

National Violent Death Reporting System (SUDORS)  
OMB Control No. 0920-0607  
Exp. Date: 8/31/2028

State Unintentional Drug Overdose Reporting System (SUDORS)  
OMB Control No. 0920-1128  
Exp. Date: 2/28/2026

The public reporting burden of this collection of information is estimated to average 30 minutes per response, 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 Reports Clearance Officer; 1 600 Clifton Road NE, MS H21 -8 , Atlanta, Georgia 3 03 3 3 ATTN+ PRA (0920 -1128).

## **Attachment E**

### **SUDORS Web-based Data Entry (Screenshots of System)**

#### **Introduction**

**This document displays the screens that abstractors used to enter required data elements on all of the tabs within the web-based platform SUDORS shares with the National Violent Death Reporting System (NVDRS). The variable name associated with each data entry field is provided to help interpret and analyze data. New fields are highlighted in red and their corresponding variable names are also highlighted, and changes are described for each section. This document begins with data elements contained within the OD (“Overdose”) tab, which is unique to SUDORS, followed by all of the other tabs that SUDORS shares with NVDRS.**

## OD Tab

- Injury and Death
- Circumstances
- Weapon(s)
- Suspect(s)
- Toxicology
- OD
- IPV
- CFR
- SAVD
- PSOS

### Case Classification

1 ☒ SUDORS CASE

\*\*Unintentional or undetermined intent opioid or non-opioid drug overdose death

SUDORS Case Classification

2 (1) SUDORS-Opioid

3 ☐ No information on context surrounding the overdose death or decedent history (from a source other than the death certificate)

### Drug Overdose/Poisoning

Type of drug overdose/poisoning

4

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

5 HHMM

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

9 HHMM

Date last known alive and well before overdose

6 MM 7 DD 8 YYYY

Date found unresponsive

10 MM 11 DD 12 YYYY

- |                         |                        |
|-------------------------|------------------------|
| 1. SUDORSCase           | 7. LastSeenAliveDay    |
| 2. CaseClassification   | 8. LastSeenAliveYear   |
| 3. NoCMEReportAvailable | 9. Time_unresponsive   |
| 4. TypeOfPoisoning      | 10. Month_unresponsive |
| 5. LastSeenAliveTime    | 11. Day_unresponsive   |
| 6. LastSeenAliveMonth   | 12. Year_unresponsive  |

**Changes to Case Classification and Drug Overdose/Poisoning sections:** None

**Substance Use/Misuse and Treatment History**

Previous drug overdose

1

2 ☐ Overdose occurred 0-2 days prior

3 ☐ Overdose occurred 3-7 days prior

Recent return to use of opioids

4

Recent return to use of non-opioid or unspecified substance(s), excluding alcohol

5

6 ☐ Cocaine

7 ☐ Methamphetamine

8 ☐ Benzodiazepines

9 ☐ Unspecified

10 ☐ Other non-opioid return to use - specify:

11

Recent emergency department contact

12

**Substance Use History: Prescription drug misuse or illegal drug use, excluding alcohol**

Current or past use - do not endorse based solely on fatal overdose (Check all that apply)

13 ☐ No evidence of current or past drug use/misuse

14 ☐ Heroin

15 ☐ Prescription opioids

16 ☐ Unspecified opioids

17 ☐ Fentanyl

18 ☐ Cocaine

19 ☐ Methamphetamine

20 ☐ Benzodiazepines

21 ☐ Cannabis (marijuana)

22 ☐ Drug use/misuse, substance unspecified

23 ☐ Other evidence of current or past drug use/misuse - specify:

24

Treatment for substance use disorder, excluding alcohol

25

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

26 ☐ Inpatient/outpatient rehabilitation

27 ☐ Medications for opioid use disorder, or MOUD

28 ☐ Cognitive/behavioral therapy

29 ☐ Narcotics Anonymous

30 ☐ Other substance use disorder treatment - specify:

31

32 ☐ Involved with criminal justice system (perpetrator)

1. PreviousOverdose	12. RecentED	23. HxOther
2. Overdose0to2DaysPrior	13. HxDrugNoEvidence	24. HxOtherDescript
3. Overdose3to7DaysPrior	14. HxHeroin	25. TreatmentforSubstanceAbuse
4. RecentOpioidUse	15. HxRxOpioid	26. SubstTx_rehab
5. RecentNonOpioidUse	16. HxAnyOpioid	27. SubstTx_MOUD
6. NonOpioidCocaine	17. HxFentanyl	28. SubstTx_CogTherapy
7. NonOpioidMethamphetamine	18. HxCocaine	29. SubstTx_NA
8. NonOpioidBenzodiazepines	19. HxMeth	30. SubstTx_Other
9. NonOpioidUnspecified	20. HxBenzo	31. SubstTx_OtherSpecify
10. NonOpioidOther	21. HxCannabis	32. InvolveCriminalJustice
11. NonOpioidOtherDesc	22. HxUnspecified	

### Changes to Substance Use/Misuse and Treatment History section:

- 5 data elements added to capture information about decedent's recent return to use of non-opioid substances to capture additional substances that may influence overdose risk (#5-11)
- 3 data elements (formerly medication-assisted treatment [MAT] with cognitive behavioral therapy, MAT without cognitive behavioral therapy, and MAT with cognitive behavioral therapy unknown) collapsed to 1 element for medications for opioid use disorder (MOUD)

## Evidence of Drug Use

1 ☐ Any evidence of drug use

2 ☐ No evidence of drug use

3 ☐ Non-specific drug use evidence

4   
128 character(s) remaining.

