisocial personality, anxiety or panic disorder, alcohol or other substance abuse, etc.)? Was there any Personality Disorder(s) on Axis II; specify?
- _____

Section 5. Medication Involved

45. Which medications was DCD taking at time of or **just before** death?

	Names (Brand/generic)	Dose (mg)	HS	Iqd	bid	tid	PRN	Start/Stop (date)
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____

46. Do the police or family actually have possession of the pill bottles?
If yes (____), how many pills/capsules were prescribed and remain for each of the above?

	Script	Remain	Total taken
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

5. _____

6. _____

47. Were any of the medications samples (yes _____) and, if so, which of the above and from whom?

48. Were the above medications actually taken and who witnessed the pill taking?

49. Did the DCD have any reactions/allergies to the above medications? If yes, to which medication, describe side effect(s), & when it started. (E.g., rash, hives, nausea, sleepdisorder, neurological, psychological, anxiety, etc. See p. 46 for more space. If psychological, describe behaviors. From family or records?)

	Medication	Side-effect	Date Started
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

50. List all the psychoactive medications that DCD has **ever** taken

Name (brand/generic)	Dose	Schedule	Start/Stop
	(mg)	<i>HS qd bid tid PRN</i>	date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____

18. _____

19. _____

20. _____

51. (For the interviewer: Check the **Drug Interaction Index** for all of the above medications and indicate below any possible drug interactions of the above medications. *Just for those medications prescribed and taken at the same time*)

Section 6. Medical Examiner/Coroner Records

(Get copies of all medical examiner records; including the death certificate, autopsy, wound descriptions, toxicology screens, body and scene photos, manner of death opinions. Drugs may be *metabolites* of drugs taken)

52. What toxicology drug screens were done and what were the results?

Drug Type	Name	Level (mg/ml, etc.)	Check, if +
1. SSRI/antidepressant	_____	_____	_____
2. BZ, anxiolytic	_____	_____	_____

- 3. Antipsychotic _____
- 4. Ethanol _____
- 5. Analgesic _____
- 6. Narcotic _____
- 7. Barbiturate _____
- 8. Amphetamine/Stim. _____
- 9. Mood Stabilizer _____
- 10. Cocaine _____
- 11. CO _____
- 12. (Other) _____
- 13. (Other) _____
- 14. (Other) _____

53. What manner of death did the Medical Examiner/Coroner certify?

Suicide Homicide Accident Natural Pending Undetermined

54. If a firearm or violent death, describe the wound (be precise: e.g., contact, front to back, down or up, gunshot residue, entry-exit, position on body or head, multiple wounds, # of stabs, etc.).

-
-
-
55. Were any special studies done (e.g., by the state crime lab, the FBI, or a private consultant, a second autopsy, etc.)? If yes, describe and date. If blood is available for testing by Genelex (www.genelex.com) state whether or not the DCD had a deficiency in the cytochrome p450 2D6 enzyme.

-
-
-
-
-
-
56. Were there any photographs taken? Indicate, if yes (____) and if interviewer has copies attached (____).

Section 7. Possible Drug Mechanisms of Suicide Etiology

(Here the interviewer should discover and record any neurological, behavioral, physical, or attitudinal changes that occurred after the ingestion of an SSRI. List the source and the credibility of the source. “After ingesting the SSRIs” means within 30 days after, if not specified; but the time should always be specified, if known. Of course, one needs to be sensitive to intervening variables, the presence of other medications, whether the SSRI may have potentiated or interacted with other medications, and if other medications may have reduced the effects of SSRIs.)

57. Did the DCD suffer from akathisia or agitation? If yes, cite the evidence for akathisia or agitation; particularly any verbal statements by the DCD or from the family that indicate these conditions. Was akathisia ever diagnosed by physician?

(Akathisia is a diffuse, psychomotor restlessness, which affects both the patient's entire body and mind. It can include the inability to sit still, pacing, behavioral restlessness. It can be manifested internally (e.g., as mental turmoil) as well as externally. Some patients say it feels "like I am going to jump out of my skin" or "I'm having strange and unusual thoughts and impulses.")

