**Attachment D**

**SUDORS Data Elements**

**NVDRS Variables Also Collected in SUDORS**

There are no standard paper data collection forms to be used by states because states will be abstracting information from electronic or paper vital statistics or Coroner and Medical Examiner (CME) records into the CDC web-based data system. This is a list of data elements that NVDRS is already designed to collect and that will be collected by the SUDORS system for drug overdose deaths.

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| --- | --- |
| **Incident Information** Date of addition/changeVersion of softwareIncident typeCase status Number of source documents in incidentNumber of persons in incidentNumber of weapons in incidentDate supervisor checked incidentDate supervisor rechecked incidentSupervisor note fieldNumber of non-fatally shot persons in incidentNarrative of the incident**Document notes** Document typePerson who entered recordSource agency requested fromDate record requested/expected/soughtDate record re-requested/re-searchedDate record receivedDate record abstracted/importedDate entered data checkedDocument determined to be unavailableDocument notes field**Person Information (Victim)** abstractor Assigned Manner of deathPerson typeAgeAge unitSexWhiteBlackAsianNative Hawaiian or Pacific IslanderAmerican IndianOther RaceUnspecified RaceHispanic/Latino/Spanish Country of residence State of residence | **Victim Information**  County of residence City of residence Zip code of residence US Census block group of residence US Census tract of residenceBirth placeCountry of birth if not listedEver served in US armed forces (veteran)Marital statusPlace of deathPlace of death if otherDate pronounced deadDate of deathState of deathImmediate cause of death textCause leading to immediate cause textNext antecedent cause of death textUnderlying cause of death textUnderlying cause of death ICD-10 codeICD10 4th (character)ICD10 5th (character)Autopsy performedPerson was pregnantManner of deathDate of injuryTime of injuryType of location where injuredInjured at workState of injury FIPS codeCounty of injuryCity of injury FIPS codeUS Census block group of injuryUS Census tract of injurySurvival time no. of unitsUnit of time used in survival timeEducationNumber years of educationUsual occupation codeUsual occupation textKind of business/industry codeUsual industry textMultiple conditions on death certificate 1-10  Height Weight Transgender Sexual orientation Recent release from an institution |
| **Victim Information (Continued)***Coroner/Medical Examiner*ZIP code of injuryAt person’s homeEMS at sceneHomeless statusCurrent occupationVictim in custody when injured*Toxicology*Alcohol use suspectedDate specimens were collectedTime specimens were collectedName of poison Type of poison *(Automatically generated)*Code for poison *(Automatically generated)*Patient drug obtained for Cause of death*Summary Toxicology*Testing for alcoholAlcohol test resultsBlood alcohol concentration resultsTesting for amphetaminesAmphetamine test resultsTesting for antidepressantsAntidepressant test resultsTesting for cocaineCocaine test resultsTesting for marijuanaMarijuana test resultsTesting for opiate(s)Opiate test resultsTesting for anticonvulsants Anticonvulsants test resultsTesting for antipsychotic Antipsychotic test resultsTesting for barbituratesBarbiturates test resultsTesting for benzodiazepinesBenzodiazepines test resultsTesting for muscle relaxantsMuscle relaxants test resultTesting for carbon monoxideCarbon monoxide results Carbon monoxide source, if CO Toxicology Comment  | **Suicide and Undetermined Circumstance Variables that Can Be Completed for Unintentional Drug Overdoses (\*Indicates Crisis Information Collected with Checkbox) )**Circumstances knownCurrent depressed moodCurrent mental health problem\*Type of first metal illness diagnosedType of second metal illness diagnosedOther mental health diagnosisCurrent treatment for mental illnessEver treated for mental illnessAlcohol problem\*Other substance problem\*Other addiction\*Person left a suicide noteDisclosed intent to commit suicideHistory of suicide attemptsCrisis in past two weeks Physical health problem\*Intimate partner violence\*Intimate partner problem\*Family relationship problem\* Other relationship problem\*Job problem\*School problem\*Financial problem\*Suicide of friend or family\* Other death of friend or familyRecent criminal legal problem\*Other legal problems\*Perpetrator of violence in the past monthVictim of violence in the past monthAnniversary of a traumatic eventHistory of abuse as a childEviction/loss of home\* Disclosed suicidal intent to whom History of expressed suicidal intent/thoughts Physical fight (2 people) Argument Timing of argument Disaster exposureOther circumstance **Hospital Information**Victim seen in EDVictim admitted to inpatient careFirst external cause of injury code from hospitalSecond external cause of injury code from hospital |

**Variables Collected Only by SUDORS**

These variables are only collected on unintentional drug overdose deaths.

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| --- | --- |
| **Type of Drug Poisoning**Type of Drug PoisoningDate last seen aliveTime last seen alive**Substance Abuse**Previous drug overdoseTreatment for substance abuseHistory of opioid/heroin abuseRecent opioid use relapse**Scene indications of drug abuse**Any evidence of drug use at sceneEvidence of rapid overdoseTourniquet around armNeedle locationWitness report of rapid overdoseOther evidence of rapid overdoseEvidence of injection drug useTrack marks on victimNeedles/syringes at sceneTourniquet at scene Filters at sceneCookers at sceneWitness report of injection drug useOther evidence of injection drug useEvidence of snorting/sniffingEvidence of smokingEvidence of transdermal exposureEvidence of ingestionEvidence of suppositoryEvidence of sublingualEvidence of prescription drug useDrugs prescribed to victimDrugs not prescribed to victimDrugs with unknown prescriptionPills/tablets at scenePatches at scenePrescription bottle at sceneLiquid at sceneLozenges/lollipops at scenePrescription vial at sceneWitness report of prescription drug useOther Evidence of prescription drug useEvidence of illicit drug usePowder at sceneWitness report of illicit drug useCounterfeit pills at sceneTar at sceneCrystal at sceneOther illicit drug evidence | **Response to Drug Overdose**Naloxone/Opioid antagonist administeredNaloxone administered by law enforcementNaloxone administered by EMS/fireNaloxone administered by hospitalNaloxone administered by other sourceNaloxone administered by bystanderNaloxone administered by person using drugsNaloxone administered by friendNaloxone administered by intimate partnerNaloxone administered by roommateNaloxone administered by strangerNaloxone administered by other family memberNumber of naloxone doses by first respondersNumber of naloxone doses by bystandersBystanders present at time of overdose**Other**Treated for pain at time of injury**Prescription Information**Use of prescription morphinePrescribed buprenorphine/methadoneNumber of opioid prescriptions in 30 days preceding injuryNumber of pharmacies dispensing opioids to decedent in 180 days preceding injuryNumber of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury |