OFR
Overdose Fatality Review

Overdose Fatality Review

Data System Guidance

Version 2.0

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Acknowledgments

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This Guidance is a companion document to the Overdose Fatality Review (OFR) Data System Version 2.0 Codebook.

The OFR Data System REDCap instrument was developed by Tom Chelius with the Medical College of Wisconsin.

To learn more or access the OFR Data System Version 2.0, please contact COSSAP@iir.com.

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Overdose Fatality Review Case Information

1. OFR Administration

1.1) Case-unique identifier (REDCap-generated)

Variable: case_id

Question type: Automatically generated by REDCap

Definition: REDCap will generate a unique case ID.

1.2) Name of person completing this form

Variable: contact_name

Question type: Text entry

Definition: First and last name of the person completing this case record information.

Guidance: This is the first and last name of the person entering the data for this case.

1.3) Email for the person completing this form

Variable: contact_email

Question type: Text entry

Definition: Email address of the person listed in contact_name.

Guidance: This is the email address of the person entering the data for this case, listed in contact_name.

1.4) Date completing this form

Variable: form_date

Question type: Date entry

Definition: Date the case entry was started.

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

1.5) Was the case reviewed by the OFR Team?

Variable: ofr_review

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if case was reviewed by the OFR team.

1.6) Date the case was reviewed in the OFR

Variable: review_date

Question type: Date entry

Definition: Date the case was reviewed at an OFR.

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the date that the case was reviewed is unknown, check the box "exact date case was reviewed is unknown."

1.7) Date case was reviewed unknown

Variable: review_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies that the exact date of case review is unknown.

Guidance: Check this box if exact date is unknown.

1.8) If exact date is not known, enter the approximate date the case was reviewed.

Variable: review_date_app

Question type: Text entry

Definition: Approximate date of case review.

Skip logic: Date case was reviewed is unknown (review_date_chk___1 = checked).

Guidance: Enter the approximate date (e.g., June 2020).

1.9) What was the case selection criterion?

Variable: case_criteria

Question type: Select only one.

Response options:

0 No criteria, all deaths reviewed
1 Most recent deaths
2 Random selection
3 Selected to match characteristics of overall fatalities
4 Theme review
88 Other

Definition: The criterion used to select the case to review.

Guidance: Select the response that best describes the case selection criteria for this case. Specify "theme" or "other" response.

1.10) Specify type of "Theme review"

Variable: case_criteria_theme

Question type: Text entry

Definition: Specifies the type of theme review.

Skip logic: Case criteria was theme review (case_criteria = theme review).

1.11) Specify "Other"

Variable: case_criteria_othr

Question type: Text entry

Definition: Specifies the other case criterion used to select the case to review.

Skip logic: Case criteria was other (case_criteria = other).

1.12) What data sources were shared at the review meeting?

Variable: data_type

Question type: Check all that apply.

Response options:

1 Behavioral health record information
2 Criminal justice record information
3 Death certificate record information
4 Family and social network information
5 Forensic record information
6 Medical care record information

7 Prescription drug monitoring program (PDMP) record information
8 Social services record information
88 Other

Definition: Indicates which data were shared or provided for the case review.

Guidance: Select the response that best describes the data provided for the case. Specify "other" response. For example, if a behavioral health provider is present but does not provide data on this specific case, do not select "behavioral health record information."

1.13) Specify "Other"

Variable: data_type_othr

Question type: Text entry

Definition: Specifies the other data source shared at the meeting.

Skip logic: Data type was other (data_type = other).

1.14) What OFR members were present/represented at the review meeting?

Variable: member_type

Question type: Check all that apply.

Response options:

1 Child protective services
2 Community corrections-probation and parole
3 Community prevention coalition
4 County sheriff's office
5 Court (not drug-related)
6 Drug treatment court
7 Education system
8 Emergency department
9 Emergency medical services
10 Faith-based services or healing leader
11 Harm-reduction program
12 High Intensity Drug Trafficking Areas (HIDTA) public health analyst or drug intelligence officer
13 Hospital
14 Housing authority
15 Infectious disease
16 Jails
17 Local law enforcement
18 Medical examiner/coroner
19 Medication-assisted treatment provider
20 Mental health provider

21 Outpatient/primary care
22 Prescription Drug Monitoring Program (PDMP)
23 Pharmacists
24 Prison
25 Prosecutor's office
26 Public health
27 Recovery support services
28 Social services (other than child protective services)
29 Substance use disorder prevention
30 Substance use disorder treatment provider
31 Toxicologist
32 Tribal elder, community leader, or traditional healer
88 Other

Definition: Indicates OFR members or partners (guest participants) present at the meeting.

Guidance: Select the response(s) that best describe those present at the case review, regardless of whether they provided data or information about the case.

Overdose Fatality Review (OFR) teams may want a meeting sign-in form that allows participants to select which professional sectors they represent.

1.15) Specify "Other"

Variable: member_type_othr

Question type: Text entry

Definition: Specifies the other member present/represented at the meeting.

Skip logic: Member type was other (member_type = other).

1.16) Medical examiner or coroner case identification number

Variable: mec_id

Question type: Text entry

Definition: Medical examiner or coroner case identification record number is available from your medical examiner/coroner's office and may be useful in tracking and linking cases from the medical examiner/coroner's office.

Guidance: Leave blank if unknown or unneeded for your case review process.

1.17) Death certificate number

Variable: death_cert_id

Question type: Text entry

Definition: Death certificate identification number is available from vital records and may be useful in tracking and linking cases.

Guidance: Leave blank if unknown or unneeded for your case review process.

1.18) Next of kin consent

Variable: nok_consent

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the OFR team received next of kin consent to access decedent's records and review the case.

1.19) Barriers to an effective case review

Variable: review_barriers

Question type: Check all that apply.

Response options:

0 None
1 Confidentiality issues prevented full exchange of critical information
2 Inadequate investigation
3 Case review happened too long after the death
4 Case review happened too soon after the death
5 Necessary team members were not present
6 Records and/or information were needed from another jurisdiction
7 Team did not agree on circumstances
8 Team did not bring adequate information to review

Definition: Document any identified barriers to an effective case review.

Reference: Ohio Overdose Fatality Review Guidance, Released July 2018.

1.20) Specify "Other"

Variable: review_barriers _othr

Question type: Text entry

Definition: Specifies the other identified barriers to an effective case review.

Skip logic: Review barriers was other (review_barriers = other).

Reference: Ohio Overdose Fatality Review Guidance, Released July 2018.

1.21) Does the OFR have access to and monitor multiple (aggregate) data sources to guide prevention and intervention planning strategies?

Variable: multiple_data_OFR

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: OFR team that use multiple data sources (aggregate and community level) to understand and develop prevention and intervention strategies are more likely to be successful in targeting their activities.

Guidance: Indicates whether the OFR team actively uses and analyzes aggregate data from multiple data sources to help guide the planning and implementation of prevention and intervention strategies.

1.22) In the 14 days prior to the death, were there any high-profile overdoses in the community?

Variable: high_profile_od

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether there were any high-profile overdoses in the community.

Guidance: A high-profile overdose may be fatal or nonfatal and may include events such as a death by a political or prominent individual in the community, a public overdose death with a lot of media coverage, etc.

1.23) Was the death possibly connected or related to a contaminated/tainted batch or a community spike in overdoses?

Variable: od_batch_spike

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether this overdose death was likely related to a contaminated/tainted batch, pressed counterfeit pill, or a significant community spike in overdoses.

Guidance: If the death was around the time of an identified spike in cases, for example, identified by ODMAP platform, or if there was a known batch of contaminated/tainted substance in the community or from a pressed counterfeit pill, select "yes."

Reference: ODMAP, www.odmap.org

1.24) Was the county the overdose occurred in covered by Good Samaritan Law with overdose provision?

Variable: gls_county

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether there is an active Good Samaritan Law that covers the jurisdiction which the overdose event occurred.

2. Decedent Demographic Information

2.1) Decedent's first name

Variable: first_name

Question type: Text entry

Definition: First name of the decedent.

Guidance: This is the first name of the decedent for tracking purposes of the OFR team, indicated in REDCap as an identifier.

2.2) Decedent's middle name

Variable: middle_name

Question type: Text entry

Definition: Middle name of the decedent.

Guidance: This is the middle name of the decedent for tracking purposes of the OFR team, indicated in REDCap as an identifier.

2.3) Decedent's last name

Variable: last_name

Question type: Text entry

Definition: Last name of the decedent.

Guidance: This is the first name of the decedent for tracking purposes of the OFR team, indicated in REDCap as an identifier.

2.4) Decedent's date of birth (DOB)

Variable: decedent_dob

Question type: Date entry

Definition: Date of birth of the decedent.

Guidance: This is the decedent's date of birth for tracking purposes of the OFR team, indicated in REDCap as an identifier. You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6"). If the decedent's exact date of birth is unknown, check the box "exact date of birth unknown."

2.5) Decedent's date of birth (DOB) Unknown

Variable: decedent_dob_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies that the decedent's exact date of birth is unknown.

Guidance: Check "If exact date of decedent's date of birth is unknown, check this box."

2.6) If exact date is not known, enter the approximate date of birth (DOB)

Variable: decedent_dob_app

Question type: Text entry

Definition: Approximate date of birth of the decedent.

Skip logic: Date of birth is unknown (decedent_dob_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

2.7) Age in years

Variable: age_years

Question type: Text entry

Definition: Indicates the decedent's age at death.

Guidance: Enter whole number. Range 1–120. Leave blank if age in years is unknown.

2.8) Birth state

Variable: birth_state

Question type: Select only one.

Definition: Indicates the state in which the decedent was born.

Guidance: Identifies the state in which the decedent was born.

2.9) Birth country

Variable: birth_country

Question type: Text entry

Definition: Indicates the country, other than the United States, where the decedent was born.

Skip logic: Birth state selected as not applicable, was not born in the United States (birth_state = 777)

Guidance: Identifies the country, other than the United States, in which the decedent was born.

2.10) State of residence

Variable: residence_state

Question type: Select only one.

Definition: The state in which the decedent lived.

Guidance: Identifies the state in which the decedent lived.

2.11) County of residence

Variable: residence_county_*xx*

Question type: Select only one.

Definition: Indicates the county (or county equivalent) in which the decedent lived.

Skip logic: State of resident was known (residence_state = 'xx').

Guidance: See Appendix B.

2.12) City of residence

Variable: residence_city

Question type: Text entry

Definition: Indicates the city in which the decedent lived for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Resident state in U.S. was known (residence_state ≠ 777 and resident_state ≠ 999).

2.13) Residence ZIP code

Variable: residence_zip

Question type: Text entry (zipcode)

Definition: Indicates the postal ZIP code in which the decedent lived for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Resident in U.S. was known (residence_state ≠ 777 and resident_state ≠ 999).

2.14) Street address of residence

Variable: residence_street

Question type: Text entry

Definition: Indicates the street address where the decedent lived for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Resident state in U.S. was known (residence_state ≠ 777 and resident_state ≠ 999).

2.15) Decedent unhoused or experiencing homelessness at the time of the death

Variable: homeless

Question type: Select only one.

Response options:

0 No
1 Yes, "couch surfing" or residing in motel or hotel
2 Yes, sleeping outdoors or in a shelter or transitional housing program
3 Yes, unknown where sleeping

Definition: Indicates the decedent's homeless status.

Persons who are unhoused or experiencing homelessness are those who reside in one of the following: (1) places not designed for or ordinarily used as regular sleeping accommodations for human beings, including the following: a car or other private vehicle; a park, on the street, or another outdoor place; an abandoned building (i.e., squatting); a bus or train station; an airport; or a camping ground; (2) a supervised publicly or privately operated shelter or drop-in center designated to provide temporary living arrangements; congregate shelters; temporary accommodations provided by a homeless shelter (e.g., a motel room provided because the shelter was full); or transitional housing for homeless persons; or (3) do not have primary nighttime residence, which may include a motel or hotel or a doubled-up situation—meaning staying with friends or family or "couch surfing."

Guidance: Clarification of housing instability measures.

Marking this variable "Yes, sleeping outdoors or in a shelter or transitional housing program" means that there was clear evidence in a document that the decedent was homeless, such as living in a car. This response captures people who are living in a place not meant for human habitation, such as an emergency shelter or transitional housing, or who are exiting an institution where they temporarily resided. Examples for this category include the following:

- Decedent had been living in his car since his wife discovered he had relapsed on meth and kicked him out of the family home.

- Decedent had been staying at a local homeless shelter for the past three months.
- Decedent lived in an abandoned house or building along with several other homeless individuals.
- Decedent was residing in a tent on a local campground.

Marking this variable "Yes, couch surfing or residing in motel or hotel" means that the decedent did not have a home of his or her own but was staying indefinitely with friends or family, lived in a hotel, or had a residential address that is not a shelter. This response captures people who did not have a primary nighttime residence, which may include a motel or hotel or a doubled-up situation with family, friends, or acquaintances, Examples for this category include the following:

- Decedent had been staying at a motel after being evicted two weeks ago.
- Decedent and her husband were staying with a friend indefinitely.

References:

- NVDRS 3.2.6 Homeless (modified).
- HUD Definition of Homeless, https://endhomelessness.org/resource/changes-in-the-huddefinition-of-homeless/
- Wilder survey of persons without permanent shelter, https://www.wilder.org/sites/default/files/imports/MN%20Statewide%20Homeless%20Survey-2018_October.pdf

2.16) Sex of decedent

Variable: sex

Question type: Select only one.

Response options:

1 Female
2 Male
99 Unknown

Definition: Indicates the decedent's biological sex at the time of the incident.

Guidance: Sex captures the biological sex of the decedent.

If the decedent is transgender, please record the decedent's legal sex as indicated by at least one of the three primary data collection sources: death certificate, coroner/medical examiner, or law enforcement. A disagreement on the sex of the decedent across data sources may indicate transgender status.

Reference: NVDRS 3.1.6 Sex of victim.

2.17) Was the decedent ever known to give birth to a child who experienced neonatal opioid withdrawal syndrome (NOWS)?

Variable: preg_nows

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was ever known to give birth to a child who experienced neonatal opioid withdrawal syndrome (NOWS).

Skip logic: Sex of decedent was female (sex = 1).

2.18) Pregnancy status

Variable: pregnancy_status

Question type: Select only one.

Response options

0 Not pregnant within last year
1 Pregnant at time of death
2 Not pregnant but pregnant within 42 days of death
3 Not pregnant but pregnant 43 days to 1 year before death
4 Not pregnant, not otherwise specified
99 Unknown if pregnant within past year

Definition: Indicates whether the decedent was pregnant or recently pregnant at the time of death.

Skip logic: Sex of decedent was female (sex = 1).

Guidance: This variable is used to identify pregnant or recently pregnant decedents and to document types of violence against pregnant and postpartum women. Decedent's pregnancy status is often noted on the death certificate and in the coroner/medical examiner's (CME) report. Findings are more likely to be authoritative if a full autopsy has been performed.

- This variable should be coded for all female decedents regardless of age.
- This variable is based on the codes by the new U.S. standard death certificate. As such, it collects pregnancy status at the time of death, not at the time of injury.
- Regardless of the decedent's age, code "unknown if pregnant within past year" if the decedent's pregnancy status is not mentioned on the CME record and not completed on the death certificate.

Reference: NVDRS 3.1.18 Victim was pregnant.

2.19) Was the decedent known to have accessed prenatal services?

Variable: prenatal_services_rev

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Accessing prenatal care may be an indicator of general health access as well as an opportunity for intervention by the health care system for the care of the decedent and a fetus/newborn.

Skip logic: Pregnancy status selected as pregnant at time of death, not pregnant but pregnant within 42 days of death or not pregnant 43 days to 1 year before death (pregnancy_status = 1 or 2 or 3).

2.20) Gender identity

Variable: gender_identity

Question type: Select only one.

Response options:

1 Cisgender, not transgender
2 Genderqueer/gender nonconforming, neither exclusively male or female
3 Transgender man/trans man/female-to-male (FTM)
4 Transgender woman/trans woman/male-to-female (MTF)
88 Other
99 Unknown

Definition: Indicates whether the decedent self-identified as transgender or whether a friend/family member reports that the decedent self-identified as transgender.

Guidance: Transgender is defined as individuals “who experience incongruence between birth sex and gender identity.”

For instance, a person with a biological sex of a male may self-identify as female. An individual should be identified as transgender if he or she identified as transgender or if family, friends, physicians, or other acquaintances identified the individual as transgender. Also, check this variable if the decedent was undergoing or had undergone sex-change surgery or hormone therapy to support a sex change.

Reference: NVDRS 3.1.7 Transgender.

2.21) Specify "Other"

Variable: gender_identity_othr

Question type: Text entry

Definition: Specifies other gender identity.

Skip logic: Gender was other (gender_identity = Other).

2.22) Relationship status at the time of incident

Variable: relationship_status

Question type: Select only one.

Response options:

1 Currently in a relationship
2 Not currently in a relationship
99 Unknown

Definition: Indicates the decedent's relationship status at the time of the incident.

Guidance: This variable is used to identify the decedent's s relationship status at the time of the incident. The decedent's relationship with another person or persons is described as a relationship beyond the level of friendship that may be serious or casual, short- or long-term. The relationship also involves some level of intimacy that may or may not be sexual in nature. Relationship status should be inferred only from marital status information on the death certificate or other source documents if the decedent is married at the time of the incident; otherwise, this information must be noted in either the coroner/medical examiner's (CME) or law enforcement (LE) report. If information about the decedent's being in a relationship is not explicitly stated in either report, code "unknown."

If decedent's marital status is "Married/Civil Union/Domestic Partnership," you can infer that the decedent was in a relationship at the time of the incident.

If decedent's marital status is "Married/Civil Union/ Domestic Partnership, but separated," code this as "unknown," unless information is provided to suggest that the decedent was in a relationship at the time of the incident.

If decedent is noted to be in multiple relationships, code this as "currently in a relationship."

Regardless of the decedent's age, code "unknown" if decedent's relationship status is not mentioned in the CME or LE record.

Reference: NVDRS 3.1.16 Relationship Status.

2.23) Sex of partner

Variable: partner_sex

Question type: Select only one.

Response options:

1 Opposite sex of decedent
2 Same sex as decedent
77 Not applicable
99 Unknown

Definition: Indicates the decedent's partner's sex in relation to the decedent's sex.

Skip logic: Relationship status was currently in a relationship (relationship_status = 1).

Guidance: If the decedent's marital status is "Married/Civil Union/ Domestic Partnership" and the decedent is also in another relationship (e.g., extramarital affair), code this variable based on the sex of the partner to whom the decedent is married.

If the decedent is noted to be in multiple relationships at the time of the incident, code "unknown" unless narrative captures sex of one of the partners. If more than one partner is discussed, capture the sex of the partner that is most salient, given the context of the incident.

Reference: NVDRS 3.1.17 Sex of partner.

2.24) Marital status

Variable: marital_status

Question type: Select only one.

Response options:

1 Divorced
2 Married / Civil Union / Domestic Partnership
3 Married / Civil Union / Domestic Partnership, but separated
4 Never married
5 Single, not otherwise specified
6 Widowed
99 Unknown

Definition: Indicates the decedent's most recent marital status.

Guidance: Marital status is regularly completed on the death certificate and often noted in law enforcement or medical examiner records.

Marital status should be completed for persons of all ages, including children.

If a source document describes a person as being in a common-law marriage or civil union according to the laws of that state, code this as “Married/Civil Union/Domestic Partnership.”

If a source document describes a person as being in a committed relationship with someone of the same sex, code this as “Married/Civil Union/Domestic Partnership.” Domestic partnership is defined as a committed intimate relationship between two adults of either the same or opposite sex, in which the partners are each other’s sole partner, intend to remain so indefinitely, maintain a common residence and intend to continue to do so, are not married or joined in a civil union or domestic partnership to anyone else, and are not related in a way that would prohibit legal marriage in the U.S. jurisdiction in which the partnership was formed.

Use the “Single, not otherwise specified” option when this term is used in CME records and it is not clear whether the person was never married, widowed, divorced, or separated.

In an incident in which a person kills his or her spouse or partner, marital status should be coded as “Married/Civil Union/Domestic Partnership,” not “Widowed.” Use “Widowed” for a person of either sex whose spouse has died before the overdose death.

For example, a decedent was widowed 10 years ago, then remarried and divorced a year ago, they would be divorced because it is more recent then widowed.

Reference: NVDRS 3.1.15 Marital status.

2.25) Sexual orientation

Variable: sexual_orientation

Question type: Select only one.

Response options:

1 Bisexual
2 Gay
3 Heterosexual
4 Lesbian
88 Other
99 Unknown

Definition: Indicates the decedent’s sexual orientation, which includes heterosexual, gay, lesbian, or bisexual.

Guidance: Sexual orientation is a multicomponent construct that is commonly measured in three ways: attraction (e.g., the sex of a person one is sexually attracted to), behavior (e.g., ask respondents to report on the sex of people with whom they had willing sexual experiences), and self-identification (e.g., How would you describe your sexual orientation?).

This variable captures whether the decedent self-identified as heterosexual, gay, lesbian, or bisexual based on interviews of friends, family, or acquaintances. Code this variable only if the information is reported in the LE or CME report. Sexual orientation should not be inferred from

marital status. If the information is not explicitly reported, select “unknown.” Currently, this information is usually not collected systematically; consequently, this variable will likely detect only decedents who were gay, lesbian, or bisexual according to friends, families, or acquaintances. Definitive information on sexual orientation may be unavailable.

Reference: NVDRS 3.1.19 Sexual orientation.

2.26) Specify “Other”

Variable: sexual_orientation_othr

Question type: Text entry

Definition: Specifies other sexual orientation.

Skip Logic: Sexual orientation was other (sexual_orientation = other).

2.27) Race

Variable: race

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the decedent’s race.

Guidance:

- White: Person with origins among any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American: Person with origins among any of the black racial groups of Africa.
- Asian: Person with origins among any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Native Hawaiian or other Pacific Islander: Person with origins among any of the original peoples of the Pacific Islands (includes Native Hawaiians).
- American Indian or Alaska Native: Person with origins among any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Alaska Natives).
- Unspecified: If a person’s ethnicity is provided in place of his or her race (e.g., race is given as “Hispanic” and no other valid race value is given), mark the person’s race as “unspecified.”
- For multiracial decedents, please check each race identified in source documents (e.g., if the decedent is identified as “white” and “Asian,” please check “white” and “Asian”). If source documents indicate “Mulatto,” check both “white” and “black.” If “Asian/Pacific

Islander" is indicated, check both "Asian" and "Pacific Islander." These standards were used by the U.S. Census Bureau in the 2000 decennial census.

Reference: NVDRS 3.1.13 Victim race variables.

2.28) Specify "Other"

Variable: race_othr

Question type: Text entry

Definition: Specifies other racial group.

Skip logic: Race was other (race = other).

2.29) Specify American Indian Nation affiliation

Variable: ai_specify

Question type: Text entry

Definition: Specifies American Indian Nation of which decedent was a member or affiliated with.

Skip logic: Race was American Indian (Race_1 = Yes).

2.30) Hispanic/Latino/Spanish ethnicity

Variable: hispanic_ethnicity

Question type: Select only one.

Response options:

0 Not Hispanic or Latino
1 Hispanic or Latino
99 Unknown

Definition: Ethnicity is a concept used to differentiate population groups based on shared cultural characteristics or geographic origins. Decedents with Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin should be considered Hispanic or Latino, regardless of race.

Reference: NVDRS 3.1.14 Hispanic/Latino/Spanish: Ethnicity.

2.31) English speaker

Variable: english_language

Question type: Select only one.

Response options:

0 No
1 Yes, English was decedent's primary language
2 Yes, English was not decedent's primary language
99 Unknown

Definition: Indicates whether the decedent spoke English and whether English was the decedent's primary language.

2.32) Specify decedent's primary language

Variable: English_language_sp

Question type: Text entry

Definition: Specifies decedent's primary language.

Skip Logic: English speaker was no or not primary language (english_language = 0 or 2).

2.33) Known service in the U.S. armed forces

Variable: military

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent ever served in the U.S. armed forces (current of former military personnel).

Guidance: Military status is indicated on the death certificate in the section captioned "Ever a member of U.S. Armed Forces†." If a state's death certificate has the variant wording "If U.S. war veteran, specify war," a blank or missing response should be coded "no."

Reference: NVDRS 3.1.20 Current or former military personnel.

2.34) Military type

Variable: military_type

Question type: Check all that apply.

Response Options:

0 Unchecked
1 Checked

Definition: Indicates what type of service the decedent was known to have been a member.

Guidance: The United States military has separate branches of service that an individual may serve. Each branch of the military has a different mission for U.S. security.

- Air Force - National Guard
- Air Force - Reserves
- Air Force - United States
- Army - National Guard
- Army - Reserves
- Army - United States
- Coast Guard - Reserves
- Coast Guard - United States
- Marine Corps - Reserves
- Marine Corps - United States
- Navy - Reserves
- Navy - United States
- Space Force
- Other

Skip logic: Service in U.S. armed services was known (military= yes).

2.35) Specify other type of military service

Variable: military_type_othr

Question type: Text entry

Definition: Specifies type of service the decedent was known to serve.

Skip logic: Military type was other (military_type___88 = other).

2.36) Usual occupation

Variable: occupation_text

Question type: Text entry

Definition: Indicates the decedent's usual occupation as recorded on the death certificate.

Guidance: Most states' registries of vital records encode the decedent's usual occupation and industry on the death certificate. Usual occupation/industry is not necessarily the decedent's current occupation/industry. Provide information exactly as it appears in the death certificate data. Sites should NOT code the information themselves, since industry and occupation coding require special training.

The codes “999” for occupation and “090” for industry are assigned by the Occupation and Industry coder to indicate “blank, unknown, or not available.” These codes should be used only if they appear in the death certificate data.

If the text descriptor is recorded on the death certificate and a numeric code is not provided, report only the text information and use the code “080” to indicate that the actual code is unavailable.

If the death certificate is blank (e.g., both code and text information is blank or missing), use the code “080” to indicate unavailable and use the text field to indicate “blank, unknown, or not available.”

Reference: NVDRS 3.2.4.4.

2.37) Occupation status at time of death

Variable: current_occupation

Question type: Select only one.

Response options:

1 Disabled
2 Employed
3 Homemaker
4 Retired
5 Self-employed
6 Student
7 Unemployed
77 Not Applicable (under age 14)
99 Unknown

Definition: Indicates the decedent’s occupation at the time of death.

Guidance: Occupation is an indicator of socioeconomic status. Certain occupations may also be associated with the occurrence of overdose deaths.

Report the current occupation in a text field exactly as it appears in one of the required data sources.

If the decedent is not employed, select from the options listed.

- People who work 17.5 hours or more per week are considered employed; people who work less than that are not.
- For decedents under the age of 14, the current occupation should be listed as “N/A” unless the CME report lists an occupation.

The information can later be coded at the national level using Standard Occupational Classifications. Note that “current occupation” is different from “usual occupation,” which is recorded on the death certificate.

Reference: NVDRS 3.2.5 (modified).

2.38) Specify decedent’s current occupation

Variable: occupation_sp

Question type: Text entry

Definition: Specifies the decedent’s current occupation.

Skip logic: Employed selected as current occupation (current_occupation = 2).

2.39) Highest education obtained

Variable: education_level

Question type: Select only one.

Response options:

0 8th grade or less
1 9th to 12th grade; no diploma
2 High school graduate or GED (graduate equivalent diploma) completed
3 Some college credit but no degree
4 Associate's degree (e.g., A.A., A.S.)
5 Bachelor's degree (e.g., B.A., A.B., B.S.)
6 Master's degree (e.g., M.A., M.S., Mend, Med, M.S.W., M.B.A.)
7 Doctorate (e.g., Ph.D., Ed.D.) or professional degree (e.g., M.D., D.D.S., D.V.M., L.L.B., J.D.
99 Unknown

Definition: Indicates the decedent’s educational level as measured by the highest degree attained.

Guidance: The options for the “Education” variables are those on the 2003 death certificate. Since not all states may have moved to the new format, the pre-2003 education format is provided in the “Number years education” variable. Only one of the two (either Education Level OR Education Years) must be completed.

- Vocational and trade school should be coded as “High school graduate.”
- For young children who are not in school, code as “0” or 8th grade or less.

Reference: NVDRS 3.2.7 Education by degree.

2.40) Known disability at time of overdose incident

Variable: disability_status

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what type of disability the decedent had at the time of the overdose.

Guidance:

- None —Decedent was not known to have a disability.
- Yes, Unknown type of disability —Decedent had a disability of unknown type.
- Yes, Physical disability —Decedent's disability was physical (e.g., paraplegia, cerebral palsy).
- Yes, Sensory disability —Decedent's disability was sensory (e.g., blindness, deafness).
- Yes, Neurodevelopmental disability —decedent's disability was neurodevelopmental (e.g., intellectual disability, autism spectrum disorder, attention-deficit/hyperactivity disorder).

Reference: NVDRS 10.9 Disability variables.

2.41) Did the decedent have any children, under the age of 18, at the time of the overdose incident?

Variable: children

Question type: Select only one.

Response options:

0 No
1 Yes
99 Unknown

Definition: Indicates whether the decedent had any minor children.

Guidance: If the decedent is known to be the parent or guardian of any children under age 18, select "yes." If it is known that the decedent does not have children under age 18, select "no." If it is unknown, select "unknown."

2.42) Calculated Age

Variable: age_calculated

Question type: REDCap calculated variable from decedent_dob and death_date.

Definition: Indicates the age of the decedent in years based on a calculation of death_date minus decedent_dob.

Guidance: This variable is not entered, but it is calculated by REDCap formula once date of birth (decedent demographic information section) and date of death (scene of overdose section) are completed.

3. Cause of Death

3.1) Enter ICD-10 code for cause of death

Variable: death_cause

Question type: Text entry

Definition: Indicates the final ICD-10 code.

Guidance: Enter the final ICD-10 code assigned by the National Center for Health Statistics if available. (Part 1 of death certificate)

The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

Reference: Death certificate

3.2) Immediate cause of death (Part 1a)

Variable: death_cause_1

Question type: Text entry

Definition: Indicates the immediate cause of death (text from death certificate): the final disease, injury, or complication directly causing death.

Guidance: The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner. (Part 1a of the death certificate)

- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

As defined by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed from top to bottom in the order seen here, with immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.3) Condition listed in b

Variable: death_cause_2

Question type: Text entry

Definition: Indicates the cause leading to the immediate cause of death (text from death certificate): next sequential cause of death, if any, leading to the immediate cause of death.

Guidance: The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner. (Part 1b of the death certificate)

- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

As defined by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed from top to bottom in the order seen here, with immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.4) Condition listed in c

Variable: death_cause_3

Question type: Text entry

Definition: Indicates the cause leading to the immediate cause of death (text from death certificate): next sequential cause of death, if any, leading to the immediate cause of death.

Guidance: The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner. (Part 1c of the death certificate)

- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

As defined by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed from top to bottom in the order seen here, with immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.5) Condition listed in d

Variable: death_cause_4

Question type: Text entry

Definition: Indicates the cause leading to the immediate cause of death (text from death certificate): next sequential cause of death, if any, leading to the immediate cause of death.

Guidance: The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner. (Part 1d of the death certificate)

- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

As defined by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed from top to bottom in the order seen here, with immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.6) Enter other significant conditions contributing to death but not resulting in underlying cause listed in Part 1 (Part 2 of death certificate)

Variable: significant_conditions

Question type: Text entry

Definition: Indicates other significant conditions contributing to the death but not resulting in underlying cause in Part 1, yet included in Part 2 of the death certificate.

Guidance: The text that the death certifier supplies on Part 2 of the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner. (Part 2 of the death certificate)

- Enter the text exactly as it appears on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

As defined by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed from top to bottom in the order seen here, with immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.7) Describe how the injury [overdose] occurred (Part 2 of death certificate)

Variable: how_overdose

Question type: Text entry

Definition: The text that the death certified supplies on Part 2 of the death certificate regarding how the injury [overdose] occurred.

Guidance: The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner. (Part 2 of the death certificate)

- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

As defined by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed from top to bottom in the order seen here, with immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.8) Manner of death (Part 2 of death certificate)

Variable: death_manner

Question type: Select only one.

Response options:

1 Natural
2 Accident
3 Suicide
4 Homicide
5 Undetermined
6 Pending
7 Legal intervention
99 Record not available or blank

Definition: Indicates the manner of death. The manner of death is a broad classification of the cause of death as natural, accidental, suicide, homicide, pending investigation, or not determined. Manner is determined by the coroner or medical examiner and, when considered in conjunction with the narrative cause of death statements on the death certificate, is the basis for how the official underlying cause of death is coded in vital statistics data.

Guidance: Data describing the manner of death are useful for public health surveillance, health care planning and administration, clinical and health services, and epidemiologic research. (Part 2 of the death certificate)

- Record the manner of death exactly as it appears on the death certificate and CME report.
- If a manner is noted as “pending investigation,” check back on the case later to update the manner. “Pending” is considered a temporary designation.
- Since states’ death certificates may have a state-added code to indicate “legal intervention” as the manner of death, code “legal intervention” only if it is presented on the death certificate (the abstractor-assigned type of death variable can capture legal intervention deaths that are not coded on the death certificate in that fashion).

Reference: NVDRS 4.1 Manner of death variable.

4. Scene of Overdose and Death

4.1) Location of overdose incident

Variable: overdose_location

Question type: Select only one.

Response options:

1 Decedent's residence
2 Friend/acquaintance's residence
3 Hospice facility
4 Hospital
5 Hotel or motel
6 Jail, prison, or detention facility
7 Licensed foster care home
8 Motor vehicle
9 Nursing home/long-term care facility
10 Park, playground, or public use area
11 Relative's residence
12 Residential living facility (shelter, halfway house, sober-living facility, recovery housing, etc.)
13 School
14 Street/road/sidewalk/alley (not in vehicle)
15 Substance use disorder or mental health inpatient treatment program
88 Other

Definition: Indicates the type of place at which the overdose occurred.

Guidance: Data on the type of place at which an injury occurred help to describe the injury-producing event and are valuable for planning and evaluating prevention programs.

- Decedent's residence: Fatal overdose occurred at decedent's own residence. This includes the area immediately surrounding the home such as the yard and garage, but not in a vehicle.
- Relative's residence: Fatal overdose occurred at a relative's home or the area immediately surrounding it. This category includes cases where the decedent was temporarily residing with the relative, but not in a vehicle.
- Friend/acquaintance's residence: Fatal overdose occurred at a friend's home or in the area immediately surrounding it. This category includes cases in which the decedent was temporarily residing with the friend/acquaintance, but not in a vehicle.
- Street/road/sidewalk/alley (not in vehicle): Fatal overdose occurred on a sidewalk or on a roadway, street, or highway, but not in a vehicle.
- Motor vehicle: Fatal overdose occurred in a vehicle, regardless of the vehicle's location.
- Hotel or motel: Fatal overdose occurred at hotel or motel.
- Residential living facility: This includes temporary and transitional housing, crisis shelters, domestic violence shelters, and sober-living homes.

- Jail, prison, or detention facility: Fatal overdose occurred at a jail, prison, or other detention center.
- Park, playground, or public use area: Fatal overdose occurred in an area used for public recreation such as a park or public walking trail, but not in a vehicle.
- School: Fatal overdose occurred at a public or private educational institution.
- Other: Fatal overdose occurred at a commercial establishment not otherwise listed on this form such as a restaurant, laundromat, or bowling alley.

4.2) Specify "Other"

Variable: overdose_location_othr

Question type: Text entry

Definition: Specifies the other type of overdose location.

Skip logic: Location of overdose was other (overdose_location = other).

4.3) State of overdose incident

Variable: overdose_state

Question type: Select only one.

Definition: Indicates the state in which the overdose occurred.

4.4) County of overdose

Variable: overdose_county_*xx*

Question type: Select only one.

Definition: Indicates the county (or county equivalent) in which the overdose occurred.

Skip logic: Known U.S. state of overdose (overdose_state = xx).

Guidance: See Appendix B.

4.5) City of overdose

Variable: overdose_city

Question type: Text entry

Definition: Indicates the city in which overdose occurred for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Known overdose in U.S. state (overdose_state ≠ 777 and overdose_state ≠ 999).

Guidance: If city is unknown, leave blank.

4.6) ZIP code of overdose incident

Variable: overdose_zip

Question type: Text entry

Definition: Indicates the postal ZIP code in which the overdose occurred for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Known overdose in U.S. state (overdose_state ≠ 777 and overdose_state ≠ 999).

Guidance: If ZIP code is unknown, leave blank.

4.7) Street address of overdose incident

Variable: overdose_address

Question type: Text entry

Definition: Indicates street address where the overdose occurred for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Known overdose in U.S. state (overdose_state ≠ 777 and overdose_state ≠ 999).

Guidance: If street address is unknown, leave blank.

4.8) Did the location of the overdose death differ from the overdose incident?

Variable: overdose_death_location

Question type: Select only one.

Response options:

0 No
1 Yes
99 Unknown

Definition: Confirms whether location of overdose incident and death are the same or different.

4.9) Location of death

Variable: death_location

Question type: Select only one.

Response options:

1 Decedent's residence
2 Friend/acquaintance's residence

3 Hospice facility
4 Hospital
5 Hotel or motel
6 Jail, prison, or detention facility
7 Licensed foster care home
8 Motor vehicle
9 Nursing home/long-term care facility
10 Park, playground, or public use area
11 Relative's residence
12 Residential living facility (shelter, halfway house, sober-living facility, recovery housing, etc.)
13 School
14 Street/road/sidewalk/alley (not in vehicle)
15 Substance use disorder or mental health inpatient treatment program
88 Other

Definition: Type of place at which the death occurred.

Skip logic: Overdose location was known (overdose_death_location = Yes).

Guidance: Data on the type of place at which the death occurred:

- Decedent's residence: Fatal overdose occurred at decedent's own residence. This includes the area immediately surrounding the home, such as the yard or garage, but not in a vehicle.
- Relative's residence: Fatal overdose occurred at relative's home or the area immediately surrounding it. This category includes cases where the decedent was temporarily residing with the relative, but not in a vehicle.
- Friend/acquaintance's residence: Fatal overdose occurred at a friend's home or the area immediately surrounding it. This category includes cases where the decedent is temporarily residing with the friend/acquaintance, but not in a vehicle.
- Street/road/sidewalk/alley (not in vehicle): Fatal overdose occurred on a sidewalk or on a roadway, street, or highway, but not in a vehicle.
- Motor vehicle: Fatal overdose occurred in a vehicle, regardless of the vehicle's location.
- Hotel or motel: Fatal overdose occurred at a hotel or motel.
- Residential living facility: This includes temporary and transitional housing, crisis shelters, domestic violence shelters, and sober-living homes.
- Jail, prison, or detention facility: Fatal overdose occurred at a jail, prison, or other detention center.
- Park, playground, or public use area: Fatal overdose occurred in an area used for public recreation such as a park or public walking trail, but not in a vehicle.
- School: Fatal overdose occurred at a public or private educational institution.
- Other: Fatal overdose occurred at a commercial establishment not otherwise listed on this form, such as a restaurant, laundromat, or bowling alley.

4.10) Specify "Other"

Variable: death_location_othr

Question type: Text entry

Definition: Specifies other type of location where death occurred.

Skip logic: Death location was other (death_location = Other).

4.11) State of overdose death

Variable: death_state

Question type: Select only one.

Skip logic: Overdose location was known (overdose_death_location = Yes).

Definition: Indicates the state in which the death occurred.

Guidance: Identifies the state in which the death certificate was filed. This variable will be used to facilitate data sharing across states when state of injury and state of death differ.

- State of death will usually be the same as state of injury; however, on occasion, the two will differ. For instance, a decedent who is injured in one state may be transported to another state for emergency medical care.
- If the state of death is unknown, enter the state in which the person was pronounced dead (e.g., the state that issued the death certificate).
- If the person was not pronounced dead in any U.S. state or territory, enter 88 for "Not applicable." This can still be an NVDRS case if the decedent was fatally injured within a participating NVDRS state.
- A death on an American Indian reservation should be coded as the state in which it is located or, if the reservation spans multiple states, based on state borders.

4.12) County of death

Variable: death_county_*xx*

Question type: Select only one.

Skip logic: Known U.S. state of overdose (overdose_state = xx).

Definition: Indicates the county (or county equivalent) in which the death occurred.

Guidance: See Appendix B.

4.13) City of death

Variable: death_city

Question type: Text entry

Definition: City in which the death occurred for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Known overdose in U.S. state (overdose_state ≠ 777 and overdose_state ≠ 999).

Guidance: If city is unknown, leave blank.

4.14) ZIP code of death

Variable: death_zip

Question Type: Text entry

Definition: Indicates the postal ZIP code in which the death occurred for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Known overdose in U.S. state (overdose_state ≠ 777 and overdose_state ≠ 999).

Guidance: If ZIP code is unknown, leave blank.

4.15) Street address of overdose death

Variable: death_address

Question type: Text entry

Definition: Indicates street address where the overdose occurred for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Skip logic: Known overdose in U.S. state (overdose_state ≠ 777 and overdose_state ≠ 999).

Guidance: If street address is unknown, leave blank.

4.16) Date last known to be alive before overdose

Variable: last_alive_date

Question type: Text entry

Definition: Indicates the date the decedent was last seen or heard from alive before the onset of overdose signs/symptoms. For further Definition of what constitutes overdose signs/symptoms, please see variable overdose_date.

Guidance: This is the date that the decedent was last seen or heard from alive before the fatal overdose occurred. You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

If the decedent’s exact date last alive is unknown, check the box “exact date last known alive unknown.”

Reference: SUDORS 4.1.d Date Last Seen Alive.

4.17) Unknown date last known to be alive before overdose

Variable: last_alive_date_chk___1

Question type: checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies that the decedent's exact last date—known to be alive—is unknown.

Guidance: Check this box if the exact date that the decedent was last known to be alive is unknown.

4.18) If exact date is not known, enter the approximate date decedent was last known to be alive before overdose.

Variable: last_alive_date_app

Question type: Text entry

Definition: Approximate date decedent was last known to be alive before overdose.

Skip logic: Exact date known to be alive before overdose is unknown (last_alive_date_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

4.19) Date of overdose incident

Variable: overdose_date

Definition: Indicates the date of the overdose leading to death.

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of overdose is unknown, check the box "exact date of overdose incident unknown."

Overdose date refers to the onset of overdose or the manifestation of overdose symptoms, such as the decedent becoming unresponsive to stimulation or becoming unconscious, not the use of a substance.

The onset of overdose and substance use may often coincide, especially in the case of rapid overdose onset. Focusing on circumstances surrounding onset of overdose provides critical information about response.

When coding the time and date of injury, use the time and date that the overdose occurred (e.g., when the signs/symptoms of the overdose started). If it is unknown when the overdose started, use the following guidance:

- Time and date of injury are often listed on the death certificate and can be used as listed in the absence of other information. If there is information in the CME report, however, indicating that the date and/or time of injury differs from that given on the death certificate, the information from the report can be used in place of that from the death certificate. If the CME report indicates that there is uncertainty about the date and/or time of injury, this information should be incorporated into what is entered, even if the death certificate states specific date/time. For example, if the death certificate lists January 1 at 9:00 a.m. as the date and time of injury, but the CME report indicates that the decedent was last known alive on December 25 and discovered obviously deceased at 9:00 a.m. on January 1, it can be assumed that the overdose did not actually occur at 9:00 a.m. on January 1. In this instance, date of injury should be entered as 09-09-9999 to indicate that it could have happened any time between December 25 and January 1 (and, as such, all parts of the date are unknown, since that period includes two different calendar years).
- For cases in which the decedent went to sleep with no signs of overdose, enter the date the decedent went to sleep as the date of injury.
- In some cases, estimates may be provided about how long before the overdose death the overdose was recognized. In these cases, estimate the date of injury. For instance, a report may indicate that 9-1-1 was called three hours before the decedent died in the hospital at 3:00 p.m. on 10/1/2016. Calculate the time and date of injury by subtracting three hours from the date and time of the death.
- If a decedent was discovered unresponsive less than or equal to one hour after being last known alive, the time last known alive can be used as the time of injury

Reference: NVDRS 4.3.2.1 date of Injury and SUDORS 5.2a Date of Injury.

4.20) Decedent's overdose date unknown

Variable: overdose_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of overdose to be unknown.

Guidance: Check this box if the exact date of overdose is unknown.

4.21) If exact date is not known, enter the approximate date of overdose incident.

Variable: overdose_date_app

Question type: Text entry

Definition: Approximate date of overdose incident.

Skip logic: Exact date of overdose is unknown (overdose_date_chk___1 = checked).

Guidance: Enter the approximate date (e.g., June 2020).

4.22) Date of death

Variable: death_date

Question type: Text entry

Definition: Indicates the date of the overdose death.

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

If the date of the decedent’s death is unknown, check the box “exact date of death unknown.”

4.23) Date of death unknown

Variable: death_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent’s exact date of death to be unknown.

Guidance: Check this box if the exact date of death is unknown.

4.24) If exact date is not known, enter the approximate date of death

Variable: death_date_app

Question type: Text entry

Definition: Approximate date of death.

Skip logic: Exact date of death is unknown (death_date_chk___1 = checked).

Guidance: Enter the approximate date (e.g., June 2020).

4.25) Time of death

Variable: death_time

Question type: Text entry

Definition: Time of death can be used to identify times of day that they may be more likely to occur.

Guidance: Coding using the 24-hour format of military time, with midnight as “0000,” noon as “1200,” and 2 p.m. as “1400.”

Sometimes the death may be described as occurring within a time range (e.g., between 1:00 p.m. and 2:00 p.m.).

- If a range of less than an hour is given (e.g., “around 9:30 a.m.” or “between 9:30 a.m. and 10:30 a.m.”), code that as the lowest time in the range (0930 in both cases).
- If a range of greater than one hour is noted for the time of death (e.g., “sometime between 9:30 a.m. and noon”), treat time as unknown.

5. Drugs at the Scene of Death

5.1) How was/were the drug(s) administered?

Variable: administration_route

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates how the decedent may have administered the substance leading to the overdose death.

This section captures scene and witness evidence describing how the decedent may have administered substances leading up to the fatal overdose, including substances that were and were not indicated as contributing to death.

More than one route of administration can be endorsed if evidence is found at the scene (e.g., smoked crack and injected heroin) or mentioned by witnesses.

Because it can be difficult to link specific substances to the specific routes of administration (e.g., injection, sniffing/snorting, or ingestion), abstractors are asked only to indicate a route of administration if there were any witness reports, overdose scene evidence, or autopsy evidence supporting a particular route of administration (e.g., recent track marks would indicate injection). Physical symptoms alone should not be used as evidence of a specific route of administration (e.g., pulmonary edema would not on its own be evidence of snorting/sniffing; signs that the decedent had vomited would not imply ingestion); however, physical evidence from an autopsy or other report indicating recent track marks could be used to support evidence of injection. If there is evidence to link a specific route of administration to a specific substance, it should be included in the narrative; e.g., if the report indicates that the decedent had injected heroin and also ingested alprazolam, Evidence of injection and evidence of ingestion should both be selected, and the narrative should include the information about which substance went with which route.

Guidance:

- No information on route of administration: There was no witness, death scene, or autopsy evidence that indicated the route of administration.
- Evidence of buccal: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered buccally. Buccal administration operates by dissolving the medication between the gums and the cheek. Evidence of buccal administration includes witness reports or the discovery of pieces of patches or other medication between the gums and the cheek.
- Evidence of freebasing: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered by freebasing or providing a heat source to the substance and inhaling.

- Evidence of huffing/inhalation: Witness, death scene, or autopsy evidence suggests that substance(s) such as volatile solvents, aerosols, gases, and nitrites were used leading up to the fatal overdose, and substances were inhaled or huffed such as empty aerosol cans or paints and glues on face and hands.
- Evidence of ingestion: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were taken orally in pill, tablet, or liquid form. Evidence of ingestion includes witness reports of taking pills or tablets orally or ingesting liquid orally (e.g., liquid methadone) or the discovery of prescription pills, prescription bottles, liquid substance(s), or vials for containing liquid substances at the scene of the overdose or on the decedent's body.
- Evidence of injection: Witness, death scene, or autopsy evidence suggests that the decedent injected substance(s) leading up to the fatal overdose. Evidence of injection includes witness reports of injecting, documentation of items used to prepare and inject substances found at the scene (e.g., needles, cookers, filters, tourniquets, alcohol pads), and/or track marks found on decedent that appear to be recent.
    - Track marks often present as dark scars/pigmentation marks that follow the track of veins. Fresh tracks are identified as unhealed puncture wounds. Usually found on forearms and hands but often on neck, groin, legs, feet, and other parts of the body.
    - Tying tourniquets around arms or legs facilitates injection of drugs by causing veins to bulge out from restricted blood flow. Popular tourniquets used to facilitate injection include belts and large elastic bands (similar to those used in hospitals).
    - Objects may be used to dissolve (i.e., cook up) powdered and solid drugs to prepare for injection. Spoons, bottle tops, and crushed soda cans are the most popular items used to "cook" substances.
    - A syringe, a hollow needle, or another apparatus facilitates putting fluid into the body, piercing the skin to sufficient depth for the fluid to be administered.
    - Materials may be used to remove particulate matter and other foreign objects from a substance solution before it is injected. Filters commonly used before injecting illicit substances include cotton balls, cotton swabs, and cigarette filters.
    - A witness reports that the decedent injected substance(s) leading up to the fatal overdose.
- Evidence of smoking: Witness, death scene, or autopsy evidence suggests that the decedent smoked substance(s) leading up to the fatal overdose. Evidence of smoking includes witness reports of smoking and drug paraphernalia at the scene of the overdose associated with smoking—such as pipes, stems, tinfoil, matches, disposable lighters, and gas torches. Do not select if using a vaping pen.
- Evidence of snorting/sniffing: Witness, death scene, or autopsy evidence suggests that the decedent snorted or sniffed substance(s) leading up to the fatal overdose. Evidence of snorting or sniffing includes witness reports of snorting or sniffing; drug paraphernalia at the overdose scene associated with snorting or sniffing, such as razor blades or credit cards used to chop and separate powder; straws, rolled paper or dollar bills, or tubes for nasal inhalation; powder visible on a table/mirror; or powder on the decedent's nose.
- Evidence of sublingual: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered sublingually. Sublingual administration involves placing a medication such as pills or lozenges under the tongue to be dissolved. Evidence of sublingual administration includes witness reports or the discovery of lozenges or pills under the decedent's tongue or in the

decedent's mouth as well as finding prescription bottles at the drug overdose scene that contain medications administered sublingually.

- Evidence of suppository: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were delivered through a suppository. A suppository is a medication that is often cylindrical in shape and less than one inch in length. A suppository is designed to be inserted into the rectum or vagina, where it dissolves. Evidence of suppository use includes witness reports or the discovery of suppositories at the overdose scene or on the decedent's body.
- Evidence of transdermal: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were absorbed through the decedent's skin. Evidence of transdermal administration includes witness reports of the use of transdermal patches or the discovery of transdermal patches on the body of the decedent or at the scene of the overdose.
- Evidence of vaping/vaporizing: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered via vaping or vaporizing device or method.

Reference: SUDORS 4.3.h to 4.3.p Route of Administration (modified to add vaping/vaporizing definition and freebasing).

5.2) What types of substance(s) were <u>known</u> to be found on the scene?

Variable: scene_substances

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the CME death investigation found evidence of prescription or illicit drugs at the scene of the overdose or drugs were reported by witnesses.

Guidance: This information is critical to understanding the extent to which illicit and prescription drugs contribute to opioid overdose deaths. Toxicology findings on tests of the decedent's body, such as tests for blood and urine, should not be considered when coding items in this subsection. Examples of evidence for each substance are shown below.

Evidence of prescription drugs:

- Examples of evidence that should be checked include the following:
  - A witness reports that the decedent was using prescription drugs before overdose onset.
  - Investigation-tested pills or other drugs found at the scene of the overdose and the forensic findings are consistent with prescription drugs.
  - Prescription pills or pill bottles were found at the overdose scene or on the decedent's body. These include prescription drugs prescribed and not prescribed for the decedent.

    - Other forms of prescription drugs were found at the scene of the overdose, such as patches, vials, or liquid medicines (either prescribed for the decedent or not).
    - Witness or prescription drug monitoring data indicate that the decedent was taking a prescription drug, which was found at the scene.
    - Prescription drugs were found in medicine cabinets, drawers, or pill containers, and other evidence such as witness reports indicate that the decedent was taking the drugs before the overdose.
- Examples of evidence that should not be coded include the following:
    - Do not code based on toxicology tests performed on the decedent's body, such as tests for blood and urine.
    - Do not code if prescription drugs were found in medicine cabinets, drawers, or pill containers and there was no other evidence that the decedent had taken the drugs before the overdose. Since the scene of the overdose can be interpreted broadly, if there is any question about whether to include evidence of prescription drugs found, err on the side of inclusion. Please contact the opioid surveillance help desk and/or your state support team for additional guidance.
- Prescription for decedent: There is evidence that prescription drugs were used leading up to the fatal overdose and that the drugs were prescribed to the decedent.
    - Prescription bottles found at the scene of the overdose have labels indicating that the drug was prescribed to the decedent.
    - Prescription Drug Monitoring Program (PDMP) data indicates that prescription drugs prescribed to the decedent were consistent with drugs found at the scene.
    - Witnesses report that the drugs were prescribed to the decedent.
    - The physician or authorized prescriber confirms that the prescription drugs found at the scene were prescribed to the decedent.
- Diverted prescription: There is evidence that prescription drugs were used leading up to the fatal overdose and that the drugs were not prescribed to the decedent.
    - Prescription bottles found at the scene of the overdose have labels indicating that the drug was prescribed to a person other than the decedent.
    - Prescription drug monitoring program data indicates that the prescriptions drugs found at the scene did not match the drugs prescribed to the decedent.
    - Witnesses report that the drugs were not prescribed to the decedent or were prescribed to them (i.e., to the witnesses).
    - Witnesses report that the decedent commonly purchased diverted prescription drugs from illegal sources and had no legitimate prescriptions.
- Prescription for undetermined individual: There is evidence that prescription drugs were used leading up to the fatal overdose, but there is no information on whether the drugs were prescribed to the decedent or diverted (i.e., prescribed to someone other than the decedent).
    - In some deaths, prescription drugs may be found at the scene, but there is insufficient evidence to determine whether the drugs were prescribed to the decedent or were diverted. For example, the prescription label is damaged or missing and the name cannot be determined. In this case, check the box associated with this variable.
- Over-the-counter medications: There is evidence that over-the-counter medications were used leading up to the fatal overdose.

    - Over-the-counter bottles found at the scene of the death and there is evidence the decedent was taking the drugs before the overdose, such as witness reports, recent receipt and empty bottles, etc.
- Alcohol: There is evidence alcohol was used leading up to the fatal overdose. This includes empty alcohol bottles, cans, etc.

Evidence for illicit substances:

- Crystal: Check the box associated with this variable if a crystal substance is found at the scene of the fatal overdose or on the decedent's body. Crystal meth is often found in a crystalline form and is usually white or slightly yellow. Crystal meth can come in large rock-like chunks. Other drugs can also come in crystal or rock form. Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box associated with this variable solely on the basis of methamphetamines found in the blood of the decedent.
- Illicit pills: Pills or tablets that strongly resemble prescription pills may be revealed by appearance or forensic chemistry to be counterfeit copies not produced by pharmaceutical companies. Check the box associated with this variable if there is evidence that pills found at the scene were counterfeit. Pills and tablets that closely resemble prescription pills and tablets are sometimes illegally manufactured and distributed erroneously as diverted prescription pills. These counterfeit pills contain a variety of substances. In 2016, the Drug Enforcement Administration and the CDC released alerts about widespread distribution of counterfeit prescription pills containing fentanyl.
- Packaging: Packaging associated with illicit substances can be an indication that illicit substances were used. Common illicit drug packaging includes glassine or corner-cut Baggies, often used for illicit substances in powder form. Check the box associated with this variable if the CME report mentions packaging found at the scene that is consistent with illicit substances. Mention of nonspecific "drug paraphernalia" could be used to code this variable if there is some indication that the paraphernalia was for illicit substances.
- Powder: Illicit substances, such as heroin, illicitly manufactured fentanyl, and cocaine, often come in powder form. Check the box associated with this variable if powders are found at the scene of the fatal overdose or on the decedent's body. Powders found at the scene of the overdose are consistent with illicit substance use. For instance, powdered cocaine often looks like a white powder, while powdered heroin can be white, tannish, or brown. If powder is mentioned and no information is available on whether the substance was tested and confirmed to be an illicit substance, check the box associated with this variable. Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box associated with this variable if cocaine is found in the blood of the decedent, unless scene evidence of powder is available
- Tar: One form of heroin, called "black tar," has a tar-like appearance. Check the box associated with this variable if a substance with a tar-like appearance and consistency is found at the scene of the fatal overdose or on the decedent's body. Black tar heroin is commonly sold west of the Mississippi and often looks like melted tar or a resinous substance that can range in color from dark brown to black. Findings from toxicology

tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box associated with this variable if heroin is found in the blood of the decedent, unless scene evidence of tar is available.

- Inhalants: There is evidence inhalants were used leading up to the fatal overdose. This includes empty aerosol, gas, paint, and glue containers.
- Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable.
- Check the box associated with this variable only when the CME report confirms that prescription pills found at the scene are counterfeit. This conclusion will most likely require the CME or law enforcement to conduct forensic tests on the prescription drugs (often, these tests will not be available, and/or it may not be possible for results to be linked to the decedent) or results may be revealed by deviations between the design and labeling of the counterfeit pill and the prescription pill.
- Other: There is evidence of illicit substances found at the scene of the overdose or on the decedent's body for any form of substance or other evidence that is not captured by categories. If the box associated with this variable is checked, please briefly describe the evidence in the text box located underneath the variable. Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box based solely on the heroin found in the blood of the decedent.
- None: Check if there were no substances known to be at the scene.

Reference: SUDORS 4.3q to 4.3r: Illicit or Prescription Drugs.

5.3) Specify "Other" substance(s)

Variable: scene_substances_othr

Question type: Text entry

Definition: Specifies other substances found at the scene.

Skip logic: Substances found on scene were other (scene_substances___88 = Other).

5.4) What over-the-counter medications were noted at the scene?

Variable: substance_otc

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type(s) of over-the-counter medication(s) identified at the scene.

Skip logic: Over-the-counter medications were selected as noted at the scene (scene_substances___4 = Yes).

5.5) Specify “Other” over-the counter medication(s)

Variable: substance_otc_otr

Question type: Text entry

Definition: Specifies other over-the-counter medication(s).

Skip logic: Over-the-counter medications noted at the scene were other (substance_otc___88 = Other).

6. Death Investigation and Toxicology Information

6.1) Was an autopsy performed?

Variable: autopsy

Question type: Select only one.

Response options:

0 No
1 Yes
99 Unknown

Definition: Indicates whether an autopsy was performed on the decedent.

Guidance: Decedents who have been autopsied are likely to have more reliable cause-of-death codes and pregnancy findings. A yes/no item appears on the death certificate to indicate whether an autopsy was performed. Autopsies are not performed on every case that comes to the attention of a CME. A visual-only autopsy (that is, the body was visually inspected but not physically examined) does not qualify as an autopsy here, but a partial autopsy including physical examination does.

Reference: NVDRS 4.5.8 Autopsy performed.

6.2) Why was an autopsy not performed?

Variable: autopsy_reason

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Identifies reasons an autopsy may not have been done. This information will assist with making recommendations related to autopsies.

Skip logic: Autopsy was not performed (autopsy= No).

Guidance: Reasons an autopsy was not preformed include:

- Family refusal
- Lack of funding
- Religious objection
- Died in Hospital
- Other
- Unknown

6.3) Specify "Other"

Variable: autopsy_reason_othr

Question type: Text entry

Definition: Specifies other reason autopsy was not performed.

Skip logic: Reason autopsy was not preformed was selected as other (autopsy_reason___88 = Other).

6.4) What specimens were collected for toxicology testing?

Variable: specimen_collected

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates which toxicology specimens were collected during the death investigation.

Guidance: There are a variety of specimens that could be collected for a toxicology test. These include:

- None
- Blood
- Urine
- Vitreous

6.5) Was toxicology testing performed?

Variable: toxicology

Question type: Select only one.

Response options:

0 No
1 Yes, tested at an accredited/certified laboratory used for toxicology testing.
2 Yes, not tested at an accredited/certified laboratory used for toxicology testing.
3 Yes, unsure if tested at an accredited/certified laboratory used for toxicology testing.
99 Unknown

Definition: Indicates whether toxicology testing was performed and whether it was done at an accredited/certified laboratory.

6.6) Why was toxicology testing not performed?

Variable: toxicology_reason

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Identifies reasons toxicology testing may not have been done. This will assist with making recommendations related to toxicology testing.

Skip logic: Toxicology testing was not preformed (toxicology = No).

Guidance: Toxicology may not be tested for a variety of reasons. This include:

- Family refusal
- Lack of funding
- Religious objection
- Other
- Unknown

6.7) Specify "Other"

Variable: toxicology_reason_othr

Question type: Text entry

Definition: Specifies other reason toxicology testing was not performed.

Skip Logic: Reason toxicology testing was not preformed selected as other (toxicology_reason___88 = Other).

6.8) What kind of toxicology testing was done?

Variable: toxicology_tested

Question type: Select only one.

Response options:

1 Comprehensive
2 Targeted analysis

Definition: Indicates which substances were tested.

Skip logic: Toxicology was preformed (toxicology = 1 or 2 or 3).

Guidance:

- Comprehensive: Refers to general preliminary screening and provides a complete confirmation of any and all substances detected.
- Targeted: Refers to a subset category or type of drugs that were tested.

6.9) What kind of targeted toxicology testing was done?

Variable: toxicology_targeted

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates which substances were tested.

Skip logic: Targeted toxicology was selected as type of toxicology preformed (toxicology_tested=2).

Guidance: Targeted toxicology tests specific categories or type of drugs. Indicate what substances were tested.

- Alcohol (ethanol)
- Benzodiazepines
- Cannabis
- Central nervous system depressants (e.g., muscle relaxers, substances used for insomnia, tricyclic antidepressants)
- Cocaine
- Fentanyl/fentanyl analogs
- Other opioids
- Other sympathomimetic substances (e.g., antihistamines, methamphetamine)
- Other

6.10) Specify "Other"

Variable: toxicology_targeted_othr

Question type: Text entry

Definition: Specifies other kind of targeted toxicology done.

Skip logic: Kind of targeted toxicology testing is selected as other (toxicology_targetted____88= Other).

6.11) What substances were reported present on the toxicology report?

Variable: toxicology_sub

Question type: Check all that apply.

Response options:

1 Present on toxicology, not cause of death.
2 Listed as cause of death.

Definition: Indicates which substances were tested and present on the toxicology report and which substances were tested and present on the toxicology report and listed as the cause of death on the death certificate and/or medical/coroner report.

Skip logic: Toxicology testing preformed was selected (toxicology = 1 or 2 or 3).

6.12) Specify "Other"

Variable: toxicology_sub_othr

Question type: Text entry

Definition: Specifies what type of substance.

Skip logic: Toxicology test has other substance selected (toxicology_sub_888 = 0 or 1 or 2).

7. Interventions Following Overdose

7.1) Were there known witnesses of the drug use that resulted in the fatal overdose?

Variable: witness

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether a witness (a person aged 11 years or older) observed the decedent use the substance(s)/drug(s) that resulted in his/her overdose.

Guidance:

"Yes" should be selected for the following:

- A witness is physically with the decedent when he/she uses the drugs that cause the overdose.
- A person sees the decedent use the drugs that cause the overdose but leaves the decedent before symptoms of the overdose present.

"No" should be selected in following circumstances:

- A person joins the decedent immediately after the decedent used the drugs that caused the overdose and reports seeing the symptoms of the overdose as they present.
- A person is found days after the fatal overdose occurred, and evidence suggests that no one was at the scene of the overdose.
- A person knows that the decedent went to his or her room or the bathroom to use drugs but does not actually observe the decedent using drugs.
- The decedent contacts a friend just before he/she uses the drugs that resulted in the overdose. (emails, messages, texts, calls).
- Two decedents are both found deceased in the same location, absent any evidence that they observed each other's drug use.
- A child younger than 11 years witnessed the drug use.
- Limited information prevents entering yes, it is unknown.

Reference: SUDORS 4.4.b Drug use witnessed.

7.2) Number of known bystanders present at the scene of the overdose

Variable: bystander

Question type: Select only one.

Response options

0 No bystanders present
1 One bystander present
2 Multiple bystanders present
3 Bystanders present, unknown number

Definition: Bystander is a person, aged 11 years or older, who was physically nearby either during or shortly preceding an opioid overdose, who potentially had an opportunity to intervene and respond to the overdose.

Guidance: Understanding factors that prevented or slowed the response of bystanders to an overdose is critical to inform efforts to improve emergency responses to future opioid overdoses. The rapid progression of some fentanyl and heroin overdoses highlights the growing urgency of quickly responding to opioid overdoses. Since a bystander needs to be an individual with an opportunity to intervene, a minimum age cutoff of 11 years old is used. Below are some examples of situations that should be coded as bystander present or no bystander present. If there is not enough information to indicate whether a bystander was present or not, this variable can be coded as "5 Unknown if bystander present"; however, abstractors also can interpret what reflects the best possible evidence. For example, if it seems that the decedent overdosed in isolation, but the report does not specifically state that no bystander was present, it might make the most sense to code as "1 No bystanders present."

Bystander should be selected for the following examples:

- A person was at the location where the overdose occurred at the time of the overdose (prior to the onset of signs/symptoms) but may have been spatially separated from the decedent. For instance, the decedent's family may have been in another room in the house when the decedent overdosed in his/her room or a bathroom. This would include a person asleep in the same room or another room of the house.
- A person observed the decedent during her overdose but did not see the decedent use drugs. For instance, a roommate noticed that the decedent had fallen asleep and was loudly snoring on the couch but did not know the decedent had used drugs and/or did not recognize that the decedent had overdosed.
- A person reported that the decedent was intoxicated or high and left the decedent before symptoms of the overdose manifested.
- A person physically observed the decedent using the drugs that resulted in the overdose.

Not considered bystander includes the following examples:

- The decedent electronically communicated (e.g., through emails, texts, calls) with a friend that he or she was about to use drugs.
- The decedent overdosed in a public place such as an alley but could not be seen by people.
- An individual meets all criteria for a bystander but is younger than 11 years old. In this case, it should be coded as "No bystander present."
- A person discovers the decedent already unconscious (e.g., a family member returns to the home and finds the decedent unresponsive but was not nearby when the overdose signs/symptoms began).

- A roommate finds the decedent in a state of decomposition in the decedent's bedroom and the roommate has been in and out of the house during the past few days
- Limited information prevents entering yes, it is unknown.

Unknown for cases in which you know there were bystanders, but the number is unknown.

Reference: SUDORS 4.4.a Bystander present (modifications related to number of responses, to align with the rest of the document's structure).

7.3) Bystander(s) present: Type of bystander.

Variable: bystander_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of bystander(s) present.

Skip logic: Bystander type is known (bystander = 1 or 2 or 3).

Guidance:

- Friend: The bystander present at the time of overdose was a friend or acquaintance of the decedent. If the decedent knew the bystander even casually, the box associated with this variable should be checked.
- Intimate partner: The bystander present at the time of overdose was a wife, husband, girlfriend, or boyfriend of the decedent. This category also includes ex-girlfriends, ex-boyfriends, ex-wives, and ex-husbands.
- Medical professional: The bystander present at the time of overdose was a medical professional.
- Other family: The bystander present at the time of overdose was a family member but not the decedent's intimate partner. For instance, the person could be the decedent's mother, father, brother, sister, aunt, uncle, cousin, son, daughter, or grandparent.
- Person using drugs: The bystander present at the time of overdose was a person who was using substance(s) with the decedent in the time leading up to the overdose.
- Roommate: The bystander present at the time of overdose lived with the decedent and was not an intimate partner or other family member.
- Stranger: The bystander present at the time of overdose was not someone known to the decedent.
- Other: The bystander present at the time of the overdose had another relationship with the decedent that is not captured by other responses. For instance, the person may have been a co-worker. If the box associated with this item is checked, please briefly describe the relationship in the text located underneath this variable.
- Unknown: Check this box if the relationship is unknown.

7.4) Specify "Other"

Variable: bystander_type_othr

Question type: Text entry

Definition: Specifies other type of bystander.

Skip logic: Bystander type was other (bystander_type___88 = Other).

7.5) Bystander response other than naloxone administration.

Variable: bystander_response

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what the bystander did to intervene to prevent the overdose death.

Skip logic: Indicates bystander response to overdose (bystander = 1 or 2 or 3).

Guidance:

- No response or call or call 9-1-1 after a significant delay: Check this variable if there is no evidence of any response by a bystander or layperson or a significant delayed response in calling 9-1-1.
- Call 9-1-1 immediately: Check this variable if there is evidence that a bystander or layperson called 9-1-1 for the decedent immediately at the onset of overdose symptoms. A bystander or other layperson called 9-1-1 after the decedent overdosed to obtain emergency medical services for the decedent.
- Cardiopulmonary resuscitation (CPR): Check this variable if there is evidence that a bystander or layperson performed CPR on the decedent after the onset of overdose symptoms. CPR is an emergency procedure that includes chest compressions and possibly ventilation (either mouth-to-mouth breathing or with the use of equipment) to maintain brain function until further treatment can be given and/or spontaneous circulation returns.
- Rescue breathing: Check this variable if there is evidence that a bystander or layperson performed rescue breathing on the decedent after the onset of overdose symptoms. Rescue breathing is an emergency procedure used to revive a person who has stopped breathing by forcing air into the lungs at regular intervals, either by exhaling into the decedent's mouth or nose or via a mask over the decedent's mouth.
- Sternal rub: Check this variable if there is evidence that a bystander or layperson performed a sternal rub on the decedent after the onset of overdose symptoms. One way to attempt to rouse an unconscious person is to use hard pressure to rub the sternum (middle of the chest/breastbone) with the knuckles. This is not an effective way

to reverse an overdose but is often used as a way to wake a person who has nodded off because of the effects of opioids.

- Stimulation: Check this variable if there is evidence that a bystander or layperson attempted stimulation on the decedent after the onset of overdose symptoms. Similar to a sternal rub, external stimulation (e.g., rubbing the upper lip area, shaking the person, yelling at the person, or splashing cold water or ice on the person) is often done with the intent to wake a person with symptoms of overdose. This is not an effective way to reverse an overdose but is often used to wake a person who has nodded off because of the effects of opioids.
- Other: Check this variable if there is evidence that a bystander or layperson made some other response not covered by other responses for the decedent after the onset of overdose symptoms.

Reference: SUDORS 4.4.d Bystander Response Other than Naloxone Administration (modified No response option).

7.6) Specify "Other"

Variable: bystander_response_othr

Question type: Text entry

Definition: Specifies other bystander response other than naloxone administration.

Skip logic: Bystander responds was other (bystander_response___88 = Other).

7.7) What are the reasons for no response or significant delay in calling 9-1-1?

Variable: no_response_reason

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates reasons the bystander did not respond or significantly delayed calling 9-1-1.

Skip logic: Bystander response was no response (bystander_response___0 = No response).

Guidance: Complete this variable if a bystander was present and did not respond to the overdose or call 9-1-1 at the onset of overdose symptoms.

- Abnormalities not recognized: Failure to recognize symptoms of an overdose can inhibit the ability of a bystander to respond to an overdose. Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the signs/symptoms of the overdose were not recognized by the

bystander. Bystander(s) present during or shortly before onset of overdose did not recognize any overdose symptoms exhibited by the decedent, so they did not know that they needed to provide a response to the overdose. Common symptoms of an opioid overdose include pinpoint, contracted pupils; loss of consciousness; slow, shallow, or erratic breathing; bluish skin, especially around the lips; limp body/muscles; choking or snore-like sounds; and slow, erratic, or nonexistent heartbeat. Often a person who has overdosed is thought to be asleep when the symptoms are not recognized.

- Abnormalities recognized, but not as overdose: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because signs/symptoms of the overdose were not recognized by the bystander to indicate an overdose. Some abnormalities may not be recognized as signs/symptoms of opioid overdose, which would hinder the ability of a bystander to provide a response to an overdose. For example, someone who has become unconscious might be thought to be sleeping, or someone with agonal breathing might be thought to be snoring.
- Bystander using substances or impaired: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because he or she was also using substances or drinking alcohol. If a bystander is also using substances or drinking alcohol, it may hinder his or her ability to recognize signs/symptoms of an overdose or to respond, even if the overdose is recognized. A bystander who is also using may additionally hesitate to respond (e.g., call 9-1-1) because of a fear of consequences.
- Bystander spatially separated (i.e., in a different room): Check the box associated with this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the bystander was spatially separated from the decedent at the time of overdose. The definition of a bystander allows for inclusion of individuals who were nearby during or shortly preceding an overdose even if they were not directly with the decedent at the onset of overdose. This would include individuals who were in a different room of the same house, or otherwise spatially separated from the person who overdosed, therefore hindering the ability to recognize that an overdose was occurring. It is likely that this variable will be endorsed along with "Unaware that decedent was using" in many cases.
- Bystander unaware that the decedent was using: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the bystander did not know the decedent was using substances. If bystanders do not know that someone is using substances, they might be less likely to notice signs/symptoms of overdose than if they were aware of the substance use, and they might be less vigilant in checking on the person using substances. It is likely that this variable will be endorsed along with others in this section, such as "Spatially separated" or "Did not recognize any abnormalities."
- Public space and strangers did not intervene: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the overdose occurred in a public space with strangers as the only bystanders.
- Other: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose for some reason other than those covered in this section.
- Unknown: Do not have any known reason for delay or no response.

Reference: SUDORS Subsection 4.4.I Reason(s) for Bystander No Response.

7.8) Specify "Other"

Variable: no_response_reason_othr

Question type: Text entry

Definition: Specified other reason for no response or significant delay in calling 9-1-1.

Skip logic: Bystander no response was other (no_response_reason___88 = Other).

7.9) Are any of the bystanders at the scene of the overdose known to be facing criminal charges or were arrested related to the overdose event?

Variable: bystander_gls

Question Type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the bystanders are facing criminal charges or arrest due to their involvement or proximity to the overdose event.

Skip logic: Bystander present on scene (bystander = 1 or 2 or 3).

7.10) Was the emergency medical dispatching (EMD) protocol performed?

Variable: emd_performed

Question Type: Select only one.

Response Options:

0 No
1 Yes, with pre-arrival instructions
2 Yes, without pre-arrival instructions
3 Yes, unknown if pre-arrival instructions were given
99 Unknown

Definition: Indicates whether the Emergency Medical Dispatching (EMD) protocol was performed. This information will understand the use and impact scripted dispatching provides as it relates to resuscitation efforts and the willingness of a bystander to act in a given emergency. Scripts on how to provide naloxone and how to provide CPR are included in medical dispatch programs. The dispatcher and the caller are the first people to intervene and provide care on an overdose incident. Understanding the willingness to accept direction from a dispatcher after calling 9-1-1 could provide insight on how to improve bystander intervention.

Guidance:

- No: The dispatch center that received the call for emergency services did NOT process the call using a pre-existing evidence-based response system
- Yes, with pre-arrival instructions: The dispatch center that received the call for emergency services processed the call using a pre-existing evidence-based system and intervention instructions WERE provided to caller.
- Yes, without pre-arrival instructions: The dispatch center that received the call for emergency services processed the call using a pre-existing evidence-based system and NO intervention instructions were provided to the caller.
- Yes, unknown whether pre-arrival instructions were given: The dispatch center that received the call for emergency services processed the call using a pre-existing evidence-based system and it is UNKOWN whether intervention instructions were provided to the caller.
- Unknown: It is unknown whether emergency medical dispatching was performed.

7.11) Was EMS at the scene?

Variable: ems_present

Question type: Select only one.

Response options:

0 No
1 Yes
99 Unknown

Definition: Indicates whether emergency medical services were present at the scene of the injury incident.

Guidance: EMS status describes the involvement of emergency medical services in violent injury cases. This may assist in planning and evaluating EMS services and in capturing costs associated with violence. Code "EMSPresent" only to indicate the presence of medical services at the scene, not to indicate whether any medical services were delivered. If the decedent was transported from the scene via ambulance, this variable should be coded “yes.”

Reference: NVDRS 4.3.6 EMS at scene.

7.12) Presence of a pulse when EMS arrived?

Variable: pulse

Question type: Select only one.

Response options:

0 No, decedent did not have pulse
1 Yes, decedent had pulse

99 Unknown whether decedent had pulse

Definition: Indicates whether the decedent had a measurable pulse at the time EMS, law enforcement, fire, or other first responders arrived at the scene of the overdose, or, if the decedent was brought to the ED by laypersons, the decedent had a pulse upon arrival at the ED.

Skip logic: EMS was present on scene (ems_present = Yes).

Guidance: The status of someone who has overdosed at the time of first-responder arrival will affect the ability of first responders to reverse the overdose and prevent death. If there is mention that a person is clearly deceased at first-responder arrival, it is more likely that no lifesaving measures will have been undertaken (beyond possibly transporting to the ED, if first responders are unable to declare death in the field). If, however, the decedent still had a pulse when first responders arrived, there is a higher likelihood that they administered some care/treatment to reverse the overdose. Evidence of presence of a pulse at first-responder arrival will provide information about factors such as whether bystanders were present (to call 9-1-1), whether any first-responder lifesaving interventions were undertaken, and rapidity of onset of overdose symptoms. Check the box associated with this variable if there is evidence that the decedent had a pulse (including instances in which a pulse is noted as weak or abnormal) when first responders arrived.

Reference: SUDORS 4.4.j Presence of pulse on first-responder arrival (modified responses so numbering matched the rest of the data instrument).

7.13) EMS intervention other than naloxone.

Variable: ems_response

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what intervention(s) were done by EMS on the scene.

Skip logic: EMS was present on scene (ems_present = Yes).

Guidance:

- CPR: Check this variable if there is evidence that a first responder performed CPR on the decedent after the onset of overdose symptoms. Cardiopulmonary resuscitation (CPR) is an emergency procedure that includes chest compressions and possibly ventilation (either mouth-to-mouth breathing or with the use of equipment) to maintain brain function until further treatment can be given and/or spontaneous circulation returns.
- Epinephrine administration: Check this variable if there is evidence that first responders administered epinephrine to the decedent. Epinephrine, also called adrenaline, is a medication used in emergencies to treat allergic reactions. It can help improve

breathing and stimulate the heart rate. Epinephrine is also used in certain situations to treat cardiac arrest, so it can be administered to someone who has overdosed.

- Provided oxygen: Check this variable if there is evidence that first responders provided supplemental oxygen to the decedent. If a person has trouble breathing or trouble taking in oxygen while breathing, supplemental oxygen might be provided. Oxygen is usually provided through a face mask or nasal prongs. If someone has overdosed, there might be continued trouble with sufficient breathing even after he or she is able to breathe unaided.
- Rescue breathing: Check this variable if there is evidence that a first responder performed rescue breathing on the decedent after the onset of overdose symptoms. Rescue breathing is an emergency procedure used to revive a person who has stopped breathing by forcing air into the lungs at regular intervals, either by exhaling into the decedent's mouth or nose or into a mask over the decedent's mouth.
- Transport to ED: Check the box associated with this variable if there is evidence that first responders transported the decedent to the ED. This can include instances in which the decedent was transported for further care or for a declaration of death. If a person who has overdosed has been revived in the field or has enough signs of life, he or she will likely be transported to the ED for further treatment. In some instances, if a person has died of an overdose before reaching the ED, but first responders cannot declare death in the field, the person might be transported to the ED to enable a health care provider to declare death.
- Other: Check the box associated with this variable if there is evidence that a first responder made some other response not covered in this question for the decedent after the onset of overdose symptoms. First-responder interventions are not limited to the response options provided. Use this variable if there is evidence indicating that some other response was made and include a description of the response in the text box.

Reference: Subsection 4.4.K First-responder intervention(s) other than naloxone administration.

7.14) Specify "Other"

Variable: ems_response_othr

Question type: Text entry

Definition: Specifies other EMS response other than naloxone administration.

Skip logic: EMS response was other (ems_response___88 = Other).

7.15) EMS response time in minutes

Variable: ems_response_time

Question type: Numeric

Definition: Enter known length of time it took for EMS to respond to call for help.

Skip logic: EMS was present on scene (ems_present = Yes).

7.16) Was it known that naloxone was administered?

Variable: naloxone

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was administered naloxone in response to his or her fatal opioid overdose. Naloxone is a drug that reverses the effects of an opioid overdose. Naloxone can be administered nasally or injected. Narcan™ is a trademarked name for drugs containing naloxone that are used to reverse opioid overdoses.

Guidance:

- Yes: To check response, two criteria must be met:
  - The decedent was administered naloxone for his or her fatal opioid overdose by any of the following people: a layperson; EMS responders; law enforcement officers; firefighters; or health care workers in an emergency room, hospital, or critical care center.
  - There must be evidence that the naloxone was administered—evidence that naloxone was found at the scene (even used naloxone packaging) is insufficient unless there is also evidence that it was administered to the decedent. If toxicology tests on the decedent detect naloxone, check the box associated with this variable, unless buprenorphine is also detected, since this could indicate use of Suboxone, which is a combination of buprenorphine and naloxone.
- No: Check this response if there is evidence that naloxone was not administered or if it is unknown whether it was administered.

Reference: SUDORS Subsection 4.4.e and 4.4.f Naloxone Administered or Not (modified by making known or documented).

7.17) Who administered the naloxone?

Variable: naloxone_who

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type(s) of people who administered naloxone to the decedent in response to the fatal opioid overdose and how many naloxone dosages were administered. Must identify at least one individual or group who administered naloxone to the decedent by

checking the box associated with the individual or group. Multiple groups can be checked because a decedent may have received naloxone from multiple groups.

Skip logic: Naloxone was known to be administered (naloxone = Yes).

Guidance:

- EMS/Fire: Check this variable if EMS staff members or firefighters administered naloxone to the decedent. EMS staff members (e.g., ambulance EMTs) or firefighters administered naloxone to the decedent. This category includes all EMS personnel regardless of certification level.
- Friend: Check this variable if the layperson who administered naloxone to the decedent was the decedent's friend. The person who administered the naloxone was a friend or acquaintance of the decedent. If the decedent knew the bystander even casually, the box associated with this variable should be checked.
- Hospital (ED/inpatient): Check this variable if hospital staff members, either in-patient or in the ED, administered naloxone to the decedent. The decedent was administered naloxone for his or her overdose in the emergency department or inpatient hospital setting. Naloxone administered in critical care centers should also be coded in this category.
- Intimate partner: Check this variable if the layperson who administered naloxone to the decedent was the decedent's intimate partner. The person who administered naloxone was a wife, husband, girlfriend, or boyfriend of the decedent. This category also includes ex-girlfriends, ex-boyfriends, ex-wives, and ex-husbands.
- Law enforcement: Check this variable if a law enforcement officer administered naloxone to the decedent. A law enforcement officer administered naloxone. Law enforcement includes local, state, tribal, and federal agencies, as well as private security.
- Other family: Check this variable if the layperson who administered naloxone to the decedent was a decedent's family member (other than an intimate partner). The person who administered the naloxone was a family member, but not the decedent's intimate partner. For instance, the person could be the decedent's mother, father, brother, sister, aunt, uncle, cousin, son, daughter, or grandparent.
- Person using drugs: Check this variable if the layperson who administered naloxone to the decedent was someone who was also using substances or alcohol at the time of the overdose. The person who administered naloxone was a person who was using drugs with the decedent at the time of the overdose.
- Roommate: Check this variable if the layperson who administered naloxone to the decedent was the decedent's roommate. The person who administered the naloxone lived with the decedent and was not an intimate partner or other family member.
- Stranger: Check the box associated with this variable if the layperson who administered naloxone to the decedent was a stranger to the decedent. The decedent did not know the person who administered the naloxone. Check the box associated with this variable only when the bystander was not using drugs with the decedent at the time of the overdose, an intimate partner, a friend (or acquaintance), another family member, a roommate, or another lay person.
- Other: Check this variable if someone other than those listed in responses administered naloxone to the decedent. For instance, if the decedent overdosed at a syringe

exchange program and received naloxone from trained health professionals at the syringe exchange program, this box should be checked. If this box is checked, please provide details in the narrative about who administered the naloxone.

Reference: SUDORS 4.4.f Naloxone administered—who administered? (modified number to align with the rest of the data instruments numbering).

7.18) Specify "Other"

Variable: naloxone_who_othr

Question type: Text entry

Definition: Specifies other individual who administered naloxone.

Skip logic: Naloxone was known to be administered by other (naloxone_who___88 = Other).

7.19) Total number of naloxone dosages known to be administered by first responders and health care professionals.

Variable: naloxone_hcp

Question type: Select only one

Response options:

0 None
1 At least one, known number
2 At least one, unknown number

Definition: Indicates the number of known naloxone dosages administered by first responders/health care providers such as law enforcement, EMS, or emergency department physicians or nurses.

Skip logic: Naloxone was known to be administered by first responders/health care providers (naloxone_who___1 or 3 or 5 = Yes).

Reference: NVDRS 4.4.h Total number of naloxone dosages administered by first responders/health care (modified).

7.20) Total specified number of naloxone dosages known to be administered by first responders and health care professionals.

Variable: naloxone_hcp_spec

Question type: Text entry (integer)

Definition: Indicates the total number of known naloxone dosages administered by first responders/health care providers such as law enforcement, EMS, or emergency department physicians or nurses.

Skip logic: Total number of naloxone dosages administered by first responders/health care providers was known (naloxone_hcp = 1).

Guidance: Input number of known dosages administered. Range 1–100.

Please use the following guidance when calculating dosage:

- The amount of naloxone delivered to a person per dose varies across naloxone products. This variable does not capture the total amount of naloxone the person receives (e.g., total milligrams of naloxone), but instead the total number of doses he or she receives. For instance, if noted that EMS administered nasal naloxone twice to the patient, "2" should be entered for number of dosages. Of note: Nasal naloxone is delivered as a divided dose, with half of each dose going into each nostril; this is considered one dose but can be mistaken as two doses. If evidence is available that one dose was given, with half in each nostril, "1" should be entered for the number of dosages. Knowing the number of doses is important to ensure that sufficient dosages are distributed to first responders.
- Some nasal naloxone devices require administering half of the dose of naloxone in each nostril. If the person administering the nasal dose uses only a half dose (i.e., administers naloxone only in one nostril), the abstractor should round up and count this as one dose—enter "1" in the box.
- If the patient received the naloxone intravenously, please count this as a single dose.

Reference: 4.4.h Total number of naloxone dosages administered by first responders/health care (modified to match our response numbers).

7.21) Total number of naloxone dosages known to be administered by laypersons.

Variable: naloxone_lay

Question type: Select only one.

Response options:

0 None
1 At least one, known number
2 At least one, unknown number

Definition: Indicates the number of known naloxone dosages administered by bystanders such as family, friends, roommate, strangers, or people who were using drugs with the decedent.

Skip logic: Naloxone was known to be administered by laypersons (naloxone_who___2 or 4 or 6 or 7 or 8 or 9 = Yes).

Reference: NVDRS 4.4.i Total number of naloxone dosages administered by laypersons (modified).

7.22) Total specified number of naloxone dosages known to be administered by laypersons.

Variable: naloxone_lay_spec

Question type: Text entry (integer)

Definition: Indicates the total number of known naloxone dosages administered by bystanders such as family, friends, roommate, strangers, or people who were using drugs with the decedent.

Skip logic: Total number of naloxone dosages administered by laypersons was known (naloxone_lay = 1)

Guidance: Input number of known dosages administered. Range 1–100.

Please use the following guidance when calculating dosage:

- The amount of naloxone delivered to a person per dose varies across naloxone products. This variable does not capture the total amount of naloxone the person receives (e.g., total milligrams of naloxone), but instead the total number of doses he or she receives. For instance, if noted that EMS administered nasal naloxone twice to the patient, "2" should be entered for number of dosages. Of note: Nasal naloxone is delivered as a divided dose, with half of each dose going into each nostril; this is considered one dose but can be mistaken as two doses. If evidence is available that one dose was given, with half in each nostril, "1" should be entered for the number of dosages. Knowing the number of doses is important to ensure that sufficient dosages are distributed to first responders.
- Some nasal naloxone devices require administering half of the dose of naloxone in each nostril. If the person administering the nasal dose uses only a half dose (i.e., administers naloxone only in one nostril), the abstractor should round up and count this as one dose—enter "1" in the box.
- If the patient received the naloxone intravenously, please count this as a single dose.

Reference: 4.4.h Total number of naloxone dosages administered by laypersons (modified).

7.23) Why was naloxone <u>not</u> administered?

Variable: naloxone_why_not

Question type: Text entry

Definition: Indicates known reasons naloxone was not administered.

7.24) Known issues administering naloxone?

Variable: naloxone_administration

Question type: Text entry

Definition: Describes any issues or barriers in the administration of the naloxone.

Guidance:

- Describe any barriers or issues experienced in administering naloxone.
- Include information about route(s) attempted in administering naloxone.
- None: Enter “none” if there are not any known barriers or issues in administration of naloxone.
- Unknown: Enter “unknown” if there were barriers but it is unclear what or why there were barriers.

8. Life Stressors

8.1) Did the decedent ever have any of these known housing or financial stressors?

Variable: financial_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates any known financial or housing-related stressors in the decedent's lifetime.

Guidance: Benefits include Supplemental Security Income (SSI), Children's Health Insurance Program (CHIP), housing assistance, energy assistance, unemployment insurance, Supplemental Nutritional Assistance Programs (SNAP or "food snaps"), Temporary Assistance for Needy Families (TANF or "welfare"), etc.

Reference: NVDRS crisis-related variables (modified).

8.2) When was the known bankruptcy filing?

Variable: financial_life_bankruptcy

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Bankruptcy filing was selected in known housing or financial stressors (financial_life___1 = Yes).

Guidance: See Appendix for time period guidance.

8.3) When was the known benefits lost?

Variable: financial_life_benefits

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Benefits lost was selected in known housing or financial stressors (financial_life___2 = Yes).

Guidance: See Appendix for time period guidance.

8.4) When was the known eviction or loss of housing?

Variable: financial_life_eviction

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Eviction or loss of housing was selected in known housing or financial stressors (financial_life___3 = Yes).

Guidance: See Appendix for time period guidance.

8.5) When was the known food insecurity and/or struggle to access food?

Variable: financial_life_food

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Food insecurity and/or struggle to access food was selected in known housing or financial stressors (financial_life___4= Yes).

Guidance: See Appendix for time period guidance.

8.6) When was the known home foreclosure?

Variable: financial_life_foreclosure

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip Logic: Home foreclosure was selected in known housing or financial stressors (financial_life___5= Yes).

Guidance: See Appendix for time period guidance.

8.7) When was the known housing insecurity?

Variable: financial_life_housing

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Housing insecurity was selected in known housing or financial stressors (financial_life___6= Yes).

Guidance: See Appendix for time period guidance.

8.8) When was the known job loss by decedent?

Variable: financial_life_jobloss

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Job loss by decedent was selected in known housing or financial stressors (financial_life___7= Yes).

Guidance: See Appendix for time period guidance.

8.9) When was the known job loss by decedent's partner?

Variable: financial_life_jobloss_part

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Job loss by decedent's partner was selected in known housing or financial stressors (financial_life___8= Yes).

Guidance: See Appendix for time period guidance.

8.10) When was the known job problem?

Variable: financial_life_job

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Job problem was selected in in known housing or financial stressors (financial_life___9= Yes).

Guidance: See Appendix for time period guidance.

8.11) Did the decedent ever have any of these known life stressors?

Variable: stressor_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates any known life stressors in the decedent's lifetime.

Guidance:

- Child (new or loss): Adopted a child, experienced a loss of adoption, son or daughter died, learned about pregnancy, or birth of a child.
- Divorce or significant relationship problems: Decedent filed for divorce, received divorce papers, experienced an intimate relationship breakup, or experienced a significant relationship problem or disagreement with family or friend.
- Infidelity: Decedent discovered partner's infidelity; decedent's partner discovered decedent's infidelity.

8.12) When was the known child loss or addition?

Variable: stressor_life_child

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

- Child, new or loss: Adopted a child, experienced a loss of adoption, son or daughter died, learned about pregnancy, or birth of a child.

Skip logic: Child loss or addition was selected in known life stressors (stressor_life___1= Yes).

Guidance: See Appendix for time period guidance.

8.13) When was the known death of a spouse, loved one (other than child), or friend?

Variable: stressor_life_death

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Death of a spouse, loved one (other than child) or friend was selected in known life stressors (stressor_life___2= Yes).

Guidance: See Appendix for time period guidance.

8.14) When was the known divorce or significant relationship problems?

Variable: stressor_life_divorce

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

- Divorce or significant relationship problems: Decedent filed for divorce, received divorce papers, experienced an intimate relationship breakup, or experienced a significant relationship problem or disagreement with family or friend.

Skip logic: Divorce or significant relationship problems was selected in known life stressors (stressor_life___3= Yes).

Guidance: See Appendix for time period guidance.

8.15) When was the known infectious disease epidemic?

Variable: stressor_life_epidemic

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Infectious disease epidemic was selected in known life stressors (stressor_life___4= Yes).

Guidance: See Appendix for time period guidance.

8.16) When was the known infidelity?

Variable: stressor_life_infidelity

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

- Infidelity: Decedent discovered partner's infidelity; decedent's partner discovered decedent's infidelity

Skip logic: Infidelity was selected in known life stressors (stressor_life___5= Yes).

Guidance: See Appendix for time period guidance.

8.17) When was the known natural disaster?

Variable: stressor_life_disaster

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Natural disaster was selected in known life stressors (stressor_life___6= Yes).

Guidance: See Appendix for time period guidance.

8.18) When was the known the decedent disclosed sexual identity to family member or friend for the first time?

Variable: stressor_life_disclosure

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Sexual identity to family member or friend for the first time was selected in known life stressors (stressor_life___7= Yes).

Appendix

Life stressor time period guidance:

Check each time period the decedent was known to have stressor.

- Check each time period only once even if there were multiple events.
- In addition, each time period is mutually exclusive.

- For example, if a stressor occurred in the last 14 days, check “Last 14 days” and **do not** also check last year and adulthood.
- Another example is if the person is 45 and happened when they first left home at 20 and again six months prior to the decedent’s death you would check “in adulthood” and “last 12 months.”

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent’s life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent’s death.
- Last 14 days: Occurred within the last 14 days of the decedent’s life. If this is the only incident, do not also check last 12 months or decedent’s adulthood.

9. Health History and Health Care Access

9.1) Did the decedent have any known history of any of the following health conditions?

Variable: health_history

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the decedent has any known or documented history of various health conditions.

Guidance: The following health conditions may be selected.

- None of these apply
- Cancer
- Chronic illness (other than cancer)
- Infectious disease
- Injury requiring medical treatment
- Mental health
- Pain
- Other illness

9.2) When was the decedent known to have cancer?

Variable: health_hx_cancer

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known cancer.

Skip logic: History of cancer was selected (health_history___3 = Yes).

Guidance: Check each time period that the decedent was known to have cancer. See Appendix for timeframe definitions.

9.3) At the time of death, was the decedent known to be under medical care or receiving treatment for cancer?

Variable: health_treat_cancer

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was under treatment for cancer at the time of his or her fatal overdose.

Skip logic: History of cancer was selected (health_history___3 = Yes).

9.4) Which organ system did the cancer involved?

Variable: type_cancer

Question type: Check all that apply.