58. Did the DCD develop blunting or lability of their emotions? If yes, cite the evidence (Such as date, observer, time relative to taking the SSRI, etc.)

(emotional blunting: did not seem interested in things, were unable to express their feelings, were less likely to cry when watching a sad movie or to laugh at something humorous, or were not bothered or anxious about things that normally would have made them bothered or anxious; emotionally labile: one minute they might seem happy and normal or even somewhat high and a few minutes later they might be agitated and depressed.)

59. Did the DCD show any signs of becoming psychotic after ingesting the SSRI (“psychotic decompensation”)? If yes, cite the evidence.

(Psychotic decompensation may include a rather abrupt feeling of unreality or having hallucinations or delusions. Evidence might include hearing voices, paranoid thoughts, new or unusual beliefs, seeing, feeling or sensing things that might not be present, feelings of unreality, etc.)

60. Was the DCD energized after taking the SSRI? For example, did their sleep, appetite, libido improve, while they were still depressed suicidal, or homicidal? If yes, cite evidence (*note: SSRIs can increase anxiety and/or lethargy*).

61. Did the DCD’s depression seem to become worse after taking the SSRI? If yes, cite evidence.

62. Did the DCD suffer from de novo panic attacks after ingesting the SSRI? If yes, document and specify dates and times after ingestion; such as hours, days or weeks.)

*(See **DSM-IV** for criteria for panic disorder; including palpitations, shortness of breath, dizziness, nausea, paresthesias, fear of losing control, trembling, etc.)*

63. Did DCD become manic or hypomanic after taking the SSRI?

(E.g., did the DCD show excessive levels of activity or have impaired judgment?)

64. Did DCD have any sleep disorders after taking the SSRI? Specify if initial, middle, or terminal insomnia, nightmares, etc.

65. Did the SSRI induce an obsessional state that was not there before?

(An “obsession” is a persistent, unwanted idea or impulse that cannot be expunged or removed by logic or reasoning.)

-
66. After the ingestion of an SSRI did the DCD develop a borderline personality disorder (was it ever diagnosed as such) traits?

(See DSM-IV for criteria: inc. unstable and intense interpersonal relationships, identity disturbance, impulsivity, self-mutilation [esp. cutting], affective instability, feeling of emptiness, inappropriate intense anger, etc. Personality disorders are deeply ingrained, long-term, character and developmental traits with a usual onset in adolescence)

67. Did the DCD develop irregular EEG patterns (such as temporal lobe epilepsy or paradoxical EEG dysrhythmias)?
-
-
-

Section 8. Other Changes After Ingesting SSRIs

(Section 7 asked about **specific** side-effects of SSRI medications. Section 8 is broader and involves **any other** changes)

68. Describe all behavioral and attitudinal changes in the DCD observed after starting the SSRI medicine(s), when they occurred, and who witnessed them. E.g., did the DCD give evidence of deteriorating work (___) or lessened social adaptation (___)? Specify the time frames .
-

69. Was there any *de novo* suicide ideation that emerged after the DCD took the SSRI? If yes, elaborate (See Q. 113). Did the DCD have intolerable mental anguish, which required immediate relief? Quote any specific statements made by the DCD. When did these ideas occur?

70. Did the DCD's behavior, thoughts, or sensations become "ego-dystonic" (not him or her usual self; like a different person, estranged from themselves, out-of-sorts, confused, depersonalized) after taking the SSRI? If yes, elaborate (See Q.116). Did this occur within 30 days after ingesting the SSRI? When?

71. Did the DCD become violent, aggressive, irritable, or "snappy" after ingesting the SSRI, in a way that they were not before taking the SSRI? If yes, which? Elaborate and give examples.

72. Did the DCD start to talk about dying or suiciding after ingesting the SSRI? Was this talk *different* than before ingesting the SSRI (___)?