5 ☐ Evidence of rapid overdose

6 ☐ Tourniquet still in place

8 ☐ Body position consistent with rapid overdose

7 Needle Location

Type here to search

9 Witness report rapid overdose

Type here to search

10 ☐ Other - Explain:

11   
128 character(s) remaining.

1. IndicationsDrugPara

2. IndicationsNone

3. DrugUseEvidence\_NOS

4. DrugUseEvidence\_NOSDescription

5. HasRapidOverdoseEvidence

6. IsTourniquetAroundArm

7. NeedleLocation

8. BodyPosition

9. RapidOverdoseWitnessReport

10. RapidOverdoseOther

11. 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   
128 character(s) remaining.

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   
128 character(s) remaining.

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

### Illegal or Prescription Drugs (Check all that apply)

15 ☐ Evidence of unspecified drug type

16   
128 character(s) remaining.

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

18 ☐ Prescribed to decedent

19 ☐ Not prescribed to decedent

20 ☐ Unknown who prescribed for

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

21 ☐ Pills/Tablets

22 ☐ Patch

23 ☐ Prescription bottle

24 ☐ Liquid

25 ☐ Lozenges/lollipops

26 ☐ Vial

27 ☐ Witness report of prescription use

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

29 ☐ Unspecified prescription drug evidence

30 ☐ Other form - Specify:

31   
128 character(s) remaining.

32 ☐ Evidence of illegal drugs (Check all that apply)

33 ☐ Powder

34 ☐ Witness report

35 ☐ Counterfeit pills

36 ☐ Tar

37 ☐ Crystal

38 ☐ Illegal drug packaging

39 ☐ Other illegal drug - Specify:

40   
128 character(s) remaining.

- |                          |                                       |                                       |
|--------------------------|---------------------------------------|---------------------------------------|
| 1. RouteSnorting         | 15. DrugEvidence NOS                  | 29. IsPrescriptionUnspecified         |
| 2. SnortingStraw         | 16. DrugEvidence_NOSDescription       | 30. IsPrescriptionOther               |
| 3. SnortingRolled        | 17. HasEvidenceOfPrescriptionDrug     | 31. PrescriptionOtherDescription      |
| 4. SnortingRazor         | 18. IsPrescribedToVictim              | 32. IndicationsDrugsatScene           |
| 5. SnortingPowderMirror  | 19. IndicationsRxDrugs                | 33. HasEvidenceOfIllicitPowder        |
| 6. SnortingPowderNose    | 20. IsUnknownWhoPrescribed            | 34. HasEvidenceOfIllicitWitnessReport |
| 7. SnortingWitness       | 21. IsPrescriptionPill                | 35. HasEvidenceOfIllicitCounterfeit   |
| 8. SnortingOther         | 22. IsPrescriptionPatch               | 36. HasEvidenceOfIllicitTar           |
| 9. SnortingOtherDescript | 23. IsPrescriptionBottle              | 37. HasEvidenceOfIllicitCrystal       |
| 10. HasRouteTransdermal  | 24. IsPrescriptionLiquid              | 38. HasEvidenceOfIllicitPackage       |
| 11. RouteIngestion       | 25. IsPrescriptionLozenge             | 39. IndicationsOther                  |
| 12. RouteSuppository     | 26. IsPrescriptionVial                | 40. IndicationsOtherNarrative         |
| 13. HasRouteSublingual   | 27. HasEvidenceOfInjectionReportRxUse |                                       |
| 14. HasRouteBuccal       | 28. IsPrescriptionFentanyl            |                                       |

**Changes to Evidence of Drug Use section:**

- 1 data element added to capture details about nonspecific drug use evidence (#3)
- 1 data element added to capture details about evidence of unspecified drug type found at the scene (#16)
- 1 data element added to capture unspecified prescription drug evidence (#29)

## Response to Drug Overdose

Bystander present

1  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 than intimate partner  
5 ☐ Friend  
6 ☐ Coworker  
7 ☐ Stranger  
8 ☐ Roommate  
9 ☐ Medical professional  
10 ☐ Unknown type of bystander  
11 ☐ Other bystander - specify:  
12  128 character(s) remaining.

### Naloxone

Naloxone Administered Or Not

- 20 ☐ Naloxone administered  
21 ☐ Naloxone not administered  
22 ☐ Unknown whether naloxone administered

Total # of naloxone dose or mg administered by first responders/health care

40  ## 41  Type here to search

Total # of naloxone dose or mg administered by layperson(s)

42  ## 43  Type here to search

Drug Use Witnessed

13  Type here to search

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

- 14 ☐ CPR  
15 ☐ Rescue breathing  
16 ☐ Sternal rub  
17 ☐ Stimulation  
18 ☐ Other layperson response - specify:  
19  128 character(s) remaining.

