Next of Kin Interview Form

This form is to be used by the Suicide Fatality Review (SFR) committee when a death by suicide has occurred. These interviews are intended to be done with the next of kin, family, close friends, and other close relationships to the deceased. Please note this form should be used as part of the Comprehensive Report during the SFR process.

As this can be a sensitive topic, this form has been created to ensure important and appropriate questions are asked. Please use this form as a guide for the information that should be collected. Ideally, all the questions are answered to give a full picture of the particular situation. There may be instances where including additional questions would be appropriate. This can be a difficult situation for those who were close to the deceased and extra care should be taken by the interviewing party in addressing these questions.

If there is conflicting information given by the interviewees, please make notes on the last page in the “Other Information” section.

Next of Kin Interview Form

Case #:	Decedent's Name:

INTERVIEWEES

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

OTHER SOURCES

Check all that apply.

☐ Public Social Media	☐ News and Media	☐ Other Specify:
☐ Public Records	☐ Obituary	

DEMOGRAPHICS

Age:

Race:
- ☐ White
- ☐ Black/African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Multi-racial
- ☐ Other Specify:

Ethnicity:
- ☐ Non- Affiliated
- ☐ Hispanic
- ☐ Somali
- ☐ Other Specify:

Gender:
- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Transgender
- ☐ Other Specify:

Sexual Orientation:
- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Questioning
- ☐ Unknown
- ☐ Other Specify:

Biological Sex:
- ☐ Male
- ☐ Female
- ☐ Intersex

Relationship Status:
- ☐ In a relationship
- ☐ Not in a relationship
- ☐ Unknown

FAMILY HISTORY

If decedent had no children under age 18, please check the box below and skip to the next section.

☐ No children under age 18

Marital Status:

Number of Biological Children:

Number of Non-Biological Children:

Age of child(ren) at the time of death:

What was the level of contact between decedent and children?

☐ Full Custody
☐ Shared Custody
☐ Visitation
☐ Limited Contact
☐ No Contact
☐ Unknown

Were the children living with the decedent at the time of death?

OCCUPATION AND EDUCATION

Highest Level of Education:

☐ Less than high school
☐ High school diploma
☐ GED
☐ Trade School
☐ Associate's degree
☐ Bachelor's Degree
☐ Post-Graduate

Occupation:

☐ Employed Full-time
☐ Employed Part-time
☐ Unemployed
☐ Disabled
☐ Student
☐ Retired
☐ Homemaker
☐ Illegal work (drug or sex)
☐ Unknown

Approximate annual income:

HEALTH HISTORY

Please check all the physical health conditions the decedent was diagnosed with in their lifetime

☐ None
☐ Cancer (specify):
☐ Chronic pain (specify):
☐ Diabetes
☐ Fibromyalgia
☐ Hepatitis C
☐ Obesity
☐ Respiratory disease
☐ History of Traumatic Brain Injury (TBI)
☐ Other (specify):
☐ Unknown

Did the decedent have health insurance?

Did the decedent have barriers to medical care?

Recent Medical History:

Dx of Chronic Illness Specify:

Dx of Terminal Illness Specify:

Change in prognosis for terminal illness:

SUBSTANCE USE HISTORY

Did the decedent have any alcohol-related problems?

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

Did the decedent use tobacco, including vaping?

- ☐ Yes
- ☐ No
- ☐ Unsure

Did the decedent have a history of drug overdose?

- ☐ Yes
- ☐ No
- ☐ Unsure

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

- ☐ Increase
- ☐ Decrease
- ☐ No Change
- ☐ Unknown

Substance use disorder history (check all the apply)

Non-prescription or illicit substances:

- ☐ Cocaine
- ☐ Marijuana (including vaping CBD/THC)
- ☐ Methamphetamine
- ☐ Heroin
- ☐ Prescription opiates (not prescribed)
- ☐ Hallucinogen
- ☐ Inhalants

Prescription Drugs:

- ☐ Prescription Opiates
- ☐ Benzodiazepines
- ☐ Barbiturates
- ☐ Muscle Relaxants
- ☐ Over the counter
- ☐ Steroids
- ☐ Other: _____

MENTAL HEALTH HISTORY

Please check all the mental health conditions the decedent was diagnosed within their lifetime

