

Non-substantive Change Request
OMB Control Number 0920-0607
State Unintentional Drug Overdose Reporting System (SUDORS)
Date Submitted: 03/04/2025

Summary of request: CDC/NCIPC is requesting a change request to revise questions to align with EO 14168 *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*.

Description of Changes Requested: This request updates sex questions used in the State Unintentional Drug Overdose Reporting System (SUDORS) to be in accordance with EO 14168. Please check the boxes below if your request includes:

- x Revision of an existing question(s)
- x Deletion of an existing question(s)

CDC will be changing the current Gender/Sex question to:

What is your Sex?

- **Male**
- **Female**
- **Unknown**
- **Missing Value [Null]**

CDC will be removing the checkbox to indicate that a person who died of drug overdose identified as transgender:

Transgender

Before deletion of question:

Demographics, Race, Ethnicity

Basic Demographics

Person type

Q

Type here to search

Day of birth

##

Last 4 of CME

First initial of last name

[A-Z]

Last 4 of DC

Sex

Q

Type here to search

Transgender

Age

###

Age unit

Q

Type here to search

Height Feet

Q

Type here to search

Height Inches

Q

Type here to search

Weight (lbs)

###

Race & Ethnicity

Check all that apply

White

Black or African American

Asian

Asian Indian

Chinese

Filipino

Japanese

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

American Indian or Alaska Native

Other Race

Unspecified Race

Hispanic/Latino/Spanish

Q

Type here to search

Extended Demographics

Marital status

Q

Type here to search

Relationship Status

Q

Type here to search

Sex of Partner

Q

Type here to search

Victim was pregnant

Q

(8) Not applicable

Sexual Orientation

Q

Type here to search

Current or former military personnel

Q

Type here to search

After deletion of question, with updated response options for revision of question:

Demographics, Race, Ethnicity

Basic Demographics

Person type

Q

Type here to search

Day of birth

##

Last 4 of CME

First initial of last name

[A-Z]

Last 4 of DC

Sex

Q

Type here to search

Age

7

Age unit

8

Height Feet

9

Height Inches

10

Weight (lbs)

11

Race & Ethnicity

Check all that apply

White

Black or African American

Asian

Asian Indian

Chinese

Filipino

Japanese

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Other Pacific Islander

American Indian or Alaska Native

Other Race

Unspecified Race

Hispanic/Latino/Spanish

Q

Type here to search

Extended Demographics

Marital status

Q

Type here to search

Relationship Status

Q

Type here to search

Sex of Partner

Q

Type here to search

Victim was pregnant

Q

(8) Not applicable

Sexual Orientation

Q

Type here to search

Current or former military personnel

Q

Type here to search

Sex drop-down

Sex

Q

Type here to search

Age

1

Id

2

Name

U

Description

Male

Female

Unknown

Description of these actions could also be included in the Table at the bottom of this document.

Description of Changes to Burden (if applicable): N/A. There is no change in Burden Hours associated with the modifications made to comply with EO 14168.

Other Considerations (optional): CDC can include other aspects associated with the submission of this Non-Substantive Change Request here (*e.g., timing sensitivities, implementation requirements, etc.,*).

Table A: Description of Changes (optional, helpful if multiple changes to multiple forms):	Type of Change	Question/Item	Requested Change
Form 1	Question Revision	Sex	Drop option of “X” to leave response options of “Male,” “Female,” “Unknown,” or blank/missing
Form 2	Question Deletion	Transgender	Remove checkbox to indicate transgender identification of decedents