**Attachment D**

**SUDORS Data Elements**

There are no standard paper data collection forms to be used by participating health departments because the health departments will be abstracting information from electronic or paper vital statistics or medical examiner or coroner (ME/C) records into the National Violent Death Reporting System (NVDRS) web-based data system. This is a list of data elements that the 52 public health departments participating in SUDORS (50 states, District of Columbia, and Puerto Rico) must abstract. Specifically, participating health departments must abstract from death certificates and ME/C reports: 1) key injury data elements and toxicology findings (See Table 1) and 2) data elements that describe circumstances specific to drug overdose deaths (See Table 2). There are a few data elements marked optional that participating health department may or may not choose to collect.

**Table 1: SUDORS key injury and toxicology data elements**

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| --- | --- |
| **Incident information**Incident typeCase status: Incident follow-up or completeNumber of source documents in incident (Optional)Number of persons in incidentNumber of weapons in incidentDate supervisor checked incident (Optional)Date supervisor rechecked incident (Optional)Narrative of the incidentData sources used for case abstraction (Optional)Abstractor name (Optional)**Document notes** Document type (Optional)Source agency requested from (Optional)Date record requested (Optional)Date record re-requested (Optional)Date record received (Optional)Date record abstracted/imported (Optional)Date entered data checked (Optional)Document determined to be unavailable (Optional) Document notes field (Optional)**Victim information** Abstractor assigned manner of deathManner of death on death certificateManner of death per coroner/medical examinerPerson typeAgeAge unitSexWhiteBlack or African AmericanAsianNative Hawaiian or Pacific IslanderAmerican Indian or Alaskan NativeUnspecified RaceHispanic/Latino/SpanishCountry of residenceState of residenceCounty of residenceCity of residenceZip code of residenceUS Census block group of residence (Optional)US Census tract of residence (Optional)Birth state, territory, or countryBirth country, if otherCurrent or former military personnel Marital statusRelationship status Sex of partnerVictim was pregnantPlace of deathPlace of death, if otherDate pronounced dead | **Victim information (Continued)**Date of deathState or territory 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 performedState or territory where injury occurred County where injury occurred (FIPS code) City where injury occurred (FIPS code)Date of injuryTime of injuryType of location where injuredInjured at workInjured at victim’s homeUS Census block group of injury (Optional)US Census tract of injury (Optional)Survival time no. of unitsUnit of time used in survival timeEducation by degreeNumber years of educationUsual occupation codeUsual occupation textCurrent occupation textKind of business/industry codeUsual industry textMultiple conditions cause of death codes on death certificate 1-10 HeightWeightTransgenderSexual orientationRecent release from an institutionZIP code of injuryEMS at sceneHomeless statusCurrent occupationVictim in custody when injured**Toxicology**Toxicology information unavailableDate specimens were collectedTime specimens were collectedName of substance Category of substance (Automatically generated)Code for substance (Automatically generated)Toxicologic test performed to detect the substanceResults of toxicologic test for the substanceSubstance contributed to deathPerson for whom substance was prescribed |

**Table 1: SUDORS key injury and toxicology data elements (continued)**

|  |  |
| --- | --- |
| **Summary toxicology**Testing for alcohol Alcohol test results Blood alcohol concentration resultsTesting for amphetamines Amphetamine test resultsTesting for antidepressants Antidepressant test resultsTesting for cocaine Cocaine test resultsTesting for marijuana Marijuana test resultsTesting for opiate(s) Opiate test resultsTesting for anticonvulsants Anticonvulsants test resultsTesting for antipsychotic Antipsychotic test resultsTesting for barbiturates Barbiturates test resultsTesting for benzodiazepines Benzodiazepines test resultsTesting for muscle relaxants Muscle relaxants test resultTesting for carbon monoxide Carbon monoxide results Carbon monoxide source, if presentToxicology Comment**Hospital information**Victim seen in EDVictim admitted to inpatient careFirst external cause of injury code from hospital (Optional) Second external cause of injury code from hospital (Optional) | **Suicide and undetermined intent circumstance variables that can be completed for unintentional or undetermined intent drug overdose deaths (\*Indicates crisis information collected with a checkbox)** Circumstances available from Coroner/Medical ExaminerCurrent depressed moodCurrent diagnosed mental health problem\* Type of first mental illness diagnosed Type of second mental illness diagnosed Other mental health diagnosisCurrent mental health/substance abuse treatmentEver treated for mental health or substance abuse problemAlcohol problem\*Alcohol use suspected when injuredOther substance abuse problem\*Other addiction\*Person left a suicide noteRecently disclosed suicidal thoughts/plans Disclosed suicidal intent to whom History of suicide attemptsHistory of expressed suicidal thoughts or plansSuicide of friend or family (Optional)\*^Other crisis in past two weeks or upcoming two weeksNon-suicide death of friend or family (Optional)\*^Contributing physical health problem (Optional)\*^Intimate partner violence (Optional)\*^Intimate partner problem (Optional)\*^Family relationship problem (Optional)\*^Other relationship problem (Optional)\*^Job problem (Optional)\*^School problem (Optional)\*^Financial problem (Optional)\*^Contributing criminal legal problem (Optional)\*^Civil legal problems (Optional)\*^Previous perpetrator of violence in the past month (Optional)^Previous victim of violence in the past month (Optional)^Anniversary of a traumatic event (Optional)^History of abuse or neglect as a child (Optional)^Eviction/loss of home (Optional)\*^Physical fight (2 people) (Optional)^Argument (Optional)^Timing of most recent argument (Optional)^Disaster exposure (Optional)^ |

