I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

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Section I1: OMB No. 0920-1092, Exp. Date: 4/30/2022

a. Was this death:

- ○ A homicide?
- ○ A suicide?
- ○ An overdose?
- ○ A result of an external cause that was the obvious and only reason for the fatal injury?
- ○ Expected within 6 months due to terminal illness?

If any of these apply, go to Section I2, THIS IS NOT AN SDY CASE.

- ○ None of the above, go to I1b THIS IS AN SDY CASE
- ○ U/K, go to I1b

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

☐ U/K for all

Symptom	Present w/in 72 hours of death			Other Acute Symptom	Present w/in 72 hours of death		
Cardiac	Yes	No	U/K		Yes	No	U/K
Chest pain	○	○	○	Fever	○	○	○
Dizziness/lightheadedness	○	○	○	Heat exhaustion/heat stroke	○	○	○
Fainting	○	○	○	Muscle aches/cramping	○	○	○
Palpitations	○	○	○	Slurred speech	○	○	○
Neurologic				Vomiting	○	○	○
Concussion	○	○	○	Other, specify:	○		
Confusion	○	○	○				
Convulsions/seizure	○	○	○				
Headache	○	○	○				
Head injury	○	○	○				
Psychiatric symptoms	○	○	○				
Paralysis (acute)	○	○	○				
Respiratory							
Asthma	○	○	○				
Pneumonia	○	○	○				
Difficulty breathing	○	○	○				

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms? ☐ U/K for all

Symptom	Present more than 72 hours of death		
Cardiac	Yes	No	U/K
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Respiratory			
Difficulty breathing	○	○	○
Other			
Slurred speech	○	○	○
Other, specify:	○		

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

○ Yes ○ No ○ U/K If yes, describe:

e. Had the child ever been diagnosed by a medical professional for the following? ☐ U/K for all

Condition	Diagnosed			Condition	Diagnosed			Condition	Diagnosed		
Blood disease	Yes	No	U/K	**Neurologic**	Yes	No	U/K	**Other**	Yes	No	U/K
Sickle cell disease	○	○	○	Anoxic brain Injury	○	○	○	Connective tissue disease	○	○	○
Sickle cell trait	○	○	○	Traumatic brain injury/	○	○	○	Diabetes	○	○	○
Thrombophilia (clotting disorder)	○	○	○	head injury/concussion				Endocrine disorder, other:	○	○	○
Cardiac				Brain tumor	○	○	○	thyroid, adrenal, pituitary			
Abnormal electrocardiogram	○	○	○	Brain aneurysm	○	○	○	Hearing problems or deafness	○	○	○
(EKG or ECG)				Brain hemorrhage	○	○	○	Kidney disease	○	○	○
Aneurysm or aortic dilatation	○	○	○	Developmental brain disorder	○	○	○	Mental illness/psychiatric disease	○	○	○
Arrhythmia/arrhythmia syndrome	○	○	○	Epilepsy/seizure disorder	○	○	○	Metabolic disease	○	○	○
Cardiomyopathy	○	○	○	Febrile seizure	○	○	○	Muscle disorder or muscular	○	○	○
Commotio cordis	○	○	○	Mesial temporal sclerosis	○	○	○	dystrophy			
Congenital heart disease	○	○	○	Neurodegenerative disease	○	○	○	Oncologic disease treated by	○	○	○
Coronary artery abnormality	○	○	○	Stroke/mini stroke/	○	○	○	chemotherapy or radiation			
Coronary artery disease	○	○	○	TIA-Transient Ischemic Attack				Prematurity	○	○	○
(atherosclerosis)				Central nervous system infection	○	○	○	Congenital disorder/	○	○	○
Endocarditis	○	○	○	(meningitis or encephalitis)				genetic syndrome			
Heart failure	○	○	○	**Respiratory**				Other, specify:	○		
Heart murmur	○	○	○	Apnea	○	○	○				
High cholesterol	○	○	○	Asthma	○	○	○				
Hypertension	○	○	○	Pulmonary embolism	○	○	○				
Myocarditis (heart infection)	○	○	○	Pulmonary hemorrhage	○	○	○				
Pulmonary hypertension	○	○	○	Respiratory arrest	○	○	○				
Sudden cardiac arrest	○	○	○								

If a more specific diagnosis is known, provide any additional information:

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply: ☐ None

☐ Cardiac ablation
☐ Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
☐ Heart surgery
☐ Interventional cardiac catheterization
☐ Heart transplant
☐ Other, specify:
☐ U/K

f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms? ☐ U/K for all

Y	N	U/	**Deaths**
○	○	○	Sudden unexpected death before age 50

If yes, describe the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

			Heart Disease
○	○	○	Heart condition/heart attack or stroke before age 50
○	○	○	Aortic aneurysm or aortic rupture
○	○	○	Arrhythmia (fast or irregular heart rhythm)
○	○	○	Cardiomyopathy
○	○	○	Congenital heart disease
			Neurologic Disease
○	○	○	Epilepsy or convulsions/seizure
○	○	○	Other neurologic disease

Y	N	U/K	**Symptoms**
○	○	○	Febrile seizures
○	○	○	Unexplained fainting
			Other Diagnoses
○	○	○	Congenital deafness
○	○	○	Connective tissue disease
○	○	○	Mitochondrial disease
○	○	○	Muscle disorder or muscular dystrophy
○	○	○	Thrombophilia (clotting disorder)
○			Other diseases that are genetic or run in families, specify:

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?
○ Yes ○ No ○ U/K

If yes, describe the test/gene tested, reason for testing, family member tested, and results:

Was a gene mutation found?
○ Yes ○ No ○ U/K

h. In the 72 hours prior to death was the child taking any prescribed medication(s)?
○ Yes ○ No ○ U/K
If yes, describe:

i. Within 2 weeks prior to death had the child:

	N/A	Yes	No	U/K
Taken extra doses of prescribed medications	○	○	○	○
Missed doses of prescribed medications	○	○	○	○
Changed prescribed medications, describe:	○	○	○	○

j. Was the child compliant with their prescribed medications?
○ N/A ○ Yes ○ No ○ U/K
If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death? Check all that apply:

☐ Over-the-counter medicine
☐ Recent/short term prescriptions
☐ Energy drinks
☐ Caffeine
☐ Performance enhancers
☐ Diet assisting medications
☐ Supplements
☐ Tobacco
☐ Alcohol
☐ Illegal drugs
☐ Legalized marijuana
☐ Other, specify:
☐ U/K

If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident? ☐ U/K for all at time of incident ☐ U/K for all within 24 hours of incident

Stimuli	**At incident** Yes	No	U/K	**Within 24 hrs of incident** Yes	No	U/K
Physical activity	○	○	○	○	○	○
Sleep deprivation	○	○	○	○	○	○
Driving	○	○	○	○	○	○
Visual stimuli	○	○	○	○	○	○
Video game stimuli	○	○	○	○	○	○
Emotional stimuli	○	○	○	○	○	○
Auditory stimuli/startle	○	○	○	○	○	○
Physical trauma	○	○	○	○	○	○
Other, specify:	○			○		

If yes to physical activity, describe type of activity:
At incident Within 24 hours of incident

Other specify:
At incident Within 24 hours of incident

m. Was the child an athlete? ○ N/A ○ Yes ○ No ○ U/K
If yes, type of sport: ○ Competitive ○ Recreational ○ U/K
If competitive, did the child participate in the 6 months prior to death? ○ Yes ○ No ○ U/K

n. Did the child ever have any of the following **uncharacteristic** symptoms during or within 24 hours after physical activity? Check all that apply:

☐ Chest pain
☐ Confusion
☐ Convulsions/seizure
☐ Dizziness/lightheadedness
☐ Fainting
☐ Headache
☐ Palpitations
☐ Shortness of breath/difficulty breathing
☐ Other, specify:
☐ U/K

If yes to any item, describe type of physical activity and extent of symptoms:

o. For child age 12 or older, did the child receive a pre-participation exam for a sport?
○ N/A ○ Yes ○ No ○ U/K
If yes:
Was it done within a year prior to death? ○ Yes ○ No ○ U/K
Did the exam lead to restrictions for sports or otherwise? ○ Yes ○ No ○ U/K
If yes, specify restrictions:

Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)

p. How old was the child when diagnosed with epilepsy/seizure disorder?
Age 0 (infant) through 20 years:_____
☐ U/K

q. What were the underlying cause(s) of the child's seizures? Check all that apply:
☐ Brain injury/trauma, specify:
☐ Brain tumor
☐ Cerebrovascular
☐ Central nervous system infection
☐ Degenerative process
☐ Developmental brain disorder
☐ Inborn error of metabolism
☐ Genetic/chromosomal
☐ Mesial temporal sclerosis
☐ Idiopathic or cryptogenic
☐ Other acute illness or injury other than epilepsy
☐ Other, specify:
☐ U/K

r. What type(s) of seizures did the child have? Check all that apply:
☐ Non-convulsive
☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)
☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)
☐ U/K

s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply:
☐ Last less than 30 minutes
☐ Last more than 30 minutes (status epilepticus)
☐ Occur in the presence of fever (febrile seizure)
☐ Occur in the absence of fever
☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)

t. How many seizures did the child have in the year preceding death?
○ 0/never ○ 1 ○ 2 ○ 3 ○ More than 3 ○ U/K

u. Did treatment for seizures include anti-epileptic drugs?
○ Yes ○ No ○ U/K
If yes, how many different types of anti-epileptic drugs did the child take?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ More than 6 ○ U/K

v. Was night surveillance used?
○ Yes ○ No ○ U/K

I2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT? ○ Yes, go to I2a ○ No, go to I2s ○ U/K, go to I2a

a. Incident sleep place:
○ Crib
If crib, type:
○ Not portable
○ Portable, e.g. Pack 'n Play
○ Unknown crib type
○ Bassinet
○ Bed side sleeper
○ Baby box
○ Adult bed
○ Waterbed
○ Futon
○ Playpen/other play structure, not a portable crib
○ Couch
○ Chair
○ Floor
○ Car seat
○ Rock 'n Play
○ Stroller
○ Swing
○ Bouncy chair
○ Other, specify:
○ U/K
If adult bed, what type?
○ Twin ○ Full ○ Queen ○ King ○ Other, specify: ○ U/K
If futon,
○ Bed position ○ Couch position ○ U/K
If car seat, was car seat secured in seat of car?
○ Yes ○ No ○ U/K

b. Child put to sleep:
○ On back ○ On stomach ○ On side ○ U/K

c. Child found:
○ On back ○ On stomach ○ On side ○ U/K

e. Usual sleep position:
○ On back ○ On stomach ○ On side ○ U/K

f. Was there any type of crib, Pack 'n Play, bassinet, bed side sleeper or baby box in home for child?
○ Yes ○ No ○ U/K

d. Usual sleep place:
○ Crib
If crib, type:
○ Not portable
○ Portable, e.g. Pack 'n Play
○ Unknown crib type
○ Bassinet
○ Bed side sleeper
○ Baby box
○ Adult bed
○ Waterbed
○ Futon
○ Playpen/other play structure, not a portable crib
○ Couch
○ Chair
○ Floor
○ Car seat
○ Rock 'n Play
○ Stroller
○ Swing
○ Bouncy chair
○ Other, specify:
○ U/K
If adult bed, what type?
○ Twin ○ Full ○ Queen ○ King ○ Other, specify: ○ U/K
If futon,
○ Bed position ○ Couch position ○ U/K

g. Child in a new or different environment than usual?
○ Yes ○ No ○ U/K
If yes, describe why:

h. Child last placed to sleep with a pacifier?
○ Yes ○ No ○ U/K

i. Child wrapped or swaddled in blanket?
○ Yes ○ No ○ U/K
If yes, describe:

j. Child overheated? ○ Yes ○ No ○ U/K
If yes, outside temp ____ degrees F
Check all that apply:
☐ Room too hot, temp ____ degrees F
☐ Too much bedding
☐ Too much clothing

k. Child exposed to second hand smoke?
○ Yes ○ No ○ U/K
If yes, how often: ○ Frequently ○ Occasionally ○ U/K

l. Child's face when found:
○ Down ○ Up ○ To left or right side ○ U/K

m. Child's neck when found:
○ Hyperextended (head back) ○ Hypoextended (chin to chest) ○ Neutral ○ Turned ○ U/K

n. Child's airway when found (includes nose, mouth, neck and/or chest):
○ Unobstructed by person or object ○ Fully obstructed by person or object ○ Partially obstructed by person or object ○ U/K

If fully or partially obstructed, what was obstructed?
☐ Nose ☐ Mouth ☐ Neck compressed ☐ Chest compressed ☐ U/K
If fully or partially obstructed, describe obstruction in detail:

o. Objects in child's sleep environment and relation to airway obstruction:

Objects:	Present? Ye	No	U/K	If **present**, describe position of object: On top of child	Under child	Next to child	Tangled around child	U/K	If **present**, did object obstruct airway? Yes	No	UK
Adult(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Other child(ren)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Animal(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Mattress	○	○	○	☐	☐	☐	☐	☐	○	○	○
Comforter, quilt, or other	○	○	○	☐	☐	☐	☐	☐	○	○	○
Fitted sheet	○	○	○	☐	☐	☐	☐	☐	○	○	○
Thin blanket/flat sheet	○	○	○	☐	☐	☐	☐	☐	○	○	○
Pillow(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Cushion	○	○	○	☐	☐	☐	☐	☐	○	○	○
Boppy or U shaped pillow	○	○	○	☐	☐	☐	☐	☐	○	○	○
Sleep positioner (wedge)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Bumper pads	○	○	○	☐	☐	☐	☐	☐	○	○	○
Clothing	○	○	○	☐	☐	☐	☐	☐	○	○	○
Crib railing/side	○	○	○	☐	☐	☐	☐	☐	○	○	○
Wall	○	○	○	☐	☐	☐	☐	☐	○	○	○
Toy(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Other(s), specify:											
_____	○			☐	☐	☐	☐	☐	○	○	○
_____	○			☐	☐	☐	☐	☐	○	○	○

→ If adult(s) obstructed airway, describe relationship of adult to child (for example, biological mother):

p. Was there a reliable, non-conflicting witness account of how the child was found? ○ Yes ○ No ○ U/K

q. Caregiver/supervisor fell asleep while feeding child?
○ Yes ○ No ○ U/K
If yes, type of feeding: ○ Bottle ○ Breast ○ U/K

r. Child sleeping in the same room as caregiver/supervisor at time of death?
○ Yes ○ No ○ U/K

s. Child sleeping on same surface with person(s) or animal(s)?
○ Yes ○ No ○ U/K

If yes, reasons stated for sleeping on same surface, check all that apply:
☐ To feed
☐ To soothe
☐ Usual sleep pattern
☐ No infant bed available
☐ Home/living space overcrowded
☐ Other, specify:
☐ U/K

If yes, check all that apply:
☐ With adult(s): # _____ ☐ # U/K
Adult obese: ○ Yes ○ No ○ U/K
☐ With other children: # _____ ☐ # U/K Children's ages: _____
☐ With animal(s): # _____ ☐ # U/K Type(s) of animal: _____

t. Is there a scene re-creation photo available for upload? ○ Yes ○ No If yes, upload here. Only one photo allowed.
Select photo that demonstrates position and location of child's body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.

I3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? ○ Yes ○ No, go to I4 ○ U/K, go to I4

a. Describe product and circumstances:

b. Was product used properly? ○ Yes ○ No ○ U/K

c. Is a recall in place? ○ Yes ○ No ○ U/K

d. Did product have safety label? ○ Yes ○ No ○ U/K

e. Was Consumer Product Safety Commission (CPSC) notified?
○ Yes
○ No, go to www.saferproducts.gov to report
○ U/K

I4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? ○ Yes ○ No, go to I5 ○ U/K, go to I5

a. Type of crime, check all that apply:
☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

I5. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS

a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?

- ○ Yes/probable
- ○ No, go to next section
- ○ U/K, go to next section

If yes/probable, choose primary reason:

- ○ Child abuse, go to I5b
- ○ Child neglect, go to I5f
- ○ Poor/absent supervision, go to I5h
- ○ Exposure to hazards, go to I5g

b. Type of child abuse, check all that apply:

- ☐ Abusive head trauma, go to I5c
- ☐ Chronic Battered Child Syndrome, go to I5e
- ☐ Beating/kicking, go to I5e
- ☐ Scalding or burning, go to I5e
- ☐ Munchausen Syndrome by Proxy, go to I5e
- ☐ Sexual assault, go to I5h
- ☐ Other, specify and go to I5h
- ☐ U/K, go to I5e

c. For abusive head trauma, were there retinal hemorrhages?

○ Yes ○ No ○ U/K

d. For abusive head trauma, was the child shaken?

○ Yes ○ No ○ U/K

If yes, was there impact?

○ Yes ○ No ○ U/K

e. Events(s) triggering child abuse, check all that apply:

- ☐ None
- ☐ Crying
- ☐ Toilet training
- ☐ Disobedience
- ☐ Feeding problems
- ☐ Domestic argument
- ☐ Other, specify:
- ☐ U/K

f. Child neglect, check all that apply:

- ☐ Failure to provide necessities
  - ☐ Food
  - ☐ Shelter
  - ☐ Other, specify:
- ☐ Failure to provide supervision
- ☐ Emotional neglect, specify:
- ☐ Abandonment, specify:
- ☐ Failure to seek/follow treatment, specify:

If yes, was this due to religious or cultural practices?

○ Yes ○ No ○ U/K

☐ Exposure to hazards:

Do not include child's own behavior.

- ○ Hazard(s) in sleep environment (including sleep position and surface sharing)
- ○ Fire hazard
- ○ Unsecured medication/poison
- ○ Firearm hazard
- ○ Water hazard
- ○ Motor vehicle hazard
- ○ Other hazard, specify:

g. Exposure to hazards:

Do not include child's own behavior.

- ○ Hazard(s) in sleep environment (including sleep position and surface sharing)
- ○ Fire hazard
- ○ Unsecured medication/poison
- ○ Firearm hazard
- ○ Water hazard
- ○ Motor vehicle hazard
- ○ Maternal substance use during pregnancy
- ○ Other hazard, specify:

h. Was poverty a factor?

○ Yes ○ No ○ U/K

If yes, explain in Narrative

I6. SUICIDE

a. Child's history. Check all that have ever applied:

- ☐ None listed below
- ☐ Involved in sports
- ☐ Involved in activities (not sports)
- ☐ Viewed, posted or interacted on social media

If yes, specify platform(s):

- ☐ History of running away
- ☐ History of fearfulness, withdrawal or anxiety
- ☐ History of explosive anger, yelling or disobeying
- ☐ History of head injury

If yes, when was the last head injury? _____

- ☐ Death of a peer, friend or family member

If yes, specify relationship to child: _____

When did death occur: _____

Was death a suicide? ○ Yes ○ No ○ U/K

b. Was the child ever diagnosed with any of the following? Check all that apply.

- ☐ None listed below
- ☐ Anxiety spectrum disorder
- ☐ Depressive spectrum disorder
- ☐ Bipolar spectrum disorder
- ☐ Disruptive, impulse control or conduct disorder
- ☐ Eating disorder
- ☐ Substance-related or addictive disorders
- ☐ Other, specify:
- ☐ U/K

c. Check all suicidal behaviors/attempts that ever applied:

- ☐ None listed below
- ☐ Interrupted attempt #__
- ☐ Preparatory behavior #_
- ☐ Non-fatal attempt #__
- ☐ Aborted attempt #__
- ☐ U/K

d. Did the child ever communicate any suicidal thoughts, actions or intent?

○ Yes ○ No ○ U/K

If yes, with whom? _____

e. Was there evidence the death was planned or premeditated?

○ Yes ○ No ○ U/K

f. Did the death occur under circumstances where it would likely be observed and intervened by others?

○ Yes ○ No ○ U/K

g. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself?

○ Yes ○ No ○ U/K

If yes ☐ Reported to others ☐ Other, specify:

☐ Noted on autopsy

h. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death. Check all that apply:

- ☐ None listed below
- ☐ Talked about or made plans for suicide
- ☐ Expressed hopelessness about the future
- ☐ Displayed severe/overwhelming emotional pain or distress
- ☐ Expressed perceived burden on others
- ☐ Showed worrisome behavioral cues or marked changes in behavior
- ☐ U/K

i. Child experienced a known crisis within 30 days of the death?

○ Yes ○ No ○ U/K

If yes, explain:

j. Suicide was part of: Check all that apply.

- ☐ None listed below
- ☐ A cluster
- ☐ A contagion, copy-cat or imitation
- ☐ A suicide pact
- ☐ A murder-suicide

I7. LIFE STRESSORS

Please indicate all stressors that were present for this child around the time of death.

a. Life stressors - Social/economic

- ☐ None listed below
- ☐ Racism
- ☐ Discrimination
- ☐ Poverty
- ☐ Neighborhood discord
- ☐ Job problems
- ☐ Money problems
- ☐ Food insecurity
- ☐ Housing instability
- ☐ Witnessed violence
- ☐ Pregnancy
- ☐ Pregnancy scare

b. Life stressors - Relationships (age 5 and over)

- ☐ None listed below
- ☐ Family discord
- ☐ Argument with parents/caregivers
- ☐ Parents' divorce/separation
- ☐ Parents' incarceration
- ☐ Argument with significant other
- ☐ Breakup with significant other
- ☐ Social discord
- ☐ Argument with friends
- ☐ Bullying as a victim
- ☐ Bullying as a perpetrator
- ☐ Cyberbullying as a victim
- ☐ Cyberbullying as a perpetrator
- ☐ Peer violence as a victim
- ☐ Peer violence as a perpetrator
- ☐ Isolation
- ☐ Stress due to sexual orientation
- ☐ Stress due to gender identity

c. Life stressors - School (age 5 and over)

- ☐ None listed below
- ☐ School failure
- ☐ Pressure to succeed
- ☐ Extracurricular activities
- ☐ New school
- ☐ Other school problems

d. Life stressors - Technology (age 5+)

Stress/negative consequences due to:

- ☐ None listed below
- ☐ Electronic gaming
- ☐ Texting
- ☐ Restriction of technology
- ☐ Social media

e. Life stressors - Transitions (age 5 and over)

- ☐ None listed below
- ☐ Release from hospital
- ☐ Transition from any level of mental health care to another (e.g. inpatien to outpatient, inpatient to residential outpatient to inpatient, etc.)
- ☐ Release from juvenile justice facility
- ☐ End of school year/school break
- ☐ Transition to/from child welfare system
- ☐ Release from immigrant detention center

f. Life stressors - Trauma (age 5 and over)

- ☐ None listed below
- ☐ Rape/sexual assault
- ☐ Previous abuse (emotional/physical)
- ☐ Family/domestic violence

g. Life stressors - Describe any other life stressors: (age 5 and over)

I8. COVID-19-RELATED DEATHS

a. For the 12 months before the child's death, did the family experience any disruptions or significant changes to the following?

Check all that apply:

- ☐ None listed below
- ☐ School
- ☐ Daycare
- ☐ Employment
- ☐ Social services (such as unemployment assistance, TANF, WIC)
- ☐ Living environment
- ☐ Medical care
- ☐ Mental health or substance use/abuse care
- ☐ Home-based services (non-child welfare)
- ☐ Child welfare services
- ☐ Legal proceedings within criminal, civil, or family courts
- ☐ Other
- ☐ U/K

Describe:

b. For the 12 months before the child's death, did the child's family live in an area with an official stay at home order?

○ Yes ○ No ○ U/K

If yes, was the stay at home order in place at the time of the child's death?

○ Yes ○ No ○ U/K

c. Was the child exposed to COVID-19 within 14 days of death?

○ Yes ○ No ○ U/K

If yes, describe:

d. Select the one option that best describes the impact of COVID-19 on this child's death:

- ○ COVID-19 was the immediate or underlying cause of death
- ○ COVID-19 was diagnosed at autopsy or the child was suspected to have COVID-19
- ○ COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death
- ○ The birthing parent contracted COVID-19 during pregnancy
- ○ Other, specify:
- ○ COVID-19 had no impact on this child's death
- ○ U/K

e. Did COVID-19 impact the team's ability to conduct this fatality review?

○ Yes ○ No ○ U/K

If yes, check all that apply:

- ☐ Unable to obtain records
- ☐ Team members unable to attend review
- ☐ Remote reviews negatively impacted review process
- ☐ Team leaders redirected to COVID-19 response

f. Did the child have medical evidence of a significant inflammatory syndrome (including for example fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death? ○ Yes ○ No ○ U/K

If yes, was the child diagnosed with MIS-C? ○ Yes ○ No ○ U/K

J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?

- ○ Yes/probable
- ○ No, go to Section K
- ○ U/K, go to Section K

2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative.

One	Two		One	Two	
○	○	Child abuse	○	○	Exposure to hazards
○	○	Child neglect	○	○	Assault, not child abuse
○	○	Poor/absent supervision	○	○	Other, specify:
			○	○	U/K

3. Did the team have information about the person(s)?

One	Two	
○	○	Yes
○	○	No, go to Section K

4. Is person listed in a previous section?

One	Two	
○	○	Yes, biological mother, go to J17
○	○	Yes, biological father, go to J17
○	○	Yes, caregiver one, go to J17
○	○	Yes, caregiver two, go to J17
○	○	Yes, supervisor, go to J19
○	○	No

5. Primary person(s) responsible for action(s): Select one for each person responsible.

One	Two		One	Two		One	Two	
○	○	Adoptive parent	○	○	Grandparent	○	○	Medical provider
○	○	Stepparent	○	○	Sibling	○	○	Institutional staff
○	○	Foster parent	○	○	Other relative	○	○	Babysitter
○	○	Mother's partner	○	○	Friend	○	○	Licensed child care worker
○	○	Father's partner	○	○	Acquaintance			
			○	○	Child's boyfriend or girlfriend	○	○	Other, specify:
			○	○	Stranger	○	○	U/K

6. Person's age in years:

One	Two	
_____	_____	# Years
☐	☐	U/K

7. Person's sex:

One	Two	
○	○	Male
○	○	Female
○	○	U/K

8. Person speaks and understands English?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If no, language spoken:

9. Person on active military duty?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, specify branch: