Cornell Law School
Cornell Center on the
Death Penalty Worldwide

Client Family Member /Friend Interview Questionnaire

INTERVIEWEE DETAILS

FULL NAME :	
Relationship with client :	
Village and province :	
Phone number :	
Best method to contact them :	

PAST AND CURRENT RELATIONSHIP WITH CLIENT

- Could you tell me a little about your relationship with [CLIENT]?
- (If not a family member) How did you meet?
- Tell me some stories about [CLIENT].
- Do you currently have any contact with [CLIENT]?
- Through what means?
- How often are you in contact (and why)?
- When did you last speak with [CLIENT]?
- When did you last see [CLIENT]?
- *If the interviewee does visit [CLIENT] in prison or knows people who do, ask what impact prison has had on him/her and in particular on his/her mental state:* How would you describe [CLIENT]'s physical and mental health?
- *If client is on death row*: What effect do you think being held in a "condemned cell" has had for [CLIENT]?
- *If the interviewee does not visit [CLIENT] or is not in contact with him/her anymore:* Why are you not in contact with [CLIENT] (e.g. too expensive to visit)
- *Whether the interviewee does or does not visit [CLIENT]:* How has [CLIENT]'s incarceration affected you/your family/[CLIENT]'s family/community?

CHILDHOOD

Social interactions

- What was [CLIENT] like as a child?
- How did [CLIENT] interact with the other children at school and in the village?
- What did [CLIENT]'s house look like?
- What did the surroundings/neighborhood look like?
- Please describe [CLIENT]'s village or hometown where he/she grew up (describe the geography of the village and any important landmarks nearby)
- How poor was [CLIENT]'s family compared to others in the town/ village?

- What problems has [CLIENT]'s community faced? (Note: Ask them to try and think back to [CLIENT]'s grandparents' times)
- Did anyone in [CLIENT]'s family have a position of leadership in the village/hometown?
- Was [CLIENT] involved in the community (e.g. charity work, sports clubs, music groups/teaching)?
- What was [CLIENT]'s reputation in the town/village/community?

When interviewing your client's relatives, start by explaining that prenatal and postnatal health (problems) can have long term effects on physical growth, cognitive development and future learning capacity, school performance, educational outcomes, and work performance. Please ask for details.

- What do you know about the client's mother's pregnancy?
- Did [CLIENT]'s mother drink when she was pregnant with him/her?
- Were there any droughts during the pregnancy?
- (Specifically for [CLIENT]'s mother) What was your diet when you were pregnant?
- What do you know about the client's mother's pregnancy?
- What do you know about the client's delivery?
- At what age could [CLIENT] dress, feed, look after himself/herself?
- Was there a time when you went hungry or worried that there would not be enough food for yourself and your family? If yes, did [CLIENT] also go hungry or had to worry that there would not be enough food?
- Times where there was no food at all?:

FAMILY

- Tell me about [CLIENT]'s family (Note: Add details to the genogram, see Annex 1).
- What was [CLIENT]'s family like when he/she was growing up? Describe their relationships and the atmosphere of the house.
- Tell me about other people who were involved in looking after [CLIENT] and his/her sibling.
- What did [CLIENT]'s family do for a living?
- Did [CLIENT] support his/her family (e.g. looking after siblings, earning money)?
- Were his/her parents related to each other? Were his/her grandparents related to each other?

- What is the family's relationship with the neighbors and the village leadership?

- Were there any quarrels/fights in [CLIENT]'s family? Can you describe them?
- Can you remember anything unusual about [CLIENT]'s family?

- Did [CLIENT]'s parents or others in the family drink? Did they drink more or less than others in his/her community?
- Was the use of alcohol common in [CLIENT]'s family?
- How was the behaviour of his/her parents when they were drinking alcohol?
- Did anyone in the family use marijuana or hashish? How would it affect their behaviour?
- Did anyone in the family use any other substances? What kind?

- What was the relationship like between [CLIENT]'s parents?
- Did they ever argue/quarrel? Can you describe these arguments/quarrels? Were there loud shouts?
- Did these arguments/quarrels ever escalate into physical fights?
- Was anyone injured from these incidents? What kinds of injuries? How were they injured?

- Was [CLIENT] disciplined as a child for misbehaving, and how?
- Was [CLIENT] disciplined more or less than their brothers/sisters?
- Did you ever witness any quarrels between [CLIENT] and their family members?

PARTNER

- What was [CLIENT]'s relationship status at the time of the offense?
- How many partners has [CLIENT] had in his/her life?
- How did [CLIENT] and his/her partner meet?
- How would you describe their relationship?
- Did [CLIENT] have any children with his/her partner?
- Has [CLIENT] ever complained to you about any problems the couple was having?
- Have you ever witnessed or heard [CLIENT] and his/her partner fighting?
- Have you ever noticed any injuries on [CLIENT] as a result of the couple's altercation?
- Que faisait sa·son partenaire pour se détendre ?
- What did [CLIENT]'s partner do to relax?
- Did [CLIENT]'s partner drink alcohol? How often?
- Did [CLIENT]'s partner use marijuana or hashish? How often?
- Did [CLIENT]'s partner use any other substances? Which ones? How often?
- Was the partner financially controlling?

EDUCATION, WORK AND ACTIVITIES

- Did [CLIENT] go to school? Where did [CLIENT] go to school?
- How far did he/she get in school?
- Did [CLIENT] learn to read and write?
- Did [CLIENT] have difficulty learning to read, spell, write, or do elementary maths?
- Please describe any learning difficulties that [CLIENT] had:
- Did [CLIENT] have a job? What did he/she do?
- Did [CLIENT] make money?
- At what age did [CLIENT] start working?
- At what age did [CLIENT] start making money?
- Did [CLIENT] work as a child? What did he/she do?
- Did [CLIENT] go to a mosque, church, or other religious institution?

MEDICAL CONDITION AND PHYSICAL HEALTH

- What was [CLIENT]'s health like as an infant, child, teenager?
- Did he/she suffer from headaches?
- Did he/she ever have seizures?
- Did he/she seem to day dream?
- Did [CLIENT] ever speak to themselves?
- Were there times when you would call [CLIENT], and he/she would not answer?
- Did [CLIENT] ever fall?

- Did [CLIENT] ever have fits of anger?
- Did [CLIENT] ever have infections to their skin or broken bones? Est-ce que [CLIENT·E] a déjà fait une chute ?
- Did [CLIENT] ever suffer from any serious illnesses? Malaria, tuberculosis, other illnesses?
- Did [CLIENT] ever experience the symptoms of cerebral malaria[1]?
- Did you or anyone in your family ever take him/her to a hospital? When? Why?
- Did you or anyone in your family ever take him/her to a traditional healer? Why?
- What sort of traditional remedies, if any, did he/she receive for any mental difficulties?
- Has [CLIENT] ever been bewitched or possessed by a demon? (Note: If you are being assisted by an interpreter, ask them to pay careful attention to the wording used by the interviewee.)
- Did he/she ever go to see a doctor for any mental difficulties?

If the interviewee responds ' yes' to questions relating to malaria, TB or head injuries:

- Did he/she ever experience problems with speech or language following the injury or illness?
- Did he/she experience problems concentrating?
- Did he/she experience problems remembering things after the injury or illness?
- Did [CLIENT]'s behaviour change after the illness or injury?
-

Please describe any of the following developmental, behavioural, or emotional difficulties that [CLIENT] had as a child (relative to someone else in [CLIENT]'s family that [CLIENT] grew up with):

SYMPTOM	DETAILS
Anxiety	
Panick attacks	
Fatigue	
Depression	
Confusion	
Loss of appetite	
Auditive hallucinations: hearing voices that aren't there	
Visual hallucinations: seeing things that aren't there	
Olfactive hallucinations: smelling things that aren't there	
Touch hallucinations: feeling this that aren't there like insects on skin for example.	

[1] As a child, 1 – 3 days of fever or weakness and then not conscious (coma) or as an adult, fever, headache, body ache, delirium and falling unconscious (coma).

