

Form	Current Question/Item	Requested Change
Drug Overdose/Poisoning section	<p>1. TypeOfPoisoning: Overdose related to substance abuse; Victim unintentionally takes a drug or wrong dosage; Overmedication; Took prescribed dosage; Other, please add information to narrative; Unknown</p> <p>2. LastSeenAliveTime: military time format (e.g., 0000-2359)</p> <p>3. LastSeenAliveMonth: 2-digit month number</p> <p>4. LastSeenAliveDay: 2-digit day number</p> <p>5. LastSeenAliveYear: 4-digit year</p>	<p><u>Retain original field</u></p> <p>1. TypeOfPoisoning: Overdose related to substance abuse; Victim unintentionally takes a drug or wrong dosage; Overmedication; Took prescribed dosage; Other, please add information to narrative; Unknown</p> <p>2. LastSeenAliveTime: military time format (e.g., 0000-2359)</p> <p>3. LastSeenAliveMonth: 2-digit month number</p> <p>4. LastSeenAliveDay: 2-digit day number</p> <p>5. LastSeenAliveYear: 4-digit year</p> <p><u>Add new fields-checkbox</u></p> <p>1. SUDORS case designation</p>
Substance Abuse section	<p>2. PreviousOverdose: No previous overdose reported; Previous OD within the last month; Previous OD occurred between a month and a year ago; Previous OD occurred more than a year ago; Previous OD, timing unknown</p> <p>3. TreatForSubstanceAbuse: No treatment; Current treatment; No current treatment but treated in the past</p> <p>4. HistoryOpioid: None; Current or past abuse of prescription opioids; Current or past abuse of heroin; Current or past abuse of both prescription opioids and heroin; History of substance abuse noted, specific substances unknown</p> <p>5. RecentOpioidUse: No evidence; Relapse occurred <2 weeks of overdose; Relapse occurred >2 weeks and <3 months; Relapse mentioned, timing unclear</p>	<p><u>Retain original fields</u></p> <p>2. PreviousOverdose: No previous overdose reported; Previous OD within the last month; Previous OD occurred between a month and a year ago; Previous OD occurred more than a year ago; Previous OD, timing unknown</p> <p>3. TreatForSubstanceAbuse: No evidence of treatment; Current treatment; No current treatment but treated in the past</p> <p>4. HistoryOpioid: None; Current or past abuse of prescription opioids; Current or past abuse of heroin; Current or past abuse of both prescription opioids and heroin; History of opioid abuse noted, specific opioids unknown</p> <p>5. RecentOpioidUse: No evidence; Relapse occurred <2 weeks of overdose; Relapse occurred >2 weeks and <3 months; Relapse mentioned, timing unclear</p> <p><u>Add new-field-drop down</u></p> <p>5. RecentED: -No evidence of ED visit within last year before death; ED visit within the last month before; ED visit between one and three months before death; ED visit between three and six months before death; ED visit between six months and one year before death; Recent ED visit noted, timing unknown</p> <p><u>Add new fields-checkbox</u></p> <p>2a. Inpatient/outpatientRehabilitation</p> <p>2b. MedicationAssistedTreatment(WithCognitive/BehavioralTherapy)</p> <p>2c. MedicationAssistedTreatment(WithoutCognitive/BehavioralTherapy)</p> <p>2d. MedicationAssistedTreatment(Cognitive/BehavioralTherapyUnknown)</p> <p>2e. Cognitive/BehavioralTherapy</p> <p>2f. NarcoticsAnonymous</p> <p>2g. OtherSubstanceAbuseTreatment</p>

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Scene Indications of Drug Use section	<p><u>Check box fields:</u></p> <p>1a. EvidenceDrugUse 1b. NoEvidenceDrugUse 2. UnknownRouteDrugAdministration 3. EvidenceInjection 3a. HasEvidenceOfTrackMarks 3b. HasEvidenceOfInjectionTourniquet 3c. HasEvidenceOfInjectionCooker 3d. HasEvidenceOfInjectionOther 3e. HasEvidenceOfInjectionNeedle 3f. HasEvidenceOfInjectionFilter 3g. HasEvidenceOfInjectionWitnessReport 4. HasRapidOverdoseEvidence 4a. IsTourniquetAroundArm 4b. NeedleLocation 4c. RapidOverdoseWitnessReport 4d. RapidOverdoseOther 5. HasEvidenceOfSnortingSniffing 6. HasEvidenceOfSmoking 7. HasEvidenceOfTransdermal 8. HasEvidenceOfIngestion 9. HasEvidenceOfSuppository 10. HasEvidenceOfSublingual 11a. IsPrescribedToVictim 11b. IsNotPrescribedToVictim 11c. IsUnknownWhoPrescribed 11d. IsPrescriptionPill 11e. IsPrescriptionBottle 11f. IsPrescriptionLozenge 11g. HasEvidenceOfWitnessReportRxUse 11h. IsPrescriptionOther 11i. IsPrescriptionPatch 11j. IsPrescriptionLiquid 11k. IsPrescriptionVial 12. HasEvidenceOfIllicitDrugs 12a. HasEvidenceOfIllicitPowder 12b. HasEvidenceOfIllicitWitnessReport 12c. IsPrescriptionCounterfeit 12d. HasEvidenceOfIllicitTar 12e. HasEvidenceOfIllicitCrystal 12f. IndicationsOther</p>	<p><u>Retain original fields</u> 1a to 12f</p> <p><u>Add new fields - check boxes</u> 4e. IsBodyPositionConsistentRapidOverdose 12g. HasEvidenceofGlassineBaggies _ 13. HasEvidenceOfBuccal 14. HasEvidenceofRXFentanyl</p>

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Response to Drug Overdose	<ol style="list-style-type: none"> 1. BystandersPresent: drop down 2. WitnessedDrugUse: No; Yes; Unknown 3. NaloxoneAdministered: checkbox 4. IsNaloxoneNotAdmin: check box 5. IsNaloxoneUnknown: check box 6. IsNaloxoneAdminUnknown: check box 7. NaloxoneTotalResponder: check box 8. TreatedforPain: check box 9. IsNaloxoneAdminLaw: check box 10. IsNaloxoneAdminEms: check box 11. IsNaloxoneAdminHospital: check box 12. IsNaloxoneAdminOther: check box 13. IsNaloxoneAdminBystander: check box 14. IsNaloxoneWhoPerson: check box 15. IsNaloxoneWhoPartner: check box 16. IsNaloxoneWhoStranger: check box 17. IsNaloxoneWhoOther: check box 18. IsNaloxoneWhoFriend: check box 19. IsNaloxoneWhoRoommate: check box 20. IsNaloxoneWhoOtherFamily: check box 21. NaloxoneTotalBystander: check box 	<p><u>Retain original fields</u> 1 to 21</p> <p><u>Add new fields - check boxes</u></p> <ol style="list-style-type: none"> 1a. BystanderUser 1b. BystanderPartner 1c. BystanderFamily 1d. BystanderFriend 1e. BystanderStranger 1f. BystanderRoommate 1g. BystanderMedical 1h. BystanderOther 1i. BystanderCPR 1j. BystanderBreathing 1k. BystanderSternal 1l. BystanderStim 1m. BystanderIntOther 8a. MedHx_COPD 8b. MedHx_Asthma 8c. MedHx_Apnea 8d. MedHx_Heart

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		8e. MedHx_Obesity 8f. MedHx_HepC 8g. MedHx_HIV 8h. MedHx_Injury 8i. MedHx_Migraine 8j. MedHx_BackPain 8k. MedHx_OtherPain 8l. MedHx_OtherBreathing 23. BystanderNotRecognize 24. BystanderUsing 25. BystanderPublic 26. BystanderNoOD 27. BystanderSeparated 28. BystanderUnaware 29. BystanderReasonOther 30a. FirstResponderCPR 30b. FirstResponderBreathing 30c. FirstResponderEpinephrine 30d. FirstResponderED 30e. FirstResponderOxygen 30f. FirstResponderOther

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		<p>Add new field-drop down 30. PresenceOfPulseOnArrival: Victim had pulse, victim did not have pulse, unknown whether victim had pulse</p> <p>Change labels On data entry screens, "Bystander response other than naloxone administration" was changed to "Layperson response other than naloxone administration".</p>
Prescription information section	<p>1. PrescriptionMorphine: None; Evidence of morphine prescription dispensed within last 30 days; Prescription morphine found at the scene (vials or tablets); Both prescription and scene evidence of morphine prescription; Other evidence (include in narrative)</p> <p>2. MorphineNarrative: open-text field</p> <p>3. NumScripsPast30Days: open numeric field</p> <p>4. NumPharmaciesPast30Days: open numeric field</p> <p>5. NumDoctorsPrescribing30Days: open numeric field</p> <p>6. IndicationsBuprenorphine: check box for prescribed buprenorphine/methadone [replaces equivalent field that was previously in the Scene Indications of Drug Use section]</p>	<p><u>Retain original fields</u></p> <p>1. PrescriptionMorphine: None; Evidence of morphine prescription dispensed within last 30 days; Prescription morphine found at the scene (vials or tablets); Both prescription and scene evidence of morphine prescription; Other evidence (include in narrative)</p> <p>2. PrescriptionMorphineNarrative: open-text field</p> <p>3. NumScripsPast30Days: open numeric field</p> <p>4. NumPharmaciesPast30Days: open numeric field</p> <p>5. NumDoctorsPrescribing30Days: open numeric field</p> <p>6. IndicationsBuprenorphine: check box for prescribed buprenorphine/methadone [replaces equivalent field that was previously in the Scene Indications of Drug Use section]</p> <p><u>Add new fields-Checkbox</u></p> <p>7. FentanylRx</p>