Table 2. Code Names and Definitions: Circumstances Preceding Non-Firearm Suicide Decedents Among Hispanic Adults. ***Version: 04/30/2025***

CODE	DEFINITION
alcohol use	The decedent was noted to have used alcohol the day of death. This may be indicated by a next-of-kin interview, indications of empty alcohol bottles at the scene of death in combination with supplemental information included in the narrative, such as a toxicology report.
argument with non-romantic partner	The decedent was noted to have an argument or dispute with someone other than a romantic partner (e.g., family member, friend, coworker) during the days prior to death or the day of death.
argument with romantic partner	The decedent was noted to have an argument or dispute with their romantic partner (e.g., spouse, boyfriend, girlfriend, partner) during the days prior to death or the day of death. Note: This alone is NOT necessarily also an indication of a "romantic relationship issues."
criminal history	The decedent was noted to have experienced a criminal history in the past, such as indications of committing a crime(s), being incarcerated, or otherwise breaking the law. This does NOT include current crimes being committed during the day of death (see "committing crime").
current/former military personnel	The decedent was noted to have been current (e.g., Active Duty, Reserve, National Guard) or former (e.g., veteran) military or U.S. Armed Forces personnel.
death of family/friend/ romantic partner	The decedent was noted to have experienced the death of a family member, romantic partner, or friend within 5 years prior to death *or* noted to be struggling emotionally or psychologically about the death of a family member, romantic partner, or friend from any time in the past.
domestic violence	The decedent was noted to have (1) been violent, aggressive, or abusive toward a romantic partner or (2) the recipient of violence, aggression, or abuse from a romantic partner within the days prior to death, including the day of death. This includes, for example, physical, emotional, psychological, and sexual abuse. This may also be referred to as intimate partner violence.
drug use	The decedent was noted to have used at least one recreational/illicit drug the day before death or the day of death, such as, but not limited to, THC, cocaine, methamphetamine, heroin, MDMA. This does NOT include prescription medications/drugs. This can be indicated by a next-of-kin interview or supplemental information included in the narrative, such as a toxicology report.
drug/alcohol use history	The decedent was noted to have experienced a known substance use disorder (SUD), alcoholism, *or* past/patterned/recent history of drug or alcohol use, either indicated by next-of-kin or supplemental information included in the narrative (e.g., medical history/ information). This is NOT alcohol or drug use during the day of the fatal suicide attempt (see "alcohol use" and "drug use").
estranged from family members	The decedent was noted to be no longer socially connected with family members, including their own children or their parents and siblings at the time of death. This may be indicated by a noted dispute with a romantic partner over the custody of (or visitations hours for) a child.
expressed apology	The decedent was noted to have expressed an apology or remorse to family members, romantic partners, or friends within the days prior to death or the day of death. The apology may be regarding life, health, or other circumstances perceived to be burdensome by the decedent.
expressed love	The decedent was noted to have expressed their love to family members, romantic partners, or friends within the days prior to death or the day of death. The expression of love may be coupled with an expression of saying goodbye. The expression of love may have been conducted in person, over the phone, via text message, or through social media.

feeling depressed/melancholy	The decedent was noted to have been feeling depressed, dejected, morose, despondent, down, melancholy, etc., during the day of death or in the weeks and/or days leading up to death. This does NOT include indications of known mental health/ psychiatric conditions or disorders (see "mental health condition known"), but both codes can be applied at the same time.
financial/economic difficulties	The decedent was noted to have experienced a financial/economic setback or financial/economic distress within the months, weeks, and/or days prior to death. This does NOT include job or employment-related difficulties (see "job difficulties/stress" and "job loss/unemployment").
found at residence	The decedent's body was noted to have been found inside their primary residence, e.g., house, apartment. This includes their own front yard, back yard, and driveway.
found by family/romantic partner	The decedent's body was noted to have been found by a family member or romantic partner.
found in car	The decedent's body was noted to have been found inside a car or other automobile, e.g., truck. Note: If the decedent's car was located on site at the decedent's residence, then the "found at residence" code may also be applied. If the decedent's car was located away from the decedent's residence, then the "found outside of residence" code may also be applied.
found in garage	The decedent's body was noted to have been found inside a garage at their residence. Note: If the garage was located on site at the decedent's residence, then the "found at residence" code may also be applied. Note: If the decedent was inside a car in the garage, then the "found in car" code may also be applied.
found outside of residence	The decedent's body was noted to have been found outside of their primary residence. This includes public places, parking lots, nature, forests, other people's residences, and family residences.
general medical condition known (non-mental health)	The decedent experienced a known physical health/general medical condition within the year leading up to death, as indicated by next-of-kin or supplemental information included in the narrative (e.g., medical history/information). E.g., chronic illnesses and diseases like hypertension and diabetes mellitus, kidney disease/renal failure, cancer, heart disease, obesity, liver disease, arthritis, asthma. This does NOT include mental health or psychiatric conditions. This may be indicated by (1) the mentioning of a specific diagnosis, (2) receiving treatment for physical health/general medical issues, (3) medical history included in the narrative document, (4) individuals in the narrative documents indicating a decedent experienced physical health/general medical issues and received care for those issues leading up to death. Do NOT code if it was explicitly stated that the condition occurred >1 year prior; however, yes code if no specific timeframe was given and it was noted that the condition happened recently, lately, etc., or was ongoing.
history of suicidal ideations	The decedent was noted to have previously experienced suicidal thoughts or ideations in the past. This does NOT include the most recent suicidal thoughts/ideations associated with the death.
history of suicide attempt	The decedent was noted to have made at least one additional suicide attempt in the past, different from the attempt resulting in death. This does NOT include the most recent suicide attempt that resulted in death.
history of trauma	The decedent was noted to have experienced a physical, sexual, and/or psychological trauma earlier in their life.

housing instability	The decedent was noted to have experienced homelessness or housing instability within the year prior to death. Housing instability includes the known or expected loss of an apartment, house, or other home, which may be indicated by eviction, foreclosure, or the inability to pay mortgage or rent. Housing instability may also be indicated by the necessity of living with family members or friends due to high housing costs. Note: Homelessness may be referred to as “being transient.”
incarcerated at death	The decedent was noted to have been incarcerated at the time of death (i.e., living in jail, prison, or other correctional facility).
job loss/unemployment	The decedent was noted to have experienced either (1) job loss or (2) unemployment within the months, weeks, and/or days prior to death. This does NOT include other difficulties or stresses in the workplace (see "job difficulties/stress").
known/suspected infidelity	There were noted indications of either (1) known or (2) suspected infidelity, including romantic affairs and cheating within the year prior to death. This includes known/suspected infidelity committed by either the decedent OR the decedent's romantic partner. This includes marriages and all other romantic relationships. Note: If this specific code is applied, then the "romantic relationship issues" code should also be applied.
law enforcement occupation	The decedent was noted to have been employed as a law enforcement officer currently or in the past. This includes corrections officers and security personnel.
legal issues	The decedent was noted to have been experiencing legal troubles or distress in the months, weeks, and/or days prior to death. This may include, for example, court hearings, being accused of a crime, being sued, fraud, sexual misconduct allegations, etc. This does NOT include indications of known, past criminal history (see "criminal history") or actively committing a crime (see "committing crime").
medication	The decedent was noted to be taking prescribed medications at the time of death. This can be indicated by next-of-kin or supplemental information included in the narrative (e.g., medical history/information).
mental health condition known	The decedent was noted to have experienced a mental health/psychiatric condition or disorder within the year leading up to death, as indicated by next-of-kin or supplemental information included in the narrative (e.g., medical history/information). This may be indicated by (1) the mentioning of a specific diagnosis, (2) receiving treatment for mental health issues, (3) medical history included in the narrative document, (4) individuals in the narrative documents indicating a decedent experienced mental health/psychiatric issues and received care for those issues leading up to death. This does NOT include only indications of decedents feeling depressed, melancholy, or down (see "feeling depressed/melancholy/ stressed"), or sleep or eating disorders. Do NOT code if it was explicitly stated that the condition occurred >1 year prior; however, yes code if no specific timeframe was given and it was noted that the condition happened recently, lately, was ongoing, or had a history of the mental health condition (i.e., “history of depression”). Examples of mental health conditions include (but are not limited to) mood disorders (depression, major depressive disorder, bipolar disorder, persistent depressive disorder), anxiety disorders (generalized anxiety disorder, panic disorder, post-traumatic stress disorder [PTSD], psychotic disorders (schizophrenia, delusional disorder), obsessive compulsive disorder (OCD), delusional disorder, dissociative disorders, and eating disorders.
