## **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.

#### **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 unit Sex White Black

Asian

Native Hawaiian or Pacific Islander

American Indian Other Race Unspecified Race Hispanic/Latino/Spanish Country 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 4<sup>th</sup> (character) ICD10 5<sup>th</sup> (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

State of residence

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\*

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.

# **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