

## Attachment D

### SUDORS Data Elements

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

#### **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

#### **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)

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

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)**

#### **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**

<b>Case classification</b>	<b>Scene indications of drug abuse (continued)</b>
SUDORS case	Evidence of prescription drugs at scene (continued)
SUDORS Case Classification (Automatically generated)	Liquid at scene
No coroner/medical examiner report available	Lozenges/lollipops at scene
<b>Drug overdose/poisoning</b>	Prescription vial at scene
Type of drug poisoning	Witness report of prescription drug use
Date last known alive before overdose	Other evidence of prescription drug use
Time last known alive before overdose	Evidence of use of prescription fentanyl at scene or by witness report
Date found unresponsive	Evidence of illicit drug use
Time found unresponsive	Powder at scene
<b>Substance use/misuse and treatment history</b>	Witness report of illicit drug use
Previous drug overdose	Counterfeit pills at scene
Previous overdose occurred 0-2 days prior	Tar at scene
Previous overdose occurred 3-7 days prior	Crystal at scene
Recent opioid use relapse	Evidence of illicit drug packaging
Recent emergency department or urgent care visit	Other illicit drug evidence
Treatment for substance use disorder	<b>Response to drug overdose</b>
Inpatient/outpatient rehabilitation	Naloxone administered
Medication-assisted treatment, or MAT (with cognitive/behavioral therapy)	Unknown whether naloxone administered
Medication-assisted treatment, or MAT (without cognitive/behavioral therapy)	Naloxone not administered
Medication-assisted treatment, or MAT (cognitive/behavioral therapy unknown) <sup>#</sup>	Total number of naloxone doses by first responders/health care
Cognitive/behavioral therapy	Total number of naloxone doses by layperson(s)
Narcotics Anonymous	Naloxone administered by unknown
Other type of substance use disorder treatment	Naloxone administered by law enforcement
Involved with criminal justice system (perpetrator)	Naloxone administered by EMS/fire
No evidence of current or past drug use/misuse	Naloxone administered by hospital (ED/inpatient)
Heroin use history	Naloxone administered by other source
Prescription opioid misuse history	Naloxone administered by layperson
Unspecified opioid use/misuse history	Layperson was person using drugs
Fentanyl use history	Layperson was intimate partner
Cocaine use history	Layperson was friend
Methamphetamine use history	Layperson was other family
Benzodiazepine misuse history	Layperson was roommate
Cannabis (marijuana) use history	Layperson was a stranger
Drug use/misuse, substance unspecified	Other type of layperson
Other drug use/misuse history	Drug use witnessed
<b>Scene indications of drug use</b>	Bystander present at overdose
Any evidence of drug use at scene	Person using drugs present as bystander
No evidence of drug use	Intimate partner present as bystander
Non-specific drug use evidence	Other family present as bystander
Evidence of rapid overdose	Friend present as bystander
Tourniquet around arm	Stranger present as bystander
Body position consistent with rapid overdose	Roommate present as bystander
Needle location	Medical professional present as bystander
Witness report of rapid overdose	Other type of bystander present
Other evidence of rapid overdose	Bystander response other than naloxone
No information on route of administration	CPR performed during bystander response
Evidence of injection drug use	Rescue breathing during bystander response
Track marks on victim	Sternal rub during bystander response
Needles/syringes at scene	Stimulation during bystander response
Tourniquet at scene	Other type of bystander response

- 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

**Table 2 Unique SUDORS data elements collected on drug overdose deaths (continued)**

<b>Response to drug overdose (continued)</b>	<b>Medical history</b>
Reasons for no or delayed response to overdose	COPD (Chronic Obstructive pulmonary disease)
Bystander did not recognize any abnormalities	Asthma
Bystander was using substances or drinking alcohol and impaired	Sleep apnea
Public space and strangers didn't intervene	Other breathing problem
Bystander reported abnormalities but did not recognize as overdose	Heart disease
Bystander spatially separated (i.e., different room)	Obesity
Bystander was unaware that decedent was using drugs	Hepatitis C
No response-other	HIV/AIDS
Presence of pulse on first-responder arrival	History of major injury
First responders responses excluding administering naloxone	Treated for pain at time of injury
CPR	Migraine
Rescue breathing	Back pain
Epinephrine administered	Other pain
Transport to ED performed	<b>Prescription information</b>
Provided oxygen	Use of prescription morphine
Other first-responder intervention	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)