

WHO – SUICIDE PREVENTION – SUPRE
MULTISITE INTERVENTION STUDY ON SUICIDAL
BEHAVIOURS – SUPRE-MISS:
COMPONENTS AND INSTRUMENTS

This document presents the components and instruments of SUPRE-MISS, the multisite intervention study on suicidal behaviours.

The study uses a questionnaire covering socio-demographic, medical and psychological information with regards to present and previous suicide attempts and suicidal ideation, as well as a socio-cultural assessment instrument. The study also includes a biological component.

This document is part of SUPRE, the WHO worldwide initiative for the prevention of suicidal behaviours.

Keywords: suicide / suicide attempt / prevention / treatment / DNA analysis / socio-cultural assessment / research / multisite



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World Health Organization
Geneva 2000

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FOREWORD

SUPRE, the WHO worldwide initiative for the prevention of suicide was launched in 1999 with the overall goal of reducing mortality and morbidity associated with suicidal behaviours (both attempted and completed suicide). Although official data provided by Member States allow for an estimated one million deaths from suicide in the year 2000, no reliable data exist on the real dimension of the burden of suicide attempts on a global basis. Nevertheless, there are indications that in some places suicide attempts can be up to 40 times more frequent than completed suicides. The identification of specific effective interventions for suicide attempters can reduce suicide mortality and morbidity and, at the same time, improve the efficiency of health care services.

SUPRE-MISS, the multisite intervention study on suicidal behaviours, is part of SUPRE and shares the overall goal of reducing mortality and morbidity due to suicidal behaviours. The study comprises the evaluation of treatment strategies for suicide attempters, a community survey of suicidal ideation and behaviour, the analysis of biological parameters including DNA analysis on an optional basis (in countries where it is legally permitted), and a community description aimed at assessing basic socio-cultural indices.

During a consultation, bringing together experts on suicidology from different regions of the world, the components and instruments of SUPRE-MISS were extensively discussed. Establishing consensus on the instruments to be used was not an easy task, taking into consideration the multicultural nature of the study. The optional survey component of the study allows for some flexibility in accordance with local conditions.

We are profoundly indebted to the following participants of the consultation who graciously contributed their expertise, both during the meeting and in several subsequent communications:

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Professor Lourens Schlebusch, University of Natal, Durban, South Africa

Professor Armin Schmidtke, Universität Würzburg, Würzburg, Germany

Professor Airi Värnik, Estonian-Swedish Institute of Suicidology, Tallinn, Estonia

Professor Danuta Wasserman, National Centre for Suicide Research and Prevention of Mental Ill-Health, Stockholm, Sweden

We are also indebted to our colleagues from the regional offices and headquarters, in particular Dr W. Rutz, RA EURO, Dr M. Belfer, MSD, and Dr T.B. Üstün, GPE, for their collaboration.

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WHO – SUICIDE PREVENTION – SUPRE

MULTISITE INTERVENTION STUDY ON SUICIDAL BEHAVIOURS – SUPRE-MISS: COMPONENTS AND INSTRUMENTS

EXECUTIVE SUMMARY

In the year 2000 approximately one million people will die of suicide. For every committed suicide there are about 10 to 40 attempted suicides. However, no reliable data exist on the real dimension of the burden of suicide attempt worldwide.

The present study aims at assessing suicidal ideation and behaviour in the community, evaluating the treatment strategies for suicide attempters, analyzing biological parameters, and describing the basic socio-cultural characteristics of the community with the overall goal of reducing morbidity and mortality due to suicidal behaviours.

BACKGROUND

In 1999 WHO launched a worldwide initiative - SUPRE - aiming at reducing the growing mortality due to suicidal behaviours. The rationale behind SUPRE is based on the following facts:

- Globally speaking, mortality due to suicide has increased by about 60%, in the last 45 years.
- This trend is observed in both developed and developing countries.
- During these 45 years, the highest suicide rates have shifted from the elderly towards younger subjects (35-45 year olds and even 15-25 year olds, in some places), to the point that for the latter, suicide is among the 5 top causes of death for both men and women.
- A few interventions have demonstrated to be highly effective in reducing these rates in some places.
- Some of these interventions (e.g. the treatment of individuals with severe depression, which are at a particularly high risk) are cost effective and can be integrated into the primary health care approach.

However, there are indications that depending on the place, suicide attempts can be up to 10 - 40 times more frequent than completed suicides, but unfortunately there are no reliable data on the real dimension of the burden of suicide attempt on a global basis. Although a non-fatal outcome is always better than a fatal one, the amount and type of suffering and burden associated with suicide attempts is by no means negligible.

OBJECTIVES

The overall goal of this proposal is to reduce morbidity and mortality associated with suicidal behaviours (both attempted and completed suicide).

More specifically, its objectives are:

- to contribute to increase the awareness about the burden of suicidal behaviours;
- to identify reliable and valid variables for determining risk factors for fatal and non fatal suicidal behaviour, with a special emphasis on social and genetic factors (such as the role of serotonin and dopamine related genes in vulnerability to suicidal behaviours);
- to describe patterns of suicidal behaviour;
- to identify variables that determine the presentation or not at health facilities following a suicide attempt;
- to improve the efficiency of general health care services through the identification of specific interventions effective for the reduction of suicide attempts.

METHODOLOGY

Basic research strategy

This project will:

- evaluate treatment strategies of suicide attempters through a randomized clinical trial in a defined catchment area;
- conduct a community survey of suicidal ideation and behaviour in the catchment area to offset hospital sampling bias;
- analyse relevant biological parameters in cases of attempted and completed suicide.

Design

Sub-project 1. Intervention study of medically treated suicide attempters

The study unit will be an emergency care department with a catchment area of a population of at least 200,000. It will involve all suicide attempters seen at the emergency department during a 12 month period as well as an intervention study based on the same subject pool.

All of the attempters identified in the 12 month period will be offered to participate in a treatment group. Using SUPRE-MISS-Q (see Annex 1), based on EPSIS, European Parasuicide Study Interview Schedule (from the WHO/EURO Multicentre Study on Parasuicide), a longitudinal prospective evaluation of attempters will be performed. This is aimed at evaluating/predicting relapses/repeats of suicidal behaviour. Those who agree to participate in this group will be given the SUPRE-MISS-Q schedule to complete. The SUPRE-MISS-Q covers detailed sociodemographic and clinical information (e.g. mental and physical health status, traumatic events, criminal record); specific instruments include self-report questionnaires such as the Pearce Suicide Intent Scale, Beck Depression Inventory, Beck Hopelessness Scale, WHO Well-Being Index, Spielberger Trait Anger Scale, Bille-Brahe Social Support Scale.

Irrespective of whether the patient chooses to participate in the treatment group, a comprehensive data base will be compiled using hospital data collection procedures already in place. A Monitoring Form will be used that includes demographic variables plus a description of the circumstances of the event and previous suicidal episodes/suicidal ideation. Family history of suicidal behaviour and routine psychiatric diagnoses (ICD-10) will also be recorded. This will take about 15 minutes to be completed by the health worker who initially treats the person.

These suicide attempters will then be randomly assigned to two different treatment modalities, with approximately 200 subjects per group. The two treatment modalities are:

- 1) "Treatment as usual" (according to norms prevailing in the emergency department).
- 2) "Treatment as usual and surplus" (includes individual counselling/psychotherapy, pharmacotherapy and family intervention, as appropriate; these activities will be conducted over 6 months with 2 sessions/visits a week during the first month, 1 session/visit a week in the successive 2 months and then 1 session/visit fortnightly in the remaining 3 months).

A follow-up SUPRE-MISS-Q instrument will be administered (in person) at the completion of the 6 month therapy group and then at 12 months and 18 months. In addition, phone call checks will be made every 3 months to also monitor their progression.

A repeated measures ANOVA mixed design will be conducted on the scores of the questionnaires at pre-, post-, 12 month and 18 month follow-up(s) by treatment groups to determine if there are any differences between treatment groups and if these differences are sustained over time.

Sub-project 2. Community Survey

The same catchment area will be investigated by means of a community survey performed on a sample basis. The survey is aimed at identifying suicidal behaviour and suicidal thinking among people who, for various reasons, do not present at the emergency department with this specific complaint (the "submerged part of the iceberg" phenomenon). The community survey will be based on individual interviews using a standardized questionnaire (see Annex 2).

Data will be analysed by descriptive statistics.

Sub-project 3. Biological parameters

Blood samples will be taken from subjects who attempted suicide presenting at the emergency department, irrespective of the outcome (i.e. fatal or non-fatal), (see Annex 3). Control samples will be taken from local blood donors banks. In addition to usual blood analysis, cholesterol, cortisol, testosterone and corticotrophin-releasing hormone (CRH) will also be analysed.

Samples from countries without the means of performing the analysis will be mailed to the nearest of the two centres participating in the study, namely, Brisbane and Stockholm.

Community Description.

The basic socio-cultural characteristics of each participating site will be described by means of a specially developed instrument shown in Annex 4.

Optional Surveys.

- DNA analysis (see Annex 5)

In view of the complexity of implementing DNA analysis it was decided to perform the genetic part of the study only in countries where it is legally permitted.

- Impulsiveness (see Annex 5)

An optional, but additionally recommended measurement is the Impulsiveness scale (Eysenck & Eysenck, 1978), to be used in sites where its validity has been demonstrated.

STRATEGY

The study will be conducted in at least 18 sites (3 per WHO Region including, whenever possible, at least one in a developed and one in a developing country). Countries with high suicide rates (on a regional basis) will have priority for inclusion.

Sites in developed countries will be requested to cover their own operational expenses but will also be requested to sponsor operational expenses from at least one site in a developing country. WHO will be responsible for the operational costs of non-sponsored sites in developing countries, as well as costs related to the administration of the project (e.g. overall management, meetings of investigators, publications).

Technical expertise and support will be provided by the sites in Brisbane (Australia) and the WHO Collaborating Centres for Research and Training in Suicide Prevention in Padua (Italy) and Stockholm (Sweden).