methamphetamine	The decedent was noted to have used methamphetamine the day before death or the day of death. This can be indicated by a next-of-kin interview or supplemental information included in the narrative, such as a toxicology report. Methamphetamine may be referred to as meth, crank, glass, or speed. Note: If this

	code is applied, then the "drug use" code should also be applied. Note: Amphetamine is not methamphetamine and should not be coded as such.
pain	The decedent was noted to have been experiencing physical pain within the months, weeks, and/or days preceding death. Note: This code can be applied together with "general medical condition known (non-mental health)" or "mental health condition known."
psychiatric/mental health hospitalization	The decedent was noted to have had an inpatient hospitalization, rehabilitation, or residential treatment facility stay for psychiatric/mental health reasons at any time prior to death. Note: Terminology such as “placing a person/patient on a hold” and “voluntary or involuntary hold” may indicate a mental health hospitalization or treatment stay, as jurisdiction-specific terminology such as “blue sheet, “pink slip,” “5150,” or “Baker Act,” depending on the state.
reaching out for help/threatening	The decedent was noted to have communicated their (1) plans to harm themselves or (2) thoughts about harming themselves to other people within the week leading up to death, including the day of death (i.e., an advanced warning/notification). This includes phone calls, text messages, in-person communication, or social media/online communication.
receiving mental health treatment	The decedent was noted to have been receiving treatment/healthcare for a psychiatric/mental health condition at the time of death or within the weeks leading up to death. Treatment/healthcare may be pharmacologic (i.e., prescription medication) or consultative (e.g., psychotherapy or routine check-ins with a healthcare professional). This can be indicated by next-of-kin or supplemental information included in the narrative (e.g., medical history/information).
resuscitation opportunity before death	There was a noted attempt to perform resuscitation before the decedent died. This may include CPR or other acts of reviving someone from a life-threatening situation. This can include resuscitations efforts performed by Emergency Medical Services (EMS) personnel, such as transporting the decedent to a medical facility via ambulance prior to dying, or family, friends, coworkers, romantic partners, and other people.
romantic relationship end/breakup	The decedent was noted to have experienced either (1) the end of a romantic relationship or (2) plans to end a romantic relationship. This includes marriages and all other romantic relationships. This includes indications of, for example, recent or planned separation, divorce, annulment, and break up within the year prior to death. Note: If this specific code is applied, then the "romantic relationship issues" code should also be applied.
romantic relationship issues	The decedent was noted to have experienced problems in an established romantic relationship, situationship, or marriage within the months, weeks, and/or days prior to death. This does NOT include ONLY a single indication of an interpersonal argument (see "argument with romantic partner"). Rather, this includes indications of a deeper-rooted/patterned trouble in the relationship, situationship, or marriage or indications that the problem could threaten the continuation of the relationship. E.g., indications of known or suspected infidelity, separation, break up, or divorce.
sleep trouble	The decedent was noted to have experienced trouble sleeping, including conditions like insomnia and sleep apnea, or sleeping more than they usually did. This can be indicated by next-of-kin or supplemental information included in the narrative (e.g., medical history/information).
treatment stopped	The decedent was known to have a mental or physical health condition but stopped treatment/care within the months, weeks, and/or days prior to death. This may be indicated by a decedent who stopped going to healthcare-related appointments or taking a prescribed medication (i.e., treatment non-adherence or non-compliance). Note: The reason for stopping treatment may not be indicated, e.g., did not feel the treatment worked or could no longer continue/afford care.