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Appendix A.
Questionnaire

**Office of the Medical Examiner
Utah Department of Health**

**Investigation Form
Suicide and Drug Overdose Deaths**

**Remove this page
before the investigation form is
taken from the OME for data entry**

Date of Interview _____

Interviewer _____

Date of Death (DOD) _____

Name of Decedent _____

Age of Decedent _____

OME Number _____

Pre-fill SSN of Decedent _____--____--_____ *(If blank, only fill if served in military)*

Name of person being interviewed _____

Initials of person being interviewed _____

Interviewee Contact Number

Cell phone _____

Office/work phone _____

Home phone _____

Other _____

(1) DECEDENT'S FIRST NAME FOR INTERVIEW _____

Suspected cause of death _____

(2) OME Number _____

(3) Person being interviewed: Initials _____

Relationship to decedent (circle one):

Spouse	Friend	Sibling
Significant Other	Relative	Mother
Roommate	Child	Father
Other _____		

(4) Who did (name of decedent) live with at the time of his/her death: (don't read choices, circle all that apply)

Spouse	Alone
Significant Other	Roommate
Children	Sibling(s)
Mother	Friend
Father	Relative
Other _____	

(5) Did you live with (decedent) at the time of his/her death? 1-Yes 2-No 3-Don't Know

(6) Did (name of decedent) suffer from any of the following chronic medical condition(s)?

a) Seizures	1-Yes 2-No 3-Don't Know	Notes _____
b) Diabetes	1-Yes 2-No 3-Don't Know	_____
c) Obesity	1-Yes 2-No 3-Don't Know	_____
d) Cancer	1-Yes 2-No 3-Don't Know	_____
e) Mental Illness	1-Yes 2-No 3-Don't Know	_____
f) Physical Disability	1-Yes 2-No 3-Don't Know	_____
g) Traumatic Brain Injury	1-Yes* 2-No 3-Don't Know	_____
*If YES, Was it head trauma or brain injury resulting in lasting personality change or disability?		
		1-Yes 2-No 3-Don't Know
h) Other _____	1-Yes 2-No 3-Don't Know	_____
i) Any other chronic medical condition I did not mention?	1-Yes 2-No 3-Don't Know	_____

(7) a) Did (decedent) suffer from pain? 1-Yes 2-No* 3-Don't Know

If NO, skip to Question #8

b) if yes, was the pain chronic (or ongoing)? 1-Yes 2-No 3-Don't Know

c) What was the pain a result of? (circle all that apply)

Headaches

Diabetes

Neuropathy

Nerve damage

Arthritis

Injury: (specify) _____

Fibromyalgia

Cancer

Back Pain

Neck Pain

Infection

Overweight/Obesity

Surgery: (specify) _____

Other _____

d) Did (decedent) take prescription pain medication for this condition?

1-Yes 2-No 3-Don't Know

(8) a) Did (decedent) take prescription medications for pain during the year before his/her death?

1-Yes* 2-No** 3-Don't Know

****If NO, SKIP TO PAGE 4, Question #18**

***(b) (If YES) What prescription pain medication(s) did he/she use? (interviewer: only include if they are certain)**

1- _____ 4- _____ 7- _____
2- _____ 5- _____ 8- _____
3- _____ 6- _____ 9- Don't Know

(9) a) Did (name of decedent) take prescription pain medications in the last month of life?

1-Yes* 2-No 3-Don't Know

***(b) (If YES) What were they?**

1- _____ 4- _____ 7- _____
2- _____ 5- _____ 8- _____
3- _____ 6- _____ 9- _____

(10) Regarding pain medications taken in the last year of life, did (decedent) obtain any of these medications by prescription from a healthcare provider?

1-Yes 2-No* 3-Don't Know

**If No, skip to question #14*

(11) If received pain medication from a healthcare provider by prescription, please describe (name of decedent)'s use of these pain medications? Did he/she.....(read 1-5)

1-Often take more than prescribed (daily)

4-Often take less than prescribed (daily)

2-Sometimes take more than prescribed (weekly)

5-Sometimes take less than prescribed (weekly)

3-Take as prescribed

6-Not prescribed

7- Don't Know

8- Other _____

(12) What was/were the name(s) of the healthcare provider(s) who provided prescriptions for pain medications?

(prompt to "list names")Any others?

(13) Did he/she ever visit more than one doctor to get more prescription pain medication?

1-Yes 2-No 3-Don't Know

(14) Did (name of decedent) ever get prescription pain medications....

- | | | | |
|--|-------|------|--------------|
| a) For free from friend or relative | 1-Yes | 2-No | 3-Don't Know |
| b) From owner of medications without person's knowledge | 1-Yes | 2-No | 3-Don't Know |
| c) By purchasing them from friend, relative, or acquaintance (not a dealer) | 1-Yes | 2-No | 3-Don't Know |
| d) By purchasing them from a dealer (not a legal pharmacy or provider) | 1-Yes | 2-No | 3-Don't Know |
| e) By purchasing them on-line | 1-Yes | 2-No | 3-Don't Know |
| f) From any other source _____ | 1-Yes | 2-No | 3-Don't Know |

(15) Did (name of decedent) ever complain that a provider wasn't prescribing enough pain medication?

1-Yes 2-No 3-Don't Know

(16) a) Did a healthcare provider ever raise concerns about his/her use of pain medications?

1-Yes* 2-No 3-Don't Know

b) *(If YES) What is the name of the healthcare provider? _____ OR Don't Know Name

c) *(If YES) What did the healthcare provider recommend? (circle all that apply)

- | | |
|-----------------------|------------------------------|
| Limit prescriptions | Advised to take less |
| Prescription contract | Advised not mixing w/alcohol |
| Wean off medications | Provider terminated care |
| Don't Know | Nothing was recommended |
| Other _____ | |

(17) a) Was anyone else concerned with his/her use of prescription pain medication?

