

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

<p>Case classification SUDORS case SUDORS Case Classification (Automatically generated) No coroner/medical examiner report available</p> <p>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</p> <p>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</p> <p>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</p>	<p>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</p> <p>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</p>
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- 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)

Response to drug overdose (continued)	Medical history
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	Prescription information
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)