

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



Type here to search

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

Month

Day

Year

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 Type here to search **1**

Overdose occurred 0-2 days prior **2** Overdose occurred 3-7 days prior **3**

Recent return to use of opioids Type here to search **4**

Recent return to use of non-opioid or unspecified substance(s), excluding alcohol Type here to search **5**

Cocaine **6** Methamphetamine **7** Benzodiazepines **8** Unspecified **9**

Other non-opioid return to use - specify: **10**
11 Recent return to use of non-opioid or unspecified substance(s), excluding alcohol **12**

Treatment for substance use disorder, excluding alcohol Type here to search **25**

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

26 Inpatient/outpatient rehabilitation
27 Medications for opioid use disorder, or MOUD **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)
128 character(s) remaining.

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:
24 128 character(s) remaining.

1. PreviousOverdose 12. RecentED 23. HxOther
2. Overdose0to2DaysPrior 13. HxDrugNoEvidence 24. HxOtherDescript
3. Overdose3to7DaysPrior 14. HxHeroin 25. TreatmentforSubstanceAbuse
4. RecentOpioidUse 15. HxRxOpioid 26. SubsTx_rehab
5. RecentNonOpioidUse 16. HxAnyOpioid 27. SubsTx_MOUD **27** SubsTx_MOUD
6. NonOpioidCocaine 17. HxFentanyl
7. NonOpioidMethamphetamine 18. HxCocaine
8. NonOpioidBenzodiazepines 19. HxMeth
9. NonOpioidUnspecified 20. HxBenzo
10. NonOpioidOther 21. HxCannabis
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

9 Other injection evidence - Specify:

10

6 Needles/Syringe

7 Filters

8 Witness Report

128 character(s) remaining.

11 Evidence of Smoking/Inhalation

12 Pipes

13 Tinfoil

14 Vape pens or e-cigarettes

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

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



Type here to search

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 - specify

52

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

- 1** Did not recognize any abnormalities
- 2** Bystander using substances or drinking alcohol and impaired
- 3** Public space and strangers didn't intervene
- 4** Reported abnormalities but did not recognize as overdose

5 Spatially separated (e.g., different room)

6 Unaware that decedent was using substances

7 Bystander was asleep

8 Other -specify

9

128 character(s) remaining.

- 1. BystanderNotRecognize
- 2. BystanderUsing
- 3. BystanderPublic
- 4. BystanderNoOD
- 5. BystanderSeparated

- 6. BystanderUnaware
- 7. BystanderAsleep
- 8. BystanderReasonOther
- 9. BystanderReasonOther_specify

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

9 Migraine

3 Asthma

10 Back pain

4 Sleep apnea

11 Hepatitis C

5 Heart disease

12 HIV/AIDS

6 Diagnosed hypertension

13 Diabetes

7 Obesity

14 Other pain

8 History of major injury

15 Other breathing problem

1. TreatedforPain

7. MedHistObesity

13. MedHistDiabetes

2. MedHistCOPD

8. MedHistInjury

14. MedHistOtherpain

3. MedHistAsthma

9. MedHistMigraine

15. MedHistOtherbreathing

4. MedHistApnea

10. MedHistBackpain

5. MedHistHeart

11. MedHistHepC

6. MedHistHypertension

12. MedHistHIV

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	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
Day of birth 2	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
First initial of last name 3	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
##	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
Last 4 of CME 4	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
Last 4 of DC 5	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>

Extended Demographics

Marital status 12	Sexual Orientation 16
<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
Relationship Status 13	Current or former military personnel 17
<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>	<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>
Sex of Partner 14	
<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>	
Victim was pregnant 15	
<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 5px; padding: 5px;" type="text"/>	

Race & Ethnicity

Check all that apply

<input type="checkbox"/> White 18	<input type="checkbox"/> Black or African American 19	
<input type="checkbox"/> Asian 20	<input type="checkbox"/> Asian Indian 21	<input type="checkbox"/> Korean 25
<input type="checkbox"/> Chinese 22	<input type="checkbox"/> Vietnamese 26	<input type="checkbox"/> Vietnamese 26
<input type="checkbox"/> Filipino 23	<input type="checkbox"/> Other Asian 27	<input type="checkbox"/> Other Asian 27
<input type="checkbox"/> Japanese 24	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander 28	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander 28
<input type="checkbox"/> Native Hawaiian 29	<input type="checkbox"/> Guamanian or Chamorro 30	<input type="checkbox"/> Guamanian or Chamorro 30
<input type="checkbox"/> Samoan 31	<input type="checkbox"/> Other Pacific Islander 32	<input type="checkbox"/> Other Pacific Islander 32
<input type="checkbox"/> American Indian or Alaska Native 33	<input type="checkbox"/> Other Race 34	<input type="checkbox"/> Other Race 34
<input type="checkbox"/> Unspecified Race 35	<input type="checkbox"/> Hispanic/Latino/Spanish 36	<input type="checkbox"/> Hispanic/Latino/Spanish 36

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

1. PersonType

2. BirthDayofMonth

3. LastNameFirstInitial

4. CMENumberLastFour

5. DCNumberLastFour

6. Sex

7. Age

8. AgeUnit

9. HeightFeet

10. HeightInches

11. Weight

12. MaritalStatus

13. RelationshipStatus

14. SexofPartner

15. Pregnant

16. SexualOrientation

17. Military

18. RaceWhite

19. RaceBlack

20. RaceAsian

21. RaceAsianIndian

22. RaceChinese

23. RaceFilipino

24. RaceJapanese

25. RaceKorean

26. RaceVietnamese

27. RaceOtherAsian

28. RacePacificIslander

29. RaceHawaiian

30. RaceGuamanian

31. RaceSamoan

32. RaceOtherPacificIslander

33. RaceAmericanIndian

34. RaceOther

35. RaceUnspecified

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="Type here to search"/>	Housing Instability 16 <input type="text" value="Type here to search"/>
County of residence 3 <input type="text" value="Type here to search"/>	Industry Industry	Occupation Usual occupation code 12 <input type="text" value="####"/>	Education Education by degree 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 8 <input type="text" value="####"/>	Usual occupation text 13 <input type="text" value="Type here to search"/>	Education by number of years 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="Type here to search"/>	Current occupation 14 <input type="text" value="Type here to search"/>	

1. Country
2. ResidenceState
3. ResidenceCounty
4. ResidenceCity
5. ResidenceZip
6. ResidenceCensusTract

7. ResidenceCensusBlock
8. Industry
9. IndustryText
10. BirthPlace
11. BirthCountryOther
12. UsualOccupation

13. OccupationText
14. OccupationCurrentText
15. Homeless
16. **HousingInstability**
17. EducationLevel
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

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

Manner of death per abstractor

1 Type here to search

Manner of death on DC

2 Type here to search

Manner of death per CME

3 Type here to search

Manner of death per LE

4 Type here to search

Injury Locations, Time, and Events

Where Injury Occurred and Time

State or Territory where injury occurred

5 (78) U.S. Virgin Islands #####.##

County where injury occurred

6 Type here to search #

City where injury occurred

7 Type here to search MM

US census tract where injury occurred

US census block group where injury occurred

Month

Day

Year

Zip code where injury occurred

8 ##### HHMM

Time of Injury (Military Time format e.g. 0000-12:59, 9999)

Type of location where injured

9 Type here to search

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

Injury Events

Injured at work

14 Type here to search Type here to search

Injured at victim's home

15 Type here to search Type here to search

EMS at scene

16 Type here to search ##

Victim in custody when injured

17 Type here to search Type here to...

Children present and/or witnessed fatal incident

18 Type here to search

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)

graphics

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

Manner of death per abstractor

 Type here to search

Manner of death on DC

 Type here to search

Manner of death per CME

 Type here to search

Manner of death per LE

 Type here to search

+ Injury Locations, Time, and Events

- Hospital Codes

Hospital

1 Victim seen in emergency department

 Type here to search

2 Victim admitted to inpatient care

ICD9 Code

3 First external cause of injury ICD9 code by hospital

 Type here to search

4 Second external cause of injury ICD9 code by hospital

 Type here to search

ICD10 Code

5 First external cause of injury ICD10 code by hospital

 Type here to search

6 Second external cause of injury ICD10 code by hospital

 Type here to search

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 Type here to search

Underlying cause of death ICD10 code 4th digit

2 Type here to search

Underlying cause of death ICD10 code 5th digit

3 Type here to search

Location of Death

Place of death

4 Type here to search

State or territory of death

7 Type here to search

Place of death if other

5

Autopsy performed

6 Type here to search

County of death

8 Type here to search

Date Pronounced Dead

9 Month Day Year

Date of Death

10 Month Day Year

MM DD YYYY

Date of Death DD YYYY

Cause of Death

Immediate cause of death

11

Other significant conditions contributing to death

15

Cause leading to immediate cause of death

12

120 character(s) remaining.