1-Yes* 2-No**3-Don't Know

** If NO, skip to question #19

b) Who was concerned? (don't read choices, circle all that apply)

- | | |
|-------------------|-------------|
| Spouse | Relative |
| Significant Other | Roommate |
| Parents | Friend |
| Children | Decedent |
| Sibling | Other _____ |

c) What made you/them concerned? (DON'T READ CHOICES, circle all that apply)

- | | |
|-------------------------|----------------------|
| Using too much medicine | Work/School Problems |
| Legal problems | Multiple prescribers |
| Behavior Change | Other _____ |
| Personality/Mood Change | Other _____ |

d) Was something done to try to help (name of decedent)? 1-Yes 2-No 3-Don't Know

e) If yes, what was done? (DON'T READ CHOICES, circle all that apply)

Urged decedent to take fewer medications

Urged decedent to talk to doctor about medications

Recommended that the decedent see substance abuse treatment

Other _____

(18) a) In the year prior to (decedent)'s death, did he/she use prescription pain medication for reasons other than to treat pain? 1-Yes* 2-No 3-Don't Know

b) *(If YES) For what reasons did he/she use the prescription pain medications? (circle all that apply)

To induce sleep

To relieve physical symptoms other than pain

To relieve anxiety or to calm nerves

For fun, good feeling, getting high

To relieve depression

Peer pressure

Prevent or relieve withdrawal symptoms

Don't Know

Other _____

c) *(If YES) What medications did he/she use?

d) *(If YES) How did he/she get the prescription pain medications? (circle all that apply)

Prescribed by a health care provider

For free from friend or relative

From owner of medications without person's knowledge

By purchasing them from friend, relative, or acquaintance (not a dealer)

By purchasing them from a dealer (not a legal pharmacy or provider)

By purchasing them on-line

Other _____

(19) Regarding any time during the last two months, did (name of decedent) experience any of the following:

**If YES, immediately ask "Was this also a significant crisis for him/her in the last two weeks of life?"*

a) Romantic Relationship Problem (Two Months) 1-Yes 2-No 3-Don't Know

(Two Weeks) 1-Yes 2-No 3-Don't Know

If Yes, What was the relationship problem?

1 – A divorce

3 – A break-up (if not married)

2 – A separation

4 – Other _____

b) Financial Problem (Two Months) 1-Yes 2-No 3-Don't Know

(Two Weeks) 1-Yes 2-No 3-Don't Know

c) Legal Problem	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
d) Was he/she employed during the last two months?				1-Yes 2-No 3-Don't Know
<i>If Yes, Did he/she experience a work problem?</i>				
	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
e) Was he/she enrolled in school during the last two months?				1-Yes 2-No 3-Don't Know
<i>If Yes, Did he/she experience a school problem?</i>				
	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
f) Substance Abuse Problem/Relapse	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
g) Inadequate pain relief	(Two months)	1-Yes	2-No	3-Don't Know
	(Two weeks)	1-Yes	2-No	3-Don't Know
g) Death of a Friend	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
i) If <u>YES</u>, was the death a suicide?				
	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
h) Death in Family	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
i) If <u>YES</u>, was the death a suicide?				
	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
i) Attempted Suicide of Friend	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
j) Attempted Suicide of Family Member	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know
k) Anything else I didn't mention	(Two Months)	1-Yes	2-No	3-Don't Know
	(Two Weeks)	1-Yes	2-No	3-Don't Know

**If NO to all, skip to question #21*

Notes: _____

(20) a) Did (*name of decedent*) seek professional help for any of the crises you mentioned?

1-Yes 2-No* 3-Don't Know

b) **If NO, What kept him/her from seeking help? (don't read choices, circle all that apply)*

No transportation	Embarrassment
No insurance	Too expensive
Distrust of professionals	Fear of hospitalization
Denial of problems	Lost Job
Insurance did not cover	Stopped taking meds
Relapsed	Not helpful

c) Anything else? _____

(21) Now I am going to read a list of symptoms to you, please tell me if you noticed (*name of decedent*) struggling with any of these symptoms in the last two months?

a) Sadness	1-Yes 2-No 3-Don't Know	i) Impulsive Behavior	1-Yes 2-No 3-Don't Know
b) Mood Swings	1-Yes 2-No 3-Don't Know	j) Hallucinations	1-Yes 2-No 3-Don't Know
c) Hopelessness	1-Yes 2-No 3-Don't Know	k) Appetite Change	1-Yes 2-No 3-Don't Know
d) Irritability	1-Yes 2-No 3-Don't Know	l) Difficulty Concentrating	1-Yes 2-No 3-Don't Know
e) Anger	1-Yes 2-No 3-Don't Know	m) Social Withdrawal	1-Yes 2-No 3-Don't Know
f) Aggression	1-Yes 2-No 3-Don't Know	n) Appearance Change	1-Yes 2-No 3-Don't Know
g) Anxiety	1-Yes 2-No 3-Don't Know	o) Behavior Change	1-Yes 2-No 3-Don't Know
h) Panic Attacks	1-Yes 2-No 3-Don't Know	p) Insomnia	1-Yes 2-No 3-Don't Know
		q) Pain	1-Yes 2-No 3-Don't Know
r) Did he/she experience any other symptoms I may have not asked?	1-Yes 2-No 3-Don't Know		

(22) Regarding sleep, in the past two months did (*name of decedent*) experience any of the following?

a) Excessive daytime sleepiness	1-Yes 2-No 3-Don't Know
b) Awakening un-refreshed	1-Yes 2-No 3-Don't Know
c) Snoring unusually loud	1-Yes 2-No 3-Don't Know
d) Sounding like he/she was having trouble breathing while he/she slept	1-Yes 2-No 3-Don't Know
e) Stop breathing for a period of time while asleep	1-Yes 2-No 3-Don't Know
g) Any other issues related to sleep that you observed? _____	1-Yes 2-No 3-Don't Know

(23) a) To your knowledge, did (<i>name of decedent</i>) suffer from sleep apnea?	1-Yes 2-No 3-Don't Know
b) (<i>If YES</i>) Did he/she have a CPAP breathing machine for sleep apnea?	1-Yes 2-No 3-Don't Know
c) (<i>If YES</i>) Did he/she use it regularly?	1-Yes 2-No 3-Don't Know

(24) a) Did (decedent) ever use medications to help him/her to SLEEP? 1-Yes* 2-No 3-Don't Know
b) *(If YES) What medications did he/she use for SLEEP

1- _____ 4- _____ 7- _____
 2- _____ 5- _____ 8- _____
 3- _____ 6- _____ 9- _____

c) *(If YES) How did (name of decedent) obtain these medications? (circle all that apply)

(Drug # from part (b))

- _____ Prescribed by doctor or other health care provider
- _____ Given medications for free by friend or relative
- _____ Took from owner of medications without person's knowledge
- _____ Purchased from friend, relative, or acquaintance (not a dealer)
- _____ Purchased from a dealer (not a legal pharmacy or provider)
- _____ Purchased on-line
- _____ Other _____

(25) a) Did (decedent) ever use medications to RELIEVE STRESS OR ANXIETY? 1-Yes* 2-No 3-Don't Know
b) *(If YES) What medications did he/she use to RELIEVE STRESS OR ANXIETY?

1- _____ 4- _____ 7- _____
 2- _____ 5- _____ 8- _____
 3- _____ 6- _____ 9- _____

c) *(If YES) How did (name of decedent) obtain these medications? (circle all that apply)

(Drug # from part (b))

- _____ Prescribed by doctor or other health care provider
- _____ Given medications for free by friend or relative
- _____ Took from owner of medications without person's knowledge
- _____ Purchased from friend, relative, or acquaintance (not a dealer)
- _____ Purchased from a dealer (not a legal pharmacy or provider)
- _____ Purchased on-line
- _____ Other _____

(26) I am going to read you a list of substances, could you please tell me if (name of decedent) ever used any of the following? (Read all substances)

(a) Alcohol: 1-Yes 2- No 3-Don't Know

When was his/her last use? _____

If in last 2 months, how often?

- 1-Daily 2-Few times/week 3-Weekly 4-Monthly
- 5-Don't Know 6-Sporadic 7-Other _____

Did he/she drink enough to be intoxicated? 1-Yes 2- No 3-Don't Know

If in last 2 months, how often?

1-Daily 2-Few times/week 3-Weekly 4-Monthly
5-Don't Know 6-Sporadic 7-Other_____

In the past two months, did drinking interfere with his/her daily ability to function? 1-Yes 2- No 3-Don't Know

(b) Tobacco:

1-Yes 2- No 3-Don't Know

If YES, In the two months prior to death did (decedent) use tobacco products of any kind?

1-Yes 2-No 3-Don't Know

If YES, what products?

1 – Cigarettes 2 – Cigars 3 – Pipe 4 – Chewing Tobacco
5 – Other products (gum, patch, etc.)_____

If YES, how often?

1-Daily 2-Few times/week 3-Weekly 4-Monthly
5-Don't Know 6-Sporadic 7Other_____

If yes, how many, or how much per day?

_____ (1 pack =20 cigarettes) _____(cigars) _____(chewing tobacco) _____(pipe tobacco)
_____ (other)

(c) Marijuana:

1-Yes 2- No 3-Don't Know

When was his/her last use?_____

If in last 2 months, how often?

1-Daily 2-Few times/week 3-Weekly 4-Monthly
5-Don't Know 6-Sporadic 7Other_____

(d) Heroin:

1-Yes 2- No 3-Don't Know

When was his/her last use?_____

If in last 2 months, how often?

1-Daily 2-Few times/week 3-Weekly 4-Monthly
5-Don't Know 6-Sporadic 7Other_____

(e) Cocaine including powder, crack or freebase:

1-Yes 2- No 3-Don't Know

When was his/her last use?_____

If in last 2 months, how often?

1-Daily 2-Few times/week 3-Weekly 4-Monthly
5-Don't Know 6-Sporadic 7Other_____

(f) Hallucinogens (LSD, ecstasy, mushrooms): 1-Yes 2- No 3-Don't Know

When was his/her last use? _____

If in last 2 months, how often?

- 1-Daily 2-Few times/week 3-Weekly 4-Monthly
- 5-Don't Know 6-Sporadic 7Other_____

(g) Meth/Methamphetamine: 1-Yes 2- No 3-Don't Know

When was his/her last use? _____

If in last 2 months, how often?

- 1-Daily 2-Few times/week 3-Weekly 4-Monthly
- 5-Don't Know 6-Sporadic 7Other_____

(h) Any other substances I did not mention, including prescriptions, over-the-counter drugs, or supplements?

_____ 1-Yes 2- No 3-Don't Know

When was his/her last use? _____

If in last 2 months, how often?

- 1-Daily 2-Few times/week 3-Weekly 4-Monthly
- 5-Don't Know 6-Sporadic 7Other_____

(27) a) Did (name of decedent) ever receive specific treatment for substance abuse: 1-Yes* 2-No 3-Don't Know

b) *If YES, did he/she receive treatment from any of the following (read all and circle all that apply)

- 1-Emergency Room 2- Day program 3- Residential 4-AA/NA 5-Hospitalization
- 6-Methadone Clinic 6- Other (if mentioned)_____

c) When was the last time they received treatment for substance abuse?

- 1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years Ago_____

Notes _____

(28) a) Was (name of decedent) ever diagnosed with a mental illness by a healthcare provider?

1-Yes* 2-No** 3-Don't Know

****If NO, skip to question #31**

b) *(If YES) Please describe the disorder? (circle all that apply)

- Depression Schizophrenia
- Anxiety Eating Disorder
- Bipolar ADHD
- Substance Use Disorder
- Other_____

c) Excluding treatment for substance abuse, was (name of decedent) ever hospitalized for a psychiatric reason? 1-Yes* 2-No 3-Don't Know

d) **(If YES) Did he/she receive treatment from any of the following (read all and circle all that apply)*

1- Emergency Room 2-Day Treatment 3-Residential 4-Hospitalization

5- Other (if mentioned) _____

e) How long ago was the last time prior to death? _____

(29) a) Did (name of decedent) ever see a therapist for individual therapy? 1-Yes* 2-No** 3-Don't Know

b) **(If YES) Did (he/she) see a therapist for individual therapy in the last six months?*

1-Yes* 2-No 3-Don't Know

c) When did he/she last see this therapist? _____

d) **Since that time did he/she stop attending appointments or decrease his/her number of visits?*

1-Yes* 2-No 3-Don't Know

e) **(If YES) Why did he/she stop or decrease individual therapy visits at the end of life? (circle all that apply)*

No transportation

Embarrassment

No insurance

Too expensive

Distrust of professionals

Fear of hospitalization

Denial of problems

Lost Job

Insurance did not cover

Stopped taking meds

Relapsed

Not Helpful

f) Any other reason I did not mention?