Response options:

1 history but not contributed to death
2 history, and contributed to death

Definition: Indicates what organ system the cancer was known to involve and whether or not it contributed to the cause of death.

Skip logic: History of cancer was selected (health_history___3 = Yes).

Guidance: Select organ system(s) that the decedent had cancer of and whether or not it contributed to his/her death.

Direct language that the cancer caused or contributed to the death is not required to code "Yes." The cancer can be coded as contributing to the death if there is an indication that it was perceived by investigators (law enforcement, medical examiner or coroner), OFR team members, or family and friends as related to the death. The cancer does not need to be near the time of death to be considered contributing to the death. If the cancer began a series of events that led to the death, it can be considered as contributing to the death. For example, if the decedent was diagnosed with cancer two years ago and had extreme pain and was prescribed prescription pain relievers and the decedent overtime began to use higher and higher doses of prescription pain relievers and started buying opioids to avoid withdrawal and transitioned to using exclusively illicit opioids.

- Cardiovascular system (e.g., malignant primary cardiac tumor) are very rare forms of cancer.
- Digestive system (e.g., anal cancer, biliary tract cancer, colorectal cancer, esophageal cancer, gallbladder cancer, gastric/stomach cancer, gastrointestinal stromal tumors, liver cancer, pancreatic cancer, and small intestine cancer)
- Endocrine system (e.g., adrenal gland cancer, pancreatic islet cell cancer, parathyroid cancer, pituitary gland cancer, thyroid cancer, and thymus cancer)

- Integumentary system (e.g., basal cell carcinoma, melanoma, nonmelanoma skin cancer, and squamous cell carcinoma of the skin)
- Lymphatic system (e.g., chronic lymphocytic leukemia, cutaneous B-cell lymphoma, cutaneous T-cell lymphoma, follicular lymphoma, lymphoma, non-Hodgkin's lymphoma, and Waldenstrom macroglobulinemia)
- Muscular system (e.g., rhabdomyosarcomas)
- Nervous system (e.g., brain cancer, central nervous system metastases, central nervous system tumors, ganglioneuroma, ganglioneuroblastoma, glioblastoma multiforme, medulloblastoma, meningioma, neuroblastomas, optic nerve glioma, skull base cancer, and spinal cord tumors)
- Reproductive system (e.g., cervical cancer, fallopian tube cancer, ovarian cancer, prostate cancer, testicular cancer, uterine cancer, vaginal cancer and vulvar cancer)
- Respiratory system (e.g., bronchial cancer, tracheal cancer, and lung cancer)
- Skeletal system (e.g., bone cancer, and osteosarcoma)
- Urinary system (e.g., bladder cancer, kidney cancer, and urethral cancer)
- Vascular system (e.g., leukemia, and vascular tumor)
- Visual system (e.g., choroidal tumor, conjunctival tumor, intraocular melanoma and retinoblastoma)

9.5) When did the decedent have a known chronic condition/illness (other than cancer)?

Variable: health_hx_chronic

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known chronic condition.

Skip logic: History of a chronic condition/illness was selected (health_history___19 = Yes).

Guidance: Check each time period that the decedent was known to have a chronic condition/ illness. See Appendix for timeframe definitions.

9.6) At the time of death, was the decedent known to be under medical care or receiving treatment for a chronic condition?

Variable: health_treat_chronic

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was under treatment for a chronic condition/illness (other than cancer) at the time of his or her fatal overdose.

Skip logic: History of a chronic condition/illness was selected (health_history___19 = Yes).

9.7) What type of chronic condition did the decedent have?

Variable: type_chronic

Question type: Check all that apply.

Response options:

1 history but not contributed to death
2 history, and contributed to death

Definition: Indicates what type of chronic illness/condition (other than cancer) was known to involve and whether or not it contributed to the cause of death.

Skip logic: History of a chronic condition/illness was selected (health_history___19 = Yes).

Guidance: Select the organ system(s) that the decedent had a chronic illness/disease (other than cancer) and whether or not it contributed to his/her death.

Direct language that the chronic illness/condition caused or contributed to the death is not required to code "Yes."

The chronic illness/condition can be coded as contributing to the death if there is an indication that it was perceived by investigators (law enforcement, medical examiner or coroner), OFR team members, or family and friends as related to the death. The illness/condition does not need to be near the time of death to be considered contributing to the death. If the illness/condition began a series of events that led to the death, it can be considered as contributing to the death. For example, if the decedent was diagnosed with illness/condition two years ago and had extreme pain and was prescribed prescription pain relievers and the decedent overtime began to use higher and higher doses of prescription pain relievers and started buying opioids to avoid withdrawal and transitioned to using exclusively illicit opioids.

- Cardiovascular system disorder (e.g., arrhythmia, congenital heart disease, coronary artery disease, deep vein thrombosis, pulmonary embolism, heart attack, heart failure, cardiomyopathy, heart valve disease, pericarditis, rheumatic heart disease, stroke)
- Digestive system disorder (e.g., acid reflux/gastroesophageal reflux disease [GERD], celiac disease, chronic constipation, chronic diarrhea, cirrhosis, diverticulitis, inflammatory bowel disease [IBD], irritable bowel syndrome [IBS], pancreatitis, ulcer/peptic ulcer disease [PUD])
- Endocrine system disorder (e.g., Addison's disease, Cushing's syndrome, diabetes, hyperthyroidism, hypothyroidism, Hashimoto's thyroiditis)
- Integumentary system disorder (e.g., acne, alopecia, dermatitis, psoriasis, Raynaud's phenomenon, rosacea, scleroderma, vitiligo)
- Lymphatic system disorder (e.g., lymphadenitis, lymphangitis, lymphedema)

- Muscular system disorder (e.g., myositis, rhabdomyolysis, sarcopenia,
- Nervous system disorder (e.g., Alzheimer's disease, amyotrophic lateral sclerosis [ALS], Bell's palsy, cerebral palsy, epilepsy, Guillain-Barre Syndrome, chronic headaches/migraine, meningitis, motor neurone disease [MND], multiple sclerosis, muscular dystrophy, Myasthenia Gravis, Parkinson's disease, sciatica, shingles)
- Reproductive system disorder (e.g., endometriosis, infertility, premenstrual syndrome, uterine fibroids, polycystic ovary syndrome, erectile dysfunction, Peyronie's Disease, varicoceles, hydrocele)
- Respirator system disorder (e.g., asthma, chronic obstructive pulmonary disease [COPD], chronic bronchitis, emphysema, cystic fibrosis/bronchiectasis, pleural effusion)
- Skeletal system disorder (e.g., arthritis [osteoarthritis/rheumatoid], cervical spondylosis, gout, osteoporosis, Paget's disease, scoliosis)
- Urinary system disorder (e.g., benign prostatic hyperplasia [enlarged prostate], cystitis [chronic inflamed bladder], chronic kidney disease, kidney/urinary tract stones, urethritis)
- Vascular system disorder (e.g., sickle cell anemia and blood clotting disorder)
- Visual system disorder (e.g., blind, cataract, glaucoma, macular degeneration, retinopathy)

9.8) When did the decedent have a known infectious disease?

Variable: health_hx_infect

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known infectious disease.

Skip logic: History of an infectious disease was selected (health_history___20 = Yes).

Guidance: Check each time period that the decedent was known to have an infectious disease. See Appendix for timeframe definitions.

9.9) At the time of death, was the decedent known to be under medical care or receiving treatment for an infectious disease?

Variable: health_treat_infect

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was under treatment for an infectious disease at the time of his or her fatal overdose.

Skip logic: History of an infectious disease was selected (health_history___20 = Yes).

9.10) What type of infectious disease did the decedent have?

Variable: type_infect

Question type: Check all that apply.

Response options:

1 history but not contributed to death
2 history, and contributed to death

Definition: Indicates what type of infectious disease was known to be involved and whether or not it contributed to the cause of death.

Skip logic: History of an infectious disease was selected (health_history___20 = Yes).

Guidance: Select the infectious disease that the decedent had and whether or not it contributed to his/her death.

Direct language that the infectious disease caused or contributed to the death is not required to code "Yes."

The infectious disease can be coded as contributing to the death if there is an indication that it was perceived by investigators (law enforcement, medical examiner or coroner), OFR team members, or family and friends as related to the death. The infectious disease does not need to be near the time of death to be considered contributing to the death. If the infectious disease began a series of events that led to the death, it can be considered as contributing to the death.

If an individual contracted an infectious disease and that led to complications such as inability to make appointments or being treated with prescription opioids that resulted in a lapse of sobriety that led to substance use.

9.11) Specify "Other"

Variable: type_infect_othr

Question type: Text entry

Definition: Specifies other type of infectious disease.

Skip logic: History of an infectious disease was selected (type_infect___88= Other).

9.12) When did the decedent have a known injury?

Variable: health_hx_injury

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known injury.

Skip logic: History of an injury was selected (health_history___9 = Yes).

Guidance: Check each time period that the decedent was known to have an injury. See Appendix for timeframe definitions.

9.13) At the time of death, was the decedent known to be under medical care or receiving treatment for an injury?

Variable: health_treat_injury

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was under treatment for an injury at the time of his or her fatal overdose.

Skip logic: History of an injury was selected (health_history___9 = Yes).

9.14) Did the injury appear to have contributed to the decedent's death?

Variable: contribute_injury

Question type: Select only one.

Response options:

1 history but not contributed to death
2 history, and contributed to death

Definition: Indicates if the injury appeared to play a contributory role in the death.

Skip logic: History of an injury was selected (health_history___9 = Yes).

Guidance: Direct language that the event caused or contributed to the death is not required to code "Yes."

Do not check yes for the fatal overdose.

9.15) What type of injury did the decedent have?

Variable: type_injury

Question type: Check all that apply.

Response options:

1 history but not contributed to death
2 history, and contributed to death

Definition: Indicates what type of injury was known to involve. Do not select overdose that resulted in death.

Skip logic: History of an injury was selected (health_history___9 = Yes).

Guidance:

Traumatic Brain Injury (TBI) is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force. Traumatic impact injuries can be defined as closed (or non-penetrating) or open (penetrating). Examples of a TBI include: falls, assaults, motor vehicle accidents, and sports injuries.

Acquired Brain Injury or Non-Traumatic Brain Injury (NTBI) causes damage to the brain by internal factors, such as a lack of oxygen, exposure to toxins, pressure from a tumor, etc. Examples of NTBI include: stroke, near-drowning, aneurysm, tumor, infectious disease that affects the brain (i.e., meningitis), and lack of oxygen supply to the brain (i.e., heart attack or overdose).

Reference: Brain Injury Association of America (www.biausa.org).

9.16) Did the decedent have a known history of brain injury?

Variable: brain_hx

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what type of brain injury, if any, the decedent had a known history of.

Skip logic: History of a brain injury was selected (Type_injury_1 = 1 or 2).

9.17) When was the decedent known to have had an acquired brain injury?

Variable: brain_hx_acquire

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known acquired brain injury.

Skip logic: History of acquired brain injury was selected (brain_hx___1 = Yes).

Guidance: Check each time period that the decedent was known to have an acquired brain injury. See Appendix for timeframe definitions.

9.18) When was the decedent known to have had a traumatic brain injury?

Variable: brain_hx_traumatic

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known traumatic brain injury.

Skip logic: History of traumatic brain injury was selected (brain_hx___2= Yes).

Guidance: Check each time period that the decedent was known to have a traumatic brain injury. See Appendix for timeframe definitions.

9.19) When was the decedent known to have pain?

Variable: health_hx_pain

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known pain.

Skip logic: History of pain was selected (health_history___13 = Yes).

Guidance: Check each time period that the decedent was known to have pain. See Appendix for timeframe definitions.

9.20) At the time of death, was the decedent known to be under medical care or receiving treatment for pain?

Variable: health_treat_pain

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was under treatment for pain at the time of his or her fatal overdose.

Skip logic: History of pain was selected (health_history___13 = Yes).

9.21) Did the pain appear to have contributed to the decedent's death?

Variable: contribute_pain

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the pain appeared to play a contributory role in the death.

Skip logic: History of pain was selected (health_history___13 = Yes).

Guidance: Direct language that the event caused or contributed to the death is not required to code "Yes."

9.22) What type of pain was the decedent being treated for?

Variable: pain_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what type of pain the decedent was being treated for at the time of his or her fatal overdose.

Skip logic: History of pain was selected (health_history___13 = Yes).

Guidance: Specifics what types of pain an individual was treated for. Pain types include:

- Acute pain
- Chronic pain
- Unknown type of pain

9.23) Who was treating the decedent's pain?

Variable: pain_provider

Question type: Check all that apply.

Definition: Indicates what type of health care provider was treating the decedent's pain.

Skip logic: History of pain being treated was selected (health_hx_pain_treat = Yes).

Guidance: Specifies what type of provider was treating pain. Providers types include:

- Emergency medicine physician
- Hospice provider
- Pain specialist
- Primary care/ family medicine/ internal medicine/ pedatirc care
- Dentist or oral surgeon
- Other
- Unknown

9.24) Specify "Other"

Variable: pain_provider_othr

Question type: Text entry

Definition: Specifies other types of providers for pain.

Skip logic: Pain treated by was other (pain_provider___88 = Yes).

9.25) Date of ***most recent*** known health care visit for pain

Variable: pain_date

Question type: Text entry

Definition: Indicates the date of the decedent's most recent known health care visit for pain.

Skip logic: History of pain being treated was selected (health_hx_pain_treat = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of most recent health care visit for pain is unknown, check the box "exact date health care visit for pain is unknown."

9.26) Decedent's most recent health care visit for pain unknown

Variable: pain_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies that the exact date of the decedent's most recent and known health care visit for pain is unknown.

Guidance: Check this box if exact date of the most recent health care visit for pain is unknown.

9.27) If exact date is not known, enter the approximate date of *most recent* known health care visit for pain.

Variable: pain_date_app

Question type: Text entry

Definition: Approximate date of most recent known health care visit for pain.

Skip logic: Date of most recent health care visit is unknown (pain_date_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

9.28) Was the decedent ever known to be prescribed an opioid for pain relief?

Variable: pain_rx

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was ever treated for pain with a prescribed opioid.

9.29) When was the decedent known to have been prescribed an opioid for pain relief?

Variable: pain_rx_hx

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had been known to be prescribed an opioid for pain.

Skip logic: History of prescribed opioid for pain relief was selected (pain_rx = Yes).

Guidance: Check each time period that the decedent was known to have been prescribed an opioid for pain relief. See Appendix for timeframe definitions.

9.30) Age (in years) at first known to be prescribed an opioid for pain.f

Variable: pain_rx_hx_2

Question type: Text entry

Definition: Indicates how old the decedent was at his or her first known prescription opioid.

Skip logic: History of prescribed opioid for pain relief was selected (pain_rx = Yes).

Guidance: Range 1–120 years. Enter 999 for unknown.

9.31) Was the decedent ever known to have received medical cannabis?

Variable: med_cannabis

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was ever known to receive medical cannabis.

9.32) In the 12 months prior to death, did the decedent have any known health care visits (other than behavioral health/mental health or substance use disorder treatment)?

Variable: health_care_use

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is known access to health care, other than mental health or substance use disorder treatment, in the year prior to death, other than the fatal overdose event.

Guidance: Excludes mental health and substance use disorder treatment. This information is gathered in Module 11 Mental Health History and Module 12 Substance Use History.

9.33) Specify "Other"

Variable: health_care_use_othr

Question type: Text entry

Definition: Specifies other types of health care accessed.

Skip logic: Health care visit was other or specialty care (health_care_use___5 = Yes or health_care_use___88= Other).

9.34) In the 12 months prior to death, how many times did the decedent have a <u>known</u> emergency visit?

Variable: ed_number

Question type: Text entry (integer)

Definition: Indicates the total number of known emergency response visits in the 12 months prior to the death.

Skip logic: Emergency Department was selected for health care visit (health_care_use___1 = Yes).

Guidance: Input number of known visits. Range 1–100.

9.35) Date of <u>*most recent* known</u> emergency department visit

Variable: ed_recent

Question type: Text entry

Definition: Indicates the date of the most recent known emergency department visit.

Skip logic: Emergency Department was selected for health care visit (health_care_use___1 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of most recent ED visit is unknown, check the box "exact date of most recent emergency department visit unknown."

9.36) Decedent's date of most recent emergency department visit unknown

Variable: ed_recent_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of most recent emergency department visit unknown.

Guidance: Check this box if exact date of most recent emergency department visit is unknown.

9.37) If exact date is not known, enter the approximate date of ***most recent*** known emergency department visit

Variable: ed_recent_app

Question type: Text entry

Definition: Approximate date of most recent known emergency department visit.

Skip logic: Exact date of most reason ED visit was unknown (ed_recent_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

9.38) What was the primary reason for the most recent emergency department visit?

Variable: ed_reason

Question type: Select only one.

Response options:

1 Acute illness
2 Chronic illness
3 Injury
4 Nonfatal overdose, drug poisoning
88 Other
99 Unknown

Definition: Indicates the primary reason for the most recent emergency department visit.

Skip logic: Emergency Department was selected for health care visit (health_care_use___1 = Yes).

9.39) Specify "Other"

Variable: ed_reason_othr

Question type: Text entry

Definition: Specifies other primary reason for most recent emergency department visit.

Skip logic: Emergency Department reason was unknown (ed_reason=other).

9.40) In the 12 months prior to death, how many times did the decedent have <u>known</u> encounters with EMS, including community paramedics?

Variable: ems_number

Question type: Text entry (integer)

Definition: Indicates the total number of known EMS encounters in the 12 months prior to the death.

Skip logic: Emergency Medical Services was selected for health care visit (health_care_use___2 = Yes).

Guidance: Input number of known EMS encounters. Range 1–100.

9.41) Date of ***<u>most recent</u>*** <u>known</u> EMS encounter

Variable: ems_recent

Question type: Text entry

Definition: Indicates the date of the most recent known EMS encounter.

Skip logic: Emergency Medical Services was selected for health care visit (health_care_use___2 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of most recent EMS encounter is unknown, check the box "exact date of most recent EMS encounter unknown."

9.42) Decedent's date of most recent EMS encounter unknown

Variable: ems_recent_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of most recent EMS encounter unknown.

Guidance: Check this box if exact date of most recent EMS encounter is unknown.

9.43) If exact date is not known, enter the approximate date of *most recent* known EMS encounter

Variable: ems_recent_app

Question type: Text entry

Definition: Approximate date of the most recent known EMD encounter.

Skip logic: Date EMS encounter was unknown (ems_recent_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020)

9.44) What was the primary reason for the most recent EMS encounter?

Variable: ems_reason

Question type: Select only one.

Response options:

1 Acute illness
2 Chronic illness
3 Injury
4 Nonfatal overdose, drug poisoning
88 Other
99 Unknown

Definition: Indicates the primary reason for the most recent EMS encounter.

Skip logic: Emergency Medical Services was selected for health care visit (health_care_use___2 = Yes).

9.45) Specify "Other"

Variable: ems_reason_othr

Question type: Text entry

Definition: Specifies other primary reason for most recent EMS encounter.

Skip logic: Emergency Medical Servies was other (ems_reason = Other).

9.46) In the past 12 months prior to death, how many times did the decedent have a known inpatient hospitalization?

Variable: inpatient_number

Question type: Text entry (integer)

Definition: Indicates the total number of known inpatient hospitalizations in the 12 months prior to the death.

Skip logic: Inpatient hospitalization was selected for health care visit (health_care_use___3 = Yes).

Guidance: Input number of known hospitalizations. Range 1–100.

9.47) Date of *most recent* known inpatient hospitalization

Variable: inpatient_recent

Question type: Text entry

Definition: Indicates the date of the most recent known inpatient hospitalization discharge date.

Skip logic: Inpatient hospitalization was selected for health care visit (health_care_use___3 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of most recent inpatient hospitalization is unknown, check the box "exact date of most recent inpatient hospitalization unknown."

9.48) Decedent's date of most recent inpatient hospitalization unknown

Variable: inpatient_recent_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of most recent inpatient hospitalization unknown.

Guidance: Check this box if exact date of most recent inpatient hospitalization is unknown.

9.49) If exact date is not known, enter the approximate date of most recent known inpatient **hospitalization**

Variable: inpatient_recent_app

Question type: Text entry

Definition: Approximate date of most recent known inpatient hospitalization.

Skip logic: Date of inpatient hospitalization was unknown (inpatient_recent_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

9.50) What was the primary reason for the most recent inpatient hospitalization?

Variable: inpatient_reason

Question type: Select only one.

Response options:

1 Acute illness
2 Chronic illness
3 Injury
88 Other
99 Unknown

Definition: Indicates the primary reason for the most recent inpatient hospitalization.

9.51) Specify "Other"

Variable: inpatient_reason_othr

Question type: Text entry

Definition: Specifies other primary reasons for the most recent inpatient hospitalization.

Skip logic: Inpatient hospitalization was other (inpatient_reason = other).

9.52) In the 12 months prior to death, how many times did the decedent have a known primary care visit?

Variable: primary_care_number

Question type: Text entry (integer)

Definition: Indicates the total number of known primary care visits in the 12 months prior to decedent's death.

Skip logic: Primary care was selected for health care visit (health_care_use___4 = Yes).

Guidance: Input number of known primary care visits. Range 1–100.

9.53) Date of *most recent* known visit with a primary care provider

Variable: primary_care_recent

Question type: Text entry

Definition: Indicates the date of the most recent known contact with primary care provider.

Skip logic: Primary care was selected for health care visit (health_care_use___4 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of most recent primary care visit is unknown, check the box "exact date of most recent primary care visit unknown."

9.54) Decedent's most recent primary care visit unknown

Variable: primary_care_recent_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of most recent primary care visit unknown.

Guidance: Check this box if exact date of most recent primary care visit is unknown.

9.55) If exact date is not known, enter the approximate date of most recent known visit with a primary care provider

Variable: primary_care_recent_app

Question type: Text entry

Definition: Approximate date of most recent known contact with a primary care provider.

Skip logic: Date of primary care visit is unknown (primary_care_recent_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

9.56) What was the primary reason for the most recent primary care visit?

Variable: primary_care_reason

Question type: Select only one.

Response options:

1 Acute illness
2 Chronic illness
3 Injury
4 Maternal health visit
5 Wellness visit
88 Other
99 Unknown

Definition: Indicates the primary reason for the most recent primary care visit.

Skip logic: Primary care was selected for health care visit (health_care_use___4 = Yes).

9.57) Specify "Other"

Variable: primary_care_reason_othr

Question type: Text entry

Definition: Specifies other primary reason for the most recent primary care visit.

Skip logic: Primary care visit was other (primary_care_reason = Other).

9.58) In the 12 months prior to death, how many times did the decedent have a known specialty care visit?

Variable: specialty_care_number

Question type: Text entry (integer)

Definition: Indicates the total number of known specialty care visits in the 12 months prior to decedent's death.

Skip logic: Specialty care was selected for health care visit (health_care_use___5 = Yes).

Guidance: Input number of known specialty care visits. Range 1–100.

9.59) Date of *most recent* known visit with a specialty care provider

Variable: specialty_care_recent

Question type: Text entry

Definition: Indicates the date of the most recent known contact with a specialty care provider.

Skip logic: Specialty care was selected for health care visit (health_care_use___5 = Yes).

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”). If the decedent’s exact date of most recent specialty care visit is unknown, check the box “exact date of most recent specialty care visit unknown.”

9.60) Decedent’s most recent specialty care visit unknown

Variable: specialty_care_recent_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent’s exact date of most recent primary care visit unknown.

Guidance: Check this box if exact date of most recent primary care visit is unknown.

9.61) If exact date is not known, enter the approximate date of *most recent* known visit with a specialty care provider

Variable: specialty_care_recent_app

Question type: Text entry

Definition: Approximate date of most recent known contact with a specialty care provider.

Skip logic: Specialty care visit date was unknown (specialty_care_recent_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

9.62) What type specialty care was the most recent specialty care visit?

Variable: specialty_care_type

Question type: Text entry

Definition: Specifies type of specialty care for the most recent specialty care visit.

Skip logic: Specialty care was selected for health care visit (health_care_use___5 = Yes).

9.63) In the 12 months prior to the death, what harm-reduction services was the decedent known to access?

Variable: harm_reduction

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates known harm-reduction services the decedent accessed in the 12 months prior to death.

Skip logic: Harm reduction was selected for health care visit (health_care_use___6 = Yes).

Guidance: Harm reduction services include:

- Disease testing and referral (viral hepatitis and HIV)
- Drug treatment referral
- Fentanyl test strips
- Health coverage referral
- Legal referral
- Medically supervised injection
- Medication-assisted or opioid replacement treatment
- Naloxone distribution
- Needle and syringe exchange programs (syringe access and disposal)
- Non-abstinence-based housing and employment initiatives
- Overdose prevention and reversal education
- Peer support
- Psychosocial support
- Safer drug use education
- Other

9.64) Specify "Other"

Variable: harm_reduction_othr

Question type: Text entry

Definition: Specifies other known harm-reduction services the decedent accessed in the 12 months prior to death.

Skip logic: Harm reduction service was other (harm_reduction___88 = Other).

9.65) In the 12 months prior to death, how many times did the decedent access known harm reduction services?

Variable: harm_reduction_number

Question type: Categorical

Response options:

1 Daily
2 Weekly

3 Once every two weeks
4 Monthly
5 Once every three months
6 Once in the year

Definition: Indicates the total number of known harm reduction encounters in the 12 months prior to the death.

Skip logic: Harm reduction was selected for health care visit (health_care_use___6 = Yes).

9.66) Date of *most recent* known visit with a harm reduction service provider

Variable: harm_reduction_recent

Question type: Text entry

Definition: Indicates the date of the most recent known contact with a harm reduction service provider.

Skip logic: Harm reduction was selected for health care visit (health_care_use___6 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of most recent visit is unknown, check the box "exact date of most recent harm reduction visit unknown."

9.67) Decedent's most recent harm reduction service access/contact unknown

Variable: harm_reduction_recent_chk___1

Question type: Checkbox

Definition: Identifies decedent's exact date of most recent harm reduction service visit unknown.

Response options:

0 Unchecked
1 Checked

Guidance: Check this box if exact date of most recent harm reduction service visit is unknown.

9.68) If exact date is not known, enter the approximate date of most recent known visit with a harm reduction service provider

Variable: harm_reduction_recent_app

Question type: Text entry

Definition: Approximate date of most recent known contact with a harm reduction care provider.

Skip logic: Date harm reduction services is unknown (harm_reduction_recent_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

9.69) In the 2-5 years prior to death, did the decedent have known health care visits (other than behavioral health/mental health or substance use disorder treatment)?

Variable: health_care_use_hx

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is known access to health care, other than mental health or substance use disorder treatment, in the year prior to death—other than the fatal overdose event.

Guidance: Excludes mental health and substance use disorder treatment. This information is gathered in Module 11 Mental Health History and Module 12 Substance Use History.

9.70) Specify "Other"

Variable: health_care_use_hx_othr

Question type: Text entry

Definition: Specifies other types of health care accessed.

Skip logic: Health care visit was other (Health_care_use_hx___88= Other).

9.71) In the 2-5 years prior to death, how frequently was the decedent known to have accessed harm reduction services?

Variable: harm_reduction_hx

Question type: Categorical

Response options:

1 Daily/More than once a week
2 Weekly
3 Once every two weeks
4 Monthly

5 Once every three months
6 Once a year
7 Less than once a year

Definition: Indicates the frequency of known encounters with harm reduction services the 2-5 years prior to death.

Skip logic: Harm reduction service visit was selected(health_care_use_hx___6 = Yes).

Guidance: Excludes mental health and substance use disorder treatment. This information is gathered in Module 11 Mental Health History and Module 12 Substance Use History.

9.72) Across the decedent's lifetime, how many times did the decedent have a known emergency department visit for withdrawal?

Variable: ed_withdrawal

Question type: Select only one.

Response options:

0 None
1 At least one, known number
2 At least one, unknown number

Definition: Indicates the number of known emergency department visits for withdrawal.

Skip logic: Emergency department visit for withdrawal was selected (health_care_use___1 = Yes or health_care_use_hx___1 = Yes).

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance).

9.73) Across the decedent's lifetime, how many times did the decedent have a known emergency visit for withdrawal?

Variable: ed_withdrawal_spec

Question type: Text entry (integer)

Definition: Indicates the total number of known emergency department visits for withdrawal.

Skip logic: Number of known ED visits for withdrawal was selected (ed_withdrawal = Yes).

Guidance: Input number of known visits. Range 1–100.

9.74) Across the decedent's lifetime, how many times did the decedent have a known emergency visit for nonfatal overdose?

Variable: ed_overdose

Question type: Select only one

Definition: Indicates the total number of known emergency department visits for nonfatal overdose.

Response options:

1 None
2 At least one, known number
3 At least one, unknown number

Skip logic: Emergency Department visit for nonfatal overdose was selected (health_care_use___1 = Yes or health_care_use_hx___1 = Yes).

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance).

9.75) Across the decedent's lifetime, how many times did the decedent have a known emergency visit for nonfatal overdose?

Variable: ed_overdose_spec

Question type: Text entry (integer)

Definition: Indicates the total number of known emergency department visits for nonfatal overdose.

Guidance: Input number of known visits. Range 1–100.

Skip logic: Number of ED visits for nonfatal overdose was selected (Ed_overdose= Yes).

9.76) At the time of death, what was the decedent's insurance status?

Variable: insurance_status

Question type: Select only one.

Response options:

1 No insurance
2 Private insurance
3 Public insurance
99 Unknown insurance status

Definition: Indicates the insurance status/coverage at the time of death.

Guidance: Public insurance includes Medicare and Medicaid.

9.77) In the 12 months prior to death, was there a <u>known</u> change in insurance coverage?

Variable: insurance_change

Question type: Select only one.

Response options:

0 No
1 Yes, changed coverage
2 Yes, gained coverage
3 Yes, lost coverage

Definition: Indicates known insurance coverage change in the 12 months prior to death.

9.78) Did the decedent ever have any of these known health stressors?

Variable: health_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates any known health stressors in the decedent's lifetime.

Guidance:

- None of these stressors
- Access to health care lost
- Medical appointments missed
- Medical attention/ help sought
- Pregnancy complications: Terminated pregnancy, miscarriage, or other significant health status information about fetus or mother.
- Surgery

9.79) When was the known access to health care team lost?

Variable: health_life_access

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Access to health care team was selected (health_life___1 = Yes).

Guidance: See Appendix.

9.80) When was the known missed medical appointments?

Variable: health_life_missed

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Medical appointment missed was selected (health_life___3 = Yes).

Guidance: See Appendix.

9.81) When was the known medical attention and/or help sought?

Variable: health_life_help

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Medical attention/ help sought was selected (health_life___4 = Yes).

Guidance: See Appendix.

9.82) When was the known pregnancy complication?

Variable: health_life_pregnancy

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Pregnancy complication was selected (health_life___7 = Yes).

Guidance: See Appendix.

9.83) When was the known surgery?

Variable: health_life_surgery

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Medical attention/ surgery was selected (health_life___8 = Yes).

Guidance: See Appendix.

Appendix

Health History and Health Care Access time period guidance:

Check each time period the decedent was known to have health history.

Check each time period only once, even if there were multiple events.

- In addition, each time period is mutually exclusive.
- For example, if a stressor occurred in the last 14 days, check “Last 14 days” and do not also check last year and adulthood.
- Another example is if the person is 45, and if it happened when they first left home at 20 and again six months prior to the decedent’s death you would check “in adulthood” and “last 12 months.”

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent’s life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent’s death.
- Last 14 days: Occurred within the last 14 days of the decedent’s life. If this is the only incident, do not also check last 12 months or decedent’s adulthood.

10. Prescription Drug Monitoring Program Summary Indicators

10.1) Decedent had medications entered in the PDMP within two years prior to death

Variable: pdmp

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent had any PDMP records located for the decedent.

10.2) Was the decedent prescribed opioids in the 24 months prior to death?

Variable: opioids_two_years

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was prescribed opioids in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

Guidance: Common opioids include:

- Hydrocodone (Vicodin®).
- Oxycodone (OxyContin®, Percocet®).
- Oxymorphone (Opana®).
- Morphine (Kadian®, Avinza ®).
- Codeine.
- Fentanyl.

10.3) Was the decedent prescribed benzodiazepines in the 24 months prior to death?

Variable: benzo_two_years

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was prescribed benzodiazepines in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

Guidance: The most common benzodiazepines are the prescription drugs Valium®, Xanax®, Halcion®, Ativan®, and Klonopin®.

Shorter-acting benzodiazepines used to manage insomnia include estazolam (ProSom®), flurazepam (Dalmane®), temazepam (Restoril®), and triazolam (Halcion®).

Benzodiazepines with a longer duration of action are utilized to treat insomnia in patients with daytime anxiety. These benzodiazepines include alprazolam (Xanax®), chlordiazepoxide (Librium®), clorazepate (Tranxene®), diazepam (Valium®), halazepam (Paxipam®), lorzepam (Ativan®), oxazepam (Serax®), prazepam (Centrax®), and quazepam (Doral®). Clonazepam (Klonopin®), diazepam, and clorazepate are also used as anticonvulsants.

Reference: DEA Drug Fact Sheet: Benzodiazepines (https://www.dea.gov/sites/default/files/2020-06/Benzodiazepenes-2020_1.pdf)

10.4) Was the decedent prescribed benzodiazepines and opioids concurrently in the 24 months prior to death?

Variable: concurrent_two_years

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was prescribed benzodiazepines and opioids concurrently in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

10.5) Was the decedent prescribed gabapentinoids in the 24 months prior to death?

Variable: gabapentinoid_two_years

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was prescribed gabapentin in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

10.6) Did the decedent have overlapping opioid prescriptions in the 24 months prior to death?

Variable: overlap_two_years

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent had overlapping opioid prescriptions in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

10.7) Did the decedent have multiple prescribers in the 24 months prior to death?

Variable: multi_prescribers

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent had multiple prescribers (five or more) in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

10.8) Did the decedent have multiple pharmacies in the 24 months prior to death?

Variable: multi_pharmacies

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent had multiple pharmacies (five or more) in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

10.9) Did the decedent receive long-acting opioids at some point in the 24 months prior to death?

Variable: long_acting_opioids

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent received long-acting opioids at some point in the 24 months prior to death. This includes both naturally long-acting drugs such as methadone and extended-release formulations such as OxyContin.

Skip logic: PDMP records were located (pdmp = Yes).

10.10) Was the decedent opioid naïve (not receiving opioids for a period of 6 months or greater) and then received long-acting opioids at some point in the 24 months prior to death?

Variable: opioid_naïve

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was opioid naïve (not receiving opioids for a period of six months or greater) and then received long-acting opioids at some point in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

10.11) Was the decedent ever prescribed greater than 90 morphine milligrams equivalent (MME) in the 24 months prior to death?

Variable: mme

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was ever prescribed greater than 90 morphine milligrams equivalent (MME) in the 24 months prior to death.

Skip logic: PDMP records were located (pdmp = Yes).

10.12) Number of days patient receiving over 90 MME

Variable: days_ovr90

Question type: Text entry

Definition: Number of days patient received over 90 morphine milligrams equivalent (MME). If number of days is unknown leave blank.

Skip logic: Greater than 90 morphine milligrams was selected (mme=Yes).

10.13) Number of days patient was prescribed overlapping benzodiazepines/opioids

Variable: days_bnzovr

Question type: Text entry

Definition: Number of days patient was prescribed overlapping benzodiazepines/opioids. If number of days is unknown leave blank.

Skip logic: Patient was prescribed overlapping benzodiazepines/opioids (concurrent_two_years = Yes).

10.14) Number of days patient prescribed multiple opioids

Variable: days_multiop

Question type: Text entry

Definition: Number of days patient was prescribed multiple opioids. If number of days is unknown leave blank.

Skip Patient was prescribed multiple opioids (overlap_two_years = Yes).

11. Mental Health History

11.1) Did the decedent have a known history of a mental health problem/diagnosis (such as depression, anxiety, post-traumatic stress disorder [PTSD], etc., excluding substance use disorder treatment)?

Variable: mh_history

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent had any known or documented history of a mental health problem or diagnosis.

Guidance:

- Excludes suicide attempt and ideation and substance use disorder treatment.
- Mental health conditions not diagnosed or treated, but identified by family members, social network, or other data providers, can count as mental health problems.
- Mental health problems include those disorders and syndromes listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) except for alcohol and other substance dependence (these are captured in separate variables).
- Examples of disorders qualifying as mental health problems include diagnoses such as major depression, schizophrenia, and generalized anxiety disorder, as well as neurodevelopmental disorders (such as intellectual disability, autism, attention-deficit /hyperactivity disorder), eating disorders, personality disorders, and organic mental disorders (such as Alzheimer's and other dementias).
- Also indicate "yes" if it is mentioned in the source document that the decedent was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., "was being treated for various psychiatric problems").
- It is acceptable to endorse this variable based on past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the decedent was being treated for a mental health condition, such as a current prescription, the report by a family member, etc.

Reference: NVDRS 5.3.1 Current diagnosed mental health problem: CME/LE MentalHealthProblem (Guidance text).

11.2) Known mental health diagnoses

Variable: mh_diagnosis

Question type: Select all that apply.

Response options:

0 No
1 Yes

Skip logic: Known mental health history (mh_history = Yes).

Guidance: These diagnoses should only be endorsed if **listed as a clinically diagnosed mental health condition in a medical file/data source**. Main classes of mental health include:

- **Addictive disorders.** These include disorders such as gambling disorder (excludes problems associated with the excessive use of alcohol, caffeine, tobacco, and drugs).
- **Anxiety disorders.** Anxiety is an emotion characterized by the anticipation of future danger or misfortune, along with excessive worrying. It can include behavior aimed at avoiding situations that cause anxiety. This class includes generalized anxiety disorder, panic disorder, and phobias.
- **Bipolar and related disorders.** This class includes disorders with alternating episodes of mania—periods of excessive activity, energy, and excitement—and depression.
- **Depressive disorders.** These include disorders that affect how you feel emotionally, such as your levels of sadness and happiness, and they can disrupt your ability to function. Examples include major depressive disorder and premenstrual dysphoric disorder.
- **Disruptive, impulse-control and conduct disorders.** These disorders include problems with emotional and behavioral self-control, such as kleptomania or intermittent explosive disorder.
- **Dissociative disorders.** These are disorders in which your sense of self is disrupted, such as with dissociative identity disorder and dissociative amnesia.
- **Elimination disorders.** These disorders relate to the inappropriate elimination of urine or stool by accident or on purpose. Bed-wetting (enuresis) is an example.
- **Feeding and eating disorders.** These disorders include disturbances related to eating that impact nutrition and health, such as anorexia nervosa and binge-eating disorder.
- **Gender dysphoria.** This refers to the distress that accompanies a person's stated desire to be another gender.
- **Neurocognitive disorders.** Neurocognitive disorders affect your ability to think and reason. These acquired (rather than developmental) cognitive problems include delirium, as well as neurocognitive disorders due to conditions or diseases such as traumatic brain injury or Alzheimer's disease.
- **Neurodevelopmental disorders.** This class covers a wide range of problems that usually begin in infancy or childhood, often before the child begins grade school. Examples include autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and learning disorders.
- **Obsessive-compulsive and related disorders.** These disorders involve preoccupations or obsessions and repetitive thoughts and actions. Examples include obsessive-compulsive disorder, hoarding disorder, and hair-pulling disorder (trichotillomania).

- **Paraphilic disorders.** These disorders include sexual interest that causes personal distress or impairment or causes potential or actual harm to another person. Examples are sexual sadism disorder, voyeuristic disorder, and pedophilic disorder.
- **Personality disorders.** A personality disorder involves a lasting pattern of emotional instability and unhealthy behavior that causes problems in your life and relationships. Examples include borderline, antisocial, and narcissistic personality disorders.
- **Schizophrenia spectrum and other psychotic disorders.** Psychotic disorders cause detachment from reality—such as delusions, hallucinations, and disorganized thinking and speech. The most notable example is schizophrenia, although other classes of disorders can be associated with detachment from reality at times.
- **Sexual dysfunctions.** These include disorders of sexual response, such as premature ejaculation and female orgasmic disorder.
- **Sleep-wake disorders.** These are disorders of sleep severe enough to require clinical attention, such as insomnia, sleep apnea, and restless legs syndrome.
- **Somatic symptom and related disorders.** A person with one of these disorders may have physical symptoms that cause major emotional distress and problems functioning. There may or may not be another diagnosed medical condition associated with these symptoms, but the reaction to the symptoms is not normal. The disorders include somatic symptom disorder, illness anxiety disorder, and factitious disorder.
- **Trauma- and stressor-related disorders.** These are adjustment disorders in which a person has trouble coping during or after a stressful life event. Examples include post-traumatic stress disorder (PTSD) and acute stress disorder.
- **Other mental disorders.** This class includes mental disorders that are due to other medical conditions or that do not meet the full criteria for one of the above disorders.

Reference: Mayo Clinic, Patient Care & Health Information, Diseases & Conditions, Mental Illness, Classes of mental illness- https://www.mayoclinic.org/diseases-conditions/mental-illness/diagnosis-treatment/drc-20374974. Modified substance-related and addictive disorders category to only include addictive disorders (and not substance-related) since we have another section that addresses substance use disorders.

11.3) Specify "Other mental health diagnosis"

Variable: mh_diagnosis_othr

Question type: Text entry

Definition: Specifies mental health diagnosis not otherwise classified in mental health diagnosis.

Skip logic: Mental health diagnosis was other (mh_diagnosis___88 = Other).

11.4) Known mental health condition

Variable: mh_condition

Question type: Select all that apply

Response options:

0 No
1 Yes

Skip logic: Known mental health history (mh_history = Yes).

Guidance: These diagnoses should only be endorsed if the next of kin stated the individual had a mental health diagnosis, but it is **not listed as a clinically diagnosed mental health condition in a medical file/data source**. Main classes of mental health include:

- **Addictive disorders.** These include disorders such as gambling disorder (excludes problems associated with the excessive use of alcohol, caffeine, tobacco, and drugs).
- **Anxiety disorders.** Anxiety is an emotion characterized by the anticipation of future danger or misfortune, along with excessive worrying. It can include behavior aimed at avoiding situations that cause anxiety. This class includes generalized anxiety disorder, panic disorder, and phobias.
- **Bipolar and related disorders.** This class includes disorders with alternating episodes of mania—periods of excessive activity, energy, and excitement—and depression.
- **Depressive disorders.** These include disorders that affect how you feel emotionally, such as your levels of sadness and happiness, and they can disrupt your ability to function. Examples include major depressive disorder and premenstrual dysphoric disorder.
- **Disruptive, impulse-control and conduct disorders.** These disorders include problems with emotional and behavioral self-control, such as kleptomania or intermittent explosive disorder.
- **Dissociative disorders.** These are disorders in which your sense of self is disrupted, such as with dissociative identity disorder and dissociative amnesia.
- **Elimination disorders.** These disorders relate to the inappropriate elimination of urine or stool by accident or on purpose. Bed-wetting (enuresis) is an example.
- **Feeding and eating disorders.** These disorders include disturbances related to eating that impact nutrition and health, such as anorexia nervosa and binge-eating disorder.
- **Gender dysphoria.** This refers to the distress that accompanies a person's stated desire to be another gender.
- **Neurocognitive disorders.** Neurocognitive disorders affect your ability to think and reason. These acquired (rather than developmental) cognitive problems include delirium, as well as neurocognitive disorders due to conditions or diseases such as traumatic brain injury or Alzheimer's disease.
- **Neurodevelopmental disorders.** This class covers a wide range of problems that usually begin in infancy or childhood, often before the child begins grade school. Examples include autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and learning disorders.
- **Obsessive-compulsive and related disorders.** These disorders involve preoccupations or obsessions and repetitive thoughts and actions. Examples include obsessive-compulsive disorder, hoarding disorder, and hair-pulling disorder (trichotillomania).
- **Paraphilic disorders.** These disorders include sexual interest that causes personal distress or impairment or causes potential or actual harm to another person. Examples are sexual sadism disorder, voyeuristic disorder, and pedophilic disorder.

- **Personality disorders.** A personality disorder involves a lasting pattern of emotional instability and unhealthy behavior that causes problems in your life and relationships. Examples include borderline, antisocial, and narcissistic personality disorders.
- **Schizophrenia spectrum and other psychotic disorders.** Psychotic disorders cause detachment from reality—such as delusions, hallucinations, and disorganized thinking and speech. The most notable example is schizophrenia, although other classes of disorders can be associated with detachment from reality at times.
- **Sexual dysfunctions.** These include disorders of sexual response, such as premature ejaculation and female orgasmic disorder.
- **Sleep-wake disorders.** These are disorders of sleep severe enough to require clinical attention, such as insomnia, sleep apnea, and restless legs syndrome.
- **Somatic symptom and related disorders.** A person with one of these disorders may have physical symptoms that cause major emotional distress and problems functioning. There may or may not be another diagnosed medical condition associated with these symptoms, but the reaction to the symptoms is not normal. The disorders include somatic symptom disorder, illness anxiety disorder, and factitious disorder.
- **Trauma- and stressor-related disorders.** These are adjustment disorders in which a person has trouble coping during or after a stressful life event. Examples include post-traumatic stress disorder (PTSD) and acute stress disorder.
- **Other mental disorders.** This class includes mental disorders that are due to other medical conditions or that do not meet the full criteria for one of the above disorders.

Reference: Mayo Clinic, Patient Care & Health Information, Diseases & Conditions, Mental Illness, Classes of mental illness- https://www.mayoclinic.org/diseases-conditions/mental-illness/diagnosis-treatment/drc-20374974. Modified substance-related and addictive disorders category to only include addictive disorders (and not substance-related) since we have another section that addresses substance use disorders.

11.5) Specify "Other mental health condition"

Variable: mh_condition_othr

Question type: Text entry

Definition: Specifies mental health diagnosis not otherwise classified in mental health diagnosis.

Skip logic: Mental health condition was other (mh_condition___88 = Other).

11.6) When did the decedent have known visits with a provider to treat a mental health condition?

Variable: mh_treat_life

Question type: Select all that apply

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there was known access to mental health care to treat a mental health condition in the year prior to death.

Skip logic: Known mental health history (mh_history = Yes).

Guidance: See Appendix for time period guidance.

Mental health treatment may include a primary care provider, emergency room visits, therapy, or a counselor/psychiatrist to treat mental health conditions.

- Also indicate "yes" if it is mentioned in the source document that the decedent was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., "was being treated for various psychiatric problems").
- It is acceptable to endorse this variable based on past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the decedent was being treated for a mental health condition such as a current prescription or the report by a family member.

Reference: NVDRS 5.3.1 Current diagnosed mental health problem: CME/LE MentalHealthProblem (Guidance text).

11.7) Date of ***most recent*** known contact with a provider to treat a mental health condition

Variable: mh_recent

Question type: Text entry

Definition: Indicates the date of the most recent known contact with mental health treatment provider.

Skip logic: Contact with provider to treat mental health condition was known (mh_treat_life___ 1 = Yes OR mh_treat_life___ 2 = Yes OR mh_treat_life___ 3 = Yes OR mh_treat_life___ 4 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

11.8) Decedent's date of most recent provider treatment of mental health condition unknown

Variable: mh_recent_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact data of their most recent contact with a provider to treat a mental health condition is unknown.

Guidance: Check this box if exact date is unknown.

11.9) If exact date is not known, enter the approximate date of most recent known contact with a provider to treat a mental health condition

Variable: mh_recent_app

Question type: Text entry

Definition: Approximate date of most recent known contact with a provider to treat a mental health.

Skip logic: Contact date with a provider to treat mental health condition is unknown (mh_recent_chk___1 = Yes).

11.10) Did the decedent have a known history of suicidal ideation/plans or attempts?

Variable: suicide_history

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was known to have a history of suicidal ideation, plans, or attempts.

Guidance: If the decedent was known to share suicidal ideation, plans, or attempt with family members or a social network as well as to seek treatment, both can allow for endorsement of this variable.

11.11) When did the decedent have known treatment for suicidal ideation/plans or attempts?