Who Administered? (Check all that apply)

- 23 ☐ Healthcare/first responder  
24 ☐ Law enforcement  
25 ☐ EMS/fire  
26 ☐ Hospital staff/health care staff  
27 ☐ Other healthcare/first responder - specify  
28  128 character(s) remaining.  
29 ☐ Unknown  
30 ☐ Layperson  
31 ☐ Person using drugs  
32 ☐ Intimate partner  
33 ☐ Friend  
34 ☐ Coworker  
35 ☐ Family member other than intimate partner  
36 ☐ Roommate  
37 ☐ Stranger  
38 ☐ Other layperson- specify  
39  128 character(s) remaining.

44

Presence of pulse on first-responder arrival

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

45 ☐ CPR46 ☐ Rescue breathing47 ☐ Epinephrine administration48 ☐ Transport to ED49 ☐ Provided oxygen50 ☐ Unspecified response51 ☐ Other - specify52   
128 character(s) remaining.

1. BystanderPresent

2. BystanderUser

3. BystanderPartner

4. BystanderFamily

5. BystanderFriend

6. BystanderCoworker

7. BystanderStranger

8. BystanderRoommate

9. BystanderMedical

10. BystanderUnknown

11. BystanderOther

12. BystanderOther\_Specify

13. WitnessedDrugUse

14. BystanderCPR

15. BystanderBreathing

16. BystanderSternal

17. BystanderStim

18. BystanderIntOther

19. BystanderIntOther\_specify

20. NaloxoneAdministered

21. IsNaloxoneNotAdmin

22. IsNaloxoneUnknown

23. IsNaloxoneAdminResponder

24. IsNaloxoneAdminLaw

25. IsNaloxoneAdminEms

26. IsNaloxoneAdminHospital

27. IsNaloxoneAdminOther

28. IsNaloxoneAdminOtherDescription

29. IsNaloxoneAdminUnknown

30. IsNaloxoneAdminBystander

31. IsNaloxoneWhoPerson

32. IsNaloxoneWhoPartner

33. IsNaloxoneWhoFriend

34. IsNaloxoneAdminCoworker

35. IsNaloxoneWhoOtherFamily

36. IsNaloxoneWhoRoommate

37. IsNaloxoneWhoStranger

38. IsNaloxoneWhoOther

39. NaloxoneWhoOtherDescription

40. NaloxoneTotalResponder

41. NaloxoneTotalResponderUnit

42. NaloxoneTotalBystander

43. NaloxoneTotalBystanderUnit

44. HadPulse

45. InterventionCPR

46. InterventionBreathing

47. InterventionEpinephrine

48. InterventionTransport

49. InterventionOxygen

50. IntrvUnspecified

51. InterventionOther

52. InterventionOtherSpecify

**Changes to Response to Drug Overdose section:**

- 1 data element added to capture when a bystander is present, the type of bystander is a coworker (#6)
- 1 data element added to capture when a bystander is present, but the type of bystander is unknown (#10)
- 1 data element added to capture when naloxone is administered by a coworker (#34)
- 1 data element added to capture an unspecified first responder response to overdose (#50)

**No Response or Delayed Response by Bystander: Check all reasons if a bystander was present and they did not respond to the overdose OR their response was delayed**

- |   |  |
|---|--|
| <b>1</b> <input type="checkbox"/> Did not recognize any abnormalities                         | <b>5</b> <input type="checkbox"/> Spatially separated (e.g., different room) |
| <b>2</b> <input type="checkbox"/> Bystander using substances or drinking alcohol and impaired | <b>6</b> <input type="checkbox"/> Unaware that decedent was using substances |
| <b>3</b> <input type="checkbox"/> Public space and strangers didn't intervene                 | <b>7</b> <input type="checkbox"/> Bystander was asleep                       |
| <b>4</b> <input type="checkbox"/> Reported abnormalities but did not recognize as overdose    | <b>8</b> <input type="checkbox"/> Other -specify                             |
|   | <b>9</b> <input type="text"/>  |

128 character(s) remaining.

- |                          |                                 |
|--------------------------|---------------------------------|
| 1. BystanderNotRecognize | 6. BystanderUnaware             |
| 2. BystanderUsing        | <b>7. BystanderAsleep</b>       |
| 3. BystanderPublic       | 8. BystanderReasonOther         |
| 4. BystanderNoOD         | 9. BystanderReasonOther_specify |
| 5. BystanderSeparated    |                                 |

**Changes to No response or delayed response to overdose section:**

- 1 data element added to capture when the reason for no response or delayed response was that the bystander was asleep (#7)

## Medical History

Treated for pain at time of injury

1



Type here to search

Known medical conditions (Check all that apply)

2

☐ COPD

3

☐ Asthma

4

☐ Sleep apnea

5

☐ Heart disease

6

☐ Diagnosed hypertension

7

☐ Obesity

8

☐ History of major injury

9

☐ Migraine

10

☐ Back pain

11

☐ Hepatitis C

12

☐ HIV/AIDS

13

☐ Diabetes

14

☐ Other pain

15

☐ Other breathing problem

1. TreatedforPain

2. MedHistCopd

3. MedHistAsthma

4. MedHistApnea

5. MedHistHeart

6. MedHistHypertension

7. MedHistObesity

8. MedHistInjury

9. MedHistMigraine

10. MedHistBackpain

11. MedHistHepc

12. MedHistHIV

13. MedHistDiabetes

14. MedHistOtherpain

15. MedHistOtherbreathing

### Changes to Medical History section:

- 1 data element added to capture diagnosed hypertension as a known medical condition (#6)
- 1 data element added to capture diabetes as a known medical condition (#13)