MANAGEMENT

The project will be coordinated by the WHO Department of Mental Health and Substance Dependence in Geneva, with the assistance of a Steering Committee, an International Advisory Board, and the technical supervision from the Australian Institute for Suicide Prevention and Research, Griffith University in Brisbane, Australia, and the Swedish National Centre for Suicide Research and Prevention of Mental Ill-health, Institute for Psychosocial Medicine / Karolinska Institute, Stockholm, Sweden.

TIMETABLE

The total duration of the project will be 40 months:

00-03 months:	selection of sites and adaptation of the protocol; first meeting of investigators.
03-06 months:	training of local personnel.
06-18 months:	case identification, treatment, data collection; second meeting of investigators.
18-36 months:	follow-up.
36-39 months:	data analysis, preparation of report; third meeting of investigators.
40 months:	publication of final report.

Each site will retain, jointly with WHO, the ownership and rights over data related to its work. Publications relating to the data obtained as part of the study will follow WHO rules for publication of multisite studies.

Annex 1

SUPRE-MISS QUESTIONNAIRE (SUPRE-MISS-Q)

1. IDENTIFICATION OF THE SITE (INTAKE)
2. IDENTIFICATION OF THE PATIENT (INTAKE)
3. PRESENT SUICIDE ATTEMPT (INTAKE)
4. SOCIO-DEMOGRAPHIC INFORMATION
5. CURRENT EPISODE HISTORY
6. PREVIOUS SUICIDE ATTEMPT HISTORY AND FAMILY DATA
7. PHYSICAL HEALTH, CONTACT WITH HEALTH SERVICES, MENTAL HEALTH
8. WHO WELL-BEING INDEX
9. BECK DEPRESSION INVENTORY
10. HOPELESSNESS
11. ALCOHOL AND DRUG RELATED QUESTIONS
12. TRAIT ANGER SCALE
13. SOCIAL SUPPORT
14. LEGAL OR OFFENDING HISTORY / ANTISOCIAL BEHAVIOUR
15. WHO/DAS – PSYCHIATRIC DISABILITY ASSESSMENT SCHEDULE: SOCIAL ROLE PERFORMANCE

1. IDENTIFICATION OF THE SITE (INTAKE)

1.1 Country __ _ (2 digits)

1.2 Service/Hospital _ (1 digit)

1.3 Date of admission: __ Day __ Month _ _ _ _ Year

1.4 Time of admission: __ Hour __ Minute

1.5 Attended by: 1 _ Emergency Department
 2 _ Nursing Unit

1.6 Who accompanies the patient? _ _ _ _ _

1.7 Date of discharge from hospital: __ Day __ Month _ _ _ _ Year
(in case of access to hospital administration files, discharge date can be taken from the files)

2. IDENTIFICATION OF THE PATIENT (INTAKE)

2.1 Patient's name _____

2.2 Patient's identification number _ _ _ (3 digits)

2.3 Sex: 1 _ Male 2 _ Female 3 _ Transsexual

2.4 Date of birth: __ Day __ Month _ _ _ _ Year

2.5 Present marital status:

1 _ Single

2 _ Married or living with permanent partner; since when: __ Day __ Month _ _ _ _ Year

3 _ Widowed; since when: __ Day __ Month _ _ _ _ Year

4 _ Divorced / separated; since when __ Day __ Month Year

2.6 Years of education: __ _ Years

2.7 What is the highest completed education you have? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

1 _ None

2 _ Primary education

3 _ Secondary education

4 _ Non-university higher education

5 _ University education

6 _ Other

2.8 Do you currently go to school? 1 _ No 2 _ Yes

2.9 What is your occupation? If you are unemployed or not economically active: What was your last occupation? (State if patient never had a paid job.)

(TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

_ _ _ _ _

2.10 What is your employment status? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

- 1 _ Full-time employed (including self-employed)
- 2 _ Part-time employed (including self-employed)
- 3 _ Employed, but on sick leave
- 4 _ Temporary work
- 5 _ Unemployed; since when: __ Day __ Month _____ Year
- 6 _ Armed services
- 7 _ Full-time student
- 8 _ Disabled, permanently sick; since when: __ Day __ Month _____ Year
- 9 _ Retired; since when: __ Day __ Month _____ Year
- 10 _ Housewife/homemaker
- 11 _ Other, specify _____

2.11 Address: _____

Telephone: _____

2.12 Reference (company or other person): _____

Telephone: _____

3. PRESENT SUICIDE ATTEMPT (INTAKE)

3.1 Date of suicide attempt: __ Day __ Month _____ Year

3.2 Day of the week: _____

3.3 Time: __ Hour __ Minute

3.4 Place: _____

3.5 Method: _____ (according to ICD-10 codes, see below):

- X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
- X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified
- X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified
- X63 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system
- X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances
- X65 Intentional self-poisoning by and exposure to alcohol
- X66 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours
- X67 Intentional self-poisoning by and exposure to other gases and vapours
- X68 Intentional self-poisoning by and exposure to pesticides
- X69 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances
- X70 Intentional self-harm by hanging, strangulation and suffocation
- X71 Intentional self-harm by drowning and submersion
- X72 Intentional self-harm by handgun discharge
- X73 Intentional self-harm by rifle, shotgun and larger firearm discharge
- X74 Intentional self-harm by other and unspecified firearm discharge

- X75 Intentional self-harm by explosive material
- X76 Intentional self-harm by smoke, fire and flames
- X77 Intentional self-harm steam, hot vapours and hot objects
- X78 Intentional self-harm by sharp object
- X79 Intentional self-harm by blunt object
- X80 Intentional self-harm by jumping from a high place
- X81 Intentional self-harm by jumping or lying before moving object
- X82 Intentional self-harm by crashing of motor vehicle
- X83 Intentional self-harm by other specified means
- X84 Intentional self-harm by unspecified means

3.6 Regarding the physical consequences and the danger to life for the attempted suicide:

- 0 _ no significant physical harm, no medical treatment required
- 1 _ medical attention/surgery required, but no danger to life
- 2 _ medical attention/surgery required, had/has danger to life

3.7 Regarding the type of care:

- 0 _ After treatment at emergency department patient was discharged
- 1 _ Patient stayed under observation/treatment in emergency department and was discharged
- 2 _ From the emergency department patient was transferred to the intensive care unit or other clinical or surgical ward/unit
- 3 _ From emergency department patient was directly transferred to a psychiatric institution

3.8 (If applicable:) Patient was addressed to:

- 0 _ was not addressed to any professional service
- 1 _ was sent to general health centre
- 2 _ was sent to psychiatric outpatient clinic
- 3 _ was sent to private professional service

3.9 (If applicable:) Offer of professional care:

- 0 _ Patient accepts to go/come to consultation
- 1 _ Patient is not sure if he/she will show up or not
- 2 _ Patient refuses

4. SOCIO-DEMOGRAPHIC INFORMATION

4.1 Where were you born? _____ (country)

4.2 What is your nationality? _____

4.3 Have you lived with different partners? 1 _No 2 _Yes 4.3.1 If yes, how many: ___

4.4 How many times have you been divorced? __ (Number)

4.5 How many children do or did you have, including children who are adopted? (Do not count children who were born dead.) __ (Number)

4.6 How many children do you have, who are aged less than 16 years, for whom you have shared or sole responsibility? __ (Number)

4.7 With whom do you live presently (at the time you were admitted to the hospital)? (Household composition at time of suicide attempt. More alternatives may be applicable.)

- 1 _ Living alone
- 2 _ Living alone with child(ren)
- 3 _ Living with partner without child(ren)
- 4 _ Living with partner and child(ren)
- 5 _ Living with parents
- 6 _ Living with other relatives / friends
- 7 _ Living in jail
- 8 _ Living in psychiatric institution
- 9 _ Living in homes/institutions
- 10 _ Other, specify: _____

4.8 During the past year, with whom did you live most of the time? (What was the usual situation? Household composition during past year, usual situation. More alternatives may be applicable.)

- 1 _ Living alone
- 2 _ Living alone with child(ren)
- 3 _ Living with partner without child(ren)
- 4 _ Living with partner and child(ren)
- 5 _ Living with parents
- 6 _ Living with other relatives / friends
- 7 _ Living in jail
- 8 _ Living in psychiatric institution
- 9 _ Living in homes/institutions
- 10 _ Other, specify: _____

4.9 Area of residence at time of the suicide attempt _ _ _ _ (area or postal code)

4.10 Do you live in a rural or urban residence area? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

- 1 _ Rural 2 _ Urban

4.11 During the past year (that is: between now and one year ago), have you been unemployed for some time? With unemployed I mean that you were looking for a job but could not find one. If yes, how long in total have you been unemployed during the past year? (Fill in zero, if patient has not been unemployed.)

__ Months __ Weeks

4.12 What was your annual income in the last year (after tax)? _ _ _ _ _ (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

4.13 What is or was the occupation of your father? _____

4.14 What is your religious denomination?

- 1 _ None
- 2 _ Protestant
- 3 _ Catholic
- 4 _ Jewish
- 5 _ Muslim
- 6 _ Hindu
- 7 _ Greek orthodox
- 8 _ Buddhist
- 9 _ Other, specify _____

4.15 How often do you go to church (or other place of worship)?

- 1 _ At least once a week
- 2 _ Once a month
- 3 _ 2-3 times a year
- 4 _ About once a year
- 5 _ Almost never

4.16 Why? What is your motive? _____

_____ (Use the patient's words)

4.17 Do you consider yourself to be a religious person?

- 1 _ No
- 2 _ Yes

4.18 What is your preferred sexual orientation?

- 1 _ Heterosexual
- 2 _ Homosexual
- 3 _ Bisexual
- 4 _ Uncertain
- 5 _ Refused to answer

5. CURRENT EPISODE HISTORY

5.1 Was anybody near you when you tried to harm yourself? (e.g. in the same room, telephone conversation.)

- 0 _ Somebody present
- 1 _ Somebody nearby or in contact (e.g. telephone)
- 2 _ No one nearby or in contact

5.2 At the moment you did it? Were you expecting someone? Could someone soon arrive? Did you know that you had some time before anyone could arrive? Or didn't you think about the possibility?

- 0 _ Timed so that intervention is probable
- 1 _ Timed so that intervention is not likely
- 2 _ Timed so that intervention is highly unlikely
- 3 _ You did not think about it

5.3 Did you do anything to prevent someone finding you? (e.g. disconnect the telephone, put a note on the door, etc.)

- 0 _ No precautions at all
- 1 _ Passive precautions, such as avoiding others but doing nothing to prevent their intervention (e.g. being alone in room with unlocked door)
- 2 _ Active precautions (e.g. being alone in room with locked door)

5.4 Around the time you harmed yourself, did you call someone to tell what you just did?

- 0 _ Notified potential helper regarding attempt
- 1 _ Contacted but did not specifically notify potential helper regarding attempt
- 2 _ Did not contact or notify potential helper

5.5 Did you do anything, such as paying bills, say goodbye, write a testament, once you decided to harm yourself?

- 0 _ None
- 1 _ You thought about making or made some arrangements in anticipation of death
- 2 _ Definite plans made (making up or changing a will, giving gifts, taking out insurance)

5.6 Had you planned the attempt for some time? Did you make any preparations such as saving pills, etc.?

- 0 _ No preparation (no plan)
- 1 _ Minimal or moderate preparation
- 2 _ Extensive preparation (detailed plan)

5.7 Did you write one or more farewell letters? If yes, to whom? If no, did you think about writing one?

- 0 _ Neither written a note, nor thought about writing one
- 1 _ Thought about writing one
- 2 _ Note written (present or torn up)

5.8 Did you tell neighbours, friends and/or family members, implicitly or explicitly, that you had the intention to harm yourself?

- 0 _ None
- 1 _ Equivocal communication (ambiguous or implied)
- 2 _ Unequivocal communication (explicit)

5.9 What were your feelings towards life and death? Did you want to live more strongly than you wanted to die? Didn't you care whether to live or to die?

- 0 _ You did not want to die
- 1 _ You did not care whether he/she lived or died
- 2 _ You wanted to die

5.10 Can you tell me what you hoped to accomplish by harming yourself?

- 0 _ Mainly to manipulate others
- 1 _ Temporary rest
- 2 _ Death
- 3 _ Other, specify: _____

5.11 What did you think were the chances that you would die as a result of your act?

- 0 _ You thought that death was unlikely or did not think about it
- 1 _ You thought that death was possible but not probable
- 2 _ You thought that death was probable or certain
- 3 _ Other, specify: _____

5.12 Relation between alcohol/drug use (specify: _____) and current suicide attempt:

- 0 _ none/some previous ingestion, but without relation to the suicide attempt
- 1 _ sufficient for the deterioration of judicious capacity and responsibility
- 2 _ intentional intake to facilitate and implement the suicide attempt

6. PREVIOUS SUICIDE ATTEMPT HISTORY AND FAMILY DATA

6.1 Previous suicide attempt(s)?

1 _ No 2 _ Yes 6.1.1 If yes, how many? _ _ 6.1.2 When was the last one? _ _

6.2 Method of previous suicide attempt (see ICD-10 codes on page 8):

Previous suicide attempt number
1. 2. 3. 4. 5.

6.3 Suicide of closest people (parents, friend, boy-/girlfriend) = "model":

1 _ No 2 _ Yes 6.3.1 If yes, who? _ _ _ _ _

6.4 Time lapse between "model" event and present suicide attempt

"Model" number
1. 2. 3. 4. 5.

- 1 _ less than 1 day
- 2 _ less than 1 week
- 3 _ less than 1 month
- 4 _ less than 3 months
- 5 _ less than 12 months
- 6 _ 12 months or more

6.5 Method of "model" event (see ICD-10 codes on page 8):

"Model" number
1. 2. 3. 4. 5.

6.6 I would like to know how then, after the last time you poisoned/harmed yourself, your relatives and friends reacted to what you had done. I will mention some possible reactions, and I would like you to indicate whether such a reaction was shown by no one of your family and friends, by some of them, or by all of them.

6.6.1 They felt pity for you	1 _ No one	2 _ One person	3 _ Some people
6.6.2 They showed understanding	1 _ No one	2 _ One person	3 _ Some people
6.6.3 they showed anger or irritation	1 _ No one	2 _ One person	3 _ Some people
6.6.4 they felt embarrassed, tried to avoid you	1 _ No one	2 _ One person	3 _ Some people
6.6.5 they felt uncertain	1 _ No one	2 _ One person	3 _ Some people
6.6.6 they laughed at you	1 _ No one	2 _ One person	3 _ Some people
6.6.7 they ignored the attempt	1 _ No one	2 _ One person	3 _ Some people

6.7 I would also like to know how you felt, after the previous time you poisoned/harmed yourself. I will again mention some possible feelings, and I would like you to say whether that applied to you. Please think back to how you felt one week after the previous time you poisoned/harmed yourself.

6.7.1 Did you feel good?	1 _ No	2 _ Yes
6.7.2 Did you feel released?	1 _ No	2 _ Yes
6.7.3 Proud because you managed to carry it through?	1 _ No	2 _ Yes
6.7.4 Did you feel pity about yourself?	1 _ No	2 _ Yes
6.7.5 Did you feel angry about yourself?	1 _ No	2 _ Yes
6.7.6 Did you feel afraid of yourself?	1 _ No	2 _ Yes
6.7.7 Did you feel uncertain of yourself?	1 _ No	2 _ Yes
6.7.8 Did you feel ashamed of yourself?	1 _ No	2 _ Yes
6.7.9 Did you feel uncertain towards others?	1 _ No	2 _ Yes
6.7.10 Did you feel embarrassed?	1 _ No	2 _ Yes

6.8 Have any of the following members of your biological family (i.e. related by birth only) died by suicide or made a suicide attempt?

	Died by suicide		Made a suicide attempt	
6.8.1 Parent	1_No	2_Yes	1_No	2_Yes
6.8.2 Brother or sister	1_No	2_Yes	1_No	2_Yes
6.8.3 Child	1_No	2_Yes	1_No	2_Yes
6.8.4 Grandparent	1_No	2_Yes	1_No	2_Yes

Some people are affected in their lives by traumatic experiences. Have you ever experienced any of the following traumatic events:

6.9 Have you ever suffered any persecution, violence, prejudice or hardship because of any of the following?

6.9.1 Your race	1_No	2_Yes
6.9.2 Your religious beliefs	1_No	2_Yes
6.9.3 Your political beliefs	1_No	2_Yes
6.9.4 A physical handicap or disability	1_No	2_Yes
6.9.5 Your sexual orientation	1_No	2_Yes

6.10 Were you ever threatened with abuse by someone? 1_No 2_Yes

6.11 Were you ever emotionally abused? 1_No 2_Yes

6.12 Were you ever beaten so badly you had to see (or should have seen) a doctor? 1_No 2_Yes

6.13 Have you ever been physically or psychologically forced by anyone to engage in any unwanted sexual activity, sexually assaulted or raped? 1_No 2_Yes

6.14 Were you ever the victim of a disaster, accident or war which affected your ability to live as before? 1_No 2_Yes

6.15 Were you ever the witness of a disaster, accident or war which affected your ability to live as before? 1_No 2_Yes

6.16 Were you ever a prisoner of war? 1_No 2_Yes

6.17 Were you ever physically tortured? 1_No 2_Yes

6.18 Were you ever emotionally or psychologically tortured? 1_No 2_Yes

7. PHYSICAL HEALTH, CONTACT WITH HEALTH SERVICES, MENTAL HEALTH

7.1 Height _____

7.2 Weight _____

7.3 Do you have any longstanding physical illness or disability that has troubled you for at least one year?
1 _ No 2 _ Yes

7.3.1 If yes, what is the matter with you? _____

7.3.2 How long have you had this? 1 _ from birth on 2 _ / _ _ (Years/Months)

7.4 I would like you to think about the two weeks before you were admitted to the hospital. During these two weeks, did you have to cut down on any of the things you usually do because of physical illness or injury?

- 1 _ No 2 _ Yes

7.4.1 If yes, what was the matter with you? _____

7.5 Over the last three months, would you say your physical health on the whole has been excellent, good, fair, or poor?

- 1 _ Excellent
2 _ Good
3 _ Fair
4 _ Poor

Contact with health services:

General practitioner

7.6 How many times did you see a general practitioner or family doctor, or specialists during the last year? (excludes dentist, psychiatrist)

- 1 _ not at all
2 _ one time
3 _ 2-3 times
4 _ 4 or more times

7.7 Could you give the approximate dates of the last time you contacted a doctor before you poisoned/harmed yourself? Why did you contact him/her, what were your complaints? Did the doctor prescribe any medicines?

7.7.1 Date of last contact (before suicide attempt): __ Day __ Month ____ Year

7.7.2 Reason:

- 1 _ physical
2 _ psychological
3 _ both physical and psychological

7.7.3 Medicines prescribed:

- 1 _ No
2 _ Yes

7.7.4 If medicines prescribed, ask:

Did you use any of the medicines prescribed in that contact for self-poisoning (did you deliberately overdose)?

- 1 _ No
2 _ Yes

7.8 At the time of your last contact with the doctor, did you have thoughts about poisoning or injuring yourself?

- 1 _ No
2 _ To some extent
3 _ Yes, definitely

7.8.1 If "To some extent" (2.) or "Yes, definitely" (3.), ask:

Did you talk to the doctor about these thoughts? (Maybe you vaguely referred to such plans, or didn't you talk about it at all?)

- 1 _ No
2 _ Vaguely referred to
3 _ Yes

In-patient psychiatric treatment (includes treatment on psychiatric ward of general hospital)

7.9 How many times, if ever, have you been treated in a psychiatric hospital, in a psychiatric ward of a general hospital, or in any other in-patient institution for people with mental problems?
(Be sure that the patient refers to in-patient treatment; "you were in the hospital both night and day". In-patient treatment after the index-suicide attempt not included.)

- 1 _ Never
- 2 _ 1 time
- 3 _ 2-3 times
- 4 _ 4 times or more

If "Never" (1.), continue with: Out-patient psychiatric treatment and day care.

7.10 If one or more times in-patient treatment:

Could you, as accurately as possible and for each admission separately describe: when you were admitted, how long you stayed there, and for which reasons you were admitted?

(Start with last admission. If patient was in in-patient psychiatric treatment at the time of the suicide attempt, start facts on this treatment. Do not code admissions after present suicide attempt.)

Admission: Month/Year	Length of stay: Months	Reason for admission:
--------------------------	---------------------------	-----------------------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Out-patient psychiatric treatment and day care

7.11 Have you ever been in contact with one of the following professional services for treatment or advice?
(TO BE FILLED IN ACCORDING TO NATIONAL SITUATION, codes should include treatment by private psychiatrist; an example (based on health services in the Netherlands) is given below for reference.)

(EXAMPLE)

- | | | |
|---|--------|---------|
| 7.11.1 Psychiatric service, polyclinic service | 1 _ No | 2 _ Yes |
| 7.11.2 Psychiatric service, day-care | 1 _ No | 2 _ Yes |
| 7.11.3 Community Mental Health Care | 1 _ No | 2 _ Yes |
| 7.11.4 Private psychologist or psychiatrist | 1 _ No | 2 _ Yes |
| 7.11.5 Consultation service for alcohol and drug related problems | 1 _ No | 2 _ Yes |
| 7.11.6 Consultation service for relational and sexual problems | 1 _ No | 2 _ Yes |

7.12 Other intervention for emotional problems

Have you ever received assistance for emotional problems from anyone else? For instance self-help groups like Alcoholics Anonymous, S.O.S. telephone services, etc. ? 1_No 2_Yes; Specify: _____

7.13 This question only, if respondent has treatment:

Did the treatment you received have any influence on you poisoning/injuring yourself last week?

- 1 _ no influence
- 2 _ some influence
- 3 _ decisive influence

7.14 Do you or did you ever experience for prolonged periods of time (for over at least on year) troubles within yourself that hindered your functioning? (Make this question clearer, if needed, by examples like: fears of places, anxiety to leave your house, excessive fear of people in general or depressive feelings, other emotions or thoughts that influenced you repeatedly like obsessions, to be compelled to clean yourself or your house, etc.).

1 _ No 2 _ Yes

7.14.1 If yes, what was the matter with you? _____

7.14.2 How long have you had this? 1 _ from birth on 2 _ / _ _ (Years/Months)

7.15 Did you have any psycho-social difficulties during the last year with _ _ _ _ _ ? Specify how long ago:

7.15.1 With your partner (fights, infidelity, separation, alcohol, death):

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.15.2 With your family (father, mother, siblings, others):

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.15.3 Work/studies (dissatisfaction, unemployment, reproof, conflicts):

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.15.4 Serious financial problems (housing, hunger, default of payment, etc.):

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.15.5 Disability or serious physical illness:

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.15.6 Pregnancy (unwanted?), recent provoked abortion:

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.15.7 Problems with police, justice:

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.15.8 Others: which? _ _ _ _ _

1 _No 2 _1 month 3 _6 months 4 _1 year ago

7.16 Now I would like you to think about the two weeks before you were admitted to the hospital. During these two weeks, did you have to cut down on any of the things you usually do because of feelings or thoughts or any other troubles like the ones I mentioned just before (like fears of places, depressive feelings, obsessions or compulsions, or any other psychological condition)?

(Please note that it concerns afflictions which must severely hinder normal functioning.)

1 _ No 2 _ Yes

7.16.1 If yes, what was the matter with you? _____

7.17 How satisfied are/were you with your life?

(from "1" = dissatisfied to "5" = satisfied)

7.17.1	Now	1	2	3	4	5
7.17.2	30 days ago	1	2	3	4	5
7.17.3	One year ago	1	2	3	4	5
7.17.4	Five years ago	1	2	3	4	5

7.18 How satisfied with your life do you think you will be?

(from "1" = dissatisfied to "5" = satisfied)

7.18.1	30 Days from now	1	2	3	4	5
7.18.2	One year from now	1	2	3	4	5
7.18.3	Five years from now	1	2	3	4	5

7.19 Did you have the opportunity to talk about your problems (ask for help) with any relatives during the last month?

1 _ No 2 _ Yes 7.19.1 If yes, with whom? _ _ _ _ _

7.20 Did you have the opportunity to talk about your problems (ask for help) with anyone outside your family during the last month?

1 _ No 2 _ Yes 7.20.1 If yes, with whom? _ _ _ _ _

7.21 Did you take any psychopharmacologic drugs during the last month?

1 _ No 2 _ Yes 7.21.1 If yes, which one(s)? _ _ _ _ _

7.22 Do you receive psychological/psychiatric treatment currently?

1 _ No 2 _ Yes

7.23 Psychological exam

"0" = absent

"1" = light

"2" = moderate

"3" = marked

"4" = severe

7.23.1	Psycho-motor slowdown	0	1	2	3	4
7.23.2	Distrustful, defensive	0	1	2	3	4
7.23.3	Histrionic	0	1	2	3	4
7.23.4	Depressive mood	0	1	2	3	4
7.23.5	Anxious, tense, uneasy	0	1	2	3	4
7.23.6	Euphoria, excited mood	0	1	2	3	4
7.23.7	Incongruent, flattened emotions	0	1	2	3	4
7.23.8	Delirium, misinterpretations	0	1	2	3	4
7.23.9	Thought disturbance	0	1	2	3	4
7.23.10	Hallucinations	0	1	2	3	4
7.23.11	Diminished intelligence	0	1	2	3	4
7.23.12	Excessive preoccupation with physical functions	0	1	2	3	4
7.23.13	Depressive thoughts	0	1	2	3	4

7.24 Psychiatric diagnosis, according to _____
(preferably ICD-10; if DSM-IV, only axis I diagnosis required.)

- 1.
- 2.
- 3.
- 4.

7.25 Psychiatric diagnosis made by (name of the person) _____

7.26 Date of psychiatric diagnosis __ Day __ Month _ _ _ _ Year

7.27 Time of psychiatric diagnosis __ Hour __ Minute

7.28 Former psychiatric diagnosis _____

7.29 Somatic diagnosis: _____

7.30 Type of prescribed medicines: _____

8. WHO WELL-BEING INDEX

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

"5" = All of the time

"4" = Most of the time

"3" = More than half of the time

"2" = Less than half of the time

"1" = Some of the time

"0" = At no time

8.1 I have felt cheerful and in good spirits	5	4	3	2	1	0
8.2 I have felt calm and relaxed	5	4	3	2	1	0
8.3 I have felt active and vigorous	5	4	3	2	1	0
8.4 I have felt fresh and rested	5	4	3	2	1	0
8.5 My daily life has been filled with things that interest me	5	4	3	2	1	0

9. BECK DEPRESSION INVENTORY (How do you feel right now?)

9.1

0 _ I do not feel sad.

1 _ I feel sad.

2 _ I am sad all the time and I can't snap out of it.

3 _ I am so sad or unhappy that I can't stand it.

9.2

0 _ I am not particularly discouraged about the future.

1 _ I feel discouraged about the future.

2 _ I feel I have nothing to look forward to.

3 _ I feel that the future is hopeless and that things cannot improve.

9.3

0 _ I do not feel like a failure.

1 _ I feel I have failed more than the average person.

2 _ As I look back on my life, all I can see is a lot of failures.

3 _ I feel I am a complete failure as a person.

9.4

0 _ I get as much satisfaction out of things as I used to.

1 _ I don't enjoy things the way I used to.

2 _ I don't get real satisfaction out of anything anymore.

3 _ I am dissatisfied or bored with everything.

9.5

0 _ I don't feel particularly guilty.

1 _ I feel guilty a good part of the time.

2 _ I feel quite guilty most of the time.

3 _ I feel guilty all of the time.

9.6

- 0 _ I don't feel I am being punished.
- 1 _ I feel I may be punished.
- 2 _ I expect to be punished.
- 3 _ I feel I am being punished.

9.7

- 0 _ I don't feel disappointed in myself.
- 1 _ I am disappointed in myself.
- 2 _ I am disgusted with myself.
- 3 _ I hate myself.

9.8

- 0 _ I don't feel I am any worse than any body else.
- 1 _ I am critical of myself for my weaknesses or mistakes.
- 2 _ I blame myself all the time for my faults.
- 3 _ I blame myself for everything bad that happens.

9.9

- 0 _ I don't have any thoughts of killing myself.
- 1 _ I have thoughts of killing myself, but I would not carry them out.
- 2 _ I would like to kill myself.
- 3 _ I would kill myself if I had the chance.

9.10

- 0 _ I don't cry any more than usual.
- 1 _ I cry more now than I used to.
- 2 _ I cry all the time now.
- 3 _ I used to be able to cry, but now I can't cry even though I want to.

9.11

- 0 _ I am no more irritated now than I ever am.
- 1 _ I get annoyed or irritated more easily than I used to.
- 2 _ I feel irritated all the time now.
- 3 _ I don't get irritated at all by the things that used to irritate me.

9.12

- 0 _ I have not lost interest in other people.
- 1 _ I am less interested in other people than I used to be.
- 2 _ I have lost most of my interest in other people.
- 3 _ I have lost all of my interest in other people.

9.13

- 0 _ I make decisions about as well as I ever did.
- 1 _ I put off making decisions more than I used to.
- 2 _ I have greater difficulty in making decisions than before.
- 3 _ I can't make decisions at all anymore.

9.14

- 0 _ I don't feel I look any worse than I used to.
- 1 _ I am worried that I am looking old or unattractive.
- 2 _ I feel that there are permanent changes in my appearance that make me look unattractive.
- 3 _ I believe I look ugly.

9.15

- 0 _ I can work as well as before.
- 1 _ It takes an extra effort to get started at doing something.
- 2 _ I have to push myself very hard to do anything.
- 3 _ I can't do any work at all.

9.16

- 0 _ I can sleep as well as usual.
- 1 _ I don't sleep as well as I used to.
- 2 _ I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- 3 _ I wake up several hours earlier than I used to and cannot get back to sleep.

9.17

- 0 _ I don't get more tired than usual.
- 1 _ I get tired more easily than I used to.
- 2 _ I get tired from doing almost anything.
- 3 _ I am too tired to do anything.

9.18

- 0 _ My appetite is no worse than usual.
- 1 _ My appetite is not as good as it used to be.
- 2 _ My appetite is much worse now.
- 3 _ I have no appetite at all anymore.