Variable: suicide_treat_life

Question type: Select all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the decedent had a known history of treatment for suicidal ideation, plans, or attempts.

Skip logic: Known history of suicidal ideations/plans or attempts (suicide_history = Yes).

Guidance: See Appendix for time period guidance.

Mental health treatment may include a primary care provider, emergency room visits, therapy, a counselor, or a psychiatrist to treat mental health conditions.

11.12) Date of most recent known contact with a provider to treat suicidal ideation/plans or attempts?

Variable: suicide_treat_recent

Question type: Text entry

Definition: Indicates the date of the most recent known contact with provider to treat suicidal ideation/plans or attempts.

Skip logic: Contact with provider to treat suicidal ideation/plans or attempt was known (suicide_treat_life___ 1 = Yes OR suicide_treat_life___ 2 = Yes ORsuicide_treat_life___ 3 = Yes OR suicide_treat_life___ 4 = Yes).

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

If the decedent’s exact date of most recent known contact with provider to treat suicidal ideation/plans or attempts is unknown, check the box “exact date unknown.”

11.13) Decedent’s date of most recent provider treatment of suicidal ideation/plans or attempts unknown

Variable: suicide_treat_recent_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent’s exact data of most recent know contact with provider to treat suicidal ideation/plans or attempts is unknown.

Guidance: Check this box if exact date is unknown.

11.14) If exact date is not known, enter the approximate date of *most recent* known contact with a provider to treat suicidal ideation/plans or attempt

Variable: suicide_treat_recent_app

Definition: Approximate date of most recent known contact with a provider to treat suicidal ideation/plans or attempt.

Skip logic: Contact date with a provider to treat suicidal ideation/plans or attempt is unknown (suicide_treat_recent_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

11.15) At the time of the overdose incident, was it known that the decedent left a suicide note, a letter, a text, an email, and/or a voicemail?

Variable: suicide_note

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether it was known that the decedent left a suicide note.

Guidance:

- A will or folder of financial papers near the decedent does not constitute a suicide note.
- If the record states the person left a "note," infer that it was a suicide note in the absence of information indicating that the note had some other purpose.
- A suicide "note" can be any essentially durable message; it does not have to be on a piece of paper. Emails, text messages, voicemails, or writing on any object (such as a wall or table) all qualify.
- A text or electronic message sent immediately before the suicide occurred should be labeled a suicide note if there was no time between the sending/receipt of the message and the suicide.

Reference: NVDRS 5.7.5 Left a suicide note: CME/LE_SuicideNote (Guidance).

11.16) Did the decedent ever have any of these known mental health related events?

Variable: mh_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates any known mental health stressors in the decedent's lifetime.

Guidance: Mental health related events include:

- None of these events
- Disclosed to another person his or her thoughts or plans to die by suicide
- Expressed feelings of hopelessness
- Expressed feelings of lack of social support
- Expressed feelings of self-loathing
- Withdrew from family members or loved ones

11.17) When was the decedent known to have disclosed to another person his or her thoughts or plans to die by suicide?

Variable: mh_life_disclose

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (Mh_life___1 = Yes).

Guidance: See Appendix for time period guidance.

11.18) When was the decedent known to have expressed feelings of hopelessness or loneliness?

Variable: mh_life_hopeless

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (Mh_life___2 = Yes).

Guidance: See Appendix for time period guidance.

11.19) When was the decedent known to have expressed feelings of lack of social support?

Variable: mh_life_no_support

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (Mh_life___3 = Yes).

Guidance: See Appendix for time period guidance.

11.20) When was the decedent known to have expressed feelings of self-loathing?

Variable: mh_life_loath

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (Mh_life___4 = Yes).

Guidance: See Appendix for time period guidance.

11.21) When was the decedent known to have withdrawn from family members or loved ones?

Variable: mh_life_withdrew

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (Mh_life___5 = Yes).

Guidance: See Appendix for time period guidance.

11.22) Did the decedent ever have mental health treatment recommended by a health professional and/or identified as a need by the family, but the decedent didn't receive care?

Variable: mh_recommendation_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the decedent did not receive mental health treatment recommended to him or her.

Skip logic: Known mental health history (mh_history = Yes).

Guidance: See Appendix for time period guidance.

11.23) Were there <u>known</u> barriers to accessing mental health care?

Variable: mh_barrier

Question type: Select only one.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there were known barriers to accessing mental health care.

Skip logic: Barriers to accessing mental health care were known (mh_recommend___1 = Yes OR mh_recommend___2 = Yes OR mh_recommend___3 = Yes OR mh_recommend___4 = Yes).

11.24) What were the <u>known</u> barriers to accessing mental health care?

Variable: mh_barrier_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the known barriers to accessing mental health care.

Skip logic: Known barriers to accessing mental health care (mh_barrier = Yes).

Guidance: Barriers to accessing mental health care include:

- Lack of insurance coverage
- Limited treatment resources/ providers/ long waiting lists
- Transportation problems
- Other

11.25) Specify "Other"

Variable: mh_barrier_type_othr

Definition: Specifies other barrier to accessing mental health care.

Skip logic: Barriers to accessing mental health care were other (mh_barrier_type___88 = Other).

Appendix

Time period guidance:

- Check each time period the decedent was known to have stressor.
- Check each time period only once even if there were multiple events.
- In addition, each time period is mutually exclusive.
- For example, if a stressor occurred in the last 14 days, check "Last 14 days" and **do not** also check last year and adulthood.
- Another example is if the person is 45 and happened when they first left home at 20 and again six months prior to the decedent's death you would check "in adulthood" and "last 12 months."

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

12. Substance Use History

12.1) Did the decedent have a known history of substance use disorder or diagnosis?

Variable: su_history

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent had any known or documented history of a substance use disorder or diagnosis.

Guidance:

- Excludes suicide attempt and ideation and mental health condition treatment.
- Substance use disorders not diagnosed or treated, but identified by family members, social network, or other data providers, can count as mental health problems.
- Substance use disorder diagnosis.
- Substance use refers to all drugs (including alcohol) that are either nonprescription or being used in a manner inconsistent with safe prescribing practices.

12.2) Age at known first use of substances

Variable: substance_age_rev

Question type: Text entry (integer)

Definition: Document age of decedent when he or she was first known to start using substances.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: Range 1–120. Substance use refers to all drugs (including alcohol) that are either nonprescription or being used in a manner inconsistent with safe prescribing practices.

12.3) What was the substance the decedent was first known to use?

Variable: substance_first

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the first known substance used.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: See Appendix for list of possible substances.

12.4) Specify "Other"

Variable: substance_first_othr

Question type: Text entry

Definition: Specifies other substance decedent was first known to use.

Skip logic: First known substance use was other (substance_first___88 = Yes).

12.5) What substances was the decedent <u>known</u> to have a history of using?

Variable: substance_hx_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates which substances the decedent was known to use.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: See Appendix for list of possible substances.

12.6) Specify “Other”

Variable: substance_hx_type_othr

Question type: Text entry

Definition: Specifies other substance decedent was known to use.

Skip logic: History of known substance use (substance_hx_type___88 = Other).

12.7) What were the decedent's <u>known</u> substances of choice?

Variable: substance_choice

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the decedent's known substance of choice or primary substance used.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: See Appendix for list of possible substances.

12.8) Specify "Other"

Variable: substance_choice_othr

Question type: Text entry

Definition: Specifies the other known preferred substance choice or primary substance used.

Skip logic: Known substances of choice (substance_choice___88 = Other).

12.9) What was the decedent's known preferred method of use for the substance involved in the death?

Variable: prefer_method

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the decedent's known preferred method for the substance involved in the overdose death.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: Method of use for the substance involved in the death include:

- None
- Freebasing
- Ingestion
- Injection
- Smoke
- Snort/sniff
- Vaping/vaporizing
- Other

12.10) Specify “Other”

Variable: prefer_method_othr

Question type: Text entry

Definition: Specifies the other known preferred method for the substance involved in the death.

Skip logic: Known preferred method of use for the substance involved in the death was other (prefer_method___88 = Other).

12.11) Over the decedent's life, number of known nonfatal drug overdoses

Variable: od_number_rev

Question type: Select only one.

Definition: Indicates the number of known, nonfatal drug overdoses.

Response options:

0 None
1 At least one, known number
2 At least one, unknown number

The following situations should be considered evidence of previous drug overdoses:

- A family or friend reporting that the decedent had previously overdosed but providing no information on the substance(s) involved in the overdose
- Previous overdoses related to any substance including but not limited to opioids, benzodiazepines, cocaine, or sedatives
- A drug overdose that required treatment in an emergency department, a critical care center, or other medical center
- An opioid overdose that was treated with naloxone (a drug to reverse opioid overdoses) by a layperson and the person experiencing the overdose did not seek medical treatment
- A drug overdose to which emergency medical services responded (e.g., after a 9-1-1 call), and the person refused to be transported to the hospital

The following situations are not considered evidence of previous drug overdoses:

- The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
- The decedent previously experienced adverse effects from substance use that were not acute, such as constipation or skin rashes.
- The decedent previously sought medical care to treat withdrawal symptoms or assist with detox.
- The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

The following situation would require additional information to determine whether there was a previous overdose:

- The decedent was revived by naloxone and/or admitted to the ED/hospital and was released, seemingly recovered. The decedent was later found unresponsive in the overdose that led to death, with no evidence of additional drug use. Timeline, toxicology results, and additional information from the CME report should be used to determine whether it is more likely that the fatal overdose was the same as the overdose that led to naloxone revival or ED/hospital admission or whether subsequent substance use led to another overdose.

Skip logic: Known history of substance use (su_history = Yes).

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance).

12.12) Nonfatal overdose number specify

Variable: od_number_spec

Question type: Text entry (integer)

Definition: Indicates the number of known nonfatal drug overdoses.

Guidance: Range 1–120. A drug overdose, involving any substance including, but not limited to opioids, was reported. A drug overdose is defined as the decedent's experiencing acute clinical symptoms such as difficulty breathing, unconsciousness/unresponsiveness, or irregular heartbeats related to the ingestion, inhalation, injection, or absorption of the drug in quantities greater than recommended. Opioid overdose can present as sedation (sleepiness), low blood pressure, slowed or no heart rate, and slowed or no breathing.

The following situations should be considered evidence of previous drug overdoses:

- A family or friend reporting that the decedent had previously overdosed but providing no information on the substance(s) involved in the overdose
- Previous overdoses related to any substance including but not limited to opioids, benzodiazepines, cocaine, or sedatives
- A drug overdose that required treatment in an emergency department, a critical care center, or other medical center
- An opioid overdose that was treated with naloxone (a drug to reverse opioid overdoses) by a layperson and the person experiencing the overdose did not seek medical treatment
- A drug overdose to which emergency medical services responded (e.g., after a 9-1-1 call), and the person refused to be transported to the hospital

The following situations are not considered evidence of previous drug overdoses:

- The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.

- The decedent previously experienced adverse effects from substance use that were not acute, such as constipation or skin rashes.
- The decedent previously sought medical care to treat withdrawal symptoms or assist with detox.
- The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

The following situation would require additional information to determine whether there was a previous overdose:

- The decedent was revived by naloxone and/or admitted to the ED/hospital and was released, seemingly recovered. The decedent was later found unresponsive in the overdose that led to death, with no evidence of additional drug use. Timeline, toxicology results, and additional information from the CME report should be used to determine whether it is more likely that the fatal overdose was the same as the overdose that led to naloxone revival or ED/hospital admission or whether subsequent substance use led to another overdose.

Skip logic: Known history of nonfatal drug overdose (od_number_rev = Yes).

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance).

12.13) Date of the *first* known nonfatal drug overdose

Variable: od_first_date

Question type: Text entry

Definition: Indicates the date of the first known nonfatal drug overdose.

Skip logic: Known history of a nonfatal overdose (od_number_rev > 0).

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

If the decedent’s exact date of first known nonfatal drug overdose is unknown, check the box “exact date unknown.”

If the person experienced multiple overdoses, code the timing of the first known recent overdose.

12.14) Decedent’s date of first known nonfatal drug overdose unknown

Variable: od_first_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of most recent know contact with provider to treat mental health condition unknown.

Skip logic: Known history of a nonfatal overdose (od_number_rev > 0).

Guidance: Check this box if exact date is unknown.

12.15) If exact date is not known, enter the approximate date of the *first* known nonfatal drug overdose

Variable: od_first_date_app

Question type: Text entry

Definition: Approximate date of the first known nonfatal drug overdose.

Skip logic: Date of first known nonfatal drug overdose is unknown (od_first_date_chk___1 = Yes).

12.16) Date of the *most recent* known nonfatal drug overdose

Variable: od_recent_date

Question type: Text entry

Definition: Indicates the date of the more recent known nonfatal drug overdose.

Skip logic: Known history of a nonfatal overdose (od_number_rev > 0).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of nonfatal drug overdose is unknown, check the box "exact date unknown".

This item also captures the period from the previous overdose to the time when the fatal drug overdose occurred.

- If the person experienced multiple overdoses, code the timing of the most recent overdose.

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance).

12.17) Decedent's date of most recent known nonfatal drug overdose unknown

Variable: od_recent_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of most recent known nonfatal drug overdose unknown.

Guidance: Check this box if exact date is unknown.

12.18) If exact date is not known, enter the approximate date of the *most recent* known nonfatal drug overdose

Variable: od_recent_date_app

Question type: Text entry

Definition: Approximate date of the most recent known nonfatal drug overdose.

Skip logic: Date of most recent known nonfatal drug overdose was unknown (od_recent_date_chk___1 = Yes).

12.19) When did the decedent have any known periods of sobriety or abstinence from the drug involved in the fatal overdose?

Variable: sobriety_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there were known periods of sobriety or abstinence from the drug involved in the fatal overdose throughout the decedent's lifetime.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: The decedent had a history of substance use or a substance use disorder and had a period of not using substances for at least a week.

See Appendix for time period guidance.

12.20) What were the known reasons for the *most recent* known sobriety or abstinence?

Variable: sobriety_reason

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates known reasons for the most recent known sobriety or abstinence.

Skip logic: Known period of sobriety (sobriety = Yes).

Guidance: The decedent had a history of misusing opioids or an opioid use disorder and had a period of not using opioids for at least one week.

Reasons for the most recent known sobriety or abstinence include:

- Drug court or diversion program
- Incarceration
- Inpatient at medical care facility
- Substance use disorder treatment program
- Other

Reference: SUDORS 4.2.b Recent Opioid Use Relapse (Definition for Guidance).

12.21) Specify "Other"

Variable: sobriety_reason_othr

Question type: Text entry

Definition: Specifies other reason for most recent known sobriety or abstinence.

Skip logic: Reason for sobriety or abstinence was other (sobriety_reason__88 = Other).

12.22) When did the decedent have any known treatment for substance use disorder?

Variable: su_treatment_life

Question type: Select only one.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there was known access to substance use disorder treatment throughout the decedent's lifetime.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: A diagnosis does not imply that treatment was received. The decedent may have been out of compliance with treatment for a diagnosed condition.

Treatment for substance use disorder includes:

- Seeing a psychiatrist, a psychologist, a medical doctor, a therapist, or another counselor (including religious or spiritual counselors) for a substance use disorder.
- Prescribed medicine as part of medication-assisted treatment, such as buprenorphine (SuboxoneTM), methadone, and naltrexone. Include as current or past treatment only if there is clear evidence that prescriptions were for treatment of an opioid addiction and not for treatment of pain.
- Residing in an inpatient facility, a group home, or a halfway house for people with substance use disorders.
- Participating in Narcotics Anonymous.

The following situations should not be included as evidence of treatment for substance-use disorder:

- There was a positive toxicology test for substances associated with medication-assisted treatment (such as buprenorphine), without further evidence that the substances were being taken to treat substance use disorder, because methadone and buprenorphine can both be prescribed for pain. There must also be some indication that the decedent was being treated for a substance use disorder, such as a current prescription or a report by a family member. If toxicology results and/or scene evidence/witness report indicate that the decedent was taking buprenorphine, methadone, or another medication, but there is no evidence that the medication was prescribed to the decedent—do not code as treatment because the medications can be bought illegally (either in the context of substance use disorder or to treat substance use disorder without getting a prescription).
- There is evidence that the decedent received care or treatment for something related to substance use disorder, but there is no evidence that the underlying substance use disorder was treated, for example:
  - The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
  - The decedent previously sought medical care after experiencing adverse effects from drug use that were not acute, such as constipation or skin rashes.
  - The decedent previously sought medical care to treat withdrawal symptoms or to assist with detox.
  - The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

See Appendix for time period guidance.

12.23) At the time of death, was the decedent <u>known</u> to be under care or receiving treatment for a substance use disorder?

Variable: su_treatment

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was under treatment for a substance use disorder at the time of his or her fatal overdose.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: A diagnosis does not imply that treatment was received. The decedent may have been out of compliance with treatment for a diagnosed condition.

Treatment for substance use disorder includes:

- Seeing a psychiatrist, a psychologist, a medical doctor, a therapist, or another counselor (including religious or spiritual counselors) for a substance use disorder.
- Prescribed medicine as part of medication-assisted treatment, such as buprenorphine (SuboxoneTM), methadone, and naltrexone. Include as current or past treatment only if there is clear evidence that prescriptions were for treatment of opioid addiction and not for treatment of pain.
- Residing in an inpatient facility, a group home, or a halfway house for people with substance use disorders.
- Participating in Narcotics Anonymous.

The following situations should not be included as evidence of treatment for substance use disorder:

- There is a positive toxicology test for substances associated with medication-assisted treatment (such as buprenorphine), without further evidence that the substances were being taken to treat substance use disorder, because methadone and buprenorphine can both be prescribed for pain. There must also be some indication that the decedent was being treated for a substance use disorder, such as a current prescription or a report by a family member. If toxicology results and/or scene evidence/witness reports indicate that the decedent was taking buprenorphine, methadone, or another medication, but there is no evidence that the medication was prescribed to the decedent, do not code as treatment because the medications can be bought illegally (either in the context of substance use disorder or to treat substance use disorder without getting a prescription).
- There is evidence that the decedent received care or treatment for something related to substance use disorder, but there is no evidence that the underlying substance use disorder was treated, for example:
    - The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
    - The decedent previously sought medical care after experiencing adverse effects from drug use that were not acute, such as constipation or skin rashes.
    - The decedent previously sought medical care to treat withdrawal symptoms or to assist with detox.

- The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

Reference: SUDORS 4.2.c Treatment for Substance Abuse (Definition for Guidance).

12.24) Date of *most recent* known contact with a substance use disorder treatment provider

Variable: su_treatment_date

Question type: Text entry

Definition: Indicates the date of the most recent known contact with a substance use disorder treatment provider.

Skip logic: Known history of being under care or receiving treatment (su_treatment = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of most recent known contact with substance use disorder treatment provider, check the box "exact date unknown".

12.25) Decedent's date of most recent known contact with substance use disorder treatment provider unknown

Variable: su_treatment_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of most recent known contact with substance use disorder treatment provider is unknown.

Guidance: Check this box if exact date is unknown.

12.26) If exact date is not known, enter the approximate date of *most recent* known contact with a substance use disorder treatment provider

Variable: su_treatment_date_app

Question type: Text entry

Definition: Approximate date of most recent known contact with a substance use disorder treatment.

Skip logic: Exact date of most recent contact with a substance use provider is unknown (su_treat_date_chk___1 = Yes).

12.27) What type of substance use disorder treatment did the decedent receive at his or her ***most recent*** known visit?

Variable: su_treatment_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of treatment provider seen at the most recent substance use disorder treatment contact.

Skip logic: Known history of substance use treatment (su_treatment = Yes).

Guidance: Types of substance use disorder treatment include:

- Ambulatory withdrawal management
- Co-occurring partial care
- Detoxification
- Halfway house
- Medication-assisted therapy (MAT-methadone, buprenorphine, vivitrol, etc.)
- Outpatient/intensive outpatient
- Recovery supports
- Residential, long-term
- Residential, short-term
- Other
- Unknown

None. *The ASAM Criteria's* strength-based multidimensional assessment takes into account a patient's needs, obstacles and liabilities, as well as their strengths, assets, resources, and support structure. This information is used to determine the appropriate level of care across a continuum.

Reference: American Society of Addiction Medicine (ASAM) Level of Care

12.28) Specify "Other"

Variable: su_treatment_type_othr

Question type: Text entry

Definition: Specifies other known types of treatment received for substance use disorder.

Skip logic: Known substance use treatment was other (su_treatment_type___88 = Other).

12.29) At the time of the overdose incident, was the decedent known to be connected with a recovery coach or peer support specialist?

Variable: peer_support

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether, at the time of death, the decedent was known to be connected with a recovery coach or a peer support specialist.

Skip logic: Known history of substance use (su_history = Yes).

12.30) Did the decedent ever have any of the following known substance use-related events?

Variable: su_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the decedent had any known substance use-related events in his or her lifetime.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: Substance use-related events include:

- None apply.
- Exited a substance use disorder treatment facility.
- Exited a substance use disorder treatment program.
- Missed a substance use disorder treatment appointment.
- Returned to substance use.

Returned to substance use—to select the return to substance use, there must be other documentation besides this overdose death; the decedent had a history of misusing opioids or an opioid use disorder and returned to using opioids after a period of not using opioids for at least one week.

People abstaining from opioid use after prolonged use lose their tolerance to the opioids during their period of abstinence. Loss of tolerance puts them at higher risk for overdose because they may return to the dosage they had been taking when they last used. A dose of heroin that previously was sufficient to create feelings of euphoria may result in an overdose after a period of abstinence.

12.31) When was the decedent known to have exited a substance use disorder treatment facility?

Variable: su_life_facility

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (su_life___1 = Yes).

Guidance: See Appendix for time period guidance.

12.32) When was the decedent known to have exited a substance use disorder treatment program?

Variable: su_life_program

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (su_life___2 = Yes).

Guidance: See Appendix for time period guidance.

12.33) When was the decedent known to have missed a substance use disorder treatment appointment?

Variable: su_life_miss_apt

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (su_life___3 = Yes).

Guidance: See Appendix for time period guidance.

12.34) When was the decedent known to have returned to substance use?

Variable: su_life_return

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (su_life___4 = Yes).

Guidance: Returned to substance use—to select the return to substance use, there must be other documentation besides this overdose death. The decedent had a history of misusing opioids or an opioid use disorder and returned to using opioids after a period of not using opioids for at least one week.

People abstaining from opioid use after prolonged use lose their tolerance to the opioids during their period of abstinence. Loss of tolerance puts them at higher risk for overdose because they may return to the dosage they had been taking when they last used. A dose of heroin that previously was sufficient to create feelings of euphoria may result in an overdose after a period of abstinence.

See Appendix for time period guidance.

12.35) When was substance use disorder treatment recommended by a health professional and/or identified as a need by the family, but the decedent did not receive care?

Variable: su_recommendation_life

Question Type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the decedent did not receive substance use treatment recommended to him or her.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: See Appendix for time period guidance.

12.36) Were there <u>known</u> barriers to accessing substance use disorder treatment?

Variable: su_barrier

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether there were known barriers to accessing substance use disorder treatment in the 12 months prior to death.

Skip logic: Known barriers to accessing substance use treatment (su_recommendation_life=1 or 2).

12.37) What were the known barriers to accessing substance use disorder treatment in 12 months prior to death?

Variable: su_barrier_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the known barriers to accessing substance use disorder treatment in the 12 months prior to death.

Skip logic: Known barriers to accessing substance use treatment in the 12 months prior to death (su_barrier = Yes).

Guidance: Known barriers to accessing substance use disorder treatment include:

- Lack of insurance coverage
- Limited treatment resources/ providers/ long waiting lists
- Transportation problems
- Other

12.38) Specify "Other"

Variable: su_barrier_type_othr

Question type: Text entry

Definition: Specifies other known barrier to accessing substance use disorder treatment.

Skip logic: Known barriers to accessing substance use treatment in the 12 months prior to death was other (su_barrier_type___88 = Other).