Feeling posessed by spirits	
Diziness	
Loss of consciousness	
Loss of memory, disorientation (not knowing where they are or what happened)	
Mood swings, agitation or nervosity	
Increased activity, energy or agitation	
Exaggerated sense of well-being and confidence (euphoria)	
Decreased need for sleep	
Unusual talkativeness	
Particularly vivid thoughts	
Distractibility	
Poor decision making	
Impulsivity/unconcern	
Hurried speech/talking very fast	
Disorganized thinking/mental confusion	
Marked loss of interest or lack of enjoyment in activities	
Significant weight loss or gain	
Feelings of worthlessness	
Insomnia or excessive sleeping	
Obsessive thoughts or behaviors	
Belief that your thoughts are not your own	
Belief that someone is after you	
Belief that someone is sending you special messages	
Chronic headaches	
Thoughts of suicide/suicide attempt	
Nightmares, flashbacks	

Feeling separated from your body, not present.	
Other	

ADULTHOOD

- How was [CLIENT]'s health like before prison? Did he/she get sick regularly?
- How much alcohol did he/she used to drink? How frequently? At what age did he/she start drinking?
- Did he/she ever use drugs? What kinds? How much? How frequently? At what age did he/she start taking them?

If applicable :

- How many times has [CLIENT] been pregnant?
- Were there any complications during [CLIENT]'s pregnancy(ies)? *Ask for details*
- Was [CLIENT] the victim of physical violence during her pregnancy?
- Do you know any details about [CLIENT]'s pregnancy(ies) and delivery(ies)?
- Were there any complications during [CLIENT]'s delivery(ies)? *Ask for details*
- Did [CLIENT] deliver in a hospital or at home? Who was present?
- Do you know if [CLIENT] ever mentioned not wanting the child during pregnancy?
- Do you know if [CLIENT] ever expressed concerns about having a child?
- What was [CLIENT]'s mood like in the period after she gave birth?
- Has [CLIENT] ever had a miscarriage?
- Has [CLIENT] ever had an abortion?

MENTAL HEALTH ASSESSMENT

- Did [CLIENT] ever suffer from panic attacks, such as losing breath or panicking from intense fear?
- Tell me about the times when [CLIENT] behaved irrationally or in a way that you found confusing or unexpected.
- Have you ever noticed anything else that is unusual about [CLIENT]'s behaviour?
- Had he/she been acting strangely in the weeks and months before the offence?
- Did [CLIENT] or those close to [CLIENT] ever report that he/she was confused, had been hearing voices or seeing things that weren't there?
- Were there any indications that [CLIENT] had suicidal thoughts?
- Had he/she ever attempted to take his/her own life?
- If answer to one of the questions above is 'yes', did [CLIENT] receive help or treatment? *Ask for details.*

For the following questions, please make sure you gauge all forms of violence, including physical, emotional and verbal violence.

- Has anyone in the family ever been violent towards others? How would they be violent? *(Ask them to try and think back to grandparents and to include children if any. If yes, ask for details.)*
- Has [CLIENT] ever been in quarrels/fights with a family member? What happened? With whom?

- Was [CLIENT] ever harmed by someone outside his/hers family? How was [CLIENT] harmed? What happened? Has this affected [CLIENT] in any way, and how?
- Was [CLIENT] ever a witness to any form of violence within his/her family or in the community? Has this affected [CLIENT] in any way, and how?
- Was [CLIENT] ever the victim of verbal abuse at home/work/with his or her family/friends or partner? What happened?
- Were there any indications that [CLIENT] was pressured into doing something against their will?
- Did [CLIENT] ever complain about being forced or pressured into having sexual intercourse ?
- Had [CLIENT] told you or someone else about what they have been the victim of or have witnessed (e.g. police, doctor, teacher, family member)?
- If [CLIENT] did tell you, please ask how did you respond?

FINAL QUESTIONS

- Would you support [CLIENT]'s return to the community?
- Do you know if there is anyone [CLIENT] could stay with if released? If yes, who?
- Would you be willing to assist [CLIENT] in rehabilitating into the community (i.e. by providing accommodation/work references, etc.)?
- If yes, how?
- Would you be willing to write a character reference letter/affidavit on behalf of [CLIENT]]?

ADDITIONAL CONTACTS

- Is there anyone else you recommend we speak to in order to get support for [CLIENT]?

FULL NAME :	
Relationship with client :	
Village and province :	
Phone number :	
Best method to contact them :	

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