Prescription Information

Use of Pharmaceutical Morphine

1

Type here to search

Pharmaceutical Morphine Narrative

2

Prescription for (check all that apply):

3

☐

Prescribed Buprenorphine:

4

☐

Pain

5

☐

MOUD

6

☐

Unknown reason

7

☐

Prescribed Methadone:

8

☐

Pain

9

☐

MOUD

10

☐

Unknown reason

11

☐

Prescribed Naltrexone

12

☐

Alcohol use

13

☐

MOUD

14

☐

Unknown reason

15

☐

Prescribed Fentanyl

Optional:

Number of opioid prescriptions in the 30 days preceding injury

16

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

17

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

18

- |                                  |                                 |
|----------------------------------|---------------------------------|
| 1. PrescriptionMorphine          | 10. RxMethadone_unknown         |
| 2. PrescriptionMorphineNarrative | 11. RxNaltrexone                |
| 3. RxBuprenorphine               | 12. NaltrexoneRxForAlcohol      |
| 4. RxBuprenorphine_pain          | 13. NaltrexoneRxForMat          |
| 5. RxBuprenorphine_MAT           | 14. NaltrexoneRxForUnk          |
| 6. Rx_Buprenorphine_unknown      | 15. FentanylRx                  |
| 7. RxMethadone                   | 16. NumScripsPast30Days         |
| 8. RxMethadone_pain              | 17. NumPharmaciesPast30Days     |
| 9. RxMethadone_MAT               | 18. NumDoctorsPrescribing30Days |

#### **Changes to Prescription Information section:**

- 2 data elements' labels updated from "MAT" to "MOUD" to reflect current terminology (#5 and #9)
- 3 data elements added to capture prescription indication information for naltrexone (#12-14)

## Demographics Tab

Demographics, Race, Ethnicity

Basic Demographics

Person type 1

Type here to search

Day of birth 2

##

Last 4 of CME 4

First initial of last name 3

[A-Z]

Last 4 of DC 5

Sex 6

Type here to search

Age 7

###

Age unit 8

Type here to search

Height Feet 9

Type here to search

Height Inches 10

Type here to sear

Weight (lbs) 11

###

Race & Ethnicity

Check all that apply

White 18

Black or African American 19

Asian 20

Asian Indian 21

Chinese 22

Filipino 23

Japanese 24

Korean 25

Vietnamese 26

Other Asian 27

Native Hawaiian or Other Pacific Islander 28

Native Hawaiian 29

Guamanian or Chamorro 30

Samoan 31

Other Pacific Islander 32

American Indian or Alaska Native 33

Other Race 34

Unspecified Race 35

Hispanic/Latino/Spanish 36

Type here to search

Sex

Type here to search

	Id	Name	Description
Age	1	M	Male
	2	F	Female
Height	9	U	Unknown

Extended Demographics

Marital status 12

Type here to search

Relationship Status 13

Type here to search

Sex of Partner 14

Type here to search

Victim was pregnant 15

(8) Not applicable

Sexual Orientation 16

Type here to search

Current or former military personnel 17

Type here to search

- |                         |                        |                          |
|-------------------------|------------------------|--------------------------|
| 1. PersonType           | 13. RelationshipStatus | 25. RaceKorean           |
| 2. BirthDayOfMonth      | 14. SexofPartner       | 26. RaceVietnamese       |
| 3. LastNameFirstInitial | 15. Pregnant           | 27. RaceOtherAsian       |
| 4. CMENumberLastFour    | 16. SexualOrientation  | 28. RacePacificIslander  |
| 5. DCNumberLastFour     | 17. Military           | 29. RaceHawaiian         |
| 6. Sex                  | 18. RaceWhite          | 30. RaceGuamanian        |
| 7. Age                  | 19. RaceBlack          | 31. RaceSamoan           |
| 8. AgeUnit              | 20. RaceAsian          | 32. RaceOtherPaclslander |
| 9. HeightFeet           | 21. RaceAsianIndian    | 33. RaceAmericanIndian   |
| 10. HeightInches        | 22. RaceChinese        | 34. RaceOther            |
| 11. Weight              | 23. RaceFilipino       | 35. RaceUnspecified      |
| 12. MaritalStatus       | 24. RaceJapanese       | 36. Ethnicity            |

### Changes to Demographics, Race, Ethnicity section:

- Response options for Sex updated to remove "X" (#6)
- Checkbox to identify a decedent as transgender removed

**+ Demographics, Race, Ethnicity**

**- Place of Residence, Birthplace, Industry, Occupation, and Education**

Residence	Residence Census	Birth Place	Other
Country of residence 1 <input type="text" value="(233) US"/>	US Census tract of residence 6 <input type="text" value="####.##"/>	Birth state, territory or country 10 <input type="text" value="Type here to search"/>	Homeless 15 <input type="text" value="Type here to search"/>
State of residence 2 <input type="text" value="Type here to search"/>	US Census block group of residence 7 <input type="text" value="#"/>	Birth country if other 11 <input type="text" value=""/>	<b>Housing Instability</b> 16 <input type="text" value="Type here to search"/>
County of residence 3 <input type="text" value="Type here to search"/>	Industry 8 <input type="text" value="####"/>	Occupation 12 <input type="text" value="####"/>	Education 17 <input type="text" value="Type here to search"/>
City of residence 4 <input type="text" value="Type here to search"/>	Kind of business/industry code 9 <input type="text" value=""/>	Usual occupation text 13 <input type="text" value=""/>	Education by degree 18 <input type="text" value="Type here to search"/>
Zip code of residence 5 <input type="text" value="#####"/>	Usual industry text 9 <input type="text" value=""/>	Usual occupation text 13 <input type="text" value=""/>	Education by number of years 18 <input type="text" value="Type here to search"/>
		Current occupation 14 <input type="text" value=""/>	

