

Form Approved

National Violent Death Reporting System (NVDRS):  
OMB No. 0920-0607  
Exp. Date: 7/31/2023

State Unintentional Drug Overdose Reporting System (SUDORS):  
OMB No. 0920-1128  
Exp. Date: 1/31/2023

Public reporting burden of this collection of information is estimated to average 2 hours and 30 minutes per case report, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia, 30333; ATTN: PRA (0920-0449)

Case Classification

1

☒ SUDORS CASE

2

SUDORS Case Classification

(1) SUDORS-Opioid

3

☐ No CME Report Available

\*\*Only to be used if CME report does not exist or if it is not possible to obtain the CME report.

Drug Overdose/Poisoning

4

Type of drug poisoning

Q

Type here to search

5

Time last known alive and well before overdose (Military Time format e.g., 0000-2359, 9999)

HHMM

6

Month

MM

7

Day

DD

8

Year

YYYY

9

Time first found unresponsive (Military time format (e.g., 0000-2359, 9999)

HHMM

10

Month

MM

11

Day

DD

12

Year

YYYY

1. SUDORSCase

2. CaseClassification

3. NoCMEReportAvailable

4. TypeOfPoisoning

5. LastSeenAliveTime

6. LastSeenAliveMonth
7. LastSeenAliveDay

8. LastSeenAliveYear

9. Time\_unresponsive

10. Month\_unresponsive

11. Day\_unresponsive

12. Year\_unresponsive

## Substance Use/Misuse and Treatment History

### 1 Previous drug overdose

Q Type here to search

- 2 ☐ Overdose occurred 0-2 days prior 3 ☐ Overdose occurred 3-7 days prior

### 4 Recent opioid use relapse

Q Type here to search

### 5 Recent emergency department or urgent care visit

Q Type here to search

### Current or past prescription drug misuse or illicit drug use, not including alcohol (Check all that apply)

- 6 ☐ No evidence of current or past drug use/misuse

- 7 ☐ Heroin

- 8 ☐ Prescription opioids

- 9 ☐ Unspecified opioids

- 10 ☐ Fentanyl

- 11 ☐ Cocaine

- 12 ☐ Methamphetamine

- 13 ☐ Benzodiazepines

- 14 ☐ Cannabis (marijuana)

- 15 ☐ Drug use/misuse, substance unspecified

- 16 ☐ Other substance - specify

17

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### 18 Treatment for substance use disorder

Q Type here to search

### Type(s) of substance use disorder treatment (Check all that apply)

- 19 ☐ Inpatient/outpatient rehabilitation

- 20 ☐ Medication-assisted treatment, or MAT (with cognitive/behavioral therapy)

- 21 ☐ Medication-Assisted treatment, or MAT (without cognitive/behavioral therapy)

- 22 ☐ Medication-assisted therapy, or MAT (cognitive/behavioral therapy unknown)

- 23 ☐ Cognitive/behavioral therapy

- 24 ☐ Narcotics Anonymous

- 25 ☐ Other - specify:

26

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- 27 ☐ Involved with criminal justice system (perpetrator)

1. PreviousOverdose

2. Overdose0to2DaysPrior

3. Overdose3to7DaysPrior

4. RecentOpioidUse

5. RecentED

6. HxDrugNoEvidence

7. HxHeroin

8. HxRxOpioid

9. HxAnyOpioid

10. HxFentanyl

11. HxCocaine

12. HxMeth

13. HxBenzo

14. HxCannabis

15. HxUnspecified

16. HxOther

17. HxOtherDescript

18. TreatmentForSubstanceAbuse

19. SubsTx\_rehab

20. SubsTx\_MATcog

21. SubsTx\_MATnocog

22. SubstTx\_MAT

23. SubsTx\_CogTherapy

24. SubsTx\_NA

25. SubsTx\_Other

26. SubsTx\_OtherSpecify

27. InvoleCriminalJustice

## Scene Indications of Drug Use

1 ☐ Any evidence of drug use

2 ☐ No evidence of drug use

3 ☐ Non-specific drug use evidence

4 ☐ Evidence of rapid overdose

5 ☐ Tourniquet still in place

6 Needle Location

7 ☐ Body position consistent with rapid overdose

8 Witness report rapid overdose

9 ☐ Other - Explain:

10

128 character(s) remaining.

1. IndicationsDrugPara
2. IndicationsNone
3. DrugUseEvidence\_NOS
4. HasRapidOverdoseEvidence
5. IsTourniquetAroundArm
6. NeedleLocation
7. BodyPosition
8. RapidOverdoseWitnessReport
9. RapidOverdoseOther
10. RapidOverdoseOtherDescription

## Route of Drug Administration (Check all that apply)

1 ☐ No information on route of administration

2 ☐ Evidence of Injection (Check all that apply)

3 ☐ Track marks on decedent

4 ☐ Tourniquet

5 ☐ Cookers

6 ☐ Needles/Syringe

7 ☐ Filters

8 ☐ Witness Report

9 ☐ Other injection evidence - Specify:

10

128 character(s) remaining.

11 ☐ Evidence of Smoking/Inhalation

12 ☐ Pipes

13 ☐ Tinfoil

14 ☐ Vape pens or e-cigarettes

15 ☐ Bong or Bowl

16 ☐ Witness report

17 ☐ Other smoking evidence - specify

18

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1. RouteUnknown
2. RouteInjection
3. IndicationsTracks
4. HasEvidenceOfInjectionTourniquet
5. HasEvidenceOfInjectionCooker
6. HasEvidenceOfInjectionNeedle
7. HasEvidenceOfInjectionFilter
8. HasEvidenceOfInjectionWitnessReport
9. HasEvidenceOfInjectionOther
10. EvidenceOfInjectionOtherDescription
11. HasRouteSmoking
12. SmokingPipe
13. SmokingTinfoil
14. SmokingVape
15. SmokingBongBowl
16. SmokingWitness
17. SmokingOther
18. SmokingOtherDescript

1 ☐ Evidence of Snorting/Sniffing

2 ☐ Straws

3 ☐ Rolled paper or dollar bills

4 ☐ Razor blades

8 ☐ Other snorting evidence - specify

9

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5 ☐ Powder on table/mirror

6 ☐ Powder on decedent's nose

7 ☐ Witness report

10 ☐ Evidence of Transdermal

11 ☐ Evidence of Ingestion

12 ☐ Evidence of Suppository

13 ☐ Evidence of Sublingual

14 ☐ Evidence of Buccal

Illicit or Prescription Drugs (Check all that apply)

15 ☐ Evidence of unspecified drug type

16 ☐ Evidence of prescription drugs (Check all that apply)

17 ☐ Prescribed to decedent

18 ☐ Not prescribed to decedent

19 ☐ Unknown who prescribed for

Type of evidence of prescription drugs found (Check all that apply)

20 ☐ Pills/Tablets

21 ☐ Patch

22 ☐ Prescription bottle

23 ☐ Liquid

24 ☐ Lozenges/lollipops

25 ☐ Vial

26 ☐ Witness report of prescription use

27 ☐ Evidence of use of prescription fentanyl at scene or by witness report

28 ☐ Other form - Specify:

29

128 character(s) remaining.

30 ☐ Evidence of Illicit drugs (Check all that apply)

31 ☐ Powder

32 ☐ Witness report

33 ☐ Counterfeit pills

34 ☐ Tar

35 ☐ Crystal

36 ☐ Illicit drug packaging

37 ☐ Other illicit drug - Specify:

38

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- |                          |                                       |                                       |
|--------------------------|---------------------------------------|---------------------------------------|
| 1. RouteSnorting         | 14. HasRouteBuccal                    | 27. IsPrescriptionFentanyl            |
| 2. SnortingStraw         | 15. DrugEvidence_NOS                  | 28. IsPrescriptionOther               |
| 3. SnortingRolled        | 16. HasEvidenceOfPrescriptionDrug     | 29. PrescriptionOtherDescription      |
| 4. SnortingRazor         | 17. IsPrescribedToVictim              | 30. IndicationsDrugsatScene           |
| 5. SnortingPowderMirror  | 18. IndicationsRxDrugs                | 31. HasEvidenceOfIllicitPowder        |
| 6. SnortingPowderNose    | 19. IsUnknownWhoPrescribed            | 32. HasEvidenceOfIllicitWitnessReport |
| 7. SnortingWitness       | 20. IsPrescriptionPill                | 33. HasEvidenceOfIllicitCounterfeit   |
| 8. SnortingOther         | 21. IsPrescriptionPatch               | 34. HasEvidenceOfIllicitTar           |
| 9. SnortingOtherDescript | 22. IsPrescriptionBottle              | 35. IsPrescriptionCrystal             |
| 10. HasRouteTransdermal  | 23. IsPrescriptionLiquid              | 36. HasEvidenceOfIllicitPackage       |
| 11. RouteIngestion       | 24. IsPrescriptionLozenge             | 37. IndicationsOther                  |
| 12. RouteSuppository     | 25. IsPrescriptionVial                | 38. IndicationsOtherNarrative         |
| 13. HasRouteSublingual   | 26. HasEvidenceOfInjectionReportRxUse |                                       |

## Response to Drug Overdose

### 1 Bystander present

Q Type here to search

#### Type(s) of bystander(s) present (Check all that apply)

- 2 ☐ Person using drugs  
 3 ☐ Intimate partner  
 4 ☐ Family member/ other family member  
 5 ☐ Friend  
 6 ☐ Stranger  
 7 ☐ Roommate  
 8 ☐ Medical professional  
 9 ☐ Other -specify  
 10   
 128 character(s) remaining.

#### Naloxone

#### Naloxone Administered Or Not

- 18 ☐ Naloxone administered  
 19 ☐ Naloxone not administered  
 20 ☐ Unknown whether naloxone administered

- 35 Total # of naloxone dosages administered by first responders/health care

- 36 Total # of naloxone dosages administered by layperson(s)

### 11 Drug Use Witnessed

Q Type here to search

#### Layperson response other than naloxone administration (Check all that apply)

- 12 ☐ CPR  
 13 ☐ Rescue breathing  
 14 ☐ Sternal rub  
 15 ☐ Stimulation  
 16 ☐ Other - specify  
 17   
 128 character(s) remaining.

#### Who Administered? (Check all that apply)

- 21 ☐ Unknown  
 22 ☐ Law enforcement  
 23 ☐ EMS/fire  
 24 ☐ Hospital staff/health care staff  
 25 ☐ Other-specify  
 26 ☐ Layperson

#### Type of lay-person:

- 27 ☐ Person using drugs  
 28 ☐ Intimate partner  
 29 ☐ Friend  
 30 ☐ Family member/ other family member  
 31 ☐ Roommate  
 32 ☐ Stranger  
 33 ☐ Other-specify  
 34   
 128 character(s) remaining.

#### Presence of pulse on first-responder arrival

37 Q Type here to search

#### First-responder intervention(s) other than naloxone administration (Check all that apply)

- 38 ☐ CPR  
 39 ☐ Rescue breathing  
 40 ☐ Epinephrine administration  
 41 ☐ Transport to ED  
 42 ☐ Provided oxygen  
 43 ☐ Other - specify  
 44   
 128 character(s) remaining.

1. BystandersPresent

2. BystanderUser

3. BystanderPartner

4. BystanderFamily

5. BystanderFriend

6. BystanderStranger

7. BystanderRoommate

8. BystanderMedical

9. BystanderOther

10. BystanderOther\_specify

11. WitnessedDrugUse

12. BystanderCPR

13. BystanderBreathing

14. BystanderSternal

15. BystanderStim

16. BystanderIntOther

17. BystanderIntOther\_specify

18. NaloxoneAdministered

19. IsNaloxoneNotAdmin

20. IsNaloxoneUnknown

21. IsNaloxoneAdminUnknown

22. IsNaloxoneAdminLaw

23. IsNaloxoneAdminEms

24. IsNaloxoneAdminHospital

25. IsNaloxoneAdminOther

26. IsNaloxoneAdminBystander

27. IsNaloxoneWhoPerson

28. IsNaloxoneWhoPartner

29. IsNaloxoneWhoFriend

30. IsNaloxoneWhoOtherFamily

31. IsNaloxoneWhoRoommate

32. IsNaloxoneWhoStranger

33. IsNaloxoneWhoOther

34. NaloxoneWhoOtherDescription

35. NaloxoneTotalResponder

36. NaloxoneTotalBystander

37. HadPulse

38. InterventionCPR

39. InterventionBreathing

40. InterventionEpinephrine

41. InterventionTransport

42. InterventionOxygen

43. InterventionOther

44. InterventionOtherSpecify

If bystander present and no response made or response was delayed (check all reasons for no/delayed response)

- 1 ☐ Did not recognize any abnormalities  
2 ☐ Bystander using substances or drinking alcohol and impaired  
3 ☐ Public space and strangers didn't intervene  
4 ☐ Reported abnormalities but did not recognize as overdose

- 5 ☐ Spatially separated (i.e., different room)  
6 ☐ Unaware that decedent was using substances  
7 ☐ Other -specify

8

128 character(s) remaining.

1. BystanderNotRecognize  
2. BystanderUsing  
3. BystanderPublic  
4. BystanderNoOD

5. BystanderSeparated  
6. BystanderUnaware  
7. BystanderReasonOther  
8. BystanderReasonOther\_specify

## Medical History

- 1 Treated for pain at time of injury

Known medical conditions (Check all that apply)

- 2 ☐ COPD  
3 ☐ Asthma  
4 ☐ Sleep apnea  
5 ☐ Heart disease  
6 ☐ Obesity  
7 ☐ History of major injury

- 8 ☐ Migraine  
9 ☐ Back pain  
10 ☐ Hepatitis C  
11 ☐ HIV/AIDS  
12 ☐ Other pain  
13 ☐ Other breathing problem

1. TreatedforPain  
2. MedHx\_COPD  
3. MedHx\_Asthma  
4. MedHx\_Apnea  
5. MedHx\_Heart

6. MedHx\_Obesity  
7. MedHx\_Injury  
8. MedHx\_Migraine  
9. MedHx\_Backpain

10. MedHx\_hepc  
11. MedHx\_hiv  
12. MedHx\_OtherPain  
13. MedHx\_OtherBreathing

## Prescription Information

### 1 Use of Prescription Morphine

### 2 Prescription Morphine Narrative

Prescription for (check all that apply):

3 ☐ Prescribed Buprenorphine: 4 ☐ Pain 5 ☐ MAT 6 ☐ Unknown reason

7 ☐ Prescribed Methadone: 8 ☐ Pain 9 ☐ MAT 10 ☐ Unknown reason

11 ☐ Prescribed Naltrexone

12 ☐ Prescribed Fentanyl

Optional:

13 Number of opioid prescriptions in the 30 days preceding injury

14 Number of pharmacies dispensing opioids to decedent in 180 days preceding injury

15 Number of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury

- |                                  |                                 |
|----------------------------------|---------------------------------|
| 1. PrescriptionMorphine          | 9. RxMethadone_MAT              |
| 2. PrescriptionMorphineNarrative | 10. RxMethadone_unknown         |
| 3. RxBuprenorphine               | 11. RxNaltrexone                |
| 4. RxBuprenorphine_pain          | 12. FentanylRx                  |
| 5. RxBuprenorphine_MAT           | 13. NumScripsPast30Days         |
| 6. RxBuprenorphine_unknown       | 14. NumPharmaciesPast30Days     |
| 7. RxMethadone                   | 15. NumDoctorsPrescribing30Days |
| 8. RxMethadone_pain              |                                 |