73. Did the DCD do anything unusual after taking the SSRI that they had not done before taking the SSRI? If yes what and when?

Section 9. Police Incident Reports

(Get all police [local, state, federal (FBI), etc.] investigation or incident reports (including affidavits of witnesses) of suicide death or attempt or homicide death or attempt)

74. Where did the death or injury occur?

Home Hospital/ER Jail/Prison Public Place (where?)

75. Was anyone charged with a crime? If yes, who and for what?

76. Did the DCD have an arrest record? If yes, for what and when? Get copies of any court hearing or sentencings).

77. Did an EMT or EMS respond to the incident? If yes, get their records.

78. Did the police take photographs or videos of the body, death scene, home, public place, etc.? If yes, get color copies of all photos, etc.

79. Was the DCD on any suicide watch? If yes, say which kind and for how long (Circle: 24/7 15 min. 30 min. 60 min.)?

80. Was the death instantaneous? If not, estimate the time interval from act to death in minutes and/or hours.

81. Was the death/injury witnessed? If yes, by whom?

82. Were any police diagrams or schemata of the incident or place of death drawn/produced? If yes, get copies.

83. Was there a post-mortem police or institutional review of the incident? If yes, get a copy.
-

84. Which police officer was in charge of investigating the incident (his name and rank)?
-

Section 10. Maris' Fifteen Risk Factors/Suicide "Predictors"

(The main interviewing task here is to get positive or negative checks to each of Maris' 15 suicide predictors [Maris et al, **Comprehensive Textbook of Suicidology**, Guilford, 200), p. 80, Table 3.6] and then to calculate how many predictors out of 15 the DCD had. Calculate a % and record in Question 86, below. *Clearly, this information is redundant of some of the data in QQ 1-84 and is placed here to have all the information together in one place. The interviewer may wish to transcribe some the information from prior questions, rather than ask them all here again)*

85. **Fifteen Predictors:**

1. Did the DCD have a depressive or other mental disorder at or just prior to their death (especially any "major depressive episodes")?

(Get all the DCD's prior psychiatric or psychological records, inc., all diagnoses, admission & discharge summaries, mental status tests, progress notes, suicide watch records, psychological tests done, (especially the Hamilton or Beck Depression Inventories, & MD orders). In section 12, Q. 87 below, ask about the DSM-IV 9 diagnostic criteria for major depressive episode). Record the DSM code & name for each disorder.

2. Alcohol/drug abuse: Record the types (beer, wine, hard liquor) and amounts.

Beer Wine Hard Liquor Cocaine BZ MJ Amph. Other

a. Yes ___ ___ _____ _____ _ _ _____ _____

b. Amt. ___ ___ _____ _____ _ _ _____ _____

c. Was DCD ever in AA or Al-anon? _____

d. What was the DCD's BAL @ death or injury? _____

f. What was the primary substance DCD preferred? _____

g. Was the DCD ever an alcoholic? If yes, specify: _____

h. When did the DCD consume the above substances?

i. At the time of death what was the primary substance, if any?

3. Suicide ideation:

a. List all suicide ideation and date all ideas: _____

b. What were DCD's specific plans/methods? _____

c. Were these ideas fleeting or chronic (most all the time) ?

4. Prior Suicide Attempts:

a. How many total suicide attempts did the DCD make and who reported them? _____

b. History of DCD's suicide attempts?

	Month	Year	What Happened?	Cause?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

5. Lethal Methods (See QQ 13-17, above):

a. Firearms? Yes ____ No ____

i. Type of gun/firearms? _____

ii. Stored in home? _____ Where? _____
(Was there a safe or locked cabinet? ____)

iii. Ammo kept in the firearm? _____

iv Trigger locks on firearms? _____

v. Whose firearm was it? _____

vi. Total # of firearms in the home or vehicles? _____

b. Hanging? Yes ____ No ____ Describe _____

c. Overdose? Yes ____ No ____ What type drugs (SSRI, etc)?

d. Cutting/piercing? Yes ____ No ____ Describe _____

e. CO poisoning? Yes ____ No ____ Describe _____

f. Drowning? Yes ____ No ____ Describe _____

g. Suffocation (e.g., plastic bag)? Yes ____ No ____ Describe

h. Jumping? Yes ____ No ____ Describe _____

i. Fire? Yes ____ No ____ Describe _____

j. Gases? Yes ____ No ____ Describe _____

k. Household poison (specify)? Yes ____ No ____ Describe _____

l. Explosives? Yes ____ No ____ Describe _____

m. Electrocution? Yes ____ No ____ Describe _____

n. Plane crash or vehicle (car, train, etc.)? Yes ____ No ____
Describe _____

o. Other (specify)? Yes ____ No ____ Describe _____

6. Social Isolation:

a. Was the DCD living alone at the time of incident? _____

b. Had there been recent loss of social support? _____

(If yes, say when: _____)

c. Number close friends of DCD? Name 3 best friends (phone?).

i. _____

ii. _____

iii. _____

d. Was the DCD divorced or separated? _____

e. How many children did the DCD have? _____ (See Q. 22)

f. Was the DCD in physical confinement @ time of incident? _____

(Circle one: Jail, Prison, Hospital, Seclusion, Other)

7. Hopelessness:

a. Would you describe the DCD as feeling hopeless just before incident _____

b. Did you see the DCD as cognitively rigid or inflexible? _____

8. Was the DCD an older white male (45 years +)? _____

9. History of Suicide in the Family (See Q. 37, above)?

a. Were there any suicides in the DCD's family? _____

b. Was there any mental illness in the family? _____ (Q. 36)

3. Did the DCD have any work problems? _____ (See Q. 7)

11. Did the DCD have any marital problems? _____ (See Q. 9)

-
-
12. Stress: List and date all negative life events and stressors (esp. recent events).

13. Anger, Aggression, Impulsivity:

- a. Did you see the DCD having a temper or being an angry person? _____
- b. Was the DCD an aggressive person? ____ If yes, circle relevant type: predatory, intermale, fear-induced, territorial, maternal, irritability, instrumental (i.e., to achieve an end).
- c. Did the DCD meet the criteria for a DSM impulse-control Disorder (____)? If yes, indicate type:

(a variety of conditions involving poor impulse control)

- i. intermittent explosive disorder? _____
- ii. kleptomania? _____
- iii. pyromania? _____
- iv. pathological gambling? _____
- v. trichotillomania? _____
- vi. NOS? _____

14. DCD have any history of physical illness ? (See Q. 42) _____
relate to **CTS**, Table 14.2)

15. Suicidal Career (Cf., CTS , Figure 2.6):

- a. Had the above 14 predictors (with this one there are 15 total) been going on for some time and/or had they occurred together (i.e., were comorbid)? _____

(Which ones & when? _____

_____)

- b. Did the DCD have a “suicidal career”? _____

- c. When did the suicidal career start? _____

Section 11. Suicide Risk

86. Based on the percentage calculated from the 15 predictors, above, indicate the DCD’s suicide risk (i.e., how similar were they to known completed suicides) *before* they actually committed suicide? Circle appropriate number.

1 2 3 4 5 6 7 8 9 10 (high)

(See CTS, p. 86, Figure 3.6)

Section 12. DSM-IV Criteria for Major Depressive Disorder

87. Did the DCD meet the diagnostic criteria for MDD? _____

If yes, state the DSM code: _____ Total MDE criteria: _____

(To have a major depressive episode the patient must have at least 5 of the following 9 criteria (including either # 1 or #2) for @ least two weeks continuously and it must be a change from the patient’s normal functioning)