- |                         |                         |                               |
|-------------------------|-------------------------|-------------------------------|
| 1. Country              | 7. ResidenceCensusBlock | 13. OccupationText            |
| 2. ResidenceState       | 8. Industry             | 14. OccupationCurrentText     |
| 3. ResidenceCounty      | 9. IndustryText         | 15. Homeless                  |
| 4. ResidenceCity        | 10. BirthPlace          | <b>16. HousingInstability</b> |
| 5. ResidenceZip         | 11. BirthCountryOther   | 17. EducationLevel            |
| 6. ResidenceCensusTract | 12. UsualOccupation     | 18. EducationYears            |

**Changes to Place of Residence, Birthplace, Industry, Occupation, and Education section:**

- 1 data element added to capture whether the decedent was experiencing housing instability (#16)

## Injury and Death Tab

Demographics Injury and Death Circumstances Weapon(s) Suspect(s) Toxicology OD IPV CFR SAVD PSOS

### Manner of Death

Abstractor-assigned manner must be compatible with the manner given in at least one other data source

1 Manner of death per abstractor 2 Manner of death on DC 3 Manner of death per CME 4 Manner of death per LE

1 2 3 4

1 2 3 4

1 2 3 4

1 2 3 4

### Injury Locations, Time, and Events

#### Where Injury Occurred and Time

5 State or Territory where injury occurred 6 County where injury occurred 7 City where injury occurred 8 Zip code where injury occurred 9 Type of location where injured

10 US census tract where injury occurred 11 US census block group where injury occurred 12 Date of injury 13 Time of Injury (Military Time format e.g. 0000-2359, 9999)

14 (78) U.S. Virgin Islands 15 Type here to search 16 Type here to search 17 ##### 18 Type here to search

19 Type here to search 20 Type here to search 21 Type here to search 22 Type here to search

23 This is a School-Associated Violent Death (SAVD)

#### Injury Events

14 Injured at work 15 Injured at victim's home 16 EMS at scene 17 Victim in custody when injured 18 Children present and/or witnessed fatal incident

19 Recent release from institution 20 Alcohol use suspected when injured 21 Survival time no. of units: 22 Unit of time used in survival time: 23 Type here to...

14 15 16 17 18

19 20 21 22 23

1. DeathMannerAbstractor
2. DeathMannerDC
3. DeathMannerCME
4. DeathMannerLE
5. InjuryState
6. InjuryCounty
7. InjuryCity
8. InjuryZip

9. InjuryLocationType
10. CensusTract
11. CensusBlock
12. InjuryDate
13. InjuryTime
14. InjuredAtWork
15. InjuredAtVictimHome
16. EMSPresent

17. VictimInCustody
18. ChildWitnesses
19. RecentRelease
20. AlcoholUseSuspected
21. SurvivalTime
22. SurvivalTimeUnit
23. IsSchoolRelated

### Changes to Injury Locations, Time, and Events section:

- 1 data element added to capture whether any children were present and/or witnessed the fatal incident (#18)
- 1 data element added to capture if a death was school-associated (#23)

## Manner of Death

Abstractor-assigned manner must be compatible with the manner given in at least one other data source

Manner of death per abstractor

Manner of death on DC

Manner of death per CME

Manner of death per LE

## + Injury Locations, Time, and Events

### - Hospital Codes

#### Hospital

1 Victim seen in emergency department

2 ☐ Victim admitted to inpatient care

#### ICD9 Code

3 First external cause of injury ICD9 code by hospital

4 Second external cause of injury ICD9 code by hospital

#### ICD10 Code

5 First external cause of injury ICD10 code by hospital

6 Second external cause of injury ICD10 code by hospital

1. EmergencyDepartment
2. HospitalAdmit
3. ExternalCause1ICD9
4. ExternalCause2ICD9
5. ExternalCause1ICD10
6. ExternalCause2ICD10

**Changes to Hospital Codes section: None**

## Wounds and Death Certificate

### Underlying Cause of Death - ICD10

Underlying cause of death ICD10 code

1

Underlying cause of death ICD10 code 4th digit

2

Underlying cause of death ICD10 code 5th digit

3

### Location of Death

Place of death

4

State or territory of death

7

Place of death if other

5

County of death

8

Autopsy performed

6

Date Pronounced Dead

9

Date of Death

10

### Cause of Death

Immediate cause of death

11

Other significant conditions contributing to death

15

Cause leading to immediate cause of death

12

How injury occurred

16

Next antecedent cause of death

13

Underlying cause of death

14

1. UnderlyingCauseCode
2. UnderlyingCauseCode4thDigit
3. UnderlyingCauseCode5thDigit
4. DeathPlace
5. DeathPlaceText
6. AutopsyPerformed
7. DeathState
8. DeathCounty
9. DeathPronouncedDate
10. DeathDate
11. DeathCause1
12. DeathCause2
13. DeathCause3
14. DeathCause4
15. OtherCondition
16. HowInjuryOccurred

## Wounds

Number of penetrating wounds

14#

Wound to the face

15 Type here to search

Wound to the thorax

16 Type here to search

Set and save blank wound location fields to:

Number of bullets

17##

Wound to an upper extremity

18 Type here to search

Wound to a lower extremity

19 Type here to search

Absent (0)

Not Applicable (8)

Unknown (9)

Wound to the neck

20 Type here to search

Wound to the spine

21 Type here to search

Wound to the head

22 Type here to search

Wound to the abdomen

23 Type here to search

## Multiple Conditions

Multiple conditions on DC (1)

24 Type here to search

Multiple conditions on DC (5)

28 Type here to search

Multiple conditions on DC (9)

32 Type here to search

Set and save blank multiple condition fields to:

Multiple conditions on DC (2)

25 Type here to search

Multiple conditions on DC (6)

29 Type here to search

Multiple conditions on DC (10)

33 Type here to search

Unknown/Missing (L99.99)

Multiple conditions on DC (3)

26 Type here to search

Multiple conditions on DC (7)

30 Type here to search

Multiple conditions on DC (4)

27 Type here to search

Multiple conditions on DC (8)

31 Type here to search

14. NumberWounds  
15. WoundToFace  
16. WoundToThorax  
17. NumberBullets  
18. WoundToUpperExtremity  
19. WoundToLowerExtremity  
20. WoundToNeck

21. WoundToSpine  
22. WoundToHead  
23. WoundToAbdomen  
24. MultiCondition01ICD10  
25. MultiCondition02ICD10  
26. MultiCondition03ICD10  
27. MultiCondition04ICD10

28. MultiCondition05ICD10  
29. MultiCondition06ICD10  
30. MultiCondition07ICD10  
31. MultiCondition08ICD10  
32. MultiCondition09ICD10  
33. MultiCondition10ICD10

## Changes to Wounds and Death Certification section:

- 1 data element added to capture county of death (#8)

## Circumstances Tab

☐ Circumstances From LE
 ☐ Circumstances From CME

**Mental Health, Substance Abuse, and other Addictions**

LE	LE Crisis	CME	CME Crisis	Mental Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current diagnosed mental health problem <b>LE Mental Illness Diagnosed</b> <input type="text"/> LE mental illness diagnosis Type of first mental illness diagnosed <input type="text"/> LE mental illness diagnosis Type of second mental illness diagnosed <input type="text"/> LE other mental health    Other mental health diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b> <b>CME Mental Illness Diagnosed</b> <input type="text"/> CME mental illness diagnosis Type of first mental illness diagnosed <b>2</b> <input type="text"/> CME mental illness diagnosis Type of second mental illness diagnosed <b>3</b> <input type="text"/> CME other mental health    Other mental health diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>4</b> Current depressed mood
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Treatment for Mental Health or Substance use/misuse problem Type of Treatment from LE <input type="checkbox"/> Current treatment for mental health problem <input type="checkbox"/> Current treatment for substance use/misuse problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ever treated for Mental Health or Substance use/misuse problem Type of Treatment from LE <input type="checkbox"/> Ever treated for mental health problem <input type="checkbox"/> Ever treated for substance use/misuse problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-adherence to treatment for Mental Health or Substance use/misuse problem Type of Treatment from LE <input type="checkbox"/> Non-adherence to treatment for mental health problem <input type="checkbox"/> Non-adherence to treatment for substance use/misuse problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b> Type of Treatment from CME <input type="checkbox"/> Current treatment for mental health problem <b>6</b> <input type="checkbox"/> Current treatment for substance use/misuse problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>7</b> Type of Treatment from CME <input type="checkbox"/> Ever treated for mental health problem <b>8</b> <input type="checkbox"/> Ever treated for substance use/misuse problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>9</b> Type of Treatment from CME <input type="checkbox"/> Non-adherence to treatment for mental health problem <b>10</b> <input type="checkbox"/> Non-adherence to treatment for substance use/misuse problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>11</b> Alcohol Problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>12</b> Other substance abuse problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>13</b> Other addiction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>14</b> History of Traumatic Brain Injury (TBI)

Only CME fields are required for SUDORS cases (unless shared with NVDRS)

1. CME\_MentalHealthDiagnosis1
2. CME\_MentalHealthDiagnosis2
3. CME\_MentalHealthDiagnosisO
4. CME\_DepressedMood
5. CME\_MHTx
6. CME\_SubstanceTx
7. CME\_MHTxHx
8. CME\_SubstanceTxHx
9. CME\_MHTxNonAdherence
10. CME\_SubTxNonAdherence
11. CME\_AlcoholProblem
12. CME\_SubstanceAbuseOther
13. CME\_OtherAddiction
14. CME\_IsTraumaticBrainInjuryHist

### CRISIS VARIABLE NAMES

Whether a circumstance was a crisis (i.e., checking the "LE Crisis" or "CME Crisis" checkbox) is stored in a separate variable from the circumstance in the export file. Specifically, crisis variables will have the word "crisis" inserted between the data source (i.e., LE and CME) and the circumstance name in the variable label variable (e.g., CME\_CrisisVariableName, LE\_CrisisVariableName).

### Changes to Mental Health, Substance Abuse, and other Addictions section:

- 6 data elements added to split out evidence of treatment (current, ever) and nonadherence to treatment for mental health and substance use/misuse (#5-10)

## Manner Specific Circumstances for Homicide and Suicide Deaths

LE	LE Crisis	CME	CME Crisis	
<input type="checkbox"/>		<input type="checkbox"/>		<b>1</b> Suicide/Undetermined Specific Circumstances
<input type="checkbox"/>		<input type="checkbox"/>		<b>1</b> History of suicide attempts
<input type="checkbox"/>		<input type="checkbox"/>		<b>2</b> History of expressed suicidal thoughts or plans
<input type="checkbox"/>		<input type="checkbox"/>		<b>3</b> History of non-suicidal self-injury/self-harm
<input type="checkbox"/>		<input type="checkbox"/>		<b>4</b> Recently disclosed suicidal thoughts/plan to commit suicide
				<p>Disclosed intent to whom from LE (check all that apply)</p> <p><input type="checkbox"/> Previous or current intimate partner</p> <p><input type="checkbox"/> Other family member</p> <p><input type="checkbox"/> Health care worker</p> <p><input type="checkbox"/> Friend/colleague</p> <p><input type="checkbox"/> Neighbor</p> <p><input type="checkbox"/> Other disclosure to person(s) via social media or other electronic means</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p>If other, specify:</p> <p>125 character(s) remaining.</p>
				<p>Disclosed intent to whom from CME (check all that apply)</p> <p><input type="checkbox"/> Previous or current intimate partner</p> <p><input type="checkbox"/> Other family member</p> <p><input type="checkbox"/> Health care worker</p> <p><input type="checkbox"/> Friend/colleague</p> <p><input type="checkbox"/> Neighbor</p> <p><input type="checkbox"/> Other disclosure to person(s) via social media or other electronic means</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p>If other, specify:</p> <p>125 character(s) remaining.</p>
<input type="checkbox"/>		<input type="checkbox"/>		<b>14</b> Left a suicide note
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>15</b> Contributing criminal legal problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>16</b> Civil legal problems

1. CME\_SuicideAttemptHistory

2. CME\_SuicideThoughtHistory

3. CME\_IsHistorySelfHarm

4. CME\_SuicideIntentDisclosed

5. CME\_DiscloseToIntimatePartner

6. CME\_DiscloseToOtherFamilyMember

7. CME\_DiscloseToHealthCareWorker

8. CME\_DiscloseToFriend

9. CME\_DiscloseToNeighbor

10. CME\_DiscloseToSocialMedia

11. CME\_DiscloseToOther

12. CME\_DiscloseToUnknown

13. CME\_DiscloseToOtherDesc

14. CME\_SuicideNote

15. CME\_RecentCriminalLegalPr

16. CME\_LegalProblemOther

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>17</b> Contributing physical health problem</p> <p>Type of Physical Health Problem from LE (check all that apply)</p> <p><input type="checkbox"/> Terminal illness or condition</p> <p><input type="checkbox"/> Other illness or condition</p> <p><input type="checkbox"/> Unknown type of illness or condition</p> <p><input type="checkbox"/> Chronic Pain</p> <p><input type="checkbox"/> Acute Pain</p> <p><input type="checkbox"/> Pain of unknown duration</p> <p>Type of illness, condition, or pain:</p> <p>125 character(s) remaining</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>18</b> Type of Physical Health Problem from CME (check all that apply)</p> <p><input type="checkbox"/> Terminal illness or condition</p> <p><input type="checkbox"/> Other illness or condition</p> <p><input type="checkbox"/> Unknown type of illness or condition</p> <p><input type="checkbox"/> Chronic Pain</p> <p><input type="checkbox"/> Acute Pain</p> <p><input type="checkbox"/> Pain of unknown duration</p> <p>Type of illness, condition, or pain:</p> <p>125 character(s) remaining</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>25</b> Job problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>26</b> Financial problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>27</b> School problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>28</b> Eviction or loss of home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>29</b> Suicide of friend or family contributed to death
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>30</b> Non-suicide death of friend or family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>31</b> Anniversary of a traumatic event

17. CME\_PhysicalHealthProblem

18. CME\_HealthProblemTerminalIllness

19. CME\_HealthProblemOther

20. CME\_HealthProblemUnknown

21. CME\_HealthProblemChronicPain

22. CME\_HealthProblemAcute

23. CME\_HealthProblemPainUnknownDuration

24. CME\_HealthProblemTypeDesc

25. CME\_JobProblem

26. CME\_FinancialProblem

27. CME\_SchoolProblem

28. CME\_EvictionOrLossOfHome

29. CME\_RecentSuicideFriendFa

30. CME\_DeathFriendOrFamilyOt

31. CME\_TraumaticAnniversary

### Changes to Manner Specific Circumstances for Homicide and Suicide Deaths section:

- 9 data elements added to capture information about person(s) to whom a decedent disclosed suicidal thoughts/plans (#5-13)
- 7 data elements added to capture types of contributing physical health problems (#18-24)

## Other Circumstances or Crisis

Other circumstance LE

1 Other circumstance LE  
255 character(s) remaining.

Other circumstance CME

2 Other circumstance CME  
255 character(s) remaining.

LE Crisis	CME Crisis	
<input type="checkbox"/>	<input type="checkbox"/>	Other crisis in past two weeks or upcoming two weeks Other crisis details from LE
		3 255 character(s) remaining.
		Other crisis details from CME
		4 255 character(s) remaining.

1. LE\_CircumstancesKnown
2. CME\_CircumstancesKnown
3. LE\_OtherCrisis
4. CME\_OtherCrisis

**Changes to Other Circumstances or Crisis section:** None

## Weapons Tab

Graphics Injury and Death Circumstances **Weapon(s)** Suspect(s) Toxicology OD IPV CFR SAVD PSOS

### Weapon Add

Weapon type

1

Additional weapon information

2500 character(s) remaining.

### 1. WeaponType

All SUDORS cases receive a value of “Poisoning” for Weapon Type by definition

Changes to Weapons tab: None

## Toxicology Tab

“Add Substance” allows new lines for more substances to be added

“Apply Template” allows states to create and apply custom templates of commonly-tested and reported substances in a standardized format

“Import COD Substance” searches the Cause of Death lines on the Injury and Death tab for substances to add to the list of Substances on the Toxicology tab

“Set Tested and Results” allows bulk setting of the “Tested” and “Results” field so abstractors do not need to select values for each individual substance (for example, if all substances listed were Tested and Present)

The screenshot shows the Toxicology Tab interface. At the top are tabs: Demographics, Injury and Death, Circumstances, Weapon(s), Suspect(s), Toxicology (selected), OD, and IPV. Below the tabs are several sections:

- Toxicology Findings:** Contains checkboxes for "No toxicology information" (1) and "No substance(s) given as cause of death" (2). Below these are date and time input fields for "Date specimens were collected" (3) and "Time" (4).
- Buttons:** "+ Add Substance", "Apply Template" (5), "Import COD Substance", and "Set Tested and Results".
- Table:** A table with columns: Substance, Tested, Results, Cause of Death, Person Prescribed For, Category, and Description. The first row (6) shows "FENTANYL(D00233)" under Substance, "Type here to search" under Tested (7), "Type here to search" under Results (8), a checkbox under Cause of Death (9), "Type here to search" under Person Prescribed For (10), "OPIATE (12)" under Category (11), and "FENTANYL / DURAGESIC" under Description.

- 1. No\_Toxicology\_Available
- 2. IsNoSubstanceAsCauseOfDeath
- 3. SpecimensDate
- 4. SpecimensTime
- 5. Comments
- 6. SubstanceName

- 7. SubstanceTested
- 8. SubstanceResult
- 9. SubstanceCausedDeath
- 10. DrugObtainedFor
- 11. SubstanceClass

Buttons to set all fields to the same values

#### Toxicology Summary

Set and save blank summary category fields to:

(2) Not Tested

(9) Unknown

Tested/ Not present

Category	Tested	Results
Alcohol	1 <input type="text" value="Type here to search"/>	2 <input type="text" value="Type here to search"/> 3 BAC 0.000
Carbon Monoxide	4 <input type="text" value="Type here to search"/>	5 <input type="text" value="Type here to search"/> 6 <input type="text" value="(8) Not Applicable"/>
Amphetamines	7 <input type="text" value="Type here to search"/>	8 <input type="text" value="Type here to search"/>
Anticonvulsants	9 <input type="text" value="Type here to search"/>	10 <input type="text" value="Type here to search"/>
Antidepressants	11 <input type="text" value="Type here to search"/>	12 <input type="text" value="Type here to search"/>
Antipsychotics	13 <input type="text" value="Type here to search"/>	14 <input type="text" value="Type here to search"/>

Category	Tested	Results
Barbiturates	15 <input type="text" value="Type here to search"/>	16 <input type="text" value="Type here to search"/>
Benzodiazepines	17 <input type="text" value="Type here to search"/>	18 <input type="text" value="Type here to search"/>
Cocaine	19 <input type="text" value="Type here to search"/>	20 <input type="text" value="Type here to search"/>
Marijuana	21 <input type="text" value="Type here to search"/>	22 <input type="text" value="Type here to search"/>
Muscle Relaxants	23 <input type="text" value="Type here to search"/>	24 <input type="text" value="Type here to search"/>
Opiates	25 <input type="text" value="Type here to search"/>	26 <input type="text" value="Type here to search"/>

1. AlcoholTested

2. AlcoholResult

3. AlcoholLevel

4. CarbonMonoxide Tested

5. CarbonMonoxideResult

6. CarbonMonoxideSource

7. AmphetamineTested

8. AmphetamineResult

9. AnticonvulsantsTested

10. AnticonvulsantsResult

11. AntiDepressantTested

12. AntiDepressantResult

13. AntipsychoticTested

14. AntipsychoticResult

15. BarbituratesTested

16. BarbituratesResult

17. BenzodiazepinesTested

18. BenzodiazepinesResult

19. CocaineTested

20. CocaineTestResult

21. MarijuanaTested

22. MarijuanaResult

23. MuscleRelaxantTested

24. MuscleRelaxantResult

25. OpiateTested

26. OpiateResult

#### Changes to Toxicology tab:

- 1 data element added to indicate that no specific substances were included in the cause of death (#2)
- 3 buttons added to streamline data entry (shown by boxes with arrows)