1-Yes 2-No 3-Don't Know

(30) a) Did (name of decedent) ever receive any psychiatric medication? 1-Yes* 2-No 3-Don't Know

If No, skip to question #34

b) **(If YES) Who prescribed these medications? (circle all that apply)*

Family Doctor 1-Yes 2-No 3-Don't Know

Physician Assistant 1-Yes 2-No 3-Don't Know

Internal Medicine MD 1-Yes 2-No 3-Don't Know

Nurse Practitioner 1-Yes 2-No 3-Don't Know

Psychiatrist 1-Yes 2-No 3-Don't Know

On-line provider 1-Yes 2-No 3-Don't Know

Other _____ 1-Yes 2-No 3-Don't Know

c) Was he/she taking any prescribed psychiatric medication in the last two months?

1-Yes* 2-No** 3-Don't Know

If No, skip to question #32

d) **(If YES) What psychiatric or psychotropic medications was (name of decedent) currently prescribed?*

1- _____ 4- _____ 7- _____

2- _____ 5- _____ 8- _____

3- _____ 6- _____ 9- _____

e) **(If YES) Was he/she in charge of taking his or her own medication?* 1-Yes 2-No** 3-Don't Know

f) ****If NO** Who was in charge of his/her medications? _____

(31) a) In the last two months, what was (name of decedent)'s pattern of use of prescribed psychiatric medication? (Did he/she.....) (don't read, circle most appropriate response)

1-Always take more than prescribed (every day)

5-Always take less than prescribed (every day)

2-Often take more than prescribed (4-6 times/week)

6-Often take less than prescribed (4-6 times/week)

3-Sometimes take more than prescribed (1-3 times/week)

7-Sometimes take less than prescribed (1-3 times/week)

4-Take as prescribed

8-Don't Know

9-Other _____

b) In the last two weeks did (name of decedent) change his/her pattern of prescription use?

1-Yes 2-No* 3-Don't Know

***If NO, skip to question #32**

c) Did his/her pattern of use:

1- Decrease 2-Increase 3-Stopped taking meds* **(If stopped taking meds, skip to question #31e)**

d) What was his/her pattern of use in the past two weeks? (Did he/she.....) (don't read)

1-Always take more than prescribed (every day)

5-Always take less than prescribed (every day)

2-Often take more than prescribed (4-6 times/week)

6-Often take less than prescribed (4-6 times/week)

3-Sometimes take more than prescribed (1-3 times/week)

7-Sometimes take less than prescribed (1-3 times/week)

4-Take as prescribed

8-Don't Know

9-Other _____

e) Why did (name of decedent)'s use of prescriptions change? (circle all that apply)

Didn't like the Idea of taking medication

Side Effects

Medication not helpful-didn't feel effect

Too Expensive

Other _____

Other _____

(32) a) Did (name of decedent) ever complain that a provider wasn't prescribing enough psychiatric medication? 1-Yes 2-No 3-Don't Know

b) When did he/she complain? _____

c) What medication did he/she complain about? _____

d) Why did the provider not prescribe more? _____

(33) a) Did (name of decedent) ever get his/her psychiatric or psychotropic medications from another source, other than by prescription from a doctor or other licensed health care provider? 1-Yes* 2-No 3-Don't Know

b) **(If YES) Did he/she get them from:*

Given medications for free by friend or relative	1-Yes	2-No	3-Don't Know
Took from owner of medications without person's knowledge	1-Yes	2-No	3-Don't Know
Purchased from friend, relative, or acquaintance (not a dealer)	1-Yes	2-No	3-Don't Know
Purchased from a dealer (not a legal pharmacy or provider)	1-Yes	2-No	3-Don't Know
Purchased on-line	1-Yes	2-No	3-Don't Know
Other _____	1-Yes	2-No	3-Don't Know

(34) a) Did (name of decedent) ever participate in self-harming behavior? (ex: cutting, burns, etc.)

1-Yes 2-No 3-Don't Know

b) If yes, when was the last time? (in relation to the time of death)

1-Within one week 2-Within one month 3-Within Six Months 4-Within one year 5-# of Years Ago_____

(35) a) Did (name of decedent) ever attempt suicide?

1-Yes 2-No 3-Don't Know

b) If yes, how many times? _____

c) If yes, when was the last time? (in relation to the time of death)

1-Within one week 2-Within one month 3-Within Six Months 4-Within one year 5-# of Years Ago_____

(36) a) Did (name of decedent) ever talk about suicide? (including written communication)

1-Yes 2-No* 3-Don't Know

*If **NO**, Skip to question #40

b) If yes, when was the last time he/she talked about it?

1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years Ago_____

(37) a) Did he/she ever disclose a plan for suicide?

1-Yes 2-No 3-Don't Know

b) If YES, when was the last time?

1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years Ago_____

(38) a) Did he/she specify a method for suicide?

1-Yes 2-No 3-Don't Know

b) If YES, what method?

- | | | | |
|---------------------|-----------------------------|---------------------------------|-----------------|
| (1) Carbon monoxide | (4) Cutting wrists or veins | (7) Railroad Tracks | (9) Hanging |
| (2) Jumping | (5) Overdose Taking pills | (8) Overdose Drinking chemicals | (10) Other_____ |
| (3) Car crash | (6) Gun | | |

(39) a) Has there ever been a suicide by a family member or relative of (name of decedent)?