9.19

- 0 _ I haven't lost much weight, if any lately.
- 1 _ I have lost more than 5 pounds.
- 2 _ I have lost more than 10 pounds.
- 3 _ I have lost more than 15 pounds.

9.20

I am purposely trying to lose weight by eating less.

- 0 _ No
- 1 _ Yes

9.21

- 0 _ I am no more worried about my health than usual.
- 1 _ I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
- 2 _ I am very worried about physical problems and it's hard to think of much else.
- 3 _ I am so worried about physical problems, that I cannot think about anything else.

9.22

- 0 _ I have not noticed any recent change in my interest in sex.
- 1 _ I am less interested in sex than I used to be.
- 2 _ I am much less interested in sex now.
- 3 _ I have lost interest in sex completely.

10. HOPELESSNESS

10.1 My future seems dark to me.

1 _ False

2 _ True

11. ALCOHOL AND DRUG RELATED QUESTIONS

11.1 In your life, which of the following substances have you ever used? 1 _ No 2 _ Yes
Please refer to the DRUG CARD on the bottom of this page.

Probe if all answers are negative and ask: Not even when you were in school?
If "yes" to any of these items, ask Question 2 for each drug mentioned "yes" above.

11.2 In the past three months, how often have you used the substances you mentioned (FIRST DRUG, THEN SECOND DRUG, ETC.)? Please refer to the DRUG CARD on the bottom of this page.
1 _ Never 2 _ Once or Twice 3 _ Monthly 4 _ Weekly 5 _ Daily or Almost Daily

11.3 When was the last time you had a drink containing alcohol?
1 _ hours ago 2 _ days ago 3 _ months ago

11.4 How many standard drinks* did you have on that occasion?
1 _ beer 2 _ wine 3 _ spirits 4 _ other; please specify: _____

* 330 ml of regular beer (can, bottle, glass), 120 ml of wine, 40 ml of whisky/liquor. TO BE ADAPTED TO LOCAL CODING CATEGORIES (One standard drink contains 10g of pure alcohol. Usually a regular beer contains 4-5% alcohol, wine 12% and spirits 40%. The ethanol content is calculated as: Amount in ml x percentage of alcohol in the beverage x ethanol conversion factor (1ml ethanol=0.79g): Example: 330ml beer x 0.04 x 0.79 = approximately 10g pure alcohol.)

11.5 In the past year (= past 12 months), how often did you have a drink containing alcohol?
1 _ Never 6 _ 1-2 times a month
2 _ 1-3 times in the past year 7 _ 3-4 times a month
3 _ 4-6 times in the past year 8 _ 1-2 times a week
4 _ 7-9 times in the past year 9 _ 3-4 times a week
5 _ 10-12 times in the past year 10 _ 5-6 times a week
11 _ Daily or more often

11.6 On those days when you drank, how many drinks did you usually have?
_ _ drinks (Record exact number of drinks, all types of beverages together)

11.7 How often in the past year did you drink more than 4 (for females) / 5 (for males) drinks* in one occasion?
1 _ Never 6 _ 1-2 times a month
2 _ 1-3 times in the past year 7 _ 3-4 times a month
3 _ 4-6 times in the past year 8 _ 1-2 times a week
4 _ 7-9 times in the past year 9 _ 3-4 times a week
5 _ 10-12 times in the past year 10 _ 5-6 times a week
11 _ Daily or more often

* TO BE ADAPTED TO LOCAL BINGE/HIGH RISK DRINKING CATEGORIES

DRUG CARD

- a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
- b. Alcoholic beverages (beer, wine, liquor, etc.)
- c. Marijuana (pot, grass, hash, etc.)
- d. Cocaine or Crack
- e. Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, spray paint, gasoline, paint thinner)
- g. Sedatives or Sleeping Pills (Valium, Librium, Xanax, Haldol, Seconal, Quaaludes, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.)
- i. Heroin, Morphine, Methadone or Pain Medication (codeine, Dilaudid, Darvon, Demoral, Percodan, Fiorinal, etc.)
- j. Other, specify _____

12. TRAIT ANGER SCALE

1 = Almost never
2 = Sometimes
3 = Often
4 = Almost always

12.1 I have a fiery temper.	1	2	3	4
12.2 I am quick-tempered.	1	2	3	4
12.3 I am a hot headed person.	1	2	3	4
12.4 It makes me furious when I am always criticized in front of others.	1	2	3	4
12.5 I get angry when I'm slowed down by others' mistakes.	1	2	3	4
12.6 I feel infuriated when I do a good job and get poor evaluation.	1	2	3	4
12.7 I fly off the handle.	1	2	3	4
12.8 I feel annoyed when I am not given recognition for doing good work.	1	2	3	4
12.9 When I get mad, I say nasty things.				
12.10 When I get frustrated, I feel like hitting someone.	1	2	3	4

13. SOCIAL SUPPORT

"0" = No, not at all
"1" = To some extent
"2" = Yes, very much

WHETHER YOU NEED SUPPORT FROM

	Family			Friends		
13.1 Do you feel that you need practical support?	0	1	2	0	1	2
13.2 Do you feel that you need moral support from?	0	1	2	0	1	2

WHETHER YOU GET SUPPORT FROM

	Family			Friends		
13.3 Do you feel that you get the practical support you need?	0	1	2	0	1	2
13.4 Do you feel that you get the moral support you need?	0	1	2	0	1	2

WHETHER YOU ARE NEEDED FOR SUPPORT BY

	Family			Friends		
13.5 Do you feel that you are needed for practical support?	0	1	2	0	1	2
13.6 Do you feel that you are needed for moral support?	0	1	2	0	1	2

WHETHER YOU GIVE SUPPORT TO

	Family			Friends		
13.7 Do you feel that you give the practical support that is needed from you?	0	1	2	0	1	2
13.8 Do you feel that you give the moral support that is needed from you?	0	1	2	0	1	2

14. LEGAL OR OFFENDING HISTORY / ANTISOCIAL BEHAVIOUR

14.1 Have you done any of the following during the past five years?

14.1.1 boycott	1 _No	2 _Yes
14.1.2 occupation of buildings and sit-ins	1 _No	2 _Yes
14.1.3 blocking traffic	1 _No	2 _Yes
14.1.4 personal violence	1 _No	2 _Yes
14.1.5 damage to property	1 _No	2 _Yes
14.1.6 violent demonstration	1 _No	2 _Yes

14.2 Have you ever been convicted of a criminal offence (excluding traffic offences)?

1 _ No 2 _ Yes

14.3 If yes; specify: 1 _ once
 2 _ 2-3 times
 3 _ several times

14.4 If yes, specify the date of the most recent conviction: __ Day __ Month ____ Year

14.5 If yes, what was the major reason for the most recent conviction?

14.5.1 Property offences	1 _No	2 _Yes
14.5.2 Violent offences	1 _No	2 _Yes
14.5.3 Political or administrative crimes	1 _No	2 _Yes
14.5.4 Substance use	1 _No	2 _Yes
14.5.5 Sexual offences	1 _No	2 _Yes
14.5.6 Other: (specify) _____	1 _No	2 _Yes

14.6 Have you ever been to prison (for other than traffic reasons)?

1 _ No 2 _ Yes

14.7 If yes, specify: 1 _ once
 2 _ 2-3 times
 3 _ several times

14.8 If yes, specify the date of the most recent imprisonment: __ Day __ Month ____ Year

14.9 If yes, what was the major reason for the most recent imprisonment?

- | | | |
|---|-------|--------|
| 14.9.1 Property offences | 1 _No | 2 _Yes |
| 14.9.2 Violent offences | 1 _No | 2 _Yes |
| 14.9.3 Political or administrative crimes | 1 _No | 2 _Yes |
| 14.9.4 Substance use | 1 _No | 2 _Yes |
| 14.9.5 Sexual offences | 1 _No | 2 _Yes |
| 14.9.6 Other: (specify) _____ | 1 _No | 2 _Yes |

15. SOCIAL ROLE PERFORMANCE (SECTION 2 OF WHO/DAS – PSYCHIATRIC DISABILITY ASSESSMENT SCHEDULE)

“0”= no dysfunction

“1” = minimum dysfunction

“2” = obvious dysfunction

“3” = serious dysfunction

“4” = very serious dysfunction

“5” = maximum dysfunction

(Rate “8” if information is not available and “9” if item is not applicable)

15.1 Participation in household activities during past month

0 1 2 3 4 5

Inquire about:

(i) patient’s participation in common activities of the household, such as having meals together, doing domestic chores, going out or visiting together, playing games, watching television, etc.;

(ii) patient’s participation in decision-making concerning the household, e.g. decisions about the children, money, etc. For housewives, consider the household jobs that a housewife usually has to do. Make a rating without regard to whether patient is asked to participate, left on his/her own or rejected in some way.

15.2 Marital role: affective relationship to spouse during past month

(Here “spouse” means a steady partner regardless of legal status)

0 1 2 3 4 5

Inquire about:

(i) patient’s communication with spouse (e.g. talking to spouse about ordinary events, news, the children, etc.)

(ii) patient’s ability to show affection and warmth towards spouse (occasional outbursts of anger or irritability should be evaluated against the cultural norm)

(iii) spouse’s feeling that patient is a source of support to whom spouse can turn. Ask for examples.

15.3 Marital role: sexual relations with spouse during past month

0 1 2 3 4 5

Consider:

(i) occurrence of sexual intercourse in past month

(ii) whether patient experiences sexual relations as satisfactory

(iii) whether spouse experiences sexual relationships as satisfactory

15.4 Parental role: interest and care of child (children) during past month

0 1 2 3 4 5

Consider:

- (i) undertaking and performance of child care tasks appropriate to patient's position in household (e.g. feeding, putting to bed, taking to school – for small children; looking after child's needs – for older children);
- (ii) interest in child (e.g. playing, reading to, taking interest in his/her problems, school work, etc.).

If children are not living with patient, consider and rate only (ii).

15.5 Sexual role: relationships with persons other than marital partner during past month
(unmarried patient or patient not living with spouse)

0 1 2 3 4 5

Consider:

- (i) heterosexual (or homosexual) interests and emotional responsiveness shown by patient;
- (ii) actual relationship or contacts sought by patient (regardless) of whether sexual relations involved or not).

15.6 Social contacts: friction in interpersonal relationships outside the household in past month

0 1 2 3 4 5

Consider:

Overt conflictive behaviour on the part of the patient involving inappropriate arguments, annoyance, anger or marked irritability arising in social situations outside own home, e.g.

- (i) with supervisors, colleagues, customers, etc., if patient is working;
- (ii) with neighbours, other people in the community etc., if patient is a housewife or not working;
- (iii) with teachers, administrators, other students etc., if patient is a student. For patients living in hostels or other communal accommodation, include frictions arising with other boarders.

15.7 Occupational role: work performance during past month (including students and persons in sheltered employment)

0 1 2 3 4 5

Inquire about:

- (i) whether patient conforms to the work routine – going to work regularly and on time, observing the rules, etc.;
- (ii) quality of performance and output.

Household work is excluded (rate in question 1.). If key informant is unable to provide information, make a rating after consulting alternative sources.

15.8 Occupational role: interest in getting a job or in going back to work or studies

0 1 2 3 4 5

(To be rated for patients of employable age but currently not employed or not working, students are included. If the patient is a housewife, use judgement about local expectations concerning housewife's seeking employment outside the home.)

Consider:

- (i) interest in obtaining or returning to a job or studies;
- (ii) actual steps undertaken to get a job or start studies.

15.9 Interests and information during the past month

0 1 2 3 4 5

Consider:

- (i) interest shown by patient in local or world events or in other matters, as commensurate with his/her social background, education, and level of intelligence;
- (ii) efforts to obtain such information.

15.10 Patient's behaviour in emergencies or in out-of-the-ordinary situations that have occurred in the past six months

0 1 2 3 4 5

Consider:

Patient's response to events, such as:

- (i) sickness or accident affecting a family member;
- (ii) sickness, accident or incident involving other people;
- (iii) minor emergencies (e.g. breakdown of equipment);
- (iv) any other situation out of the routine for the patient, normally requiring action (e.g. patient left to baby-sit, requested to pass on a message, etc.)

Annex 2

SUPRE-MISS COMMUNITY SURVEY

1. SOCIO-DEMOGRAPHIC INFORMATION
2. SUICIDE ATTEMPT HISTORY AND FAMILY DATA
3. PHYSICAL HEALTH, CONTACT WITH HEALTH SERVICES, MENTAL HEALTH
4. ALCOHOL AND DRUG RELATED QUESTIONS
5. COMMUNITY STRESS AND PROBLEMS

1. SOCIO-DEMOGRAPHIC INFORMATION

1.1 Country __ (2 digits)

1.2 Subject's identification number ____ (4 digits)

1.3 Sex: 1 _ Male 2 _ Female 3 _ Transsexual

1.4 Date of birth: __ Day __ Month ____ Year

1.5 Where were you born? _____ (country)

1.6 What is your nationality? _____

1.7 Present marital status:

1 _ Single

2 _ Married or living with permanent partner; since when: __ Day __ Month ____ Year

3 _ Widowed; since when: __ Day __ Month ____ Year

4 _ Divorced / separated; since when __ Day __ Month ____ Year

1.8 Have you lived with different partners? 1 _ No 2 _ Yes, how many: __

1.9 How many times have you been divorced? __ (Number)

1.10 How many children do or did you have, including children who are adopted? (Do not count children who were born dead.) __ (Number)

1.11 How many children do you have, who are aged less than 16 years, for whom you have shared or sole responsibility? __ (Number)

1.12 With whom do you live presently (household composition)

1 _ Living alone

2 _ Living alone with child(ren)

3 _ Living with partner without child(ren)

4 _ Living with partner and child(ren)

5 _ Living with parents

6 _ Living with other relatives / friends

7 _ Living in jail

8 _ Living in psychiatric institution

9 _ Living in homes/institutions

10 _ Other, specify: _____

1.13 Do you live in a rural or urban residence area? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

1 _ Rural 2 _ Urban

1.14 Years of education: __ Years

1.15 What is the highest completed education you have? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

1 _ None

2 _ Primary education

3 _ Secondary education

4 _ Non-university higher education

5 _ University education

6 _ Other

1.16 What is your occupation? If you are unemployed or not economically active: What was your last occupation? (State if patient never had a paid job.)
(TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

1.17 What is your employment status? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

- 1 _ Full-time employed (including self-employed)
- 2 _ Part-time employed (including self-employed)
- 3 _ Employed, but on sick leave
- 4 _ Temporary work
- 5 _ Unemployed; since when: __ Day __ Month _____ Year
- 6 _ Armed services
- 7 _ Full-time student
- 8 _ Disabled, permanently sick; since when: __ Day __ Month _____ Year
- 9 _ Retired; since when: __ Day __ Month _____ Year
- 10 _ Housewife/homemaker
- 11 _ Other, specify _____

1.18 During the past year (that is: between now and one year ago), have you been unemployed for some time? With unemployed I mean that you were looking for a job but could not find one. If yes, how long in total have you been unemployed during the past year? (Fill in zero, if patient has not been unemployed.)

__ Months __ Weeks

1.19 What was your annual income in the last year (after tax)? _____ (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

1.20 What is your religious denomination?

- 1 _ None
- 2 _ Protestant
- 3 _ Catholic
- 4 _ Jewish
- 5 _ Muslim
- 6 _ Hindu
- 7 _ Greek orthodox
- 8 _ Buddhist
- 9 _ Other, specify _____

1.21 How often do you go to church (or other place of worship)?

- 1 _ At least once a week
- 2 _ Once a month
- 3 _ 2-3 times a year
- 4 _ About once a year
- 5 _ Almost never

1.22 Why? What is your motive? _____
_____ (Use the patient's words)

1.23 Do you consider yourself being a religious person? 1 _ No 2 _ Yes

1.24 What is your preferred sexual orientation?

- 1 _ Heterosexual
- 2 _ Homosexual
- 3 _ Bisexual
- 4 _ Uncertain
- 5 _ Refused to answer

2. SUICIDE ATTEMPT HISTORY AND FAMILY DATA

2.1 Have you ever seriously thought about committing suicide? 1 _ No 2 _ Yes

2.1.1 How old were you the first time this happened? ___ years old

2.1.2 Did this happen to you at all in the last twelve months? 1 _ No 2 _ Yes

2.1.3 How old were you the last time this happened to you? ___ years old

2.2 Have you ever made a plan for committing suicide? 1 _ No 2 _ Yes

2.2.1 How old were you the first time this happened? ___ years old

2.2.2 Did this happen to you at all in the last twelve months? 1 _ No 2 _ Yes

2.2.3 How old were you the last time this happened to you? ___ years old

2.3 Have you ever attempted suicide? 1 _ No 2 _ Yes

2.3.1 How many times ever in your lifetime have you attempted suicide? ___ (Number of times)

2.3.2 How old were you the first time this happened? ___ years old

2.3.3 How old were you the last time this happened to you? ___ years old

2.3.4 Did you make a suicide attempt at all in the last twelve months? 1 _ No 2 _ Yes

2.3.5 Thinking about the first time you ever attempted suicide, which of these statements best describes the situation?

- 1 _ I made a serious attempt to kill myself and it was only luck that I did not succeed.
- 2 _ I tried to kill myself but knew that the method was not fool-proof.
- 3 _ My attempt was a cry for help. I did not intend to die.
- 4 _ Don't know.

2.3.6 What was the method of this suicide attempt (see ICD-10 codes below question 2.4.)? _ _ _ _ _

2.3.7 Did this suicide attempt result in an injury or poisoning? 1_No 2_Yes 3_Don't know

2.3.8 Did this suicide attempt require medical attention? 1_No 2_Yes 3_Don't know

2.3.9 Did this suicide attempt require hospital admission for one night or longer?
1_No 2_Yes 3_Don't know

2.3.10 Thinking about the last (most recent) time you attempted suicide, which of these statements best describes the situation?

- 1 _ I made a serious attempt to kill myself and it was only luck that I did not succeed.
- 2 _ I tried to kill myself but knew that the method was not fool-proof.
- 3 _ My attempt was a cry for help. I did not intend to die.
- 4 _ Don't know.

2.3.11 What was the method of this suicide attempt (see ICD-10 codes below question 2.4.)? _ _ _ _ _

2.3.12 Did this suicide attempt result in an injury or poisoning? 1_No 2_Yes 3_Don't know

2.3.13 Did this suicide attempt require medical attention? 1_No 2_Yes 3_Don't know

2.3.14 Did this suicide attempt require hospital admission for one night or longer?
1_No 2_Yes 3_Don't know

2.4 Family history of suicidal behaviour:

Have any of the following members of your biological family (i.e. related by birth only) died by suicide or made a suicide attempt?

	Died by suicide		Made a suicide attempt	
	1_No	2_Yes	1_No	2_Yes
2.4.1 Parent	1_No	2_Yes	1_No	2_Yes
2.4.2 Brother or sister	1_No	2_Yes	1_No	2_Yes
2.4.3 Child	1_No	2_Yes	1_No	2_Yes
2.4.4 Grandparent	1_No	2_Yes	1_No	2_Yes

ICD-10 codes

X60	Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified
X63	Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system
X64	Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances
X65	Intentional self-poisoning by and exposure to alcohol
X66	Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours
X67	Intentional self-poisoning by and exposure to other gases and vapours
X68	Intentional self-poisoning by and exposure to pesticides
X69	Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances
X70	Intentional self-harm by hanging, strangulation and suffocation
X71	Intentional self-harm by drowning and submersion
X72	Intentional self-harm by handgun discharge
X73	Intentional self-harm by rifle, shotgun and larger firearm discharge
X74	Intentional self-harm by other and unspecified firearm discharge
X75	Intentional self-harm by explosive material
X76	Intentional self-harm by smoke, fire and flames
X77	Intentional self-harm steam, hot vapours and hot objects
X78	Intentional self-harm by sharp object
X79	Intentional self-harm by blunt object
X80	Intentional self-harm by jumping from a high place
X81	Intentional self-harm by jumping or lying before moving object
X82	Intentional self-harm by crashing of motor vehicle
X83	Intentional self-harm by other specified means
X84	Intentional self-harm by unspecified means

3. PHYSICAL HEALTH, CONTACT WITH HEALTH SERVICES, MENTAL HEALTH

3.1 Height _ _ _ _ _

3.2 Weight _ _ _ _ _

3.3 Do you have any longstanding physical illness or disability that has troubled you for at least one year?
1 _ No 2 _ Yes

3.3.1 If yes, what is the matter with you? _____

3.3.2 How long have you had this? 1 _ from birth on 2 _ / _ _ (Years/Months)

In-patient psychiatric treatment (includes treatment on psychiatric ward of general hospital)

3.4 How many times, if ever, have you been treated in a psychiatric hospital, in a psychiatric ward of a general hospital, or in any other in-patient institution for people with mental problems?
(Be sure that the patient refers to in-patient treatment; "you were in the hospital both night and day". In-patient treatment after the index-suicide attempt not included.)

- 1 _ Never
- 2 _ 1 time
- 3 _ 2-3 times
- 4 _ 4 times or more

If "Never" (1.), continue with: Out-patient psychiatric treatment and day care.

3.5 If one or more times in-patient treatment:

Could you, as accurately as possible and for each admission separately describe: when you were admitted, how long you stayed there, and for which reasons you were admitted?

(Start with last admission. If patient was in in-patient psychiatric treatment at the time of the suicide attempt, start facts on this treatment. Do not code admissions after present suicide attempt.)

Admission: Month/Year	Length of stay: Months	Reason for admission:
--------------------------	---------------------------	-----------------------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Out-patient psychiatric treatment and day care

3.6 Have you ever been in contact with one of the following professional services for treatment or advice?
(TO BE FILLED IN ACCORDING TO NATIONAL SITUATION, codes should include treatment by private psychiatrist; an EXAMPLE (based on health services in the Netherlands) is given below for reference.)

(EXAMPLE)

- | | | |
|--|--------|---------|
| 3.6.1 Psychiatric service, polyclinic service | 1 _ No | 2 _ Yes |
| 3.6.2 Psychiatric service, day-care | 1 _ No | 2 _ Yes |
| 3.6.3 Community Mental Health Care | 1 _ No | 2 _ Yes |
| 3.6.4 Private psychologist or psychiatrist | 1 _ No | 2 _ Yes |
| 3.6.5 Consultation service for alcohol and drug related problems | 1 _ No | 2 _ Yes |
| 3.6.6 Consultation service for relational and sexual problems | 1 _ No | 2 _ Yes |

3.7 Other intervention for emotional problems

Have you ever received assistance for emotional problems from anyone else? For instance self-help groups like Alcoholics Anonymous, S.O.S. telephone services, etc.? 1 _ No 2 _ Yes; Specify: _____

3.8 Do you or did you ever experience for prolonged periods of time (for over at least one year) troubles within yourself that hindered your functioning? (Make this question clearer, if needed, by examples like: fears of places, anxiety to leave your house, excessive fear of people in general or depressive feelings, other emotions or thoughts that influenced you repeatedly like obsessions, to be compelled to clean yourself or your house, etc.).

1 _ No 2 _ Yes

3.8.1 If yes, what was the matter with you? _____

3.8.2 How long have you had this? 1 _ from birth on 2 _ / _ _ (Years/Months)

4. ALCOHOL AND DRUG RELATED QUESTIONS

Please refer to the DRUG CARD on the bottom of this page for all questions.

4.1 In your life, which of the following substances have you ever used? 1 _ No 2 _ Yes

Probe if all answers are negative and ask: Not even when you were in school?

If "yes" to any of these items, ask Question 2 for each drug mentioned "yes" above.

4.2 In the past three months, how often have you used the substances you mentioned (FIRST DRUG, THEN SECOND DRUG, ETC.)?

1 _ Never 2 _ Once or Twice 3 _ Monthly 4 _ Weekly 5 _ Daily or Almost Daily

DRUG CARD

- a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
- b. Alcoholic beverages (beer, wine, liquor, etc.)
- c. Marijuana (pot, grass, hash, etc.)
- d. Cocaine or Crack
- e. Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, spray paint, gasoline, paint thinner)
- g. Sedatives or Sleeping Pills (Valium, Librium, Xanax, Haldol, Seconal, Quaaludes, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.)
- i. Heroin, Morphine, Methadone or Pain Medication (codeine, Dilaudid, Darvon, Demoral, Percodan, Fiorinal, etc.)
- j. Other, specify _____

5. COMMUNITY STRESS AND PROBLEMS

5.1 What do you think are some of the major problems facing our community today? _ _ _ (Open-ended)

5.2 How serious do you think the following problems are for our community?
(From "1" = not serious to "5" = very serious)

	Neighbourhood	City	Region
5.2.1 Housing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.2 Crime	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.3 Poverty	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.4 Education	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.5 Government	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.6 Family Life	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.7 Transportation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.8 Health Care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.9 Job Security	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.10 Racial Prejudice	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.11 Pollution	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.12 Drug Abuse	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.13 Alcohol Abuse	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.14 Child and Spouse Abuse	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.15 Quality of life	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5.2.16 Physical Security and Safety	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

5.3 In your opinion, how close and supportive of one another are the people in this _ _ _ _ _ ?
(From "1" = not close/supportive to "5" = very close/supportive)

5.3.1	_ _ _ _ _ Neighbourhood?	1 2 3 4 5
5.3.2	_ _ _ _ _ City?	1 2 3 4 5
5.3.3	_ _ _ _ _ Region?	1 2 3 4 5
5.3.4	_ _ _ _ _ Nation?	1 2 3 4 5

5.4 In your opinion, how hopeful and optimistic about the future are the people of this _ _ _ _ _ ?
(From 1 = not hopeful/optimistic to 5 = hopeful/optimistic)

5.4.1	_ _ _ _ _ Neighbourhood?	1 2 3 4 5
5.4.2	_ _ _ _ _ City?	1 2 3 4 5
5.4.3	_ _ _ _ _ Region?	1 2 3 4 5
5.4.4	_ _ _ _ _ Nation?	1 2 3 4 5

Annex 3

BIOLOGICAL PARAMETERS SUPRE-MISS

Blood samples will be taken from subjects who attempted suicide presenting at the emergency department, irrespective of the outcome (i.e. fatal or non-fatal). Control samples will be taken from local blood donors banks.

In addition to usual blood analysis, cholesterol, cortisol, testosterone and corticotrophin releasing hormone (CRH) will also be analysed.

Samples from countries without the means of performing the analysis will be mailed to the nearest of the two centres participating in the study, namely, Brisbane and Stockholm.

The control group should be matched by gender, age and ethnicity.

Annex 4

COMMUNITY DESCRIPTION SUPRE-MISS

1. SOCIO-CULTURAL INDICES

A. *External Socio-Cultural Context*

1.1 Location Description and History

1.2 Describe community location with regard to:

- 1.2.1 Physical environment
- 1.2.2 Define and describe climate
- 1.2.3 Urban-rural status, dynamics, and changes

1.3 Describe location via a brief historical chronology (past 10 years) – Include at least 20 entries citing major political, economic, and social events.

1.4 Describe socioenvironmental quality via:

- 1.4.1 Pollution problems and changes in pollution for patient's setting:
 - 1.4.1.1 Air
 - 1.4.1.2 Water
 - 1.4.1.3 Noise
 - 1.4.1.4 Visual
- 1.4.2 Traffic congestion in patient's setting
- 1.4.3 Crowding/density in terms of people/location unit (i.e., dwelling, neighbourhood, region)
- 1.4.4 Homeless numbers and rates as an index of social stress

1.5 Population Distribution

Describe and define:

- 1.5.1 Population
- 1.5.2 Population parameters (e.g., gender, age, ethnicity, religion affiliation)
- 1.5.3 Population density (i.e., see point 1.4.3 above)
- 1.5.4 Ratio of urban versus rural population for major cities and for the country as a whole.

1.6 Social structure

1.6.1 Gender status and roles.

Comment particularly on status of women, especially with regard to homelife, work, employment, and other issues of equality. Address the genderization of the society and community.

1.6.2 Patriarchy and matriarchy status, especially pattern of authority

1.6.3 Age status and roles

1.6.4 Migration patterns (In and Out)

1.6.5 Family organization patterns (i.e., nuclear, extended, other)

1.6.6 Marriage and divorce rates, mean age of marriage

1.6.7 Educational distribution levels, opportunities, and access

1.6.8 Percent school dropouts before age 16 and reasons (e.g., poverty, illness, poor school performance, disliked school, etc.

1.6.9 Number of schools, private and public per 100,000 population. Include education institutions at all levels from elementary to college.

1.6.10 Household qualities

1.6.10.1 Size or Mean number of people per household

1.6.10.2 Number of single parent households

1.6.10.3 Number of widow households

1.6.10.4 Data on recent migration versus long-term residents from rural, other urban, and/or foreign.

1.6.11 Occupational distribution and patterns

B. Socio-Cultural and Linguistic

Describe:

- 1.7 Languages spoken
- 1.8 Ethnic minority population composition/distribution
- 1.9 Ethnic minority status and empowerment
- 1.10 Estimated percent literacy
- 1.11 Ethnic tensions and problems

C. Social and Economic Structure

Describe:

- 1.12 GNP for country
- 1.13 Dominant economic and employment patterns
- 1.14 Unemployment rates and patterns
- 1.15 Poverty level distributions
- 1.16 Housing patterns/styles
- 1.17 Industry and work patterns
- 1.18 Percentage of families where both parents work
- 1.19 Percent expenditures (if available) on food, housing, clothing, health, transportation, recreation (to see how money is spent)
- 1.20 Number of tourists per year
- 1.21 Number of banks
- 1.22 Number of registered automobiles

D. Religious Systems

Describe:

- 1.23 Formal religions present in community via churches, temples, etc.
- 1.24 Religious conflicts among groups
- 1.25 Religious affiliation patterns and rates
- 1.26 Number of churches, temples, or places of religious worship
- 1.27 Religious rituals and ceremonies regarding death

E. Communications/Media/Entertainment

Describe:

- 1.28 Number of newspapers
- 1.29 Number of TV stations or cable
- 1.30 Number of radio stations
- 1.31 Describe most popular (circulation) items and why

F. Health and Medical Dynamics

Describe:

- 1.32 Birth rates
- 1.33 Life expectancy rates
- 1.34 Number of western medicine physicians per 100,000 population
- 1.35 Number of mental health professionals (i.e., psychiatrists, psychologists, social workers, nurses). See also Section H
- 1.36 Number and types of indigenous healers. Describe availability, accessibility, and acceptability
- 1.37 Availability of special emergency telephone lines or services for suicide
- 1.38 Number of hospitals
- 1.39 Models of illness: Western, Supernatural, Social/Internal
- 1.40 Number of deaths per year per 100,000 population
- 1.41 Primary causes of death?
- 1.42 Estimates of smoking rates
- 1.43 Number of suicides per year in last ten years?
- 1.44 Sanitation
- 1.45 Recent epidemics or hysteria episodes

G. Social Deviancy Patterns According to Demographic Markers

Describe:

- 1.46 Homicidal rates
- 1.47 Crime rates
- 1.48 Juvenile crime rates
- 1.49 Alcohol rates
- 1.50 Substance abuse rates
- 1.51 Child and spouse abuse rates
- 1.52 Prostitution rates
- 1.53 Number of admissions to psychiatric facilities
- 1.54 Sexual violence and abuse rates

H. Mental Health and Wellbeing

- 1.55 Resources for mental health including hospitals, clinics, mental health professionals, volunteer agencies, policies and plans.
- 1.56 The distribution of mental health resources including issues of availability, accessibility, and acceptability.
- 1.57 Status, salary, budgets, training of mental health personnel

I. General Sociocultural Context

Describe:

- 1.58 Socio-cultural ethos, world views, and orientations as indexed by the following dimensions:

- 1.58.1 Materialism Spirituality
- 1.58.2 Individualism Collectivism
- 1.58.3 Competition Cooperation
- 1.58.4 Change Tradition
- 1.58.5 Product Process
- 1.58.6 Scientism Intuition
- 1.58.7 Westernization Traditional
- 1.58.8 Time orientation (past, present, future)
- 1.58.9 Perceptions of death and afterlife

- 1.59 Socio-Cultural and Political Stability

Try to determine socio-cultural and political stability as indexed by the following dimensions:

- 1.59.1 Recent history of natural disaster in community
- 1.59.2 Recent history of war or civil disturbances
- 1.59.3 Governmental pattern and stability
- 1.59.4 Levels of government and/or police/justice corruption
- 1.59.5 Rapid social-technical change via industry, investment, land development
- 1.59.6 Levels of crime and violence related to ethnopolitical strife
- 1.59.7 Situation with regard to refugees and IDPs

2. SOCIO-CULTURAL CONTEXT OF SUICIDE QUESTIONS

It will be necessary to adjust the questions to the population under study.

- 2.1 What has been the historical cultural attitude toward suicide in your country (or cultural group or community)? That is to say, what have people thought about the act of committing suicide?
(For example: ritualized suicide in Japan and India, or position of Catholic Church on suicide as sin)
- 2.2 How has the cultural background of your country (cultural group or community) influenced the frequencies and kinds of ways people commit suicide?
(For example: political system, educational system, attitudes toward women, attitudes toward drinking, religion, etc.)
- 2.3 What has been the influence of your country's (cultural group or community) history, geography/climate, and religion on the act of committing suicide?
(For example: absence of sun in Northern European countries, exposure to toxic pollutants in Eastern Europe)
- 2.4 Within the culture of your country, what is the attitude toward suicide today?
(For example: euthanasia may be accepted, or may be seen as a final act of dignity and taking control of one's life)
- 2.5 What is the general attitude in your country (cultural group or community) toward a person who commits suicide?
(For example: sympathy, condemnatory, critical, anger, etc.)
- 2.6 What is the general attitude in your country (cultural group or community) toward the person who attempts suicide but survives?
(For example: caring, guilt, anger, support)
- 2.7 What is the general attitude in your country (cultural group or community) toward the family members of the suicide victim?
(For example: caring, anger, distrust)
- 2.8 What are the burial and mourning practices in your country (cultural group or community) for someone who has committed suicide?
(For example: no religious service, burn body, avoid family members)
- 2.9 What references to suicide are found in your country's (cultural group or community) religion, literature, songs, art?
(For example: Masada deaths, The Bell Jar, John Donne's "Self-Homicide")

3. CORONER'S QUESTIONS (ASCERTAINMENT OF SUICIDE)

- 3.1 Please describe the procedure for the ascertainment of suicide in your country.
- 3.2 If ascertainment is made through a coroner, please describe the system used (i.e., To whom is the coroner responsible? What is the current legislation relating to the coroner's office and functions?):
- 3.3 What are the instructions in the Coroner's Act (or equivalent) that govern or are pertinent to the ascertainment of suicide?
- 3.4 What qualifications do coroners have with regard to specific dimensions of their functioning?
- 1 _ Legal
 - 2 _ Medical
 - 3 _ Medico-Legal
 - 4 _ Religious
 - 5 _ Psychological
- 3.5 What options exist for the possible misclassification of suicidal deaths (e.g., open verdict, accidental death, undetermined death – *please specify all options*)?
- 3.6 Taking each of the last ten years for which data are available, what were the numbers for each of the following in your country and community?
- 3.6.1 Suicides
 - 3.6.2 Accidental deaths
 - 3.6.3 Deaths with open verdict
 - 3.6.4 Undetermined deaths
 - 3.6.5 Homicides
- 3.7 What are the leading methods of suicide in your country/region, community?
- 3.8 Taking each of the last ten years for which data are available, what were the percentages for each of the five major methods of suicide?

Annex 5

OPTIONAL SURVEYS SUPRE-MISS

1. BIOLOGICAL STUDY (OPTIONAL)

In view of the complexity of implementing DNA analysis, it was decided to perform the genetic part of the study only in countries where it is legally permitted.

Blood samples will be taken from subjects who attempted suicide presenting at the emergency department, irrespective of the outcome (i.e. fatal or non-fatal). Control samples will be taken from local blood donors banks.

The genetic markers to be assessed are:

- serotonin transporter,
- tryptophan hydroxylase, and
- tyrosine hydroxylase.

The possibility of also assessing additional markers, such as dopamine transporter, dopamine receptors D1-D5, monoaminooxidase A, catechol O amino transferase, serotonin receptors 1A, 2A, 2C, 1Dbeta, 6, 7, serotonin transporter, tryptophan hydroxylase, adrenergic alfa 1A, 1B, 2A, 2B, Beta 1, Beta 2, Beta 3, norephinephrine transporter, or neuropeptide Y will be explored on a site by site basis.

DNA will be extracted from peripheral blood leucocytes via a standard salting out procedure (Miller et al, 1988) and used for polymorphism analysis. Oligonucleotide primers detecting polymorphism for neurotransmitter genes will be detected via PCR and gene scanning analysis. DNA will be amplified by PCR using a Perkin Elmer thermal cycler and detected via agarose gel electrophoresis or Genescan analysis using fluorescent detection as appropriate. Non-labelled PCR products will be run on agarose gels and viewed under UV light after staining with ethidium bromide. Fluorescently labelled PCR products will be analysed with automated fluorescence detection and Genescan Analysis software on an ABI 310 Prism (see Nyholt et al, 1998).

Alleles for candidate markers will be tested for association using DNA from affected and unaffected populations, using chi-square or Monte Carlo analysis.

Samples from countries without the means of performing the analysis will be mailed to the nearest of the two centres participating in the study, namely, Brisbane and Stockholm. To exclude contaminated blood, only extracted DNA should be sent to the Brisbane and Stockholm centres.

The control group should be matched by gender, age and ethnicity.

2. IMPULSIVENESS (OPTIONAL)

- | | | |
|--|--------|---------|
| 2.1 Do you often long for excitement? | 1 _ No | 2 _ Yes |
| 2.2 Do you feel at your best after taking a couple of drinks? | 1 _ No | 2 _ Yes |
| 2.3 Do you save regularly? | 1 _ No | 2 _ Yes |
| 2.4 Do you often buy things on impulse? | 1 _ No | 2 _ Yes |
| 2.5 Do you generally do and say things without stopping to think? | 1 _ No | 2 _ Yes |
| 2.6 Do you prefer quiet parties with good conversations to "wild" uninhibited ones? | 1 _ No | 2 _ Yes |
| 2.7 Do you often get into a jam because you do things without thinking? | 1 _ No | 2 _ Yes |
| 2.8 Would you often like to get high (drinking liquor or smoking marijuana)? | 1 _ No | 2 _ Yes |
| 2.9 Are you an impulsive person? | 1 _ No | 2 _ Yes |
| 2.10 Do you usually think carefully before doing anything? | 1 _ No | 2 _ Yes |
| 2.11 Do you often do things on the spur of the moment? | 1 _ No | 2 _ Yes |
| 2.12 Do you often enjoy breaking rules you consider unreasonable? | 1 _ No | 2 _ Yes |
| 2.13 Are you rather cautious in unusual situations? | 1 _ No | 2 _ Yes |
| 2.14 Do you mostly speak before thinking things out? | 1 _ No | 2 _ Yes |
| 2.15 Do you often get involved in things you later wish you could get out of? | 1 _ No | 2 _ Yes |
| 2.16 Do you get so "carried away" by new and exciting ideas, that you never think of possible snags? | 1 _ No | 2 _ Yes |
| 2.17 Do you get bored more easily than most people, doing the same old things? | 1 _ No | 2 _ Yes |
| 2.18 Would you agree that planning things ahead takes the fun out of life? | 1 _ No | 2 _ Yes |
| 2.19 Do you need to use a lot of self-control to keep out of trouble? | 1 _ No | 2 _ Yes |
| 2.20 Would you agree that almost everything enjoyable is illegal or immoral? | 1 _ No | 2 _ Yes |
| 2.21 Are you often surprised at people's reactions to what you do or say? | 1 _ No | 2 _ Yes |
| 2.22 Do you get extremely impatient if you are kept waiting by someone who is late? | 1 _ No | 2 _ Yes |
| 2.23 Do you think an evening out is more successful if it is unplanned or arranged at the last moment? | 1 _ No | 2 _ Yes |
| 2.24 Do you get very restless if you have to stay around home for any length of time? | 1 _ No | 2 _ Yes |