

Comprehensive Report

This form is to be used by the Suicide Fatality Review (SFR) committee when a death by suicide has occurred to collect recommended data points. The appointed SFR committee members should consult all public records/respective professionals before the meeting and fill out the form with the information gathered. All the sections except “Meetings Barriers and Outcomes” can be filled out prior to the meeting. Sections of the form can be distributed to the SFR committee members or agencies most likely to be able to provide the information to the committee at the SFR meeting. If additional information is provided by committee members during the SFR meeting, the recorder will capture it and add it to the form.

If you are struggling to find information, below are suggestions of professionals who could help you.

- The coroner for the case should have information
- Toxicology: the coroner for the case.
- Prescription History: the pharmacist or general practitioner of the deceased
- Drugs at the Scene of Suicide: the police officer(s) who reported to the scene
- Factors Contributing to Suicide: the coroner for the case, legal reports, etc.

Having a coroner as part of your SFR committee can help in gathering this information in a timely and accurate manner.

The Meeting Barriers and Outcomes section is used during the SFR committee meeting to summarize the information and record the results of the meeting.

Comprehensive Report

SUICIDE FATALITY REVIEW DATA FORM

Date of SFR meeting:	County code:	Unique ID:

Sources of data used for this SFR (check all that apply)

<input type="checkbox"/> Clerks of Courts	<input type="checkbox"/> Medical records	<input type="checkbox"/> Personal interviews from "Next of Kin interview form"
<input type="checkbox"/> Coroner/Medical examiner	<input type="checkbox"/> Mental health records	<input type="checkbox"/> Police reports
<input type="checkbox"/> County Auditor	<input type="checkbox"/> Municipal court records	<input type="checkbox"/> Other Specify:
<input type="checkbox"/> Death certificate	<input type="checkbox"/> News stories	
<input type="checkbox"/> EMS reports	<input type="checkbox"/> Obituaries	

SFR meeting attendees (check all that were present/represented for this review)

<input type="checkbox"/> Advocacy organization	<input type="checkbox"/> Physician
<input type="checkbox"/> Coroner/Medical examiner	<input type="checkbox"/> Mental health provider
<input type="checkbox"/> EMS	<input type="checkbox"/> Prosecutor/District attorney
<input type="checkbox"/> Health department	<input type="checkbox"/> Substance misuse provider
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other Specify:
<input type="checkbox"/> Local community group	<input type="checkbox"/> Other Specify:
<input type="checkbox"/> Mental health agency	<input type="checkbox"/> Other Specify:
<input type="checkbox"/> Other healthcare provider	<input type="checkbox"/> Other Specify:

Official manner of death from the death certificate

<input type="checkbox"/> Accident	<input type="checkbox"/> Other
<input type="checkbox"/> Undetermined	If other manner of death, please specify:
<input type="checkbox"/> Pending	

TOXICOLOGY

Was a toxicology screen performed?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, single drug toxicology	<input type="checkbox"/> Yes, poly dug toxicology	<input type="checkbox"/> Unknown
-----------------------------	--	---	----------------------------------

If yes, did the screening include a panel for fentanyl analogues?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not applicable
-----------------------------	------------------------------	----------------------------------	---

Toxicology Results (check all boxes that apply)

	Positive	Contributed to death
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (PCP, LSD)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>

Antidepressants	Positive	Contributed to death
Amitriptyline	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	<input type="checkbox"/>	<input type="checkbox"/>
Citalopram	<input type="checkbox"/>	<input type="checkbox"/>
Fluoxetine	<input type="checkbox"/>	<input type="checkbox"/>
Sertraline	<input type="checkbox"/>	<input type="checkbox"/>
Trazodone	<input type="checkbox"/>	<input type="checkbox"/>
Venlafaxine	<input type="checkbox"/>	<input type="checkbox"/>
Other Antidepressant. Specify:	<input type="checkbox"/>	<input type="checkbox"/>

Opioids	Positive	Contributed to death
Opioids, not specified	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>
Codeine	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocodone	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>

Opioids continued	Positive	Contributed to death
U47700	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
Carfentanil	<input type="checkbox"/>	<input type="checkbox"/>
Acryl fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
Furanyl fentanyl	<input type="checkbox"/>	<input type="checkbox"/>

Sedatives. anxiolytics, muscle relaxants, anticonvulsants	Positive	Contributed to death
Benzodiazepines, not specified	<input type="checkbox"/>	<input type="checkbox"/>
Alprazolam	<input type="checkbox"/>	<input type="checkbox"/>
Clonazepam	<input type="checkbox"/>	<input type="checkbox"/>
Diazepam	<input type="checkbox"/>	<input type="checkbox"/>
Lorazepam	<input type="checkbox"/>	<input type="checkbox"/>
Butalbital	<input type="checkbox"/>	<input type="checkbox"/>
Carisoprodol	<input type="checkbox"/>	<input type="checkbox"/>
Cyclobenzaprine	<input type="checkbox"/>	<input type="checkbox"/>
Gabapentin	<input type="checkbox"/>	<input type="checkbox"/>
Zolpidem	<input type="checkbox"/>	<input type="checkbox"/>
Other sedative, etc. Specify:	<input type="checkbox"/>	<input type="checkbox"/>

Stimulants	Positive	Contributed to death
Amphetamines (e.g., Adderall)	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine	<input type="checkbox"/>	<input type="checkbox"/>
Pseudoephedrine	<input type="checkbox"/>	<input type="checkbox"/>
Other stimulants (e.g, Ritalin). Specify:	<input type="checkbox"/>	<input type="checkbox"/>

Other Drugs	Positive	Contributed to death
Antihistamines/sleep aids. Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure medication	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac medication	<input type="checkbox"/>	<input type="checkbox"/>
Dextromethorphan	<input type="checkbox"/>	<input type="checkbox"/>
Other 1. Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Other 2. Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Other 3. Specify:	<input type="checkbox"/>	<input type="checkbox"/>

PRESCRIPTION HISTORY

Did the decedent have a valid prescription within 90 days of death for any controlled substance(s) found in the toxicology screen?

