

Attachment D

SUDORS Data Elements

There are no standard paper data collection forms to be used by participating health departments because the health departments will be abstracting information from electronic or paper vital statistics or medical examiner or coroner (ME/C) records into the National Violent Death Reporting System (NVDRS) web-based data system. This is a list of data elements that the 51 public health departments participating in SUDORS (50 states, District of Columbia) must abstract. Specifically, participating health departments must abstract from death certificates and ME/C reports: 1) key injury data elements and toxicology findings (See Table 1) and 2) data elements that describe circumstances specific to drug overdose deaths (See Table 2). There are a few data elements marked optional that participating health departments may or may not choose to collect.

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
Manner of death per LE (Optional)
Person type
Age
Age unit
Sex
White
Black or African American
Asian
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Asian
Native Hawaiian or Pacific Islander
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
American Indian or Alaskan Native
Other Race
Unspecified Race
Hispanic/Latino/Spanish
Country of residence
State of residence
County of residence
City of residence
Zip code of residence

Victim information (Continued)

Date of death
State or territory of death
County 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
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)
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

US Census block group of residence (Optional)
 US Census tract of residence (Optional)
 Birth state, territory, or country
 Birth country, if other
 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

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 use/misuse treatment
 Current treatment for mental health problem
 Current treatment for substance use/misuse problem
 Ever treated for mental health or substance use/misuse problem
 Ever treated for mental health problem
 Ever treated for substance use/misuse problem
 Non-adherence to mental health/substance abuse treatment
 Non-adherence to treatment for mental health problem
 Non-adherence to treatment for substance use/misuse problem
 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

Case classification	Scene indications of drug abuse (continued)
SUDORS case	Evidence of prescription drugs at scene (continued)
SUDORS Case Classification (Automatically generated)	Liquid at scene
No information on context surrounding the overdose death	Lozenges/lollipops at scene
Drug overdose/poisoning	Prescription vial at scene
Type of drug poisoning	Witness report of prescription drug use
Date last known alive before overdose	Other evidence of prescription drug use
Time last known alive before overdose	Evidence of use of prescription fentanyl at scene or by witness report
Date found unresponsive	Evidence of illegal drug use
Time found unresponsive	Powder at scene
Substance use/misuse and treatment history	Witness report of illegal drug use
Previous drug overdose	Counterfeit pills at scene
Previous overdose occurred 0-2 days prior	Tar at scene
Previous overdose occurred 3-7 days prior	Crystal at scene
Recent return to use of opioids	Evidence of illegal drug packaging
Recent return to use of non-opioid or unspecified substance(s)	Other illegal drug evidence
Cocaine	Response to drug overdose
Methamphetamine	Naloxone administered
Benzodiazepines	Unknown whether naloxone administered
Unspecified	Naloxone not administered
Other non-opioid return to use - specify	Total number of naloxone doses by first responders/health care
Recent emergency department or urgent care visit	Total number of naloxone doses by layperson(s)
Treatment for substance use disorder	Naloxone administered by unknown
Inpatient/outpatient rehabilitation	Naloxone administered by law enforcement
Medications for opioid use disorder, or MOUD	Naloxone administered by EMS/fire
Cognitive/behavioral therapy	Naloxone administered by hospital (ED/inpatient)
Narcotics Anonymous	Naloxone administered by other source
Other type of substance use disorder treatment	Naloxone administered by layperson
Involved with criminal justice system (perpetrator)	Layperson was person using drugs
No evidence of current or past drug use/misuse	Layperson was intimate partner
Heroin use history	Layperson was friend
Prescription opioid misuse history	Layperson was coworker
Unspecified opioid use/misuse history	Layperson was other family
Fentanyl use history	Layperson was roommate
Cocaine use history	Layperson was a stranger
Methamphetamine use history	Other type of layperson
Benzodiazepine misuse history	Drug use witnessed
Cannabis (marijuana) use history	Bystander present at overdose
Drug use/misuse, substance unspecified	Person using drugs present as bystander
Other drug use/misuse history	Intimate partner present as bystander
Evidence of drug use	Other family present as bystander
Any evidence of drug use at scene	Friend present as bystander
No evidence of drug use	Coworker present as bystander
Non-specific drug use evidence	Stranger present as bystander
Evidence of rapid overdose	Roommate present as bystander
Tourniquet around arm	Medical professional present as bystander
Body position consistent with rapid overdose	Unknown type of bystander present
Needle location	Other type of bystander present
Witness report of rapid overdose	Layperson response other than naloxone
Other evidence of rapid overdose	CPR performed during response
No information on route of administration	Rescue breathing during response
Evidence of injection drug use	Sternal rub during response
Track marks on victim	Stimulation during response
Needles/syringes at scene	

Tourniquet at scene
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

Other type of layperson response

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)	Diagnosed hypertension
Bystander was unaware that decedent was using drugs	Obesity
Bystander was asleep	Hepatitis C
No response-other	HIV/AIDS
Presence of pulse on first-responder arrival	Diabetes
First responders responses excluding administering naloxone	History of major injury
CPR	Treated for pain at time of injury
Rescue breathing	Migraine
Epinephrine administered	Back pain
Transport to ED performed	Other pain
Provided oxygen	Prescription information
Other first-responder intervention	Use of prescription morphine
	Prescription morphine narrative
	Prescribed buprenorphine
	Prescribed buprenorphine for pain
	Prescribed buprenorphine for MOUD
	Prescribed buprenorphine for unknown reason
	Prescribed methadone
	Prescribed methadone for pain
	Prescribed methadone for MOUD
	Prescribed methadone for unknown reason
	Prescribed naltrexone
	Prescribed methadone for alcohol use
	Prescribed methadone for MOUD
	Prescribed methadone for unknown reason
	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)