This is the data dictionar

Variables
Jurisdiction
Year
Month
Sex
Age_Group
Race
Ethnicity
PT_RES_County_name
PT_RES_County_FIPS
Total_ED_visits
Total_hosp_visits

y for aggregate data tabs (i.e., Jurisdiction_Rpt_ED_dis, County_Rpt_ED_Dis, Jurisdiction_Rpt_HO

Definition
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 up, missing
Eight categories: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific I Multiple Race, Unknown or Missing
Three categories: Hispanic or Latino, Not Hispanic or Latino, Unknown or Missing
Exact name of the County within each jurisdiction (e.g., Adams). *Please exclude the word "county" after the county name (e.g. County"). Note that county is* ***county of patient residence.***
Five character FIPS code for the County within each jurisdication where the first two digits are the state code and the last thre county code (e.g., 12345). *Note that county is* ***county of patient residence.***
The total number of ED visits for each month within the required year that were included in the analysis.
The total number of hospitalizations for each month within the required year that were included in the analysis.

ıty_Rpt_HOSP_Dis).

Describe and provide metadata on discharge data for total ED visits in the current year.

1. Approximately what percent of ED facilities in your state or jurisdiction were included in your analysis? (Enter a percentage such as "80%")

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

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

- < 1 month
- < 3 months
- < 6 months
- < 1 year
- < 2 year
- > 2 year
- Unknown

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

5. 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")

6. Report the percent of all ED visits in this data submission that have no diagnosis codes (e.g., ICD-10-CM). (Enter a percentage such as "5%")

7. Please identify and describe any major issues that impact the quality of data shared during this data submission time period.

Please briefly describe the problem

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

Name:

Email:

Annual discharge data on total ED visits by sex, age group, ra

Jurisdiction	Year	Month	Sex	Age_Group
			Female	0-10
			Female	11-14
			Female	15-24
			Female	25-34
			Female	35-44
			Female	45-54
			Female	55-64
			Female	65-74
			Female	75-84
			Female	85+
			Female	Missing
			Male	0-10
			Male	11-14
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			Male	Missing
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			Missing	85+
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ıce, and ethnicity at the jurisdictional level

Race	Ethnicity	Total_ED_Visits
American Indian or Alaska Native	Hispanic or Latino	
American Indian or Alaska Native	Hispanic or Latino	
American Indian or Alaska Native	Hispanic or Latino	
American Indian or Alaska Native	Hispanic or Latino	
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1) Every row should include a value for Total_ED_visits unless there were no ED visits in that stratum.

2) Any cell with a count of zero ED visits should be left blank/null. Do not enter zeros.

Quarterly hospital discharge data on ED visits by sex, age group, race, and ethnicity at the jurisdictional level

NOTE: Please group ED visits that have an undetermined intent with visits that have an unintentional manner (See Case Definition)

Jurisdiction	Year	Month	Sex	Age_Group	Race	Ethnicity
			Female	0-10	White	Non-Hispanic
			Female	11-14	White	Non-Hispanic
			Female	15-24	White	Non-Hispanic
			Female	25-34	White	Non-Hispanic
			Female	35-44	White	Non-Hispanic
			Female	45-54	White	Non-Hispanic
			Female	55-64	White	Non-Hispanic
			Female	65-74	White	Non-Hispanic
			Female	75-84	White	Non-Hispanic
			Female	85+	White	Non-Hispanic
			Female	Missing	White	Non-Hispanic
			Male	0-10	White	Non-Hispanic
			Male	11-14	White	Non-Hispanic
			Male	15-24	White	Non-Hispanic
			Male	25-34	White	Non-Hispanic
			Male	35-44	White	Non-Hispanic
			Male	45-54	White	Non-Hispanic
			Male	55-64	White	Non-Hispanic
			Male	65-74	White	Non-Hispanic
			Male	75-84	White	Non-Hispanic
			Male	85+	White	Non-Hispanic
			Male	Missing	White	Non-Hispanic

Annual discharge data on total ED visits by county

Jurisdiction	County_name	County_FIPS	Year	Month

Total_ED_visits

NOTES:
1) Every row

2) Any cell w

should include a value for Total_ED_visits unless there were no ED visits in that stratum.

with a count of zero ED visits should be left blank/null. Do not enter zeros.

Describe and provide metadata on discharge data for total hospitalizations in the current year.

1. Approximately what percent of hospitals in your state or jurisdiction were included in your analysis? (Enter a percentage such as "80%")

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

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

☐ < 1 month ☐ < 3 months ☐ < 6 months ☐ < 1 year

☐ < 2 year ☐ > 2 year ☐ Unknown

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

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

6. Report the percent of all hospitalizations in this data submission that have no diagnosis codes (e.g., ICD-10-CM). (Enter a percent such as "5%")

7. Please identify and describe any major issues that impact the quality of data shared during this data submission time period.

Please briefly describe the problem

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

Name:

Email:

Annual discharge data on inpatient hospitalizations by sex, age group, race, and ethnicity at the jurisdictional level

Jurisdiction	Year	Month	Sex	Age_Group	Race	Ethnicity	Total_Hosp_visits
			Female	0-10	American Indian or Alaska Native	Hispanic or Latino	
			Female	11-14	American Indian or Alaska Native	Hispanic or Latino	
			Female	15-24	American Indian or Alaska Native	Hispanic or Latino	
			Female	25-34	American Indian or Alaska Native	Hispanic or Latino	
			Female	35-44	American Indian or Alaska Native	Hispanic or Latino	
			Female	45-54	American Indian or Alaska Native	Hispanic or Latino	
			Female	55-64	American Indian or Alaska Native	Hispanic or Latino	
			Female	65-74	American Indian or Alaska Native	Hispanic or Latino	
			Female	75-84	American Indian or Alaska Native	Hispanic or Latino	
			Female	85+	American Indian or Alaska Native	Hispanic or Latino	
			Female	Missing	American Indian or Alaska Native	Hispanic or Latino	
			Male	0-10	American Indian or Alaska Native	Hispanic or Latino	
			Male	11-14	American Indian or Alaska Native	Hispanic or Latino	
			Male	15-24	American Indian or Alaska Native	Hispanic or Latino	
			Male	25-34	American Indian or Alaska Native	Hispanic or Latino	
			Male	35-44	American Indian or Alaska Native	Hispanic or Latino	
			Male	45-54	American Indian or Alaska Native	Hispanic or Latino	
			Male	55-64	American Indian or Alaska Native	Hispanic or Latino	
			Male	65-74	American Indian or Alaska Native	Hispanic or Latino	
			Male	75-84	American Indian or Alaska Native	Hispanic or Latino	
			Male	85+	American Indian or Alaska Native	Hispanic or Latino	
			Male	Missing	American Indian or Alaska Native	Hispanic or Latino	
			Missing	0-10	American Indian or Alaska Native	Hispanic or Latino	
			Missing	11-14	American Indian or Alaska Native	Hispanic or Latino	
			Missing	15-24	American Indian or Alaska Native	Hispanic or Latino	

			Missing	25-34	American Indian or Alaska Native	Hispanic or Latino	
			Missing	35-44	American Indian or Alaska Native	Hispanic or Latino	
			Missing	45-54	American Indian or Alaska Native	Hispanic or Latino	
			Missing	55-64	American Indian or Alaska Native	Hispanic or Latino	
			Missing	65-74	American Indian or Alaska Native	Hispanic or Latino	
			Missing	75-84	American Indian or Alaska Native	Hispanic or Latino	
			Missing	85+	American Indian or Alaska Native	Hispanic or Latino	
			Missing	Missing	American Indian or Alaska Native	Hispanic or Latino	
			Female	0-10	Asian	Hispanic or Latino	
			Female	11-14	Asian	Hispanic or Latino	
			Female	15-24	Asian	Hispanic or Latino	
			Female	25-34	Asian	Hispanic or Latino	
			Female	35-44	Asian	Hispanic or Latino	
			Female	45-54	Asian	Hispanic or Latino	
			Female	55-64	Asian	Hispanic or Latino	
			Female	65-74	Asian	Hispanic or Latino	
			Female	75-84	Asian	Hispanic or Latino	
			Female	85+	Asian	Hispanic or Latino	

Annual discharge data on inpatient hospitalizations by coun

Jurisdiction	County_name	County_FIPS	Year	Month

ıty

Total_Hosp_visits

NOTES:
1) Every row should include a value for Total_HOSP_visits unless there were no hospita that stratum.

2) Any cell with a count of zero hospital visits should be left blank/null. Do not enter ze

l visits in

ros.

REC_TYPE	JURISDICTION_OCC	JURISDICTION_RES	PT_RES_COUNTY_NAME

PT_RES_COUNTY_FIPS	ADM_DATE	DIS_DATE	SEX	AGE	AGE_UNIT

RACE	ETHNICITY	RACE_ETH_COMBINED	ASOURCE	DISPUNIFORM	PAY1

DX_ALL	**ADM_DX**	**I10_ECAUSEn**	**PROC_ALL**

Variable name	Description
REC_TYPE	Type of record: ED or inpatient hospital record. Please see DOSE Technical Guidance.
JURISDICTION_OCC	The two-digit state abbreviation (e.g., GA) where the overdose **occurred** (i.e., state of ED/ hospital)
JURISDICTION_RES	The two-digit state abbreviation (e.g., GA) of **patient residence**
PT_RES_COUNTY_NAME	Patient **county of residence.** Please enter exact name of the county within each jurisdiction (e.g., Adams). Please exclude the word "county" after the county name (e.g., do not list "Adams County").
PT_RES_COUNTY_FIPS	Five character FIPS code for the patient **county of residence**. The first two digits are the state code, and the last three digits are the county code (e.g., 12345).
ADM_DATE	Date of admission
DIS_DATE	Date of discharge
SEX	Patient sex
AGE	Age at admission in years (if ≥1 year) or months (if <1 year)
AGE_UNIT	Years (for individuals ≥1 year) or months (if <1 year)

RACE	Patient race. **Notes to states:** **1. If race and ethnicity are reported separately, this is preferred, and please fill in both the "RACE" and "ETHNICITY" variables. Otherwise, if a single combined race/ethnicity variable is used, please fill out the RACE_ETH_COMBINED variable.** **2. Please note the inclusion of "Other race" and "Multiple races" categories.**
ETHNICITY	Patient ethnicity (Hispanic or non-Hispanic). **Note to states: If race and ethnicity are reported separately, this is preferred, and please fill in both the "RACE" and "ETHNICITY" variables. Otherwise, if a single combined race/ethnicity variable is used, please fill out the RACE_ETH_COMBINED variable.**
RACE_ETH_COMBINED	Patient race/ethnicity. **Patient race/ethnicity (combined).** **Notes to states:** **1. If a single combined race/ethnicity variable is used, please fill out this variable. (Otherwise, if race and ethnicity are reported separately, please fill in both the "RACE" and "ETHNICITY" variables.)** **2. Please note the inclusion of “Non-Hispanic Other race” and “Non-Hispanic Multiple race” categories.**
ASOURCE	Admission source **(inpatient visits only)**. Please see coding guidance here: See standard values here for HCUP: https://www.hcup-us.ahrq.gov/db/vars/asource/nisnote.jsp
DISPUNIFORM	Discharge status

PAY1	Expected primary payer
DX_ALL	Please enter **all** discharge diagnosis codes (e.g., ICD-10-CM) **in one string variable,** separated by delineators (i.e., ; or ,)
ADM_DX	Admitting diagnosis (required for inpatient admissions; may also be present for ED visits)
I10_ECAUSEn	External cause of injury code
PROC_ALL	Please enter **all** procedure codes (i.e., CPT or HCPCS Level III [outpatient] or ICD-10-PCS [inpatient]) for principal procedure) in one string variable, separated by delineators (i.e., ; or ,)

Character or numeric	Potential values
Numeric	1=ED 2=Inpatient (can include inpatient visits that were admitted via the ED)
Character	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
Character	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
Character	
Numeric	
Numeric	
Numeric	For historical template: Dates between 01/01/2018 and 12/31/2022 For annual template: Dates between 01/01/2023 through 12/31/2027
Numeric	1=Male 2=Female . = Unknown or missing
Numeric	
Numeric	1=Years 2=Months

Numeric	1=White 2=Black or African-American 3=American Indian or Alaska Native 4=Asian 5=Native Hawaiian or Pacific Islander 6=Other race 7=Multiple races . =Unknown or missing
Numeric	1=Hispanic 2=Non-Hispanic . =Unknown or missing
Numeric	1=Non-Hispanic White 2=Non-Hispanic Black or African American 3=Non-Hispanic American Indian or Alaska Native 4=Non-Hispanic Asian 5=Non-Hispanic Native Hawaiian or Pacific Islander 6=Non-Hispanic Other race 7=Non-Hispanic Multiple races 8=Hispanic . = Unknown or missing
Numeric	1=Emergency Department 2=Another hospital 3=Another health facility including long term care 4=Court/Law Enforcement 5=Routine, birth, and other . =Unknown or missing
Numeric	1=Routine 2=Transfer to short-term hospital 5=Transfer other: includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), and another type of facility 6=Home Health Care (HHC) 7=Against medical advice (AMA) 99=Destination unknown . =Unknown or missing

Numeric	1=Medicare 2=Medicaid 3=Private insurance 4=Self-pay 5=No charge 6=Other . = Unknown or missing
Character	Please enter the diagnosis (e.g., ICD-10-CM) codes **for all diagnoses**, either with or without decimals (e.g., T36.0X2A or T360X2A), **with each diagnosis separated by the ; or , delineator. Please list in the order of the diagnoses recorded** (i.e., principal diagnosis first, secondary diagnosis next, etc.). This field allows an unlimited number of dx codes.
Character	Please enter the diagnosis (e.g., ICD-10-CM) code, either with or without decimals (e.g., T36.0X2A or T360X2A).
Character	Please enter the diagnosis (e.g., ICD-10-CM) code for external cause of injury, either with or without decimals (e.g., T36.0X2A or T360X2A).
Character	Please enter the procedure code (e.g., CPT or HCPCS Level II codes [outpatient] or ICD-10-PCS [inpatient]) for **all diagnoses, with each diagnosis separated by the ; or , delineator. Please list in the order of the diagnoses recorded** (i.e., principal procedure first, secondary procedure next, etc.). This field allows an unlimited number of procedure codes.

Format

MM/DD/YYYY

MM/DD/YYYY