**Attachment D**

**SUDORS Data Elements**

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

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| **Incident information**Incident typeIncident category (Automatically generated)Case status: Incident follow-up or completeNumber of source documents in incident (Optional)Number of persons in incidentNumber of weapons in incidentDate supervisor checked incident (Optional)Date supervisor rechecked incident (Optional)Narrative of the incidentData 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 deathManner of death on death certificateManner of death per coroner/medical examinerPerson typeAgeAge unitSexWhiteBlack or African AmericanAsianNative Hawaiian or Pacific IslanderAmerican Indian or Alaskan NativeUnspecified RaceHispanic/Latino/SpanishCountry of residenceState of residenceCounty of residenceCity of residenceZip code of residenceUS Census block group of residence (Optional)US Census tract of residence (Optional)Birth state, territory, or countryBirth country, if otherCurrent or former military personnel Marital statusRelationship status Sex of partnerVictim was pregnantPlace of deathPlace of death, if otherDate pronounced dead | **Victim information (Continued)**Date of deathState or territory of deathImmediate cause of death textCause leading to immediate cause of death textNext antecedent cause of death textUnderlying cause of death textOther significant conditions contributing to deathHow injury occurredUnderlying cause of death ICD-10 codeICD10 4th (character)ICD10 5th (character)Autopsy performedState or territory where injury occurred County where injury occurred (FIPS code) City where injury occurred (FIPS code)Date of injuryTime of injuryType of location where injuredInjured at workInjured at victim’s homeUS Census block group of injury (Optional)US Census tract of injury (Optional)Survival time no. of unitsUnit of time used in survival timeEducation by degreeNumber years of educationUsual occupation codeUsual occupation textCurrent occupation textKind of business/industry codeUsual industry textMultiple conditions cause of death codes on death certificate 1-10 HeightWeightTransgenderSexual orientationRecent release from an institutionZIP code of injuryEMS at sceneHomeless statusHousing instabilityVictim in custody when injuredDay 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 injuryAlcohol use suspected when injured**Toxicology**Toxicology information unavailableNo substance(s) given as cause of deathDate specimens were collectedTime specimens were collectedName of substance Category of substance (Automatically generated)Code for substance (Automatically generated)Toxicologic test performed to detect the substanceResults of toxicologic test for the substanceSubstance contributed to deathPerson 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 resultsTesting for amphetamines Amphetamine test resultsTesting for antidepressants Antidepressant test resultsTesting for cocaine Cocaine test resultsTesting for marijuana Marijuana test resultsTesting for opiate(s) Opiate test resultsTesting for anticonvulsants Anticonvulsants test resultsTesting for antipsychotic Antipsychotic test resultsTesting for barbiturates Barbiturates test resultsTesting for benzodiazepines Benzodiazepines test resultsTesting for muscle relaxants Muscle relaxants test resultTesting for carbon monoxide Carbon monoxide results Carbon monoxide source, if presentToxicology Comments**Hospital information**Victim seen in EDVictim admitted to inpatient careFirst 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 ExaminerCurrent depressed moodCurrent diagnosed mental health problem\* Type of first mental illness diagnosed Type of second mental illness diagnosed Other mental health diagnosisCurrent mental health/substance abuse treatmentEver treated for mental health or substance abuse problemNon-adherence to mental health/substance abuse treatmentAlcohol problem\*Other substance abuse problem\*Other addiction\*History of traumatic brain injuryDisaster exposure\*Person left a suicide noteRecently disclosed suicidal thoughts/plans Disclosed suicidal intent to whom History of suicide attemptsHistory of expressed suicidal thoughts or plansHistory of non-suicidal self-injury/self-harmSuicide of friend or family (Optional)\*^Other crisis in past two weeks or upcoming two weeksNon-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 caseSUDORS Case Classification (Automatically generated)No coroner/medical examiner report available**Drug overdose/poisoning**Type of drug poisoningDate last known alive before overdoseTime last known alive before overdoseDate found unresponsiveTime found unresponsive**Substance use/misuse and treatment history**Previous drug overdosePrevious overdose occurred 0-2 days priorPrevious overdose occurred 3-7 days priorRecent opioid use relapseRecent emergency department or urgent care visitTreatment for substance use disorderInpatient/outpatient rehabilitationMedication-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 therapyNarcotics AnonymousOther type of substance use disorder treatmentInvolved with criminal justice system (perpetrator)No evidence of current or past drug use/misuseHeroin use historyPrescription opioid misuse historyUnspecified opioid use/misuse historyFentanyl use historyCocaine use historyMethamphetamine use historyBenzodiazepine misuse historyCannabis (marijuana) use historyDrug use/misuse, substance unspecifiedOther drug use/misuse history**Scene indications of drug use**Any evidence of drug use at sceneNo evidence of drug useNon-specific drug use evidenceEvidence of rapid overdose Tourniquet around arm Body position consistent with rapid overdose Needle location Witness report of rapid overdose Other evidence of rapid overdoseNo information on route of administrationEvidence 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 useEvidence 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 evidenceEvidence of smoking Pipes Tinfoil Vape pens or e-cigarettes Bon or bowl Witness report of smoking Other smoking evidenceEvidence of transdermal exposureEvidence of ingestionEvidence of suppositoryEvidence of sublingualEvidence of buccalEvidence of unspecified drug typeEvidence of prescription drug usePrescription drug(s) prescribed to victimPrescription drug(s) not prescribed to victimPrescription drug(s) with unknown prescriptionEvidence 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 reportEvidence 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 administeredUnknown whether naloxone administered Naloxone not administeredTotal number of naloxone doses by first responders/health careTotal number of naloxone doses by layperson(s)Naloxone administered by unknownNaloxone administered by law enforcementNaloxone administered by EMS/fireNaloxone administered by hospital (ED/inpatient)Naloxone administered by other sourceNaloxone 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 witnessedBystander 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 presentBystander 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-otherPresence of pulse on first-responder arrivalFirst 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)AsthmaSleep apneaOther breathing problemHeart diseaseObesityHepatitis CHIV/AIDSHistory of major injuryTreated for pain at time of injuryMigraineBack painOther pain **Prescription information**Use of prescription morphinePrescription morphine narrativePrescribed 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 reasonPrescribed naltrexone Prescribed fentanylNumber 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) |