All possible suicides 1990, 1998 and 2005 and all anti-depressant, paracetamol, coproxamol & charcoal-burning deaths (according to cause of death and/or reported by toxicologist) in 2005, 2006 and 2007

(1	I) <u>THE CORO</u> I	<u>NER</u>						
Q1a	Centre 1 =	= Oxford	2 = Bristol	3 = Manchester			CENTRE	
Q1b	Coroner's Dis	trict (Name,	(CORDIST)					
Q1c	Coroner (Initi	ials)			CORONE	ER		
Q1d	Coroner's Red	cord Numbe	r		REC NO			
(2) <u>DEMOGRAP</u>	PHICS OF I	DECEASED					
Q2a	Date o	of birth (dd	/mm/yyyy)		DOB			
Q2b	Age (J	vears) for th	ose aged >=10		AGE	•		
Q2c	Post o reside	code of usua	ıl		POSTCD1		POSTCD2	
	103.44							
Q2d	Sex							
		1 = Male	2 =	Female			SEX	
Q2e	Ethnicity	1=White	3=A	Asian			ETHNICITY	

	2=Black	4=Other 9=Not Known	
Q2f	Marital status		
	1 = Single	4 = Divorced	MARIT
	2 = Married 3 = Widowed	5 = Other 9 = Not Known	
Q2g	Employment status at time of	f death	
	1=Unemployed 2=Employed	4=Other specify (EMPLTXT) ²	EMPL ¹
Q2h	3=Retired Occupation (if unemployed, state usua (If retired, state previous o		
	specify		
Q2i	Living circumstances on day of some 1 = Alone 2 = With family (including 3 = With others (e.g. fried 4 = Hospital in-patient –	ng partner)	DAYLIV ¹
	5 = Hospital in-patient - 6 = Other specify* 7 = NFA 9 = Not Known *if the deceased had been lividescribed in the coroner's file		

(3) <u>VERDICT AND CAUSE OF DEATH</u>

Q3a	Date of death (if not kn	own, enter date death o	certified) DOI			
Q3b	The above date is:	1 = Date of death & ce 2 = Date of certificatio	rtification		DDC	
Q3c	Inquest verdict				VERDICT	
	1 = Suicide 2 = Open	3=Accident 4=Misadventure	5=Narrative		VERDICT	
Q3d	If open or accid (consensus decis 1 = High 2 = Moderate 3 = Low	$8 = N_0$	rdict – probability of ot Applicable ot clear/insufficient in		SUIPROB	
Q3e	Underlying cause of a 1 = Poisoning 2 = Hanging/ 3 = Firearms 4 = Car exha 5 = Jumping/ 6=Charcoal b 7 = Other (D	suffocation /Gunshots ust gas falling ourning	()	метнтхт	$METH^1$	

	Cause of death from death certificate (CA	USETXT)	
_			
	Was an additional method involved?		
	1 = Yes specify below(Q3h)		
	2 = No		ADMETH
	9 = Not Known		
	Additional method used		
	1 = Poisoning		
	2 = Hanging/suffocation		METH2 ¹
	3 = Firearms/Gunshots		
	4 = Car exhaust gas		
	5 = Jumping/falling		
	6=Charcoal burning		
	7 = Other (Describe)	(METHTXT2) ²	
	If jumping was the method used, what wo	us the site of iumn?	
-	1=Bridge	4=Other 9=NK	
	2=Car park	If not place of residence, name site	JUMP ¹
	3=Place of residence	(JUMPTXT) ²	JUNIF
	J I INCO OI I COINCIICO	(00111111)	

<i>Q3j</i> Di	d they leave a suicide note?			
	1=Yes 9=Not K 2=No	nown	NOTE	
	the inquest records indicate that the the death? 1=Yes (describe) 2=No	-		
	SYCHIATRIC AND MEDICAL HI			
Q4a	Hua ine aeceasea ever naa co	ntact with Psychiatric Services?		
	1 = Yes specify below (Q4b) 2 = No	9 = Not Known	CONTPSY	
Q4b	Timing of contact with Ps	ychiatric Services		
	1 = At time of death 2 = During last year	9 = Not Known	TIMEPSY	
Q 4c	Was the subject suffering from a p	psychiatric disorder at the time of a	leath?	
	1 = Yes $2 = No$	3 = Probably 9 = Not Known	PSYCHDIS	
Q4d	Primary psychiatric diagnosi	is at time of death		

	1 = Schizophrenia and other 2 = Affective disorder (Depte 3 = Anxiety disorder 4 = Alcohol dependence 5 = Drug dependence 6 = Other specify 7 = No mental disorder 9 = Not Known	er delusional disorders pression/Depression-anxiety/BPD)(DIAGTXT)	DIAG	
Q4e		neral practitioner (dd/mm/yyyy) o face/telephone/or other means of col ct with GPCONTA	ntact	
Q4f	Most recent contact with Gainclude all contacts i.e. face to DO NOT INCLUDE contacts	o face/telephone/or other means of con	ntact	
	$1 = \le 1$ week 2 = > 1 week $- 1$ month 3 = > 1 month $- 6$ months 4 = > 6 months $- 1$ year	5 = > 1 year 6 = Cannot be categorised 9 = Not Known If information cannot be categorised, describe (GPT)	GPONTB	
Q4g	History of previous self-ha		,	
	1 = 1 or more 2 = None	9 = Not known	PREVSH	

Q ⁴	4h	Method of last non-fatal self-harm/suicid	e attempt		
		1 = Poisoning 2 = Hanging/suffocation 3 = Firearms/Gunshots 4 = Car exhaust gas 5 = Jumping/falling 6 = Charcoal burning 7 = Other (Describe)	(METHTXT2)	PREMETH	
Q4i	_	esychiatric management during a previous (MANAGETXT)	presentation to a general	hospital in pro	evious 3
<u>(5</u>)) ALCOH	<u>IOL</u>			
Q5a. V	1 = 2 =	ol consumed as part of the act or beforeh: - Yes specify below (Q5b) - No - Not Known	and?	Α	LC

Q5b. Alcohol consumed in relation to legal limit

1 = Likely to be over legal 1 death) 2 = Likely < legal limit 9 = Not known	limit at time	of death (or action l	eading to	ALCLEV [
Q5c. Pathologist report of Blood alcoho Specify units/volume	ol level (i)	/(ii)	BLALC		
051 W	1		(mg/dl)		
Q5d. Was alcohol detected by the pathology 1 = Yes 2 = No alcohol/below detected	C	9 = Not Known		ALCL	
Q5e. Alcohol level detected 0=<20mg/100ml 1 = 20-49 mg/100 ml 2 = 50-79 mg/100 ml		3 = 80 - 149 mg/ $4 = \ge 150 \text{ mg/}100$ 9 = Not Known		ALCL2	
Q5f. Pathologist report of Urine alcohol					
Specify units/volume	(i)	/(ii)	URALC (mg/dl)		

(6) VIGNETTE of CIRCUMSTANCES of SUICIDE

Description of circumstances including precipitants for those assigned a verdict of open, accident or misadventure

All self-poisoning deaths n 1990, 1998 and 2005 and all anti-depressant, paracetamol and coproxamol deaths (according to cause of death and/or reported by toxicologist), 2006 and 2007

(7) DETAILS OF SELF-POISONING (SP)

						From Toxicology repor	rt .	
	(a) Drug Name	(b) No.	(c) Tablet	(d) Source*	(e)Source txt (SPSOURCETXT)	(f) Blood level	(g) Therapeutic level (SPBLTHERAP)	(h) Toxic level (SPTOXICLEV)
•>		taken	size		(SFSOURCETAT)	level	(SPBLITERAL)	(SFIOAICLEV)
i)								
ii)								
iii)								
iv)								
v)								
vi)								
vii)	·							
viii)	·							

^{*1=}prescribed for deceased, 2= prescribed for other. Specify relationship to deceased in Source txt, 3=not prescribed & bought for act, 4=not prescribed & present in household, 5=not prescribed & other, 9=NK. Specify in Source txt.

(8) DETAILS OF PRESCRIPTION (PRSC) Record details where drugs taken in overdose had been prescribed for the deceased (last prescription prior to death)

				Details of prescript	tion
	(a) Drug Name (PRSCNAME)	(b) Reason prescribed† (PRSCREASON)	(c) When prescribed‡ (PRSCWHEN)	(d) No. of tablets (NOTABLETS)	(e) Dose (e.g. 5mg)
i)					
ii)					
iii)					
iv)					
v)					
vi)					
vii)					
viii)					

†e.g depression, pain ‡dd/mm/yyyy