1. Depressed mood most of the day nearly every day? _____

2. An inability to take pleasure (“anhedonia”) most of the day almost every day (inc., lowered libido)? _____
3. Significant weight loss or gain (@ least +/- 5% for over 30 days) ? (See Q. 3) _____
4. Insomnia nearly every day (esp. “terminal insomnia; wakes up early AM & can’t go back to sleep) ? _____
5. Psychomotor retardation (really slowed down) or agitation (extreme restlessness) & observed by others ? _____
6. Fatigue or loss of energy nearly every day? _____
7. Feelings of worthlessness or excessive guilt? _____
8. Diminished ability to think or concentrate or indecisiveness nearly every day? _____
9. Recurrent thoughts about death or suicide, recurrent suicide ideation, a suicide plan, or a suicide attempt? _____

Section 13. Suicide Protective Factors

88. List all the factors which the DCD had which might protect them from suicide (*The answers given are from the perspective of the interviewee, if they are not matters of fact*).
 1. Was the DCD involved in a large supportive social network? _____
 2. Was the DCD married? _____
 3. Did the DCD have children? _____

4. Was the DCD actively religious? _____
5. Do you think the DCD being treated effectively? _____
6. Was the DCD a female? _____
7. Did the DCD have a calm (non-anxious) mood? _____
8. Was the DCD flexible, resilient and an effective problem solver? _____
9. Did the DCD have strong ego strength and high self-esteem? _____
10. Was the DCD open and not in denial about their problems? _____
89. What was the DCD's protective factors score (Q.88) on a ten-point scale? (*Add the positive responses to Q. 88 and circle appropriate number*)
- 1 2 3 4 5 6 7 8 9 10

Section 14. Personal Documents

(Clearly the time frame is an issue here and this could become an impossible task; the focus should be "ever" for relevant documents that reference crucial information, but at least in the last six months for all other documents).

- 90 List and copy verbatim (i.e., attach to the file, not copy here)
- a. Journal? _____
- b. Diary? _____
- c. Letters? _____

- d. Calendars? _____
- e. Poetry written? _____
- f. Computer hard-drive (2 months prior to incident @ least)? _____
- g. Statements (e.g., re perceived drug effects, etc.)? _____
- h. Suicide note(s)? _____
- i. Videotapes? _____
- j. Photography? _____
- k. Art work? _____
- l. Recent books read (e.g., at bedside)? _____ Title(s)?

Section 15. School Records

91. What was DCD's highest year of elementary school completed (circle)? Which school & when (date)? _____
1 2 3 4 5 6
92. What was the highest year of middle or junior high school (circle) ? Which school and when? _____
7 8
93. What was the highest year of high school completed (circle) ? Which school and when? _____
9 10 11 12
94. What was the highest year of college completed (circle) ? Which school, when, & major? _____

Frosh Soph Junior Senior

95. What was the highest year of graduate or professional school (circle)?
Which school, when, & discipline? _____

(Also, how old was the DCD when achieving these degrees?)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

i. M.A./M.S. ____ M.PH. ____ Other (specify)_____

ii. PhD. ____ Ed.D. ____ D.Psy. ____ Other _____

iii. M.D. _____

iv. J.D. _____

v. _ Other: ____ specify (post-doctoral, residency, etc.)

96. What was the DCD's highest number of total school years completed
(circle) and what date? Date: _____

1 2 3 4 5 6 / 7 8 / 9 10 11 12 / 13 14 15 16 17 18 19 20+

97. Was the DCD normally (circle one) an (get grade reports, if possible):

A B C D F student?

98. Did the DCD receive any academic/professional honors? What?

99. List any DCD school disciplinary actions (e.g., citation, suspension,
dismissal/expulsion, held back a grade, etc.) ? _____ If yes, what and
when?

100. Were there any special school problems for the DCD at any grade level? _____ If yes, what and when? Could the DCD read (____)?

101. Did DCD have any school counseling session? _____ If yes, get records, counselor's name, and say for what purpose and when?

