

Annexure 1

COMPREHENSIVE PSYCHOLOGICAL AUTOPSY:
STRUCTURED INTERVIEW SCHEDULE

| S.No.--- | PM No.---- | Date----- |
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| HISTORY OF RELATIVE | | |
| 1. Sex: | M/F | |
| 2. Age: | | |
| 3. Education: | | |
| 4. Relationship with the deceased: (father/mother/spouse/children/sibling/cousin/uncle/aunt) | | |
| 5. Whether informant used to stay with the deceased: Yes/No. a) If yes, since, when b) If no, then how frequently the informant used to meet the deceased: | | |
| 6. Interview after suicide: within a week/ next day/ same day | | |
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| HISTORY OF DECEASED | | |
| (i) HISTORY OF COMMITTED SUICIDE | | |
| 1. Date: | | |
| 2. Time: M/ A/ E/ N | | |
| 3. Place of Living: | | |
| 4. Place of Suicide/ Death | | |
| 5. Method : | | |
| 6. Whether left suicide notes: Yes/no a) If yes: How many days before suicide: b) Nature of Suicide Note c) Language of note: d) Length of suicide Note: e) Addressed to whom: | | |
| f) Did you find any book (e.g. on suicide, death, etc), dairy, writing, from the room after death, that can throw light on his/her state of mind: Yes/Can't say/No, | | |
| 7. Presence of pictures: Yes/No, If yes, how many, details | | |
| 8. Whether the person was living alone when did this act Yes/Can't say/No | | |
| 9. Any previous suicide attempt: Yes/Can't say/No | | |

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| a) If yes provide details how many times/where/method/within last few months or years): | |
| b) If, yes what was the reason | |
| 10. Is there anybody in the family who committed/attempted suicide? | |
| 0.11. Any history of psychiatric illness in the family? Yes/Can't say/No | |
| 12. Any history of genetic disorder in the family? Yes/Can't say/No | |
| 13. Is there anyone in the family who drink/ smoke? Yes/Can't say/No | |
| 14. History of domestic violence in family? Yes/Can't say/No | |
| 15. History of death in the family when the person was growing up or recently? Yes/Can't say/No | |
| ii) PERCEIVED OR PROVED REASON FOR SUICIDE unknown/ marital discord/ strenuous relationship/ chronic physical illness/ mental illness/ substance abuse/ broken love relationship/ failure in exams/ problems at job/ financial crisis or poverty or indebtedness/ physical or sexual abuse/ friendship problem/death in family, specify if any other | |
| iii) DEMOGRAPHIC PROFILE AND FAMILY BACKGROUND | |
| 1. Date of Birth: | |
| 2. Sex: M/F/T | |
| 3. Age: | |
| 4. Marital status: M/Un/D/W/S | |
| 5. Length of marital life: | |
| 6. Education: | |
| 7. Employment Status: Employed/unemployed | |
| 8. Occupation: | |
| 9. Monthly Income: | |
| 10. Monthly family Income: | |
| 11. Parents Education: | |
| 12. Parents Occupation: | |
| 13. Type of House: Own house / Rented house / Slum/ Wandering | |
| 14. Whether sharing a room/occupying a single room: Yes/Can't say/No, if yes, then whom | |
| 15. No. of Sibling/Children: | |

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| 16. No. of Dependent Members | |
| 17.External injury marks on body as proof of physical or sexual violence? Yes/ Can't say/ No | |
| 18.If female: whether menstruating during suicide Yes/ Can't say/ No | |
| GENERAL BEHAVIOR DESCRIPTION | |
| GB1. Was he/she an introvert person ? | Yes(2) /Can't say(1)/ No(0) |
| GB 2. Was he/she a shy person ? | Yes(2) /Can't say(1)/ No(0) |
| GB 3. Was he/she a talkative person ? | Yes(0)/Can't say(1) /No (2) |
| GB 4. Was he/she restless person? | Yes(2) /Can't say(1)/ No(0) |
| GB 5. Was he/she impulsive person? | Yes(2) /Can't say(1)/ No(0) |
| GB 6. Was he/she impatient person? | Yes(2) /Can't say(1)/ No(0) |
| GB 7. Was he/she get angry in small things? | Yes(2) /Can't say(1)/ No(0) |
| GB 8. Was the he/she helping/ altruistic? | Yes(0)/Can't say(1) /No (2) |
| GB 9. Was he/she sensitive/ emotional kind of person? | Yes(2) /Can't say(1)/ No(0) |
| GB 10. Was he/she calm/ easy going/ relaxing person? | Yes(0)/Can't say(1) /No (2) |
| GB11. Was he/she caring/ giving / sacrificing person? | Yes(0)/Can't say(1) /No (2) |
| GB 12. Was he/she selfish person? | Yes(2) /Can't say(1)/ No(0) |
| GB 13. Was he/she a confirming/ obeying person? | Yes(0)/Can't say(1) /No (2) |
| GB 14. Was he/she an aggressive person? | Yes(2) /Can't say(1)/ No(0) |
| GB 15. Was he/she a stubborn/ strong headed person? | Yes(2) /Can't say(1)/ No(0) |
| GB 16. Was he/she argumentative in nature? | Yes(2) /Can't say(1)/ No(0) |
| GB 17 Was he/she submissive in nature? | Yes(2) /Can't say(1)/ No(0) |
| GB 18 Was the person found talking to anybody without the presence of any person? | Yes(2) /Can't say(1)/ No(0) |
| GB 19. Self-muttering? | Yes(2) /Can't say(1)/ No(0) |
| GB 20. Smiling to self? | Yes(2) /Can't say(1)/ No(0) |
| GB 21. Was he/she an anxious person? | Yes(2) /Can't say(1)/ No(0) |
| GB 22. Have you noticed him/her repetitively doing/ saying something (Washing hands again and again/ taking showers etc.) | Yes(2) /Can't say(1)/ No(0) |
| GB 23. Was he/she usually perform his/her responsibilities properly? | Yes(0)/Can't say(1) /No (2) |
| GB 24. Was he/she yell/shout/used foul languages with others when angry? | Yes(2) /Can't say(1)/ No(0) |
| GB 25. Was he/ she used to complain about small things | Yes(2) /Can't say(1)/ No(0) |
| PREDOMINANT MOOD IN GENERAL | |
| PM1. Was he/she used to be sad quite often | Yes(2) /Can't say(1)/ No(0) |
| PM 2. Was the person used to get irritated easily? | Yes(2) /Can't say(1)/ No(0) |
| PM3. Was he/she generally in happy mood ? | Yes(0)/Can't say(1) /No (2) |
| PM 4. Was he/ she often used to cry on petty things ? | Yes(2) /Can't say(1)/ No(0) |
| PM5. Have you noticed lack of interest in his/her usual interest since 15 days? | Yes(2) /Can't say(1)/ No(0) |
| PM6 Was he/she remaining absent-minded towards the end? | Yes(2) /Can't say(1)/ No(0) |
| GENERAL COPING BEHAVIOR | |
| CP1. Was the person tried to solve the problem? | Yes(0)/Can't say(1) /No (2) |
| CP 2 Was the person going to school/collage/ work till death ? | Yes(0)/Can't say(1) /No (2) |
| CP3. When in tension, the deceased used to remain irritable/angry | Yes(2) /Can't say(1)/ No(0) |

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| CP4. In times of problem the deceased use to smoke more ? | Yes(2) /Can't say(1)/ No(0) |
| CP5. In times of problem the deceased use to drink more? | Yes(2) /Can't say(1)/ No(0) |
| CP6. In the time of any unexpected or sad incident the deceased use to share feeling with the family? | Yes(0)/Can't say(1) /No (2) |
| CP7. Do you think the deceased had a habit of staying under chronic stressful life situations? | Yes(2) /Can't say(1)/ No(0) |
| CP8. Do you think the deceased used be impulsive in taking decisions ? | Yes(2) /Can't say(1)/ No(0) |
| INTRAPERSONAL RELATIONSHIP | |
| IR1. Do you think the person's nature changed over a period of months? | Yes(2) /Can't say(1)/ No(0) |
| IR 2. Do you think the father/mother very authoritative? | Yes(2) /Can't say(1)/ No(0) |
| IR 3 Was the deceased repeatedly facing problems/conflicts in maintaining relationship? | Yes(2) /Can't say(1)/ No(0) |
| IR4 Was the person not able to adjust to social situations? | Yes(2) /Can't say(1)/ No(0) |
| IR5. Do you think the person always preferred/ started preferring social isolation (avoiding people and social events etc) | Yes(2) /Can't say(1)/ No(0) |
| IR 6. Was he/she relationship breaking often? | Yes(2) /Can't say(1)/ No(0) |
| 15 DAYS PRIOR MOOD | |
| Have you noticed him more angry on petty things than before since last 15 days? | Yes(2) /Can't say(1)/ No(0) |
| Have you noticed him more emotional than before since last 15 days? | Yes(2) /Can't say(1)/ No(0) |
| Have you noticed more easy going approach in him since 15 days? | Yes(0)/Can't say(1) /No (2) |
| Have you noticed more aggressiveness in him/her nature since 15 days. | Yes(2) /Can't say(1)/ No(0) |
| Have you noticed any anxiety in him/her since 15 days? | Yes(2) /Can't say(1)/ No(0) |
| Have you noticed any delegation from responsibilities since last 15 days? | Yes(2) /Can't say(1)/ No(0) |
| Have you noticed too much complaining since 15 days | Yes(2) /Can't say(1)/ No(0) |
| Did it appear to you that in last 15 days, she/he doing or saying these things | Yes(2) /Can't say(1)/ No(0) |
| a) If I die do this/ that ? | Yes(2) /Can't say(1)/ No(0) |
| b) You don't need to worry about me anymore? | Yes(2) /Can't say(1)/ No(0) |
| c) Talking about ending life ? | Yes(2) /Can't say(1)/ No(0) |
| d) Was he/she gave away all his/her possessions? | Yes(2) /Can't say(1)/ No(0) |
| e) Was he/ she paying all debts? | Yes(2) /Can't say(1)/ No(0) |
| f) Was he/she make any modifications in the will? | Yes(2) /Can't say(1)/ No(0) |
| g) Was showing more happiness without any apparent reason? | Yes(2) /Can't say(1)/ No(0) |
| Have you noticed more sadness in him since past 15 days ? | Yes(2) /Can't say(1)/ No(0) |
| Was he/she showing more irritability since past 15 days | Yes(2) /Can't say(1)/ No(0) |

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| Have you noticed more crying spells since 15 days | Yes(2) /Can't say(1)/ No(0) |
| REFLECTIVE MENTAL STATUS OF DECEASED | |
| Orientation of time, place and person | |
| Concentration | |
| Mood and affect | |
| Cognition | |
| Judgment | |
| PSYCHOPATHOLOGY | |
| Sleep pattern | Increased/decreased |
| Appetite pattern | Increased/decreased |
| Fatigue | |
| MEDICAL HISTORY | |
| 1. Any physical Disability: | Yes/No, If yes then specify |
| 2. Any acute/chronic/terminal/invalidating illness: | Yes/Can't say/No |
| 5 Any accident/injury history | |
| Any physical Disability: | Yes/No, If yes then specify |
| HISTORY OF DRUG USE | |
| 1. Any proof of influence of alcohol | Yes/ Can't say/ No |
| 2. Any drug dependency | Yes/ Can't say/No |
| 3. Nature of Drug | |
| 4. Any proof of influence of alcohol | Yes/ Can't say/ No |
| THEORETICAL | |
| 1-.When s/he use to face any problem, what she/he was doing | |
| 2-Person with whom s/he was getting along at home/school or work | |
| 3-Maladaptive coping skills: When very angry or sad how s/he used to behave | |
| 4-When committed any mistake what was the person's general behavior? | |
| 5- When committed any mistake what was the person's general behavior? | |
| BRIEF HISTORY | |