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Title: The Time Before the Crime - Risk Patterns in Offenders Undergoing a Forensic Psychiatric Evaluation (Tibec)

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Review Template: Variables for Review of Section 7 Examinations and Forensic Psychiatric Evaluations

Variable	Outcome
Case number (Swedish National Board of Forensic Medicine)	
Date of review	
Reviewer (name)	
Criminal charge(s) (free text)	
Index offense, criminal charge (free text)	
Violent crime (including arson and robbery)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lethal violence (including manslaughter and attempted murder)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual offense	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age at index offence	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Previous convictions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous entries in criminal record (number)	
Relationship with victim/complainant	Unknown <input type="checkbox"/> Acquaintance <input type="checkbox"/> Close relationship <input type="checkbox"/> Family <input type="checkbox"/> Partner <input type="checkbox"/>
Modus operandi, in violent crime	Blunt force <input type="checkbox"/> Knife <input type="checkbox"/> Firearm <input type="checkbox"/> Strangulation <input type="checkbox"/> Other <input type="checkbox"/>
Intoxication at the time of the offense	Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Sober <input type="checkbox"/> Unknown <input type="checkbox"/>

Suicide attempt in connection with the offense	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Contact with psychiatric services	Ever <input type="checkbox"/> Past month <input type="checkbox"/> Past week <input type="checkbox"/> Past 24 hours <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Primary diagnosis (free text)	
Secondary diagnosis/diagnoses (free text)	
Assessed to have a severe mental disorder (SMD) at the time of the offense	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessed to have SMD at the time of the evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lacked capacity for insight and/or behavioral control	Yes <input type="checkbox"/> Impaired <input type="checkbox"/> No <input type="checkbox"/> Not answered <input type="checkbox"/>
Mental disorder not classified as severe	Yes <input type="checkbox"/> No <input type="checkbox"/>
District Court Ruling (free text)	
Court of Appeal Ruling (free text)	

Note: SMD = Severe Mental Disorder (Swedish: Allvarlig Psykisk Störning)