- Yes Unknown
 No N/A - no controlled substances found in the toxicology screen

If yes, please list the fields below:

Drug 1:		Drug 4:	
Drug 2:		Drug 5:	
Drug 3:		Drug 6:	

How many different prescribers/providers prescribed controlled substances to the decedent in the 90 days preceding the death?

- 0 3 to 4 11 to 20 Unknown
 1 to 2 5 to 10 More than 20

Was there any indication that prescription drugs were NOT being taken as prescribed?

- No Yes Unknown N/A - not taking prescription drugs

If prescription drugs were not physician-prescribed, what was the source? (check all that apply)

- Bought on the street Stolen
 Bought from a friend/relative Other Specify:
 Free from a friend/relative Unknown
 Internet/dark web N/A - not taking prescription drugs

Prior to illicit drug use, was the decedent ever prescribed opioids?

- No Yes Unknown N/A - decedent did not use drugs illicitly

Was the decedent ever prescribed naloxone along with an opioid prescription?

- No Yes Unknown N/A - decedent never had a prescription for opioids

Did the decedent ever access naloxone from a source independent of his/her medical provider, such as from a pharmacy without a prescription or from a Project DAWN?

- No Yes Unknown

DRUGS AT THE SCENE OF SUICIDE

Were illicit drugs found at the scene/on the decedent's person? (check all that apply)

- No Yes, at the scene Yes, on the decedent Unknown

Was drug paraphernalia found at the scene/on the decedent's person? (check all that apply)

- No Yes, at the scene Yes, on the decedent Unknown

Were prescription drugs found at the scene/on the decedent's person? (check all that apply)

- No Yes, at the scene Yes, on the decedent Unknown

Were the prescription drugs found at the scene in their own properly labeled container(s)?

- No Unknown
 Yes, some of them N/A - no prescription drugs found at the scene
 Yes, all of them N/A - unknown if prescription drugs found at the scene

Where were the prescription drugs found at the scene stored? (check all that apply)

- Open area Unknown
 Open cabinet, unlocked N/A- no prescription drugs found at the scene
 Closed cabinet, locked N/A- unknown prescription drugs found at the scene
 On the decedent
 Other Specify:

Were opioid antagonists (e.g., naloxone) administered? (check all that apply)

- No Yes, at the hospital
 Yes, by a bystander(s) at the scene Unknown
 Yes, by EMS at the scene N/A - not an opioid overdose
 Yes, by law enforcement at the scene

Did drug intoxication contribute to other situations/injuries leading to the death?

- No Yes Unknown

If yes, check all that apply:

- Choking/asphyxiation Fire/burn
 Drowning Motor vehicle crash
 Fall Other Specify:

FACTORS CONTRIBUTING TO SUICIDE

What factors may have contributed to suicide? (check all that apply)

- Chronic pain
- Death of a family member or friend
- Death of a spouse
- Divorce/separation
- Family problems
- Family reports of hopelessness
- Gambling problems
- Health issues
- History of physical abuse/assault
- History of rape/sexual abuse
- Job problems
- Lack of access to drug treatment
- Loss of a family member or friend
- Money problems
- Problems with the law
- Recent stressful life events
- Relationship problems
- Sexual orientation
- Suicide by a family member or friend
- Unknown
- Other Specify:

MEETING BARRIERS AND OUTCOMES

Barriers to an effective review (check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Necessary team members were not present
<input type="checkbox"/> Confidentiality issues prevented full exchange of critical information	<input type="checkbox"/> No access to OARRS reports
<input type="checkbox"/> HIPAA regulations prevented access to or exchange of PHI	<input type="checkbox"/> Records or information were needed from another locality
<input type="checkbox"/> Inadequate investigation	<input type="checkbox"/> Team disagreement on circumstances
<input type="checkbox"/> Meeting was held too long after the death	<input type="checkbox"/> Team members did not bring adequate information to review
<input type="checkbox"/> Meeting was held too soon after the death	
<input type="checkbox"/> Other factors. Specify:	
<input type="checkbox"/> Other factors. Specify:	
<input type="checkbox"/> Other factors. Specify:	
<input type="checkbox"/> Other factors. Specify:	

Meeting Overview

How can information from this death review assist prescribers in preventing future overdoses/deaths?
How can information from this death review assist law enforcement in preventing future overdoses/deaths?
How can information from this death review assist public health/mental health in preventing future overdoses/deaths?

Prevention strategies/Recommendations

Media campaign/public education:	
Provider education:	
Public forum:	
Other education:	
New policies:	
Revised policies:	
New services:	
New law/ordinance:	
Amended law/ordinance:	
Enforcement of law/ordinance:	
Other, specify:	
Other, specify:	

NARRATIVE

Use this space to detail the circumstances of the death and to describe any other relevant information not captured by the questions. Do not include identifiers in the narrative.

Narrative content:

--

Completed by:

Name:	Phone:
Title:	Email:
Agency:	Date entered: