

**New Jersey Department of Human Services
Division of Mental Health & Addiction Services
Appendix 3: Sudden and Unexpected Death Questionnaire**

Please complete in all cases in which a consumer had a sudden and unexpected death not related to suicide or accidental overdose.

Consumer Name: _____ **Incident Date:** _____ **UIRMS #:** _____

1) Please, list the consumer's official cause of death (if known).

2) Describe the consumer's significant medical conditions/history, if applicable.

a. Describe the seriousness (mild, life threatening, etc.) of the medical co-morbidities.

b. Describe if any of these medical conditions were newly-diagnosed.

c. Describe what treatment the consumer received for these conditions.

3) If the consumer had metabolic syndrome, how were their psychiatric medications adjusted to reduce risk.

a. What specific treatment did the consumer receive for the metabolic syndrome?

4) How was the agency ensuring follow-up on medical conditions, including efforts made to engage the consumer?

5) If applicable, pursuant to the questions above, describe the agency's collaboration with the consumer's primary care physician and/or specialist.

6) Did the consumer have a Medical Advance Directive? No Yes.

Was it implemented? Yes No. If no, please explain:

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7) Was the consumer demonstrating any signs of increased medical symptoms or illness in recent weeks?

No Yes Please describe:

Also, please indicate what interventions were implemented and their outcomes.

8) What was the consumer's medication (psychiatric and medical – including Medication Assisted Treatment) adherence?

9) How were medications requiring blood levels monitored and what were the results?

10) If the consumer was taking multiple psychotropic medications, confirm that the medication list is accurate and describe the rationale and justification for the medication regimen.

