Case # :	(Case	e or File Name:	
Interview Date:	/	/	Interviewer Name:	
Interviewee Nam	e: _			

Psychological Autopsy & Death Investigation

by

Ronald Wm. Maris, Ph.D.

(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)

January 1, 2021

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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: <u>rwmaris@aol.com</u> 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

ect	tion 1. Biodemographic Overview
	Deceased or injured's name:
	Height:
	Weight in lbs.: usual & at death
	Age at death or injury: years & months (DOB = $/ /)$
	Race: White African-American Asian
	Other (specify:)
	Usual occupation: &
	duties
	Brief work history from first to last job (See Section 16) and current
	employment status (e.g., employed, unemployed, fired, retired, other):
	Marital status at death: Married Single Divorced
	Separated Gay or Lesbian Other (Partner, etc.)
	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
 5
 6
 7
 8

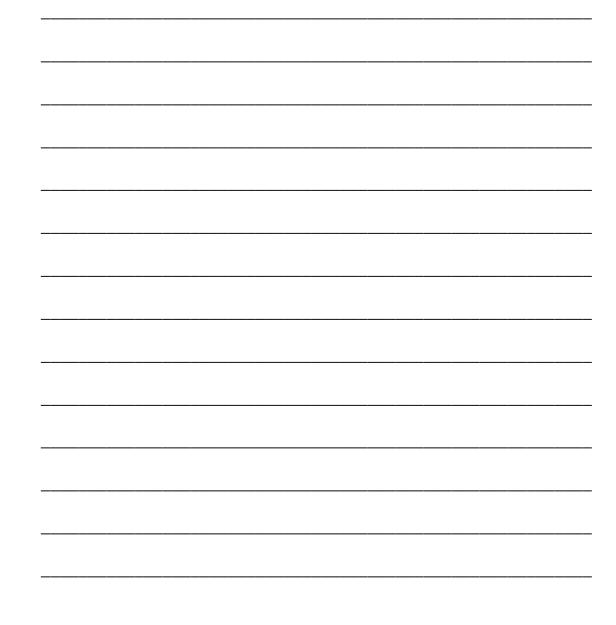
 c. College:
 1
 2
 3
 4
 5
 5
 5
 5
 6
 7
 8

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 <u>the two weeks prior</u> 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=1 st , 3 rd = 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 spe	cial problems?			
	1						
	2						

8

3			
4			
5			
6			
7			
8			
Father's Name?	Date Married		1
Mother's Name?	Date Married		
(Current or last) Spouse			
	Date Married	Div.	Sep.
Spouse's/Partner's Mo	ther's Name?		
	Date Married	Div.	Sep.
Grandfather's Name? (Ma & Pat)		
	(Ma & Pat)		

Sp	oouse's Grandfather? (Ma & Pat)	
Sp	ouse's Grandmother? (Ma & Pat)	
То	tal number of aunts and uncles?	
W1	ho of aunts or uncles was DCD closest to?	
 To	tal number of first cousins?	
Wl	ho among cousins was the DCD closest to?	
Lis	st the siblings of the DCD.	
Na	ime	
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). Any history of suicide, homicide, violence or crime in the family? If 37. yes, specify who, what, and when. Was the DCD ever sexually (____) or physically abused (____)? Did the DCD abuse animals (____)? Any history of alcoholism or substance abuse in the family? If yes, 38. 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>	Dates From		<u>Meds</u> (Generic/brand)	
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 <u>physical</u> illness or injuries (inc., car wrecks or accidents), including dates and treatments (inc., surgeries).

a.	
b.	
1.	
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.	 	
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 Schedule (mg) HS 1qd bid tid P.	-		
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.			

•	he medications samples (from whom?	(yes) and, if so, which of
Were the abortaking?	ve medications actually ta	aken and who witnessed the pi
If yes, to which	ch medication, describe s	gies to the above medications? ide effect(s), & when it started
-	-	r, neurological, psycho- re space. If psychological, cords?)
-	ty, etc. See p. 46 for mor viors. From family or re-	re space. If psychological,
describe beha	ty, etc. See p. 46 for mor viors. From family or re-	re space. If psychological, cords?)
describe beha Medication	ty, etc. See p. 46 for mor viors. From family or re- Side-effect	re space. If psychological, cords?)
describe beha	ty, etc. See p. 46 for mor viors. From family or re- Side-effect	re space. If psychological, cords?)

	Name (brand/generic)	Dose S (mg)			Start/ ate	Stop
1			 	 	 	
2			 	 	 	
3			 	 	 	
5			 	 	 	
6			 	 	 	
8			 	 	 	
9			 	 	 	
11			 	 	 	
12			 	 	 	

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

18.	 	 	 	 	
19. <u>-</u>	 	 	 	 	
20		 	 	 	

51. (For <u>the interviewer</u>: 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 (<i>mg/ml</i> , <i>etc</i> .)	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 <u>manner</u> of	death did the M	ledical Examine	r/Coroner c	ertify?
Suicide Homici	de Accident	Natural Pendin	g Undeter	mined

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 (<u>www.genelex.com</u>) 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 <u>after</u> 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 <u>akathisia</u> 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.)

(<u>emotional blunting</u>: 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; <u>emotionally labile</u>: 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 ("<u>psychotic decompensation</u>")? 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 <u>energized</u> 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 <u>worse</u> 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 <u>sleep disorders</u> after taking the SSRI? Specify if initial, middle, or terminal insomnia, nightmares, etc.

65. Did the SSRI induce an <u>obsessional state</u> 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 <u>borderline</u> <u>personality</u> 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 <u>irregular EEG patterns</u> (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 <u>after</u> 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 .

Was there any <i>de novo</i> suicide ideation that emerged after the DC took the SSRI? If yes, elaborate (See Q. 113). Did the DCD hav intolerable mental anguish, which required immediate relief? Qu any specific statements made by the DCD. When did these ideas occur?
Did the DCD's behavior, thoughts, or sensations become "ego-
dystonic" (not him or her usual self; like a different person, estran, from themselves, out-of-sorts, confused, depersonalized) after tak the SSRI? If yes, elaborate (See Q.116). Did this occur within 30 after ingesting the SSRI? When?

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

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 of	did the death or i	njury occur?	
	Home	Hospital/ER	Jail/Prison	Public Place (where?)
75.	 Was an	 vone charged wit	h a crime? If ves.	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. <u>Calculate a % and record in Question 86, below</u>. *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 <u>depressive</u> or other mental <u>disorder</u> 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. <u>Alcohol/drug abuse:</u> Record the types (beer, wine, hard liquor) and amounts.

3. <u>Suicide ideation:</u>

a. List all suicide ideation and date all ideas:

b. `	What were	DCD's sp	ecific plans/methods? _	
_				
c			ting or chronic (most all	
	Prior Suicid		<u>ts</u> :	
	•		de attempts did the DCI	
b. 1	History of I	DCD's sui	cide attempts?	
	Month	Year	What Happened?	Cause?
	1			
	2			
	3		<u> </u>	
	4		. <u>.</u>	
	5			
	6			
	/·			

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, e	
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 Desc	

	h.	Jumping? Yes No Describe
	i.	Fire? Yes No Describe
	j.	Gases? Yes No Describe
	k.	Household poison (specify)? Yes No Describe
	1.	Explosives? Yes No Describe
	m.	Electrocution? Yes No Describe
	n.	Plane crash or vehicle (car, train, etc.)? Yes No Describe
	0.	Other (specify)? Yes No Describe
6.	<u>So</u>	cial 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. <u>Hopelessness:</u>
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 <u>older white male</u> (45 years +)?
9. <u>History of Suicide</u> 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 <u>marital problems</u>? _____ (See Q. 9)

12. <u>Stress</u>: 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 <u>physical illness</u>? (See Q. 42) _____ relate to **CTS**, Table 14.2)

15. <u>Suicidal Career</u> (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 <u>two weeks continuously</u> and it must be a <u>change from the patient's</u> 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 <u>protect</u> 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? _____
- 1. 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 ()? Did DCD have any school counseling session? If yes, get records, counselor's name, and say for what purpose and when?				
101.					
Section	on 16. Work, Employm	ent, & 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. Unempployed	
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.)	
Was the DCD ever fired or terminated from he elaborate (When, why, how often?).	is/her work? If yes,
Did the DCD have any EAP visits? If yes, spe	ecify.

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 to the 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		
с		

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 <u>they</u> have any questions

for <u>you</u>. The interviewer needs to specify **who** answered **what** questions, or else give a <u>separate</u> autopsy interview to each key informant. Specify the total number of informants for this questionnaire (_____) and indicate who they were: ______

_____)

123. Is there anything else you would like to tell or ask me?

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

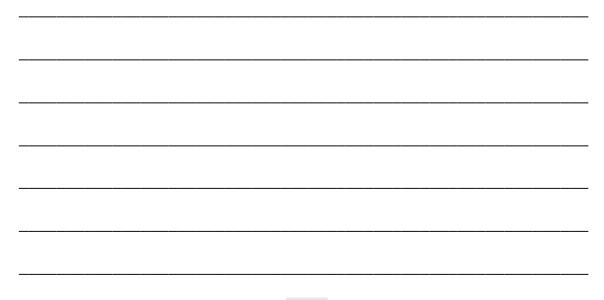
Document the reliability and validity of the psychological autopsy questionnaire and the individual sections and scales included. Discuss relevant *Daubert* issues, such as:

- Reliability and validity studies (<u>reliability tests</u> include: (a) classical reliability theory (.00-1.00), (b) test-retest, (c) parallel forms coefficient, (d)internal consistency (e.g., splithalf method), (e) interscorer, (f) generalizability theory.
 <u>Validity tests</u> 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?

- 10. Epidemiological studies with random samples of adequate size & power.
- 11.Non-litigation driven opinions by experts.
- 12.Similarity of purported causes & effects (e.g., differences among SSRIs)? These might include: mode of action, duration, ¹/₂ life, contraindications, pharmakinetics, binding sites, enzyme activity, bioequivalency, etc.

Section 23. Additional Space for Expanded Comments





(end)