

Attachment F-SUDORS Cross
Form

Case classification section

Drug Overdose/Poisoning
section

Substance Use/Misuse and
Treatment section

Scene Indications of Drug

Use section

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Response to Drug
Overdose section

Prescription information
section

s Table Changes

Previous Questions/Items

1. SUDORSCase

1. **TypeOfPoisoning:** Overdose related to substance abuse; Victim unintentionally takes a drug or wrong dosage; Overmedication; Took prescribed dosage; Other, please add information to narrative; Unknown
2. **LastSeenAliveTime:** military time format (e.g., 0000-2359)
3. **LastSeenAliveMonth:** 2-digit month number
4. **LastSeenAliveDay:** 2-digit day number
5. **LastSeenAliveYear:** 4-digit year

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1. **PreviousOverdose:** No previous overdose reported; Previous OD within the last month; Previous OD occurred between a month and a year ago; Previous OD occurred more than a year ago; Previous OD, timing unknown
 2. **TreatForSubstanceAbuse:** No treatment; Current treatment; No current treatment but treated in the past
 3. **HistoryOpioid:** None; Current or past abuse of prescription opioids; Current or past abuse of heroin; Current or past abuse of both prescription opioids and heroin; History of substance abuse noted, specific substances unknown
 4. **RecentOpioidUse:** No evidence; Relapse occurred <2 weeks of overdose; Relapse occurred >2 weeks and <3 months; Relapse mentioned, timing unclear
 5. **RecentED:** -No evidence of ED visit within last year before death; ED visit within the last month before; ED visit between one and three months before death; ED visit between three and six months before death; ED visit between six months and one year before death; Recent ED visit noted, timing unknown
 6. **Inpatient/outpatientRehabilitation**
 7. **MedicationAssistedTreatment(WithCognitive/BehavioralTherapy)**
 8. **MedicationAssistedTreatment(WithoutCognitive/BehavioralTherapy)**
 9. **MedicationAssistedTreatment(Cognitive/BehavioralTherapyUnknown)**
 10. **Cognitive/BehavioralTherapy**
 11. **NarcoticsAnonymous**
 12. **OtherSubstanceAbuseTreatment**
 13. **OtherSubstanceAbuseTreatment-specify**
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Checkbox fields (unless otherwise specified)

- 1b. **NoEvidenceDrugUse**
2. **UnknownRouteDrugAdministration**
3. **EvidenceInjection**
 - 3a. **HasEvidenceOfTrackMarks**
 - 3b. **HasEvidenceOfInjectionTourniquet**
 - 3c. **HasEvidenceOfInjectionCooker**
 - 3d. **HasEvidenceOfInjectionOther**
 - 3e. **HasEvidenceOfInjectionNeedle**
 - 3f. **HasEvidenceOfInjectionFilter**
 - 3g. **HasEvidenceOfInjectionWitnessReport**
4. **HasRapidOverdoseEvidence**
 - 4a. **IsTourniquetAroundArm**
 - 4b. **NeedleLocation:** No evidence, Needle inserted, Needle in hand, Needle close to body
 - 4c. **RapidOverdoseWitnessReport**
 - 4d. **RapidOverdoseOther**
- 4e. **BodyPosition**
5. **HasEvidenceOfSnortingSniffing**
6. **HasEvidenceOfSmoking**
7. **HasEvidenceOfTransdermal**
8. **HasEvidenceOfIngestion**
9. **HasEvidenceOfSuppository**

10. HasEvidenceOfSublingual
11a. IsPrescribedToVictim
11b. IsNotPrescribedToVictim
11c. IsUnknownWhoPrescribed
11d. IsPrescriptionPill
11e. IsPrescriptionBottle
11f. IsPrescriptionLozenge
11g. HasEvidenceOfWitnessReportRxUse
11h. IsPrescriptionOther
11i. IsPrescriptionPatch
11j. IsPrescriptionLiquid
11k. IsPrescriptionVial
12. HasEvidenceOfIllicitDrugs
12a. HasEvidenceOfIllicitPowder
12b. HasEvidenceOfIllicitWitnessReport
12c. IsPrescriptionCounterfeit
12d. HasEvidenceOfIllicitTar
12e. HasEvidenceOfIllicitCrystal
12f. IndicationsOther
12g. HasEvidenceOfIllicitPackage
13. HasRouteBuccal
14. IsPrescriptionFentanyl

1. **BystandersPresent**: drop down
 - 1a. **BystanderUser**
 - 1b. **BystanderPartner**
 - 1c. **BystanderFamily**
 - 1d. **BystanderFriend**
 - 1e. **BystanderStranger**
 - 1f. **BystanderRoommate**
 - 1g. **BystanderMedical**
 - 1h. **BystanderOther**
2. **WitnessedDrugUse**: No; Yes; Unknown
 - 3a. **BystanderCPR**
 - 3b. **BystanderBreathing**
 - 3c. **BystanderSternal**
 - 3d. **BystanderStim**
 - 3e. **BystanderIntOther**
4. **NaloxoneAdministered**: checkbox
5. **IsNaloxoneNotAdmin**: check box
6. **IsNaloxoneUnknown**: check box
7. **NaloxoneTotalResponder**: check box
8. **NaloxoneTotalBystander**: check box
9. **IsNaloxoneAdminLaw**: check box
10. **IsNaloxoneAdminEms**: check box
11. **IsNaloxoneAdminHospital**: check box
12. **IsNaloxoneAdminOther**: check box
13. **IsNaloxoneAdminBystander**: check box

- 14. **IsNaloxoneWhoPerson**: check box
- 15. **IsNaloxoneWhoPartner**: check box
- 16. **IsNaloxoneWhoStranger**: check box
- 17. **IsNaloxoneWhoOther**: check box
- 18. **IsNaloxoneWhoFriend**: check box
- 19. **IsNaloxoneWhoRoommate**: check box
- 20. **IsNaloxoneWhoOtherFamily**: check box
- 21a. **MedHx_COPD**
- 22b. **MedHx_Asthma**
- 22c. **MedHx_Apnea**
- 22d. **MedHx_Heart**
- 22e. **MedHx_Obesity**
- 22f. **MedHx_HepC**
- 22g. **MedHx_HIV**
- 22h. **MedHx_Injury**
- 22i. **MedHx_Migraine**
- 22j. **MedHx_BackPain**
- 22k. **MedHx_OtherPain**
- 22l. **MedHx_OtherBreathing**
- 23. **BystanderNotRecognize**
- 24. **BystanderUsing**
- 25. **BystanderPublic**
- 26. **BystanderNoOD**
- 27. **BystanderSeparated**
- 28. **BystanderUnaware**
- 29. **BystanderReasonOther**

- 30a. **FirstResponderCPR**
- 30b. **FirstResponderBreathing**
- 30c. **FirstResponderEpinephrine**
- 30d. **FirstResponderED**
- 30e. **FirstResponderOxygen**
- 30f. **FirstResponderOther**
- 30. **PresenceOfPulseOnArrival**: Victim had pulse, victim did not have pulse, unknown whether victim had pulse

1. **PrescriptionMorphine:** None; Evidence of morphine prescription dispensed within last 30 days; Prescription morphine found at the scene (vials or tablets); Both prescription and scene evidence of morphine prescription; Other evidence (include in narrative)
 2. **MorphineNarrative:** open-text field
 3. **IndicationsBuprenorphine:** check box for prescribed buprenorphine/methadone [replaces equivalent field that was previously in the Scene Indications of Drug Use section]
 4. **FentanylRx**
 5. **NumScriptsPast30Days:** open numeric field
 6. **NumPharmaciesPast30Days:** open numeric field
 7. **NumDoctorsPrescribing30Days:** open numeric field
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Updated Questions/Items

Establish separate section

Retain original field

1. **SUDORSCase**

Add new field: auto-populating

2. **CaseClassification** (options: SUDORS-opioid, SUDORS-non-opioid, SUDORS-drugs not specified, non-SUDORS)

Add new field: checkbox

3. NoCMEReportAvailable

Retain original fields

1. **TypeOfPoisoning**: Overdose related to substance abuse; Victim unintentionally takes a drug or wrong dosage; Overmedication; prescribed dosage; Other, please add information to narrative; Unknown

2. **LastSeenAliveTime**: military time format (e.g., 0000-2359)

3. **LastSeenAliveMonth**: 2-digit month number

4. **LastSeenAliveDay**: 2-digit day number

5. **LastSeenAliveYear**: 4-digit year

Add new fields: date/time

6. **Time_unresponsive**: military time format (e.g., 0000-2359)

7. **Month_unresponsive**: 2-digit month number

8. **Day_unresponsive**: 2-digit day number

9. **Year_unresponsive**: 4-digit year

Retain original fields

1, 2, 4 to 13

Drop one field

3. HistoryOpioid

Add new fields: checkbox

14. Overdose0to2DaysPrior

15. Overdose3to7DaysPrior

16. HxDrugNoEvidence

17. HxHeroin

18. HxRxOpioid

19. HxAnyOpioid

20. HxFentanyl

21. HxCocaine

22. HxMeth

23 HxBenzo

24. HxCannabis

25. HxUnspecified

26. HxOther

27. HxOtherDescript

28. InvolCriminalJustice

Retain original fields

1a to 14

Add new fields: checkbox

15. DrugUseEvidence - NOS

5a. SnortingStraw

5b. SnortingRolled

5c. SnortingRazor

5d. SnortingPowderMirror

5e. SnortingPowderNose

5f. SnortingWitness

5g. SnortingOther

5h. SnortingOtherDescript

6a. SmokingPipe

6b. SmokingTinfoil

6c. SmokingVape

6d. SmokingBongBowl

6e. SmokingWitness

6f. SmokingOther

6g. SmokingOtherDescript

Retain original fields
1 to 31

Retain original fields

1. **PrescriptionMorphine**: None; Evidence of morphine prescription dispensed within last 30 days; Prescription morphine found (vials or tablets); Both prescription and scene evidence of morphine prescription; Other evidence (include in narrative)
2. **MorphineNarrative**: open-text field
4. **FentanylRx**
5. **NumScriptsPast30Days**: open numeric field
6. **NumPharmaciesPast30Days**: open numeric field
7. **NumDoctorsPrescribing30Days**: open numeric field

Drop one field (replaced by others below)

3. **IndicationsBuprenorphine**

Add new fields: checkbox

8. **RxBuprenorphine**
 9. **RxBuprenorphine_pain**
 10. **RxBuprenorphine_MAT**
 11. **RxBuprenorphine_unknown**
 12. **RxMethadone**
 13. **RxMethadone_pain**
 14. **RxMethadone_MAT**
 15. **RxMethadone_unknown**
 16. **RxNaltrexone**
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