- ☐ None
- ☐ Anxiety
- ☐ ADD/ADHD
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ Schizophrenia
- ☐ Eating Disorder
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Borderline Personality Disorder
- ☐ Other (specify): _____
- ☐ Unknown

Did the decedent have a history of any of the following? (Check all that apply):

- ☐ None
- ☐ Self-Harm
- ☐ Suicidal Thoughts
- ☐ Suicide attempts not requiring medical treatment
- ☐ Suicide attempts requiring medical treatment
- ☐ Unknown

Number of prior attempts/most recent:

Access to weapons:

☐ Yes ☐ No ☐ Unknown

If yes, were they recently obtained? _____

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

Had the decedent been receiving mental health services?

Has the decedent been admitted to an inpatient psychiatric unit?

- ☐ Yes, specify:
- ☐ No
- ☐ Unknown

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

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please describe:

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

- ☐ Substance use disorder
- ☐ Homicide
- ☐ Domestic Violence
- ☐ Depression
- ☐ Suicide
- ☐ Sexual Assault
- ☐ Suicide gestures/attempts
- ☐ Child abuse/neglect
- ☐ Other:

LIFE STRESSORS

Relationship Stressors (Check all that apply):

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

Recent argument/timing of argument:

Additional life stressors (Check all that apply):

- ☐ Civil legal problems (eviction, divorce, bankruptcy)
- ☐ Criminal legal problems (arrest, probation, parole)
- ☐ Domestic Violence
- ☐ Physical health problem
- ☐ Job problem/dissatisfaction
- ☐ Assault/Trauma
- ☐ Financial problems
- ☐ School problems
- ☐ Suicide of friend/family member
- ☐ Non suicide death of loved one
- ☐ Disaster exposure (flood, fire, etc.)

ADVERSE LIFE EXPERIENCES

Had the decedent ever experienced any of the following as a child (Check all that apply):

- ☐ Economic hardship or poverty
- ☐ Divorced or separated parent
- ☐ Death of a parent
- ☐ Jailed parent
- ☐ Witness to domestic violence
- ☐ Victim of physical, mental, or sexual abuse
- ☐ Living with someone who is mentally ill
- ☐ Living with someone who abused substances

Had the decedent ever experienced any of the following as an adult?

- ☐ Economic hardship or poverty
- ☐ Divorce or separation
- ☐ Death of a loved one (specify):
- ☐ Victim of physical, mental, or sexual abuse
- ☐ Living with someone who abused substances
- ☐ Living with someone who is mentally ill

INCIDENT INFORMATION

By whom was the body first encountered/discovered?

- ☐ Family member. Specify relationship to decedent:
- ☐ Coworker
- ☐ Friend
- ☐ Emergency responder
- ☐ Firefighter
- ☐ Police officer
- ☐ Other, specify:

Were grief/survivor resources offered to the person in range to intervene or to those who found the body?

- ☐ Yes
- ☐ No
- ☐ Unknown

Injury Location:

- ☐ Residence
- ☐ Motor vehicle
- ☐ Parking lot/garage
- ☐ School
- ☐ Natural area (state park)
- ☐ Supervised facility
- ☐ Hospital/Medical facility
- ☐ Hotel/motel
- ☐ Other:

Was planning or preparation involved in this death?

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

Any evidence that incident involved the following (Check all that apply):

- ☐ A suicide cluster (multiple suicides that within an accelerate time frame and within defined geographical areas)
- ☐ Death risk game (Russian roulette, playing chicken, or choking game)
- ☐ Suicide pact with another individual
- ☐ No evidence

Did the decedent communicate suicidal ideation or threats (days, weeks, or months) prior to death?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, describe how and when it was expressed:

Was a suicide note found on the scene? ☐ Yes ☐ No ☐ Unknown

Suicide note format, if applicable:

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

List of prescriptions or substances found on scene:

Was there evidence of substance involvement (check all that apply):

☐ No	☐ Alcohol	☐ Stimulants
☐ Depressants	☐ Hallucinogens	☐ Inhalants
☐ OTC products	☐ Prescribed drugs	☐ Illicit substances

OTHER INFORMATION

Please use this section to indicate any other information shared about decedent. This includes any **discrepancies** and **conflicting information** given by the different interviewees: