

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	Victim information (Continued)
Incident type	Date of death
Incident category (Automatically generated)	State or territory of death
Case status: Incident follow-up or complete	County of Death
Number of source documents in incident (Optional)	Immediate cause of death text
Number of persons in incident	Cause leading to immediate cause of death text
Number of weapons in incident	Next antecedent cause of death text
Date supervisor checked incident (Optional)	Underlying cause of death text
Date supervisor rechecked incident (Optional)	Other significant conditions contributing to death
Narrative of the incident	How injury occurred
Data sources used for case abstraction (Optional)	Underlying cause of death ICD-10 code
Abstractor name (Optional)	ICD10 4th (character)
Document notes	ICD10 5th (character)
Document type (Optional)	Autopsy performed
Source agency requested from (Optional)	State or territory where injury occurred
Date record requested (Optional)	County where injury occurred (FIPS code)
Date record re-requested (Optional)	City where injury occurred (FIPS code)
Date record received (Optional)	Date of injury
Date record abstracted/imported (Optional)	Time of injury
Date entered data checked (Optional)	Type of location where injured
Document determined to be unavailable (Optional)	Injured at work
Document notes field (Optional)	Injured at victim's home
Victim information	US Census block group of injury (Optional)
Abstractor assigned manner of death	US Census tract of injury (Optional)
Manner of death on death certificate	Survival time no. of units
Manner of death per coroner/medical examiner	Unit of time used in survival time
Manner of death per LE (Optional)	Education by degree
Person type	Number years of education
Age	Usual occupation code
Age unit	Usual occupation text
Sex	Current occupation text
White	Kind of business/industry code
Black or African American	Usual industry text
Asian	Multiple conditions cause of death codes on death certificate 1-10
Asian Indian	Height
Chinese	Weight
Filipino	Sexual orientation
Japanese	Recent release from an institution
Korean	ZIP code of injury
Vietnamese	EMS at scene
Other Asian	Homeless status
Native Hawaiian or Pacific Islander	Housing instability
Native Hawaiian	Victim in custody when injured
Guamanian or Chamorro	Day of birth (Optional)
Samoan	First initial of last name (Optional)
Other Pacific Islander	Last 4 digits of coroner/medical examiner report number (Optional)
American Indian or Alaskan Native	Last 4 digits of death certificate number (Optional)
Other Race	Children present and/or witnessed fatal injury
Unspecified Race	Alcohol use suspected when injured
Hispanic/Latino/Spanish	
Country of residence	Toxicology
State of residence	Toxicology information unavailable
County of residence	No substance(s) given as cause of death
City of residence	Date specimens were collected
Zip code of residence	

US Census block group of residence (Optional)	Time specimens were collected
US Census tract of residence (Optional)	Name of substance
Birth state, territory, or country	Category of substance (Automatically generated)
Birth country, if other	Code for substance (Automatically generated)
Current or former military personnel	Toxicologic test performed to detect the substance
Marital status	Results of toxicologic test for the substance
Relationship status	Substance contributed to death
Sex of partner	Person for whom substance was prescribed
Victim was pregnant	
Place of death	
Place of death, if other	
Date pronounced dead	

Table 1: SUDORS key injury and toxicology data elements (continued)

Summary toxicology	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)
Testing for alcohol	Circumstances available from Coroner/Medical Examiner
Alcohol test results	Current depressed mood
Blood alcohol concentration results	Current diagnosed mental health problem
Testing for amphetamines	Type of first mental illness diagnosed
Amphetamine test results	Type of second mental illness diagnosed
Testing for antidepressants	Other mental health diagnosis
Antidepressant test results	Current mental health/substance use/misuse treatment
Testing for cocaine	Current treatment for mental health problem
Cocaine test results	Current treatment for substance use/misuse problem
Testing for marijuana	Ever treated for mental health or substance use/misuse problem
Marijuana test results	Ever treated for mental health problem
Testing for opiate(s)	Ever treated for substance use/misuse problem
Opiate test results	Non-adherence to mental health/substance abuse treatment
Testing for anticonvulsants	Non-adherence to treatment for mental health problem
Anticonvulsants test results	Non-adherence to treatment for substance use/misuse problem
Testing for antipsychotic	Alcohol problem
Antipsychotic test results	Other substance abuse problem
Testing for barbiturates	Other addiction
Barbiturates test results	History of traumatic brain injury
Testing for benzodiazepines	Disaster exposure
Benzodiazepines test results	Person left a suicide note
Testing for muscle relaxants	Recently disclosed suicidal thoughts/plans
Muscle relaxants test result	Disclosed suicidal intent to whom
Testing for carbon monoxide	History of suicide attempts
Carbon monoxide results	History of expressed suicidal thoughts or plans
Carbon monoxide source, if present	History of non-suicidal self-injury/self-harm
Toxicology Comments	Suicide of friend or family (Optional) [^]
Hospital information	Other crisis in past two weeks or upcoming two weeks
Victim seen in ED	Non-suicide death of friend or family (Optional) [^]
Victim admitted to inpatient care	Contributing physical health problem (Optional) [^]
First external cause of injury code from hospital (Optional)	Intimate partner violence (Optional) [^]
Second external cause of injury code from hospital (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	
Methamphetamine	
Benzodiazepines	
Unspecified	
Other non-opioid return to use - specify	
Recent emergency department or urgent care visit	Response to drug overdose
Treatment for substance use disorder	Naloxone administered
Inpatient/outpatient rehabilitation	Unknown whether naloxone administered
Medications for opioid use disorder, or MOUD	Naloxone not administered
Cognitive/behavioral therapy	Total number of naloxone doses by first responders/health care
Narcotics Anonymous	Total number of naloxone doses by layperson(s)
Other type of substance use disorder treatment	Naloxone administered by unknown
Involved with criminal justice system (perpetrator)	Naloxone administered by law enforcement
No evidence of current or past drug use/misuse	Naloxone administered by EMS/fire
Heroin use history	Naloxone administered by hospital (ED/inpatient)
Prescription opioid misuse history	Naloxone administered by other source
Unspecified opioid use/misuse history	Naloxone administered by layperson
Fentanyl use history	Layperson was person using drugs
Cocaine use history	Layperson was intimate partner
Methamphetamine use history	Layperson was friend
Benzodiazepine misuse history	Layperson was coworker
Cannabis (marijuana) use history	Layperson was other family
Drug use/misuse, substance unspecified	Layperson was roommate
Other drug use/misuse history	Layperson was a stranger
Evidence of drug use	Other type of layperson
Any evidence of drug use at scene	Drug use witnessed
No evidence of drug use	Bystander present at overdose
Non-specific drug use evidence	Person using drugs present as bystander
Evidence of rapid overdose	Intimate partner present as bystander
Tourniquet around arm	Other family present as bystander
Body position consistent with rapid overdose	Friend present as bystander
Needle location	Coworker present as bystander
Witness report of rapid overdose	Stranger present as bystander
Other evidence of rapid overdose	Roommate present as bystander
No information on route of administration	Medical professional present as bystander
Evidence of injection drug use	Unknown type of bystander present
Track marks on victim	Other type of bystander present
Needles/syringes at scene	Layperson response other than naloxone
	CPR performed during response
	Rescue breathing during response
	Sternal rub during response
	Stimulation during response

Tourniquet at scene	Other type of layperson response
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	

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	
Other first-responder intervention	
Prescription information	
	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)