**Attachment D**

**SUDORS Data Elements**

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

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| **Incident information**  Incident type  Incident category (Automatically generated)  Case status: Incident follow-up or complete  Number of source documents in incident (Optional)  Number of persons in incident  Number of weapons in incident  Date supervisor checked incident (Optional)  Date supervisor rechecked incident (Optional)  Narrative of the incident  Data 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 death  Manner of death on death certificate  Manner of death per coroner/medical examiner  Person type  Age  Age unit  Sex  White  Black or African American  Asian  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  Unspecified Race  Hispanic/Latino/Spanish  Country of residence  State of residence  County of residence  City of residence  Zip code of residence  US Census block group of residence (Optional)  US Census tract of residence (Optional)  Birth state, territory, or country  Birth country, if other  Current or former military personnel  Marital status  Relationship status  Sex of partner  Victim was pregnant  Place of death  Place of death, if other  Date pronounced dead | **Victim information (Continued)**  Date of death  State or territory of death  Immediate cause of death text  Cause leading to immediate cause of death text  Next antecedent cause of death text  Underlying cause of death text  Other significant conditions contributing to death  How injury occurred  Underlying cause of death ICD-10 code  ICD10 4th (character)  ICD10 5th (character)  Autopsy performed  State or territory where injury occurred  County where injury occurred (FIPS code)  City where injury occurred (FIPS code)  Date of injury  Time of injury  Type of location where injured  Injured at work  Injured at victim’s home  US Census block group of injury (Optional)  US Census tract of injury (Optional)  Survival time no. of units  Unit of time used in survival time  Education by degree  Number years of education  Usual occupation code  Usual occupation text  Current occupation text  Kind of business/industry code  Usual industry text  Multiple conditions cause of death codes on death certificate 1-10  Height  Weight  Transgender  Sexual orientation  Recent release from an institution  ZIP code of injury  EMS at scene  Homeless status  Housing instability  Victim in custody when injured  Day of birth (Optional)  First initial of last name (Optional)  Last 4 digits of coroner/medical examiner report number (Optional)  Last 4 digits of death certificate number (Optional)  Children present and/or witnessed fatal injury  Alcohol use suspected when injured  **Toxicology**  Toxicology information unavailable  No substance(s) given as cause of death  Date specimens were collected  Time specimens were collected  Name of substance  Category of substance (Automatically generated)  Code for substance (Automatically generated)  Toxicologic test performed to detect the substance  Results of toxicologic test for the substance  Substance contributed to death  Person for whom substance was prescribed  **Weapons**  Weapon type |

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

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| **Summary toxicology**  Testing for alcohol  Alcohol test results  Blood alcohol concentration results  Testing for amphetamines  Amphetamine test results  Testing for antidepressants  Antidepressant test results  Testing for cocaine  Cocaine test results  Testing for marijuana  Marijuana test results  Testing for opiate(s)  Opiate test results  Testing for anticonvulsants  Anticonvulsants test results  Testing for antipsychotic  Antipsychotic test results  Testing for barbiturates  Barbiturates test results  Testing for benzodiazepines  Benzodiazepines test results  Testing for muscle relaxants  Muscle relaxants test result  Testing for carbon monoxide  Carbon monoxide results  Carbon monoxide source, if present  Toxicology Comments  **Hospital information**  Victim seen in ED  Victim admitted to inpatient care  First 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 Examiner  Current depressed mood  Current diagnosed mental health problem\*  Type of first mental illness diagnosed  Type of second mental illness diagnosed  Other mental health diagnosis  Current mental health/substance abuse treatment  Ever treated for mental health or substance abuse problem  Non-adherence to mental health/substance abuse treatment  Alcohol problem\*  Other substance abuse problem\*  Other addiction\*  History of traumatic brain injury  Disaster exposure\*  Person left a suicide note  Recently disclosed suicidal thoughts/plans  Disclosed suicidal intent to whom  History of suicide attempts  History of expressed suicidal thoughts or plans  History of non-suicidal self-injury/self-harm  Suicide of friend or family (Optional)\*^  Other crisis in past two weeks or upcoming two weeks  Non-suicide death of friend or family (Optional)\*^  Contributing physical health problem (Optional)\*^  Intimate partner violence (Optional)\*^  Intimate partner problem (Optional)\*^  Family relationship problem (Optional)\*^  Caregiver burden (Optional)^  Family stressor (Optional)^  Household known to local authorities (Optional)^  Victim known to authorities (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)^  Abuse or neglect led to death (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)^  Prior Child Protective Services (CPS) report on a child victim’s household (Optional)^  Substance abuse in child victim’s household (Optional)^  Living transition/loss of independent living (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**

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| **Case classification**  SUDORS case  SUDORS Case Classification (Automatically generated)  No coroner/medical examiner report available  **Drug overdose/poisoning**  Type of drug poisoning  Date last known alive before overdose  Time last known alive before overdose  Date found unresponsive  Time found unresponsive  **Substance use/misuse and treatment history**  Previous drug overdose  Previous overdose occurred 0-2 days prior  Previous overdose occurred 3-7 days prior  Recent opioid use relapse  Recent emergency department or urgent care visit  Treatment for substance use disorder  Inpatient/outpatient rehabilitation  Medication-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 therapy  Narcotics Anonymous  Other type of substance use disorder treatment  Involved with criminal justice system (perpetrator)  No evidence of current or past drug use/misuse  Heroin use history  Prescription opioid misuse history  Unspecified opioid use/misuse history  Fentanyl use history  Cocaine use history  Methamphetamine use history  Benzodiazepine misuse history  Cannabis (marijuana) use history  Drug use/misuse, substance unspecified  Other drug use/misuse history  **Scene indications of drug use**  Any evidence of drug use at scene  No evidence of drug use  Non-specific drug use evidence  Evidence of rapid overdose  Tourniquet around arm  Body position consistent with rapid overdose  Needle location  Witness report of rapid overdose  Other evidence of rapid overdose  No information on route of administration  Evidence 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 use  Evidence of snorting/sniffing  Straws  Rolled paper or dollar bills  Razor blades  Powder on table/mirror  Powder on decedent’s nose  Witness report of snorting/sniffing  Other snorting/sniffing evidence  Evidence of smoking  Pipes  Tinfoil  Vape pens or e-cigarettes  Bon or bowl  Witness report of smoking  Other smoking evidence  Evidence of transdermal exposure  Evidence of ingestion  Evidence of suppository  Evidence of sublingual  Evidence of buccal  Evidence of unspecified drug type  Evidence of prescription drug use  Prescription drug(s) prescribed to victim  Prescription drug(s) not prescribed to victim  Prescription drug(s) with unknown prescription  Evidence 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 report  Evidence 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 administered  Unknown whether naloxone administered  Naloxone not administered  Total number of naloxone doses by first responders/health care  Total number of naloxone doses by layperson(s)  Naloxone administered by unknown  Naloxone administered by law enforcement  Naloxone administered by EMS/fire  Naloxone administered by hospital (ED/inpatient)  Naloxone administered by other source  Naloxone administered by layperson  Layperson was person using drugs  Layperson was intimate partner  Layperson was friend  Layperson was other family  Layperson was roommate  Layperson was a stranger  Other type of layperson  Drug use witnessed  Bystander present at overdose  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 present  Bystander 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 |
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**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 substances or drinking alcohol 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-other  Presence of pulse on first-responder arrival  First responders responses excluding administering naloxone  CPR  Rescue breathing  Epinephrine administered  Transport to ED performed  Provided oxygen  Other first-responder intervention | **Medical history**  COPD (Chronic Obstructive pulmonary disease)  Asthma  Sleep apnea  Other breathing problem  Heart disease  Obesity  Hepatitis C  HIV/AIDS  History of major injury  Treated for pain at time of injury  Migraine  Back pain  Other pain  **Prescription information**  Use of prescription morphine  Prescription morphine narrative  Prescribed buprenorphine  Prescribed buprenorphine for pain  Prescribed buprenorphine for MAT  Prescribed buprenorphine for unknown reason  Prescribed methadone  Prescribed methadone for pain  Prescribed methadone for MAT  Prescribed methadone for unknown reason  Prescribed naltrexone  Prescribed fentanyl  Number 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) |