Next antecedent cause of death

13

120 character(s) remaining.

Underlying cause of death

14

120 character(s) remaining.

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	Number of bullets	Wound to the neck	Wound to the head
14# Wound to the face	17## Wound to an upper extremity	20# Wound to the neck	22# Wound to the head
15 <input type="text"/> Type here to search	18 <input type="text"/> Type here to search	21 <input type="text"/> Type here to search	23 <input type="text"/> Type here to search
Wound to the thorax	Wound to a lower extremity	Wound to the spine	Wound to the abdomen
16 <input type="text"/> Type here to search	19 <input type="text"/> Type here to search		
Set and save blank wound location fields to:			
<input type="button" value="Absent (0)"/> <input type="button" value="Not Applicable (8)"/> <input type="button" value="Unknown (9)"/>			

Multiple Conditions

Multiple conditions on DC (1)	Multiple conditions on DC (2)	Multiple conditions on DC (3)	Multiple conditions on DC (4)
24 <input type="text"/> Type here to search	25 <input type="text"/> Type here to search	26 <input type="text"/> Type here to search	27 <input type="text"/> Type here to search
Multiple conditions on DC (5)	Multiple conditions on DC (6)	Multiple conditions on DC (7)	Multiple conditions on DC (8)
28 <input type="text"/> Type here to search	29 <input type="text"/> Type here to search	30 <input type="text"/> Type here to search	31 <input type="text"/> Type here to search
Multiple conditions on DC (9)	Multiple conditions on DC (10)		
32 <input type="text"/> Type here to search	33 <input type="text"/> Type here to search		
Set and save blank multiple condition fields to:			
<input type="button" value="Unknown/Missing (L99.99)"/>			

14. NumberWounds	21. WoundToSpine	28. MultiCondition05ICD10
15. WoundToFace	22. WoundToHead	29. MultiCondition06ICD10
16. WoundToThorax	23. WoundToAbdomen	30. MultiCondition07ICD10
17. NumberBullets	24. MultiCondition01ICD10	31. MultiCondition08ICD10
18. WoundToUpperExtremity	25. MultiCondition02ICD10	32. MultiCondition09ICD10
19. WoundToLowerExtremity	26. MultiCondition03ICD10	33. MultiCondition10ICD10
20. WoundToNeck	27. MultiCondition04ICD10	

Changes to Wounds and Death Certification section:

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

Circumstances Tab

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

Circumstances From LE Circumstances From CME

Mental Health, Substance Abuse, and other Addictions

LE	LE Crisis	CME	CME Crisis	
				Mental Health
<input type="checkbox"/> Current diagnosed mental health problem LE Mental Illness Diagnosed <input type="checkbox"/> <input type="text"/> LE mental illness diagnosis				1 CME Mental Illness Diagnosed <input type="checkbox"/> <input type="text"/> CME mental illness diagnos
<input type="checkbox"/> Type of first mental illness diagnosed <input type="checkbox"/> <input type="text"/> LE mental illness diagnosis				<input type="checkbox"/> Type of first mental illness diagnosed
<input type="checkbox"/> Type of second mental illness diagnosed <input type="checkbox"/> <input type="text"/> LE other mental health <input type="checkbox"/> Other mental health diagnosis				<input type="checkbox"/> Type of second mental illness diagnosed 3 <input type="checkbox"/> CME other mental health <input type="checkbox"/> Other mental health diagnosis
4 <input type="checkbox"/> Current depressed mood				
<input type="checkbox"/> Current Treatment for Mental Health or Substance use/misuse problem <input type="checkbox"/> 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"/> Type of Treatment from CME 5 <input type="checkbox"/> Current treatment for mental health problem 6 <input type="checkbox"/> Current treatment for substance use/misuse problem
<input type="checkbox"/> Ever treated for Mental Health or Substance use/misuse problem <input type="checkbox"/> 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"/> Type of Treatment from CME 7 <input type="checkbox"/> Ever treated for mental health problem 8 <input type="checkbox"/> Ever treated for substance use/misuse problem
<input type="checkbox"/> Non-adherence to treatment for Mental Health or Substance use/misuse problem <input type="checkbox"/> 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"/> Type of Treatment from CME 9 <input type="checkbox"/> Non-adherence to treatment for mental health problem 10 <input type="checkbox"/> Non-adherence to treatment for substance use/misuse problem
11 <input type="checkbox"/> Alcohol Problem				
12 <input type="checkbox"/> Other substance abuse problem				
13 <input type="checkbox"/> Other addiction				
14 <input type="checkbox"/> 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_MentalHealthDiagnosis0
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	
				Suicide/Undetermined Specific Circumstances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 History of suicide attempts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 History of expressed suicidal thoughts or plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 History of non-suicidal self-injury/self-harm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Recently disclosed suicidal thoughts/plan to commit suicide
				Disclosed intent to whom from LE (check all that apply)
				<input type="checkbox"/> Previous or current intimate partner
				<input type="checkbox"/> Other family member
				<input type="checkbox"/> Health care worker
				<input type="checkbox"/> Friend/colleague
				<input type="checkbox"/> Neighbor
				<input type="checkbox"/> Other disclosure to person(s) via social media or other electronic means
				<input type="checkbox"/> Other
				<input type="checkbox"/> Unknown
				If other, specify: <input type="text"/>
				125 character(s) remaining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Left a suicide note
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Contributing criminal legal problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Civil legal problems
				Disclosed intent to whom from CME (check all that apply)
				<input type="checkbox"/> Previous or current intimate partner
				<input type="checkbox"/> Other family member
				<input type="checkbox"/> Health care worker
				<input type="checkbox"/> Friend/colleague
				<input type="checkbox"/> Neighbor
				<input type="checkbox"/> Other disclosure to person(s) via social media or other electronic means
				<input type="checkbox"/> Other
				<input type="checkbox"/> Unknown
				If other, specify: <input type="text"/>
				125 character(s) remaining
				13

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>17 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 <input type="checkbox"/> Other illness or condition <input type="checkbox"/> Unknown type of illness or condition <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Acute Pain <input type="checkbox"/> Pain of unknown duration</p> <p>Type of illness, condition, or pain: <input style="width: 100%; height: 20px; border: 1px solid #ccc; margin-top: 5px;" type="text"/></p> <p style="text-align: right; margin-top: -10px;">125 character(s) remaining</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>18 Terminal illness or condition</p> <p>19 Other illness or condition</p> <p>20 Unknown type of illness or condition</p> <p>21 Chronic Pain</p> <p>22 Acute Pain</p> <p>23 Pain of unknown duration</p> <p>Type of illness, condition, or pain: <input style="width: 100%; height: 20px; border: 1px solid #ccc; margin-top: 5px;" type="text"/></p> <p style="text-align: right; margin-top: -10px;">125 character(s) remaining</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>25 Job problem</p> <p>26 Financial problem</p> <p>27 School problem</p> <p>28 Eviction or loss of home</p> <p>29 Suicide of friend or family contributed to death</p> <p>30 Non-suicide death of friend or family</p> <p>31 Anniversary of a traumatic event</p>

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 Other crisis details from CME
		4

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 (8) Poisoning

Additional weapon information

2500 character(s) remaining.

Save Weapon **Cancel**

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

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

1 No toxicology information
 2 No substance(s) given as cause of death

3 Date specimens were collected
 Month Day Year
 MM DD YYYY HHMM

4 Time

5 Comments

Toxicology Findings

6 FENTANYL(D00233)

7 Type here to search

8 Type here to search

9 10 Type here to search

11 OPIATE (12) FENTANYL / DURAGESIC

Substance Admin

Substance

Tested

Results

Cause of Death Person Prescribed For Category Description

Import COD Substance Set Tested and Results

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"/> Type here to search	2 <input type="text"/> Type here to search
		3 <input type="text"/> SAC 0. 000
Carbon Monoxide	4 <input type="text"/> Type here to search	5 <input type="text"/> Type here to search
		6 <input type="text"/> (8) Not Applicable
Amphetamines	7 <input type="text"/> Type here to search	8 <input type="text"/> Type here to search
Anticonvulsants	9 <input type="text"/> Type here to search	10 <input type="text"/> Type here to search
Antidepressants	11 <input type="text"/> Type here to search	12 <input type="text"/> Type here to search
Antipsychotics	13 <input type="text"/> Type here to search	14 <input type="text"/> 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

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

- 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)