Section 16. Work, Employment, & Military Records

102. What was the DCD's father's usual occupation? _____

103. What was the DCD's mother's usual occupation? _____

104. What was the DCD's own usual occupation? _____

105. What was the DCD's spouse's usual occupation ? _____

106. What was the work history of the DCD (Cf., Q 7, above)?

	Job & Duties	Industry	Years	Income
First:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____
5:	_____	_____	_____	_____

6: _____

7: _____

8: _____

Last: _____

107. The day before the DCD's death or injury he/she was:

- | | For How Long? |
|--|---------------|
| a. Unemployed _____ | _____ |
| b. Working full-time _____ | _____ |
| c. Retired _____ | _____ |
| d. Working full-time _____ | _____ |
| e. Disabled _____ | _____ |
| f. In school _____ | _____ |
| g. On vacation _____ | _____ |
| f. Homemaker _____ | _____ |
| g. Other (specify: e.g., on welfare, etc.) _____ | _____ |

108. Was the DCD ever fired or terminated from his/her work? If yes, elaborate (*When, why, how often?*).

109. Did the DCD have any EAP visits? If yes, specify.

-
110. Did the DCD get any work citations, discipline, or honors? If yes, specify.

-
111. Was the DCD ever in the military? If yes, give years and rank? What war or conflict was the service in? Were they in combat?

-
112. Was the DCD discharged dishonorably (____) or go AWOL (____)?

Section 17. Puzzling Paradox Paradigm

(Note: many of the questions below have been asked earlier and are just recorded here so they will be all together for the “paradigm”).

113. Did the DCD become “suddenly suicidal” (i.e., was there *de novo* suicide ideation against a prior baseline or little or no suicide ideation)? _____ (Cf., Q 69)

-
114. Was the method/means used to commit suicide violent? _____

115. Did the DCD exhibit obsessive or compulsive behavior within 30 days after ingesting the SSRI? _____ For example? _____

116. Was the suicide “out-of-character” or ego-dystonic” (e.g., was the suicidal behavior foreign to the DCD or their normal personality)? (Cf., Q 70)

117. Were the DCD’s suicidal acts preceded by abnormal neurological or psychiatric behaviors (such as akathisia, emotional blunting, sleep disturbances, mania, psychosis, etc.)? _____ (Cf., QQ 57-67)

118. Did the DCD commit suicide/homicide/etc. within 30 days of ingesting SSRIs? _____

119. How many pieces of the puzzle did the DCD have (*Add “yes” answers to QQ 113-118*) ?

1 2 3 4 5 6

Section 18. List of Possible Key Witnesses

120. What were the names,, addresses & contact information for all witnesses tothe incident and preceding behaviors & facts?

Name	Address	e-mail	Relationship DCD?
------	---------	--------	-------------------

1. _____

2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Section 19. Private Investigator Reports

121. Were there any private investigator reports and, if so, by whom, date?

- | By whom? | Purpose? | Date? |
|----------|----------|-------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |

Section 20. Pictures of the DCD & Family

122. Get several color photographs of the DCD and their family over time and date them. _____

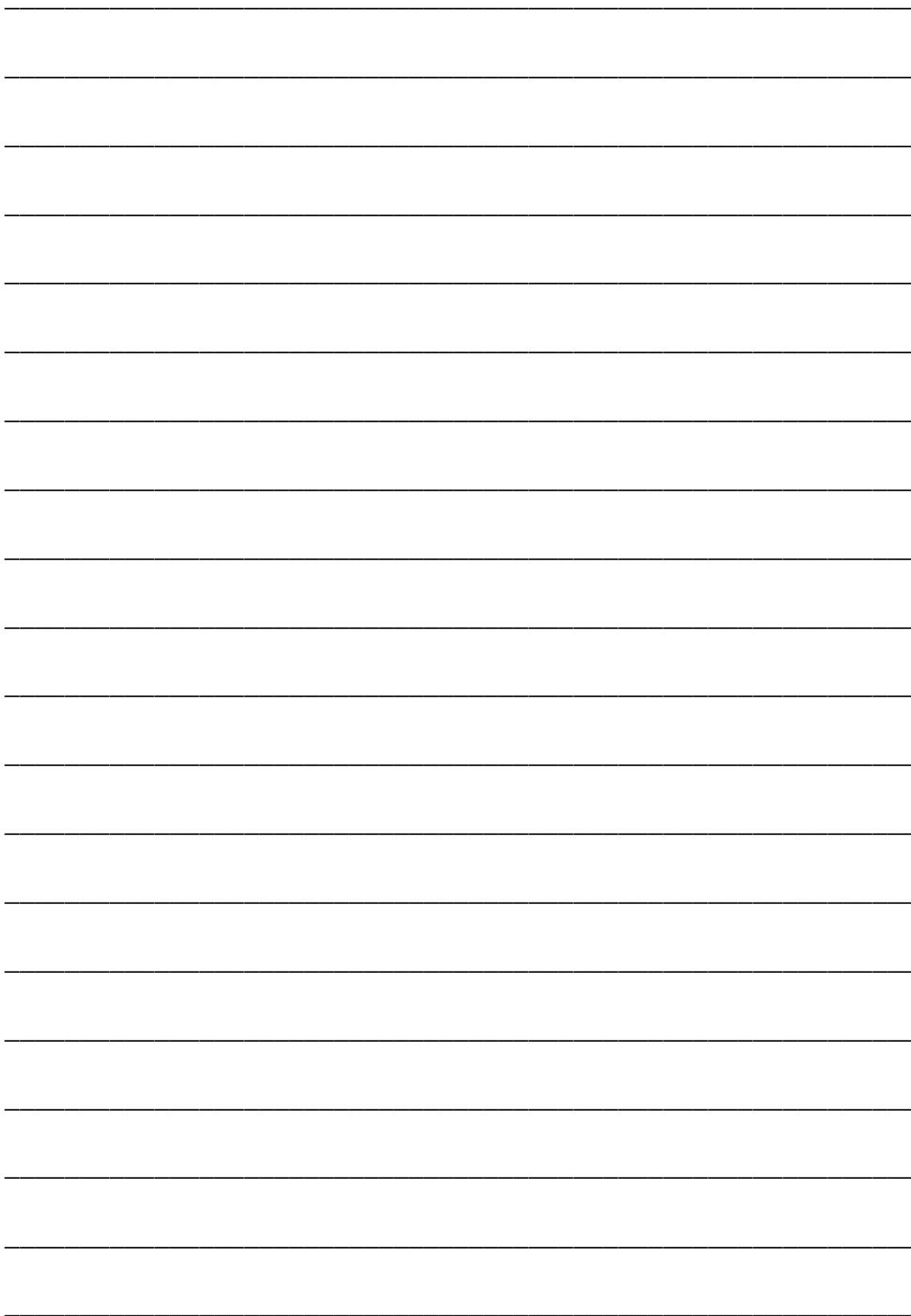
Section 21. Any Relevant Information Not Asked About

(Always give the informant(s) a chance to supply any information that they feel is relevant, even if we have not asked them about it. Conclude by thanking them for their time and effort and asking if they have any questions

Section 22. Methodological Appendix (Not to be done by interviewer!)

Document the reliability and validity of the psychological autopsy questionnaire and the individual sections and scales included. Discuss relevant *Daubert* issues, such as:

1. Reliability and validity studies (reliability tests include: (a) classical reliability theory (.00-1.00), (b) test-retest, (c) parallel forms coefficient, (d) internal consistency (e.g., split-half method), (e) interscorer, (f) generalizability theory. Validity tests include: (a) content, (b) criterion related, (c) concurrent, (d) predictive, (e) standard error of estimate, (f) construct, (g) convergent & discriminant validation)?
2. Case-control relative risks or odds ratios?
3. Double or triple-blind random clinical trials?
4. Peer-reviewed support (inc. review in a scientific journal)?
5. Error rates known?
6. General acceptance of theories & methods in scientific community?
7. Tested or testable?
8. Alternative explanations ruled out?
9. Challenge/dechallenge/rechallenge studies?



(end)