**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/change  Version of software  Incident type  Case status  Number of source documents in incident  Number of persons in incident  Number of weapons in incident  Date supervisor checked incident  Date supervisor rechecked incident  Supervisor note field  Number of non-fatally shot persons in incident  Narrative of the incident  **Document notes**  Document type  Person who entered record  Source agency requested from  Date record requested/expected/sought  Date record re-requested/re-searched  Date record received  Date record abstracted/imported  Date entered data checked  Document determined to be unavailable  Document notes field  **Person Information (Victim)**  abstractor Assigned Manner of death  Person type  Age  Age unit  Sex  White  Black  Asian  Native Hawaiian or Pacific Islander  American Indian  Other Race  Unspecified Race  Hispanic/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 residence  Birth place  Country of birth if not listed  Ever served in US armed forces (veteran)  Marital status  Place of death  Place of death if other  Date pronounced dead  Date of death  State of death  Immediate cause of death text  Cause leading to immediate cause text  Next antecedent cause of death text  Underlying cause of death text  Underlying cause of death ICD-10 code  ICD10 4th (character)  ICD10 5th (character)  Autopsy performed  Person was pregnant  Manner of death  Date of injury  Time of injury  Type of location where injured  Injured at work  State of injury FIPS code  County of injury  City of injury FIPS code  US Census block group of injury  US Census tract of injury  Survival time no. of units  Unit of time used in survival time  Education  Number years of education  Usual occupation code  Usual occupation text  Kind of business/industry code  Usual industry text  Multiple 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 injury  At person’s home  EMS at scene  Homeless status  Current occupation  Victim in custody when injured  *Toxicology*  Alcohol use suspected  Date specimens were collected  Time specimens were collected  Name of poison  Type of poison *(Automatically generated)*  Code for poison *(Automatically generated)*  Patient drug obtained for  Cause of death  *Summary Toxicology*  Testing for alcohol  Alcohol test results  Blood alcohol concentration results  Testing for amphetamines  Amphetamine test results  Testing for antidepressants  Antidepressant test results  Testing for cocaine  Cocaine test results  Testing for marijuana  Marijuana test results  Testing for opiate(s)  Opiate test results  Testing for anticonvulsants  Anticonvulsants test results  Testing for antipsychotic  Antipsychotic test results  Testing for barbiturates  Barbiturates test results  Testing for benzodiazepines  Benzodiazepines test results  Testing for muscle relaxants  Muscle relaxants test result  Testing for carbon monoxide  Carbon 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 known  Current depressed mood  Current mental health problem\*  Type of first metal illness diagnosed  Type of second metal illness diagnosed  Other mental health diagnosis  Current treatment for mental illness  Ever treated for mental illness  Alcohol problem\*  Other substance problem\*  Other addiction\*  Person left a suicide note  Disclosed intent to commit suicide  History of suicide attempts  Crisis 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 family  Recent criminal legal problem\*  Other legal problems\*  Perpetrator of violence in the past month  Victim of violence in the past month  Anniversary of a traumatic event  History of abuse as a child  Eviction/loss of home\*  Disclosed suicidal intent to whom  History of expressed suicidal intent/thoughts  Physical fight (2 people)  Argument  Timing of argument  Disaster exposure  Other circumstance  **Hospital Information**  Victim seen in ED  Victim admitted to inpatient care  First external cause of injury code from hospital  Second external cause of injury code from hospital |

**Variables Collected Only by NUDORS**

These variables are only collected on unintentional drug overdose deaths.

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| **Type of Drug Poisoning**  Type of Drug Poisoning  **Substance Abuse**  Previous drug overdose  Treatment for substance abuse  History of opioid/heroin abuse  Scene indications of drug abuse  **Prescription Information**  Use of prescription morphine  Number of opioid prescriptions in 30 days preceding injury  Number of pharmacies dispensing opioids to decedent in \_\_180 days preceding injury  Number of doctors writing opioid prescriptions to the \_\_decedent in the 180 days preceding injury | **Response to Drug Overdose**  Naloxone/Opioid antagonist administered  Bystanders present at time of overdose  **Other**  Route of drug exposure  Treated for pain at time of injury |