^Recipients also funded by the National Violent Death Reporting System (CDC-RFA-CE18-1804) are required to collect additional circumstance data elements (listed as optional in the table) as well as law enforcement data elements (not listed in table) on drug overdose deaths of undetermined intent. While these data are not required as part of SUDORS, these data will be shared with the CDC SUDORS team.

**Table 2:** **Unique SUDORS data elements collected on drug overdose deaths**

|  |  |
| --- | --- |
| **Type of drug poisoning**SUDORS caseType of drug poisoningDate last known alive before overdoseTime last known alive before overdose**Substance abuse**Previous drug overdoseHistory of prescription opioid/heroin abuseRecent opioid use relapseRecent emergency department visitTreatment for substance abuseInpatient/outpatient rehabilitationMedication-assisted treatment, or MAT (with cognitive/behavioral therapy)Medication-assisted treatment, or MAT (without cognitive/behavioral therapy)Medication-assisted treatment, or MAT (cognitive/behavioral therapy unknown)#Cognitive/behavioral therapyNarcotics AnonymousOther type of substance abuse treatment**Scene indications of drug abuse**Any evidence of drug use at sceneNo evidence of drug useEvidence of rapid overdose Tourniquet around arm Body position consistent with rapid overdose Needle location Witness report of rapid overdose Other evidence of rapid overdoseNo information on route of administrationEvidence of injection drug use Track marks on victim Needles/syringes at scene Tourniquet at scene  Filters at scene Cookers at scene Witness report of injection drug use Other evidence of injection drug useEvidence of snorting/sniffingEvidence of smokingEvidence of transdermal exposureEvidence of ingestionEvidence of suppositoryEvidence of sublingualEvidence of buccalEvidence of prescription drug usePrescription drug(s) prescribed to victimPrescription drug(s) not prescribed to victimPrescription drug(s) with unknown prescriptionEvidence of prescription drugs at scene Pills/tablets at scene Patch at scene Prescription bottle at scene | **Scene indications of drug abuse (continued)** Evidence of prescription drugs at scene (continued) Liquid at scene Lozenges/lollipops at scene Prescription vial at scene Witness report of prescription drug use Other evidence of prescription drug use Evidence of use of prescription fentanyl at scene or by witness reportEvidence of illicit drug use Powder at scene Witness report of illicit drug use Counterfeit pills at scene Tar at scene Crystal at scene Evidence of illicit drug packaging Other illicit drug evidence**Response to drug overdose**Naloxone administeredUnknown whether naloxone administered Naloxone not administeredTotal number of naloxone doses by first responders/health careTotal number of naloxone doses by lay-person(s)Naloxone administered by unknownNaloxone administered by law enforcementNaloxone administered by EMS/fireNaloxone administered by hospital (ED/inpatient)Naloxone administered by other sourceNaloxone administered by lay-person Lay-person was person using drugs Lay-person was intimate partner Lay-person was friend Lay-person was other family Lay-person was roommate Lay-person was a stranger Other type of lay-person Drug use witnessedBystander present at overdoses Person using drugs present as bystander Intimate partner present as bystander Other family present as bystander Friend present as bystander Stranger present as bystander Roommate present as bystander Medical professional present as bystander Other type of bystander presentBystander response other than naloxone  CPR performed during bystander response Rescue breathing during bystander response Sternal rub during bystander response Stimulation during bystander response Other type of bystander response  |
|  |  |

**Table 2 Unique SUDORS data elements collected on drug overdose deaths (continued)**

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| --- | --- |
| **Response to drug overdose (continued)**Reasons for no or delayed response to overdose Bystander did not recognize any abnormalities Bystander was using and impaired Public space and strangers didn’t intervene Bystander reported abnormalities but did not recognize as overdose Bystander spatially separated (i.e., different room) Bystander was unaware that decedent was using drugs  No response-otherPresence of pulse on first-responder arrivalFirst responders responses excluding administering naloxone CPR  Rescue breathing  Epinephrine administered Transport to ED performed Provided oxygen  Other first-responder interventionPresence of a pulse on arrival of first responders | **Medical history**COPD (Chronic Obstructive pulmonary disease)AsthmaSleep apneaOther breathing problemHeart diseaseObesityHepatitis CHIV/AIDSHistory of major injuryTreated for pain at time of injuryMigraineBack painOther chronic pain **Prescription information**Use of prescription morphinePrescription morphine narrativePrescribed buprenorphine/methadone Prescribed fentanylNumber of opioid prescriptions in 30 days preceding injury (Optional)Number of pharmacies dispensing opioids to decedent in 180 days preceding injury (Optional)Number of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury (Optional) |