

<b>Variables</b>
Jurisdiction
Year
Month
Sex
Age_Group
Race
Ethnicity
County_name
County_FIPS
Suspected_drug_OD_n
Suspected_opioid_OD_n
Suspected_heroin_OD_n
Suspected_stimulant_OD_n
Suspected_fentanyl_OD_n
Suspected_cocaine_OD_n
Suspected_methamphetamine_OD_n
Suspected_benzo_OD_n
Total_ED_visits

<b>Definition</b>
The two-digit state abbreviation (e.g., GA)
The four digit calendar year (e.g., 2019)
The full name of the month (e.g., January)
Three categories: male, female, missing
Eleven categories: 0-10 years, 11-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65-74 years, 75-84 years, 85 years and up, missing
Five categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White
Two categories: Hispanic or Latino, not Hispanic or Latino
Exact name of the County within each jurisdiction (e.g., Adams). <i>Please exclude the word "county" after the county name (e.g., do not list "Adams County"). Note that county is county of patient residence.</i>
Five character FIPS code for the County within each jurisdiction where the first two digits are the state code and the last three digits are the county code (e.g., 12345). <i>Note that county is county of patient residence.</i>
The number of ED visits for each required month related to a suspected drug overdose.
The number of ED visits for each required month related to a suspected opioid overdose. Suspected_opioid_OD_n is nested within and should be a subset of suspected_drug_OD_n.
The number of ED visits for each required month related to a suspected heroin overdose. Suspected_heroin_OD_n is nested within and should be a subset of suspected_opioid_OD_n and suspected_drug_OD_n.
The number of ED visits for each required month related to a suspected stimulant overdose. Suspected_stimulant_OD_n is nested within and should be a subset of suspected_drug_OD_n.
The number of ED visits for each required month related to a suspected fentanyl overdose. Suspected_fentanyl_OD_n is nested within and should be a subset of suspected_opioid_OD_n and suspected_drug_OD_n.
The number of ED visits for each required month related to a suspected cocaine overdose. Suspected_cocaine_OD_n is nested within and should be a subset of suspected_stimulant_OD_n and suspected_drug_OD_n.
The number of ED visits for each required month related to a suspected methamphetamine overdose. Suspected_methamphetamine_OD_n is nested within and should be a subset of suspected_stimulant_OD_n and suspected_drug_OD_n.
The number of ED visits for each required month related to a suspected benzodiazepine overdose. Suspected_benzo_OD_n is nested within and should be a subset of suspected_drug_OD_n.
The total number of ED visits for each required month that were included in the analysis.

**Describe and provide metadata on this rapid report of ED visits involving suspected drug, opioid, heroin, fentanyl, all stimulant, cocaine, methamphetamine, and benzodiazepines**

1. Approximately what percent of ED visits in your state or jurisdiction were included in your analysis? (Enter a percentage such as "75%")

2. Over 90% of hospitals report data within (Check appropriate response):

< 24 hours

< 1 week

< 1 month

< 3 months

> 3 months

Unknown

3. How many total facilities are included in your analysis for this data submission? (Enter a number such as "22")

4. Report the percent of all ED visits in this data submission missing chief complaint data. (Enter a percentage such as "10%")

5. Report the median string length of text from chief complaint data. (Enter a number such as "5 words")

6. Report the percent of all ED visits in this data submission that have no discharge diagnosis codes (e.g., ICD-10-CM). (Enter a percentage such as "15%")

7. What was the maximum number of discharge diagnosis codes (e.g., ICD-10-CM) entered for a single ED visit in this data submission? (Enter a number such "10")

8. What was the mean number of diagnosis codes (e.g., ICD-10-CM) that were entered for all ED visits in this data submissions? (Enter a number such as "8")

9. Please identify any major issues that impact the quality of data shared during this data submission time period:

10. Who should CDC contact with questions about this data report?

Name:

Email:









