Attachment E

Retrieving and refiling records

State Unintentional Drug Overdose Reporting System (SUDORS)

Form Approved

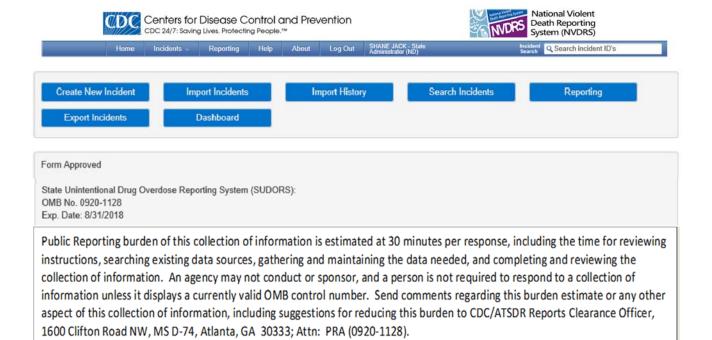
OMB No. 0920-1128

Exp. Date: 8/31/2018

Public Reporting burden of this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-1128).

Introduction

This document displays the screens that abstractors use to enter required data elements. The variable name associated with each data entry field is provided to help users interpret and analyze the data.





- 1 Type of poisoning
- 2 Last Seen Alive Time
- 3 Last Seen Alive Month
- 4 Last Seen Alive Day
- 5 Last Seen Alive Year

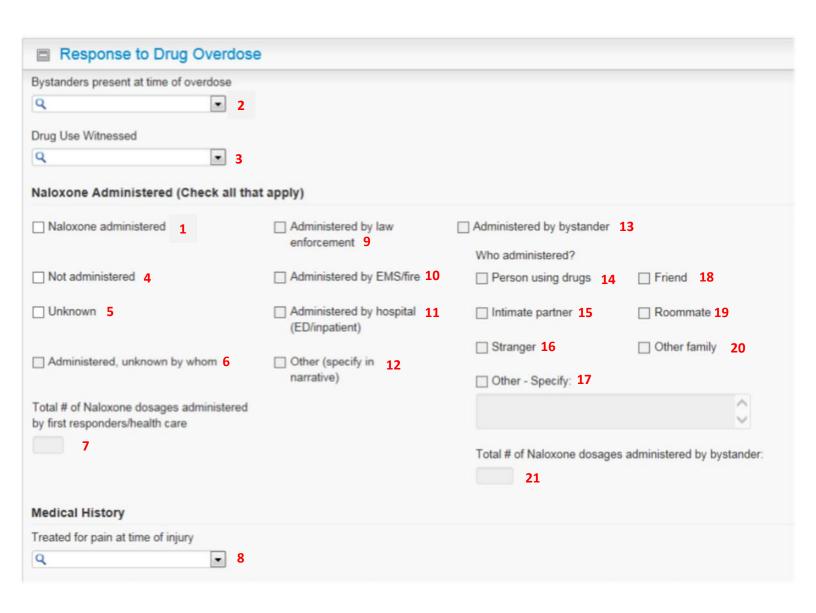


- 2 PreviousOverdose
- 3 TreatForSubstanceAbuse
- 4 HistoryOpioid
- 5 RecentOpioidUse

Route of Drug Admininstra	tion (Check all that apply)				
☐ No information on route of a		☐ Evidence of Snorting/Sniffing 2b			
☐ Evidence of injection (Check 1c ☐ Track marks on victim ☐ Tourniquet 6b ☐ Cookers 6d ☐ Other injection evidence	□ Needles/Syringe 6a □ Filters 6c □ Witness Report 6e - Specify:		Evidence of Smoking 7 Evidence of Transdermal 2c Evidence of Ingestion2c Evidence of Suppository2d Evidence of Sublingual 8		
Illicit or Prescription Drugs (Check all that apply) □ Evidence of prescription drugs (Check all that apply) □ Evidence of Illicit drugs (Check all that apply) 1d					
☐ Prescribed to victim 9a ☐ Unknown who prescribed Type of prescription drug for ☐ Pills/Tablets 9c	Not prescribed to victim 1f d 9b Ind (Check all that apply) Patch 9d Liquid 9f Vial 9h ption 9i	10a □ P 10d □ T	Powder	b report Counterfeit pills 10c	

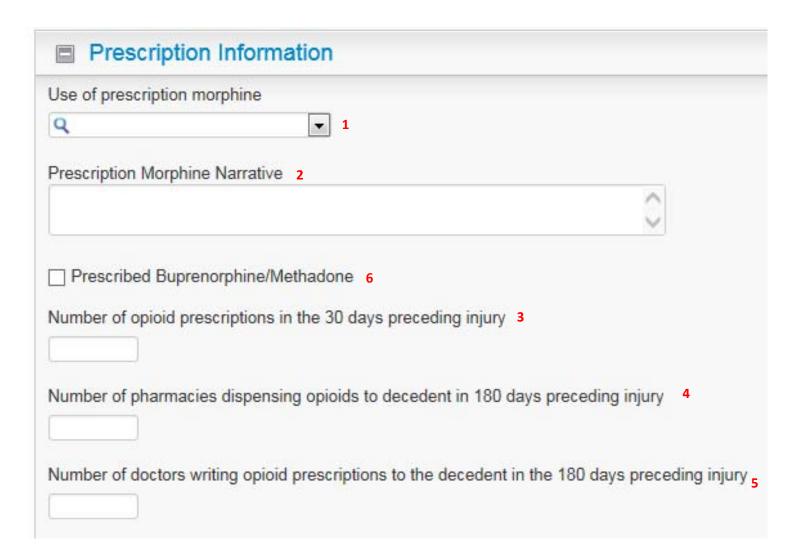
4 Indications Drug Para 5 Has Rapid Overdose Evidence 5a Is Tourniquet around Arm 1a None 5b Needle Location 1b Drug Par 5c Rapid Overdose Witness Report 1c Tracks 5d Rapid Overdose Other 1d Illicit drugs 6a Has Evidence of Injection Needle 1e Buprenorphine 1f Prescription 6b Has Evidence Of Injection Tourniquet 1g Other 6c Has Evidence Of Injection Filter 6d Has Evidence Of Injection Cooker 2a Inject 6e Has Evidence Of Injection Witness Report 2b Snort 6f Has Evidence Of Injection Other 2c Ingest 7 Has Route Smoking 2d Suppository 8 Has Route Sublingual 2e Unknown 9 Has Evidence Of Prescription Drug 3 Treated For Pain 9a Is Prescribed To Victim 9b Is Unknown Who Prescribed 9c Is Prescription Pill 9d Is Prescription Patch 9e Is Prescription Bottle

9f Is Prescription Liquid
9g Is Prescription Lozenge
9h Is Prescription Vial
9i Has Evidence Of Injection Report RxUse
9j Is Prescription Other
10a Has Evidence Of Illicit Powder
10b Has Evidence Of Illicit Witness Report
10c Is Prescription Counterfeit
10d Has Evidence Of Illicit Tar
10e Has Evidence O fIllicit Crystal
10f Indications Other



- 1 Naloxone Administered
- 2 Bystanders Present
- 3 Witnessed Drug Use
- 4 Is Naloxone Not Admin
- 5 Is Naloxone Unknown
- 6 Is Naloxone Admin Unknown
- 7 Naloxone Total Responder
- 8 Treated for Pain
- 9 Is Naloxone Admin Law
- 10 Is Naloxone Admin Ems
- 11 Is Naloxone Admin Hospital

- 12 Is Naloxone Admin Other
- 13 Is Naloxone Admin Bystander
- 14 Is Naloxone Who Person
- 15 Is Naloxone Who Partner
- 16 Is Naloxone Who Stranger
- 17 Is Naloxone Who Other
- 18 Is Naloxone Who Friend
- 19 Is Naloxone Who Roommate
- 20 Is Naloxone Who Other Family
- 21 Naloxone Total Bystander



- 1 Prescription Morphine
- 2 Morphine Narrative
- 3 Num Scrips Past 30Days
- 4 Num Pharmacies Past 30Days
- 5 Num Doctors Prescribing 30Days
- 6 Indications Buprenorphine