1-Yes* 2-No** 3-Don't Know

**If NO, skip to question #40

b) *If YES, what was their relationship to (name of decedent)? _____

c) *If YES, how long ago was the suicide? _____

d) Did the decedent know about the suicide? 1-Yes 2-No 3-Don't Know

***READ: The next couple of questions are about any history of abuse...**

(40) a) Was (name of decedent) ever physically abused? 1-Yes* 2-No 3-Don't Know

b) *If Yes, by whom? (circle all that apply)

1-BIOLOGICAL MOTHER 2- BIOLOGICAL FATHER 3-STEP MOTHER 4- STEP FATHER

5-BROTHER 6-SISTER 7-RELATIVE 8-NEIGHBOR

9-LEGAL GUARDIAN-FOSTER PARENT 10-STRANGER

11-OTHER _____

c) If Yes, When was the most recent incidence of abuse?

1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years _____

(41) a) Was he/she (decedent) ever sexually abused? 1-Yes 2-No 3-Don't Know

b) *If Yes, by whom? (circle all that apply)

1-BIOLOGICAL MOTHER 2- BIOLOGICAL FATHER 3-STEP MOTHER 4- STEP FATHER

5-BROTHER 6-SISTER 7-RELATIVE 8-NEIGHBOR

9-LEGAL GUARDIAN-FOSTER PARENT 10-STRANGER

11-OTHER _____

c) If Yes, When was the most recent incidence of abuse?

1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years _____

(42) a) Were firearms kept in the residence where (name of decedent) was living? 1-Yes* 2-No 3-Don't Know

b) *If yes, were they all stored? 1-Yes 2-No 3-Don't Know

c) *If yes, were they all locked? 1-Yes 2-No 3-Don't Know

d) Please describe how the gun(s) was/were locked? _____

(43) a) Did he/she have access to a firearm outside of his/her residence at the time of death? 1-Yes* 2-No 3-Don't Know

b) *If YES, From whom? _____

c) *if YES, From where? _____

d) Did they use a gun to take their own life? 1-Yes* 2-No 3-Don't Know

(44) a) Did (decedent) ever serve in the military? 1-Yes* 2-No** 3-Don't Know
If **NO, skip to question #45

b) *If YES, what was his/her last active status rank and position? _____

c) If so, when was he/she last active?

1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years Ago _____

d) *If YES, where was he/she last stationed? _____

e) *If YES, was he/she ever stationed a combat zone? 1-Yes 2-No 3-Don't Know

f) If so, where? _____

g) If so, when?

1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years Ago _____

h) *If YES, was he/she ever wounded in direct combat? 1-Yes 2-No 3-Don't Know

i) If so, where? _____

j) If so, when?

1-Last week 2-Last Month 3-Last Six Months 4-Last Year 5-# of Years Ago _____

Appendix B.
Changes to Questionnaire

Changes to the questionnaire after data collection officially began - (which occurred approximately 1.5 months into data collection):

- 1) It was determined that two questions should simply be eliminated from the questionnaire because they were unclear to respondents and did not provide enough information to be of value to the study. Both eliminated questions were parts to question #6, “*Did decedent ever suffer from any of the following chronic medical conditions...?*”
 - “**Intellectual Disability?**”
 - “**Chronic Fatigue Syndrome?**”

- 2) A follow-up question (part of Question #6) was added after the initial question, “*Did decedent ever suffer from any of the following chronic medical conditions: Traumatic Brain Injury?*” as follows: (If YES to previous question), “**Was it head trauma resulting in lasting personality change or disability?**” Added to get a better sense of the true nature of head trauma reported by respondent.

- 3) To accommodate for reported use of tobacco products other than cigarettes and to obtain a more complete description of tobacco use, question 26b was changed from:

(b) Tobacco: 1-Yes 2- No 3-Don't Know
 Did (decedent) smoke at the time of their death ? _____
 How many cigarettes a day?
 ____ (1 pack =20 cigarettes)

to:

(b) Tobacco: 1-Yes 2- No 3-Don't Know
 If YES, In the two months prior to death did (decedent) use tobacco products of any kind?
 1-Yes 2-No 3-Don't Know
 If YES, what products?
 1 – Cigarettes 2 – Cigars 3 – Pipe 4 – Chewing Tobacco
 5 – Other products (gum, patch, etc.) _____
 If YES, how often?
 1-Daily 2-Few times/week 3-Weekly 4-Monthly
 5-Don't Know 6-Sporadic 7Other _____
 If yes, how many, or how much per day?
 _____ (1 pack =20 cigarettes) _____(cigars) _____(chewing tobacco) _____(pipe tobacco)
 _____(other)

- 4) In order to avoid confusion that many respondents expressed when data collection began, question 28a, which was originally, “**Did (decedent) ever have a formal psychiatric diagnosis?**” was reworded to, “**Was (decedent) ever diagnosed with a mental illness by a healthcare provider?**”

Appendix C.
Utah Code 26-4-7

The OME is authorized under Section 26-4-7 of the Utah Code to investigate the following types of deaths:

1. Deaths by violence, gunshot, suicide, or accident, except highway accidents. (Utah is unique in the nation in excluding any death resulting or appearing to result from a highway accident from the jurisdiction of the medical examiner or coroner).

2. Sudden death while in apparent health. (This is defined as any instantaneous death without obvious natural cause, death during or following an unexplained syncope or coma, or death during an acute or unexplained rapidly fatal illness).

3. Unattended deaths. (Unattended means that the person has not been seen by a physician within 30 days of their death. Persons who die while under treatment by prayer or spiritual means in accordance with the tenets and practices of a well-recognized church or religious denomination are not considered to be unattended).

4. Deaths under suspicious or unusual circumstances.

5. Deaths resulting from poisoning or overdose of drugs.

6. Deaths resulting from disease, injury, toxic effect or unusual exertion incurred within the scope of the decedent's employment. (However, highway accident deaths while on the job are excluded).

7. The Medical Examiner may also assist in the identification of a deceased individual. In cases where injury or decomposition make visual identification or fingerprints impossible, the use of dental records may be required.

8. Deaths resulting from diseases which may constitute a threat to the public health.

9. Deaths due to the Sudden Infant Death Syndrome.

10. Deaths resulting while the deceased was in prison, jail, in police custody, in the state hospital, or in a detention or medical facility operated for the treatment of the mentally ill or emotionally disturbed or delinquent persons.

11. Deaths associated with diagnostic and therapeutic procedures.

(Source: <http://health.utah.gov/ome/act.html>)

Appendix D.
Initial Candidate Selection

CANDIDATE DETERMINATION

SCOPE

For all study personnel including, but not limited to: Medical Examiner (ME), Psychiatry Division Chair (Chief Investigator), Psychiatry Professional, UDOH Department Head, Chief ME Assistant, UDOH Program Manager, Research Assistant, ME Investigator, UDOH Program Coordinator, UDOH Interviewer.

PRINCIPLE/PURPOSE

- A. To determine decedent meeting criteria for study candidacy.
- B. To ensure that study candidate remains within criteria throughout process which means that the final cause of death of the decedent as outlined by the ME lies within the categories outlined by the research team.
- C. To ensure that all potential study candidates are obtained.

DOCUMENTATION/RECORDS

- A. MESU (electronic database) containing all OME cases.
- B. Investigative Report containing pertinent information regarding the death scene.
- C. Medical Records containing documentation on decedent's medical history.
- D. Cover Page to Research Interview
- E. Excel workbook containing master list of all study candidates.

CRITERIA FOR STUDY CANDIDACY AS OUTLINED BY RESEARCH TEAM

- A. Decedent must fall under OME jurisdiction as defined by Utah Medical Examiner's Act upon notification under Section 26-4-8 under circumstances listed in Section 26-4-7.
- B. The researcher will consider all of the following circumstances:
 - a. All suicide completers.
 - b. All drug overdoses.
 - i. This means all cases where it is known or at least suspected that drugs are involved in the death of an individual.
 - c. Drugs including both prescription and illicit.
 - d. Mixed drug intoxication including alcohol, however, cases are not considered when alcohol is the only suspected drug.
 - i. Generally these cases originally are considered until toxicology reports reveal that only alcohol is present and all suspected drugs are ruled-out.
 - e. All cases termed "Pending" by the ME with the intent to rule-out drug overdose.
 - f. Accidental deaths where it is known that the decedent expressed suicidal thoughts and/or had previous suicide attempts.
 - i. In these cases the ME will wait 6 to 8 weeks for toxicology results and 2 to 3 weeks for histology slides in order to rule-out drug overdose.

- g. Homicide deaths where it is known that the decedent expressed suicidal ideation.
 - i. These deaths might be considered “assisted suicides.”

SUPPLIES/EQUIPMENT

- A. Computer, printer
- B. Case file folder including all corresponding forms printed from MESU

QUALITY CONTROL

- A. Final Manner and Cause of death recorded in MESU by ME upon completion of autopsy.
- B. Exam notes recorded in MESU by ME upon completion of autopsy.
- C. Excel workbook including demographic information of all study candidates maintained daily and audited weekly.

Appendix E.
Case Inclusion/Exclusion Criteria

CRITERIA FOR UDOH AUDITS OF STUDY CANDIDACY (FOR INTERVIEW & ANALYSIS)

1. Decedent must fall under OME jurisdiction as defined by Utah Medical Examiner's Act upon notification under Section 26-4-8 under circumstances listed in Section 26-4-7.
2. The researcher will consider all of the following circumstances:
 - a. Manner of death (MOD) is "Accidental" or "Undetermined".
 - i. Cases with "Pending" MOD will be noted and reviewed after an MOD has been determined.
 - b. All drug overdoses.
 - i. This means all cases where it is known or at least suspected that drugs are involved in the death.
 - c. Drugs involved, including both prescription and illicit.
 - d. Mixed drug intoxication including alcohol, however, cases are not considered when alcohol is the only suspected drug.

PROCEDURE

- A. Cases will be identified using the MESU (Medical Examiners System for Utah) database:
 - a. Export from MESU database
 - i. The presence of any name or type of drug, or any of the key words (Table 1) in any of the Death Cert fields (Table 2) will merit inclusion of this case in the study.

Table1. Key Words
Intoxication
Drug (multi-, poly-, mixed)
Overdose (OD)
Prescription
Medication
Toxicity
Substance Abuse
Any specific drug name (see list)

Table 2. Death Cert. Fields
Immed COD
2 nd line COD
3 rd line COD
4 th line COD

- B. Exclusion criteria:
 - a. If the cause of death has met the inclusion criteria, but is identified to be solely caused by any of the following: carbon monoxide, household cleaners, alcohol (ethanol, methanol).
 - b. If the decedent was less than 12 years old
 - c. If the decedent was not a resident of Utah
 - d. If the final MOD is natural, suicide, or homicide.
 - e. Cases that had "pending" MOD on 2/2/2010
 - f. Cases that had "undetermined" in the first four COD fields on 2/2/2010
 - g. Cases with "undetermined" and a mention of drugs in the first four COD fields.

- h. If the decedent's most proximate cause of death is an injury, with a distal COD of an overdose

List of specific drug names:

Alprazolam (Xanax)	Doxepin	Nordiazepam
Amitriptyline	Doxylamine	Olanzapine (Zyprexa)
APAP (acetaminophen; tylenol)	Drug Intoxication - NOS	Opiate - NOS
ASA (Aspirin)	ETOH (alcohol)	Opium - NOS
Benzodiazepine - NOS	Fentanyl	OTC (Over the counter)
Buprenorphine	Fluoxetine	Oxycodone
Bupropion (Wellbutrin)	Heroin	Oxymorphone
Butalbital	Hydrocodone	Pentazocine
Carisoprodol	Hydromorphone	Pentobarbital
Carisoprodol & Meprobamate	Ibuprofen	Polydrug - NOS
Chlorpheniramine	Illicit Drugs - NOS	Promethazine (Phenergan)
Citalopram (Celexa)	Imipramine	Propoxyphene
Cocaine	Inhalant	Quetiapine (Seroquel)
Codeine	Insulin	Rx Meds - NOS
Coumadin (anti-clotting)	Levo (levo dromoran)	Sertraline (Zoloft)
Cyclobenzaprine	Lorazepam	Temazepam
Dextromethorphan (DXM or DM)	Marijuana	Tramadol
Diazepam	MDMA	Trazodone
Dihydrocodeine	Meperidine (demerol)	Tricyclic Anti-Depressant - NOS
Diphenhydramine	Meprobamate	Valproic acid (Depakote)
Doxazosin	Methadone	Venlafaxine (effexor)
	Methamphetamine	Zolpidem (ambien)
	Morphine	
	Morphine and Heroin	
	Narcotic - NOS	

- C. When cases have unspecified drugs (NOS written in COD fields) or have morphine without specifying if it was prescribed morphine or heroin, we examined case files at the OME in order to obtain more information.

Appendix F.
Interviewer Scripts

BEGIN

Hi, is _____ there? Hi, _____, my name is _____ and I work for the Utah Medical Examiner. I am calling regarding _____. I have a series of standard follow-up questions to ask you that will take about 20 to 30 minutes. Your answers will be confidential. Are you willing to go through these questions with me right now?

(If no – when would be a good time to call you back?)

Thank you! These questions will help us better understand the circumstances around _____'s death and will include questions about medical history, any medication use, etc. These questions are not specific to _____ - the same questions are asked of everyone.

Before we begin, I just want to let you know that I'm not able to give you specific information about _____. If you would like to speak with the Medical Examiner assigned to _____'s case, I can give you their name and number. (see FAQ's)

Also, if you would like to know how to get a copy of the Medical Examiner's Report, I can give you that information.

You can request to receive a copy of the report when it is completed – it typically takes 8-12 weeks from the time of death. You can request a copy in person, with photo ID, at the Office of the Medical Examiner, or you can request a copy by mail, with a notarized letter.

*Dr. _____
Office of the Medical Examiner
48 N. Mario Capecchi Drive
Salt Lake City, UT 84113*

Request must include: full name of deceased, date of death. Return address, full name & relationship of person making the request. Signature must be notarized.

END

Those are all of the questions I have for you. Thank you so much for sharing this information with me. I'm sorry for your loss, and I appreciate you taking the time to talk with me. Thank you so much. Goodbye.

LEAVING A MESSAGE

Hi, this message is for _____. My name is _____ and I work for the Utah Medical Examiner. I have some standard, follow-up questions regarding _____, which will take about 20-30 minutes to answer. This is not an urgent matter, however I would like to speak with you at your convenience. My telephone number is _____. Again, my name is _____, and my number is _____. Thank you.

ANSWERS TO FAQs:

What was the final cause of death?/ Why is it taking so long?

I am just assigned to gather information; I'm not able to give out information specific to _____. It can take 8-12 weeks from the time of death to determine the cause of death. If you would like to call the Office of the Medical Examiner, the examiner assigned to the case is the one authorized to give out information.

The main office # is 801-584-8410, and the name of the physician assigned to the case is

_____.
TCG: Dr. Todd Grey (Chief Medical Examiner)

EDC: Dr. Erik Christensen

EAL: Dr. Ed Leis

PSU: Dr. Pam Ulmer

DRP: Designated Rep – just give main #

DME: Deputy Medical Examiner– just give main #

Why are you asking these questions?

Utah has high rates of some types of deaths, and we are trying to understand them better. We are hoping to collect information that will help us develop prevention programs.

Don't you have that information already?

We are trying to learn more about what family and friends knew, compared to what is found during the Medical Examiner's investigation. This helps us to understand more about the situation the person who passed away was in.

Will this change his/her cause of death? / Where does this information go?

Typically this information isn't used to make the determination on the cause of death. This information is kept at the Medical Examiner's Office in the case file, and the Medical Examiner assigned to the case has access to it. A major reason we gather this information is to learn more about the different types of death we see at the Medical Examiner's office, and to identify possible ways to help prevent those types of deaths.

If you are struggling, and need some support, I have some suggestions about where you can get help:

The Sharing Place (help with grief & loss): 801-466-6730

Valley Mental Health: 801-261-1442

Suicide crisis line: 1-800-273-TALK

Appendix G.
Definitions of Terms

Definitions of terms used in the OME Questionnaire

Mental Illness: Medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning.

Traumatic Brain Injury: Head trauma or brain injury resulting in personality change or disability.

Chronic: long duration; on-going

Romantic Relationship Problem: For example, a break-up or separation.

Financial Problem: Inability to pay debts.

Legal Problem: For example: issues with law enforcement or court system.

Substance Abuse Problem/Relapse: Drug abuse problem/relapse.

Inadequate Pain Relief: Whatever was being to manage pain was not enough, not sufficient.

Hopelessness: Having no expectation for good or success.

Aggression: Forceful action towards someone or something, like an unprovoked attack.

Impulsive Behavior: Sudden, unplanned, or "spur of the moment" behavior.

Social Withdrawal: When someone withdraws from normal/regular social interactions including with friends and family.

Sleep apnea: A diagnosed sleep disorder involving pauses of breathing.

Day Program: Treatment on a outpatient basis, where you go during the day and return home in the evening..

Psychiatric Diagnosis: A mental illness diagnosed by a healthcare provider.

Psychiatric Medication: For example, mood stabilizers, anti-depressants, anti-psychotics, medicines for anxiety, and medicines to treat depression or bipolar illness.

Sexually abused: Forced, unwanted sexual activity.

Stored: Not in plain sight.

Locked: Stored in a locked place that can only be opened with a key or combination, or if it is secured with a trigger lock that can only be opened with a key or combination. A safety is **not** a trigger lock.

