

COMPREHENSIVE PSYCHOLOGICAL AUTOPSY:
STRUCTURED INTERVIEW SCHEDULE

S.No.---	PM No.----	Date-----
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		
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		

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 SUIICDE	
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/ Wandere	
14. Whether sharing a room/occupying a single room: Yes/Can't say/No, if yes, then whom	
15. No. of Sibling/Children:	

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)

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)

Have you noticed more crying spells since 15 days	Yes(2) /Can't say(1)/ No(0)
REFLECTIVE MENTAL STTSUS 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
<u>HISTORY OF DRUG USE</u>	
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
THEORITICAL	
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	