Appendix H.
Data Entry Procedures

Data Entry Procedures

- A. Number of cigarettes used on a daily basis was averaged if a range was given by respondent (e.g. “1-2 packs” was averaged to equal 30 cigarettes (20 cigarettes per pack)).
- B. When a question asked about a frequency (e.g. “how many times?” or “how often”) and a range was given in response, the answer that was used was the highest number given in the range.
- C. When a question asked about a length of time (e.g. “how long ago?”) and a range was given in response, the answer that was used was the average of the numbers given in the range. On certain questions, the data entry only accommodated whole numbers. If the average resulted in a decimal on these questions, the average of the range was rounded to the nearest whole number.
- D. In order to accommodate for those interviews that were administered using the older questionnaire form, the extra option, “Not available” was added and selected for the case for questions 6gi, 26b, 28a which were either added or changed.
- E. In order to establish a uniform mode of data entry and analysis for responses regarding date of last occurrence/incidence of a particular event or behavior, pre-determined time frames were grouped as follows: (This method of data management was employed on the actual questionnaire for several questions in which the interviewer would select the option listed on the questionnaire form which best fit the response given by the respondent).

The responses for date of last substance use (alcohol, marijuana, cocaine, hallucinogens, methamphetamine, and other substances) were broken down into the following ranges from time of death:

1-Within 24 hrs
2-Between 24 & 48 hrs.
3-More than 48 hrs - 7 days
4-More than 7 days - 2 months
5-More than 2 months - 6 months
6-More than 6 months - one year
7-More than 1 year - two years
8-More than two years - five years
9-More than five years
10-Don't Know

The responses for last time treated for mental health and for visiting a therapist were broken down into the following ranges from the time of death:

1-Within one week
2-More than one week - one month
3-More than one month - six months
4-More than six months - one year
5-More than one year - two years
6-More than two years - five years
7-More than five years
8-Don't Know

Appendix I.

Protocol for Merging Multiple Interviews Conducted for One Decedent

Logic used in merging interviews from more than one friend or family or the same decedent:

Responses from the two (or more) interviews for a case were merged into one questionnaire based on the general assumption that if a respondent reported a risk behavior, it overruled a “Don’t know” response or a response indicating that the decedent had not exhibited the risk behavior. The intent of this logic was to select the response from the respondent who knew more information. In general a “Yes” response outweighed a “No” response, and either a “Yes” or “No” outweighed a “Don’t Know” response.

The one question where “No” outweighed “Yes” was on 42b and 42c, asking whether guns were *all* stored, and *all* locked.

The questionnaire also contains several questions that are not a simple “Yes, No, or Don’t Know” in nature. The basic assumption that the more risky behavior reported outweighed the less-risky behavior was still applied. On questions that asked for the most recent incidence or occurrence of a particular behavior or event, the response with the most recent time reported was selected. On questions asking for frequency of a particular behavior or incident, those responses with the greater frequency were selected.

Several questions had the potential to conflict without a clear way to determine which response reported the more risky behavior:

- On questions 11, 31a, and 31d if one respondent reported using more than prescribed while the other respondent reported using less than prescribed the response recorded in the database was “conflicting responses.”
- On question 46a “What religion did (decedent) consider himself/herself?” the response “Conflicting responses” was recorded if two different religions were reported.
- Because of the nature of Question 31c, it also required a “Conflicting responses” option.

Only questions that were asked to both interviewees considered as possible conflicts.

Differences in responses on question 3, 4, and 5 were not counted as conflicts when questionnaires were merged.

Open-ended questions with different responses between multiple interviews for the same case were not considered as conflicts, they were simply combined, and all information obtained from the open-ended responses was recorded for the case.

Appendix J.

Drug Classification Dictionary

Drug Classification Dictionary

	Opioid	Benzo	Anti-depressant	OTC	Nonillicit	Illicit
Alprazolam (Xanax)		1				1
Amitriptyline			1			1
AMPHETAMINE						1
APAP (acetaminophen; tylenol)				1		1
ASA (Aspirin)				1		1
Benzodiazepine - NOS		1				1
Buprenorphine	1					1
Bupropion (Wellbutrin)			1			1
Butalbital						1
Carisoprodol (Soma)						1
CHLORDIAZEPOXIDE		1				1
Chlorpheniramine						1
Citalopram (Celexa)			1			1
Cocaine						1
Codeine	1					1
Coumadin (anti-clotting)						1
Cyclobenzaprine						1
Dextromethorphan (DXM or DM)						1
Diazepam		1				1
Dihydrocodeine	1					1
Diphenhydramine				1		1
Doxazosin						1
Doxepin			1			1
Doxylamine						1
Drug Intoxication - NOS						1
ETOH (alcohol)						1
Fentanyl	1					1
Fluoxetine			1			1
GABAPENTIN (Neurontin)						1
Heroin						1
Hydrocodone	1					1
Hydromorphone	1					1
Ibuprofen				1		1
Illicit Drugs - NOS						1
Imipramine			1			1
Inhalant						1
Insulin						1
LAMOTRIGENE						1
Levorphanol (Levo; levo dromoran)	1					1
LIDOCAINE						1
Lorazepam		1				1
Marijuana						1
MDMA						1
Meperidine (demerol)	1					1
Meprobamate						1
METAXALONE						1
Methadone	1					1
Methamphetamine						1
MIRTAZEPINE			1			1
Morphine (prescription)	1					1
Morphine-NOS						1
Morphine (Heroin)						1
MULTIPLE PRESCRIPTION DRUGS-NOS						1
Narcotic - NOS						1
NARCOTIC MEDICATION-NOS						1
Nordiazepam		1				1
NORTRIPTYLINE			1			1
Olanzapine (Zyprexa)			1			1
Opiate - NOS						1
OPIOID-NOS	1					1
Opium - NOS						1
OTC (Over the counter)				1		1
Oxycodone	1					1
Oxymorphone	1					1
Pentazocine	1					1
Pentobarbital						1
PHENOBARBITAL						1
PRESCRIPTION SEDATIVES-NOS						1
Polydrug - NOS						1
Promethazine (Phenergan)						1
Propoxyphene	1					1
Pseudoephedrine				1		1
Quetiapine (Seroquel)			1			1
Rx Meds - NOS						1
Sertraline (Zoloft)			1			1
Temazepam		1				1
TOPIRAMATE						1
Tramadol	1					1
Trazodone			1			1
Tricyclic Anti-Depressant - NOS						1
Valproic acid (Depakote)						1
Venlafaxine (effexor)			1			1
Zolpidem/Zolpic (ambien)						1