Appendix

Possible substances used throughout life course:

- Alcohol
- Amphetamines
- Benzodiazepines
- Cocaine
- Fentanyl
- Heroin
- Inhalants
- Marijuana
- Methamphetamine
- Nicotine
- Prescription opioids
- Spice Other

Time period guidance:

- Check each time period the decedent was known to have stressor.
- Check each time period only once even if there were multiple events.
- In addition, each time period is mutually exclusive.
- For example, if a stressor occurred in the last 14 days, check "Last 14 days" and **do not** also check last year and adulthood.
- Another example is if the person is 45 and happened when they first left home at 20 and again six months prior to the decedent's death you would check "in adulthood" and "last 12 months."

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

13. Trauma History

13.1) Did the decedent ever have any of the following known trauma or violent events?

Variable: trauma_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the decedent had any known traumatic or violent events in his or her lifetime.

Guidance: Trauma or violent events include:

- None
- Emotional abuse or neglect
- Incarceration of a household member
- Mental illness in the household
- Pandemic (for example, COVID-19 or coronavirus)
- Parental separation or divorce
- Physical violence, perpetrator
- Physical violence, victim
- Physical neglect
- Sexual violence, perpetrator
- Sexual violence, victim
- Substance abuse in the household
- Violence in the household
- War
- Other

13.2) Specify "Other"

Variable: trauma_life_spec_othr

Question type: Text entry

Definition: Specifies other known traumatic or violent event in his or her lifetime.

Skip logic: Known trauma was other (trauma_life___88= Other).

13.3) When was the decedent known to have been the victim of emotional abuse or neglect?

Variable: trauma_life_emotion

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known victim of emotional abuse or neglect (trauma_life___11 = Yes).

Guidance: See Appendix for time period guidance.

13.4) When was the decedent known to have experienced an incarceration of a household member?

Variable: trauma_life_incarcerated

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known incarceration of a household member (trauma_life___18 = Yes).

Guidance: See Appendix for time period guidance.

13.5) When was the decedent known to have experienced mental illness in the household?

Variable: trauma_life_mental

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience mental illness in the household (trauma_life___16 = Yes).

Guidance: See Appendix for time period guidance.

13.6) When was the decedent known to have experienced a pandemic (e.g., COVID-19)

Variable: trauma_life_pandemic

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience a pandemic (trauma_life___2 = Yes).

Guidance: See Appendix for time period guidance.

13.7) When was the decedent known to have experienced parental separation or divorce?

Variable: trauma_life_parent_div

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience parental separation or divorce (trauma_life___17 = Yes).

Guidance: See Appendix for time period guidance.

13.8) When was the decedent known to have perpetrated physical violence?

Variable: trauma_life_physical_perp

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to have perpetrated physical violence (trauma_life___3 = Yes).

Guidance: See Appendix for time period guidance.

13.9) When was the decedent known to have been the victim of physical violence?

Variable: trauma_life_physical_vic

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to be a victim of physical violence (trauma_life___4 = Yes).

Guidance: See Appendix for time period guidance.

13.10) When was the decedent known to have experienced physical neglect?

Variable: trauma_life_physical_neg

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience a physical neglect (trauma_life___10 = Yes).

Guidance: See Appendix for time period guidance.

13.11) When was the decedent known to have perpetrated sexual violence?

Variable: trauma_life_sex_perp

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to perpetrate sexual violence(trauma_life___5 = Yes).

Guidance: See Appendix for time period guidance.

13.12) When was the decedent known to have been a victim of sexual violence?

Variable: trauma_life_sex_vic

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to be a victim of sexual violence (trauma_life___6 = Yes).

Guidance: See Appendix for time period guidance.

13.13) When was the decedent known to have experienced substance use in the household?

Variable: trauma_life_substance

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience substance use in the household (trauma_life___15 = Yes).

Guidance: See Appendix for time period guidance.

13.14) When was the decedent known to have experienced violence in the household?

Variable: trauma_life_violence

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience a violence in the household (trauma_life___14 = Yes).

Guidance: See Appendix for time period guidance.

13.15) When was the decedent known to have experienced war?

Variable: trauma_life_war

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience war (trauma_life___7 = Yes).

Guidance: See Appendix for time period guidance.

13.16) When was the decedent known to have experienced other trauma or violent episodes?

Variable: trauma_life_othr

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience other trauma or violent episodes (trauma_life___88= Yes).

Guidance: See Appendix for time period guidance.

Appendix

Time period guidance:

- Check each time period the decedent was known to have stressor.
- Check each time period only once even if there were multiple events.
- In addition, each time period is mutually exclusive.
- For example, if a stressor occurred in the last 14 days, check “Last 14 days” and **do not** also check last year and adulthood.
- Another example is if the person is 45 and happened when they first left home at 20 and again six months prior to the decedent’s death you would check “in adulthood” and “last 12 months.”

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

14. Criminal Justice History

14.1) Did the decedent have any <u>known</u> criminal justice history?

Variable: cj_history

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the team knows of any decedent involvement with the criminal justice system.

Guidance: Criminal justice history includes:

- None
- Arrest
- Community Supervision includes probation and parole.
- Incarceration includes juvenile detention, jail, and prison.
- Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include a specialty court such as drug court, mental health court, veteran's treatment court, treatment court, etc.
- Pre-arrest/pre-charge diversion programs include connecting individuals to treatment/services or supervision rather than arresting or charging.

14.2) Specify "Other"

Variable: cj_history_othr

Question type: Text entry

Definition: Indicates other type of criminal justice history.

Skip logic: Criminal justice history was other (cj_history___88 = Other).

14.3) Over the decedent's life, number of known arrests

Variable: arrest_number

Question type: Text entry

Definition: Indicates the total number of known arrests for the decedent.

Skip logic: Known history of arrest (cj_history___1 = Yes).

Guidance: Range 1–100

14.4) Age (in years) at first known arrest

Variable: arrest_age

Question type: Text entry

Definition: Indicates how old the decedent was at his or her first known arrest.

Skip logic: Known history of arrest (cj_history___1 = Yes).

Guidance: Range 1–120 years. Enter 999 for unknown.

14.5) What was the first known arrest offense?

Variable: arrest_reason

Question type: Select one.

Response options:

1 Driving while impaired
2 Drug possession
3 Drug possession with intent to distribute/deliver or manufacture
4 Property
5 Status offense
6 Traffic offense, other than driving while impaired
7 Violent crime
88 Other
99 Unknown

Definition: Indicates the primary/most serious offense for the first known arrest.

Skip logic: Known history of arrest (cj_history___1 = Yes).

Guidance: Status offense is a noncriminal act that is considered a violation or illegal because of the individual's age (for example, running away).

14.6) Specify "Other"

Variable: arrest_reason_othr

Question type: Text entry

Definition: Indicates other type of arrest offense.

Skip logic: Known history of arrest was other (arrest_reason___88 = Other).

14.7) Over the decedent's life, number of known arrests that included a drug-related charge

Variable: drug_arrest_number

Question type: Text entry

Definition: Indicates the total number of known drug-related arrests the decedent had.

Skip logic: Known history of arrest (cj_history___1 = Yes).

Guidance: Range 1–100

14.8) Date of *most recent* known arrest

Variable: arrest_recent_date

Question type: Text entry

Definition: Indicates the date of the most recent known arrest.

Skip logic: Known history of arrest (cj_history___1 = Yes).

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

14.9) Decedent’s date of most recent known arrest unknown

Variable: arrest_recent_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent’s exact date of most recent known arrest is unknown.

Guidance: Check this box if exact date is unknown.

14.10) If exact date is unknown, enter approximate date of the *most recent* known arrest

Variable: arrest_recent_app

Question type: Text entry

Definition: Approximate date of most recent known arrest.

Skip logic: Most recent known arrest date is unknown (arrest_recent_date_chk___1= Yes).

Guidance: Enter the approximate date (e.g., June 2020).

14.11) What was the *most recent* known arrest offense?

Variable: arrest_recent_reason

Question type: Select one

Response options:

1 Driving while impaired
2 Drug possession
3 Drug possession with intent to distribute/deliver or manufacture
4 Property
5 Status offense
6 Traffic offense, other than driving while impaired
7 Violent crime
88 Other
99 Unknown

Definition: Indicates the primary/most serious offense for the most recent, known arrest.

Skip logic: Known history of arrest (cj_history___1 = Yes).

Guidance: Status offense is a noncriminal act that is considered a violation or illegal because of the individual's age (for example, running away).

14.12) Specify "Other"

Variable: arrest_recent_reason_othr

Question type: Text entry

Definition: Indicates other type of arrest offense.

Skip logic: Most recent arrest type was other (Arrest_recent_reason__88= Other).

14.13) Over the decedent's life, number of known episodes of community supervision

Variable: supervision_number

Question type: Text entry (integer)

Definition: Indicates the total number of known episodes of community supervision the decedent had. Community service includes probation and parole.

Skip logic: Known history of community supervision (cj_history___2 = Yes).

Guidance: Range 1–100

14.14) Over the decedent's life, *total* known time (in months) under community supervision

Variable: supervision_time

Question type: Text entry (integer)

Definition: Indicates the total known time (in months) the decedent was under community supervision throughout his or her life.

Skip logic: Known history of community supervision (cj_history___2 = Yes).

Guidance: Range 1–998

14.15) Age (in years) when placed on *first* known community supervision

Variable: supervision_age

Question type: Text entry (integer)

Definition: Indicates how old the decedent was when placed on his or her first known community supervision.

Skip logic: Known history of community supervision (cj_history___2 = Yes).

Guidance: Range 1–120

14.16) Was the decedent known to have received any of these services while under community supervision?

Variable: supervision_services

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates services the decedent received for any community supervision throughout his or her life, not just the most recent.

Skip logic: Known history of community supervision (cj_history___2 = Yes).

Guidance: Services under community supervision include:

- None
- Counseling or other mental health services
- Educational
- Employment/vocational
- Medication for Opioid Use Disorder (MOUD, formally known as MAT)

14.17) Specify "Other"

Variable: supervision_services_othr

Question type: Text entry

Definition: Specifies other service decedent received for any community supervision throughout his or her life.

Skip logic: Known service received for community supervision was other (supervision_services___88 = Other).

14.18) At the time of the overdose incident, was the decedent under community supervision?

Variable: supervision_od

Question type: Select only one.

Response options:

0 No
1 Yes
99 Unknown

Definition: Indicates whether the decedent was under community supervision at the time of the overdose incident. This includes probation and parole.

Skip logic: Known history of community supervision (cj_history___2 = Yes).

14.19) Date of initiation for ***most recent*** known community supervision

Variable: supervision_date

Question type: Text entry

Definition: Indicates the date of initiation for the decedent's most recent known community supervision.

Skip logic: Known history of community supervision (cj_history___2 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of initiation for most recent known community supervision is unknown, check the box "exact date unknown".

14.20) Decedent's initiation of most recent community supervision unknown

Variable: supervision_date_chk___1

Question type: Checkbox

Definition: Identifies decedent's exact date of initiation for most recent community supervision is unknown.

Response options:

0 Unchecked
1 Checked

Guidance: Check this box if exact date is unknown.

14.21) If exact date is unknown, enter approximate date of initiation for ***most recent*** known community supervision

Variable: supervision_date_app

Question type: Text entry

Definition: Approximate date of initiation for most recent known community supervision.

Skip logic: Known date for community supervision (Supervision_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

14.22) Last date under supervision for *most recent* known community supervision

Variable: supervision_last_date

Question type: Text entry

Definition: Indicates the last date of supervision for the most recent, known community supervision.

Skip logic: Known date for community supervision (Supervision_date_chk___1 = Yes).

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

If the decedent’s exact last date for most recent known community supervision is unknown, check the box “exact date unknown.”

14.23) Decedent’s last date for most recent community supervision unknown

Variable: supervision_last_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent’s exact date of initiation for most recent community supervision unknown.

Guidance: Check this box if exact date is unknown.

14.24) If exact date is unknown, enter approximate last date of supervision for the *most recent* known community supervision

Variable: supervision_last_date_app

Question type: Text entry

Definition: Approximate last date of supervision for most recent, known community supervision.

Skip logic: Known last date of most recent community supervision (Supervision_last_date_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

14.25) Was the decedent known to be given any of the following upon release from most recent community supervision?

Variable: supervision_release_provided

Question: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of services and support provided to decedent upon release from most recent community supervision.

Skip logic: Known history of community supervision (cj_history___2 = Yes).

Guidance: See Appendix for types of resources.

14.26) Specify "Other"

Variable: supervision_release_provided_othr

Question type: Text entry

Definition: Specifies other service decedent received upon release from most recent community supervision.

Skip logic: Known services and support upon release from recent community supervision was other (supervision_release_provided___88 = Other).

14.27) Was the decedent known to be referred any of the following upon release from most recent community supervision?

Variable: supervision_release_referral

Question: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of services and support referred to decedent upon release from most recent community supervision.

Skip logic: Skip logic: Known history of community supervision (cj_history___2 = Yes).

Guidance: See Appendix for types of resources.

14.28) Specify "Other"

Variable: supervision_release_referral_othr

Question type: Text entry

Definition: Specifies other service referred to decedent upon release from most recent community supervision.

Skip logic: Skip logic: Known referral upon release from most recent community supervision (supervision_release_referral___88 = Other).

14.29) Over the decedent's life, number of <u>known</u> incarcerations

Variable: incarceration_number

Question type: Text entry (integer)

Definition: Indicates the total number of known incarcerations the decedent had.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: Range 1–120. Incarceration includes juvenile detention, jail, and prison.

14.30) Age (in years) at <u>*first* known</u> incarceration

Variable: incarceration_age

Question type: Text entry (integer)

Definition: Indicates how old the decedent was at his or her first known incarceration.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: Range 1–120. Incarceration includes juvenile detention, jail, and prison.

14.31) Was the decedent <u>known</u> to have received any of these services while incarcerated?

Variable: incarceration_services

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates services the decedent received for any incarceration, not just the most recent incarceration.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: See Appendix for types of resources.

14.32) Specify "Other"

Variable: incarceration_serv_othr

Question type: Text entry

Definition: Specifies other type of services the decedent was known to receive during incarceration.

Skip logic: Known type of services received during incarceration was other (incarceration_services___88 = Other).

14.33) At the time of the overdose incident, was the decedent incarcerated?

Variable: incarceration_od

Question type: Select only one.

Response options:

0 No
1 Yes
99 Unknown

Definition: Indicates whether the decedent was incarcerated at the time of the overdose incident.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: Incarceration includes juvenile detention, jail, and prison.

14.34) Type of facility

Variable: incarceration_facility

Question type: Select only one.

Response options:

1 Jail
2 Juvenile detention
3 Prison
88 Other
99 Unknown

Definition: Indicates in what type of facility the decedent was incarcerated at the time of the overdose.

Skip logic: Known incarceration at time of overdose (incarceration_od = Yes).

14.35) Specify "Other"

Variable: incarceration_fac_othr

Question type: Text entry

Definition: Specifies other type of facility the decedent was incarcerated at the time of the overdose.

Skip logic: Known incarceration facility at time of overdose was other (incarceration_facility = Other).

14.36) Date of entry for ***most recent*** known incarceration

Variable: entry_date

Question type: Text entry

Definition: Indicates the date of entry for the most recent known incarceration.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date entry for most recent known incarceration is unknown, check the box "exact date unknown."

14.37) Decedent's entry date for most recent incarceration unknown

Variable: entry_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of entry for most recent incarceration unknown.

Guidance: Check this box if exact date is unknown.

14.38) If exact date is unknown, enter approximate date of entry of ***most recent*** known incarceration

Variable: entry_date_app

Question type: Text entry

Definition: Approximate date of most entry of recent known incarceration.

Skip logic: Date of most recent known incarceration is unknown (entry_date_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

14.39) Date of release for ***most recent*** known incarceration

Variable: release_date

Question type: Text entry

Definition: Indicates the date of release for the most recent known incarceration.

Skip logic: Known Date of release from most recent incarceration (cj_history___3 = Yes and incarceration_od = No).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

If the decedent's exact date of release for most recent known incarceration is unknown, check the box "exact date unknown."

14.40) Decedent's release date for most recent incarceration unknown

Variable: release_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of release for most recent incarceration unknown.

Guidance: Check this box if exact date is unknown.

14.41) If exact date is unknown, enter approximate date of release of *most recent* known incarceration

Variable: release_date_app

Question type: Text entry

Definition: Approximate date of release of most recent known incarceration.

Skip logic: Date of release of most recent incarceration is unknown (release_date_check___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

14.42) Over the decedent's life, *total* known time (in months) incarcerated

Variable: incareration_time

Question type: Text entry (integer)

Definition: Indicates the total known time (in months) the decedent was incarcerated throughout his or her life.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: Range 1–998

14.43) What type of facility was the decedent incarcerated at during the most recent known incarceration?

Variable: incarceration_facility_recent

Question type: Categorical

Response options:

1 Jail
2 Juvenile detention
3 Prison

88 Other
99 Unknown

Definition: Indicates the type of facility the decedent was last known to be incarcerated at.

Skip logic: Type of facility for most recent known incarceration (cj_history___3 = Yes and incarceration_od = No).

14.44) Specify “Other”

Variable: incarceration_facility_recent_othr

Question type: Text entry

Definition: Specifies what other type of facility the decedent was most recently incarcerated.

Skip logic: Type of facility for most recent known incarceration was other (incarceration_facility_recent = Other).

14.45) Was the decedent known to be given any of the following upon release from most recent incarceration?

Variable: incarceration_release_provided

Question: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of services and support provided to decedent upon release from most recent incarceration.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: See Appendix for types of resources.

14.46) Specify "Other"

Variable: incarceration_release_provided_othr

Question type: Text entry

Definition: Specifies other service decedent received upon release from most recent incarceration.

Skip logic: Known services received upon release was other (incarceration_release_provided___88 = Other).

14.47) Was the decedent known to be referred any of the following upon release from most recent incarceration?

Variable: incarceration_release_referral

Question: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of services and support referred to decedent upon release from most recent incarceration.

Skip logic: Known history of incarceration (cj_history___3 = Yes).

Guidance: See Appendix for types of resources.

14.48) Specify "Other"

Variable: incarceration_release_referral_othr

Question type: Text entry

Definition: Specifies other service referred to decedent upon release from most recent incarceration.

Skip logic: Known services referred upon release was other incarceration_release_provided___88 = Other).

14.49) Date of entry for most recent known post-adjudication program and/or specialty courts

Variable: spec_court_date

Question type: Text entry

Definition: Indicates the date of the decedent's most recent known date of entry in a post-adjudication program and/or specialty court. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Skip logic: Known history of post-adjudication program and/or specialty courts (cj_history___4 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

14.50) Date of entry for most recent known post-adjudication program and/or specialty court unknown

Variable: spec_court_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of entry for most recent known post-adjudication program and/or specialty court unknown.

Guidance: Check this box if exact date is unknown.

14.51) If exact date is unknown, enter approximate date of entry for *most recent* known post-adjudication program and/or specialty courts

Variable: spec_court_date_app

Question type: Text entry

Definition: Approximate date of entry for most recent known post-adjudication program and/or specialty courts.

Skip logic: Exact date of most recent known post adjudication program and/ or specialty courts is unknown (spec_court_date_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

14.52) For the most recent post-adjudication program and/or specialty court, please specify the type of program or court.

Variable: spec_court_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the decedent's most recent type of post-adjudication program and/or specialty court. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Skip logic: Known history of post-adjudication program and/or specialty courts (cj_history___4 = Yes).

Guidance: Post-adjudication program and/or specialty court include:

- Deferred prosecution
- Domestic violence court
- Drug court
- Homeless court
- Mental health court
- Post-arrest diversion
- Reentry court
- Veterans treatment court
- Other
- Unknown

14.53) Specify "Other"

Variable: spec_court_type_othr

Question type: Text entry

Definition: Specifies other type of program or court.

Skip logic: Known type of program or court is other (spec_court_type___88 = Other).

14.54) Did the decedent complete the requirements for the most recent post-adjudication program and/or specialty court?

Variable: spec_court_requirements

Question type: Select only one.

Response options:

0 No
1 Yes
99 Unknown

Definition: Indicates whether the decedent completed post-adjudication program and/or specialty court requirements. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Skip logic: Known history of post-adjudication program and/or specialty courts (cj_history___4 = Yes).

14.55) Why did the decedent <u>not</u> complete post-adjudication program and/or specialty court requirements?

Variable: spec_court_why_not

Question type: Check all that apply.

Response options:

0 Unknown
1 Checked

Definition: Indicates the reasons the decedent did not complete post-adjudication program and/or specialty court requirements. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Skip logic: Reason non completion of post-adjudication program and/or specialty court (spec_court_requirements = No).

Guidance: Abscondment means that a failure to surrender for custody at the appointed time.

Reasons for not completing post-adjudication program and/or specialty court requirements include:

- Abscondment
- Crime, new
- Disruptive behavior
- Drug test positive
- Meeting missed
- Self-reported use
- Treatment unsuccessful
- Other
- Unknown

14.56) Specify "Other"

Variable: spec_court_why_not_othr

Question type: Text entry

Definition: Specifies other reason the decedent did not complete post-adjudication program and/or specialty court requirements.

Skip logic: Reason known non completion of post adjudication program and/or specialty court was other (spec_court_why_not___88 = Other).

14.57) End date for *most recent* known post-adjudication program and/or specialty courts

Variable: spec_court_last_date

Question type: Text entry

Definition: Indicates the last date the decedent participated in post-adjudication program and/or specialty court.

Skip logic: Known history of post-adjudication program and/or specialty courts (cj_history___4 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

14.58) Decedent's release date for most recent post-adjudication program and/or specialty court is unknown

Variable: spec_court_last_date_chk___1

Question type: Checkbox

Response options:

0 Unchecked
1 Checked

Definition: Identifies decedent's exact date of release for most recent incarceration unknown.

Guidance: Check this box if exact date is unknown.

14.59) If exact date is unknown, enter approximate end date for the *most recent* known post-adjudication program and/or specialty courts

Variable: spec_court_last_date_app

Question type: Text entry

Definition: Approximate last date the decedent participated in post-adjudication program and/or specialty court.

Skip logic: Exact end date for post-adjudication program and/or specialty courts is unknown (spec_court_last_date_chk___1 = Yes).

Guidance: Enter the approximate date (e.g., June 2020).

14.60) Was the decedent known to be given any of the following upon release from most specialty court incarceration?

Variable: spec_court_provided

Question: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of services and support provided to decedent upon release from most recent specialty court.

Skip logic: Known history of post-adjudication program and/or specialty courts (cj_history___4 = Yes).

Guidance: See Appendix for types of resources.

14.61) Specify "Other"

Variable: spec_court_provided_othr

Question type: Text entry

Definition: Specifies other service decedent received upon release from most recent specialty court.

Skip logic: Known service upon release was other (spec_court_provided___88 = Other).

14.62) Was the decedent known to be referred any of the following upon release from most recent specialty court?

Variable: spec_court_referral

Question: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the type of services and support referred to decedent upon release from most recent specialty court.

Skip logic: Known history of post-adjudication program and/or specialty courts (cj_history___4 = Yes).

Guidance: See Appendix for types of resources.

14.63) Specify "Other"

Variable: spec_court_referral_othr

Question type: Text entry

Definition: Specifies other service referred to decedent upon release from most recent specialty court.

Skip logic: Known service referred upon release was other (supervision_release_provided___88 = Other).

14.64) Date of *most recent* known pre-arrest/pre-charge diversion

Variable: pre_arrest_date

Question type: Text entry

Definition: Indicates the date of the decedent's most recent known pre-arrest/pre-charge diversion. Pre-arrest/pre-charge diversion programs include connecting individuals to treatment/services or supervision rather than arresting or charging.

Skip logic: Known history of pre-arrest/ pre-charge diversion (cj_history___5 = Yes).

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

14.65) Decedent's most recent known pre-arrest/pre-charge diversion date unknown

Variable: pre_arrest_date_chk___1

Question type: Checkbox

Definition: Identifies decedent's exact date of pre-arrest/pre-charge diversion unknown.

Response options:

0 Unchecked
1 Checked

Guidance: Check this box if exact date is unknown.

14.66) If exact date is unknown, enter approximate date of *most recent* known pre-arrest/pre-charge diversion

Variable: pre_arrest_date_app

Question type: Text entry

Definition: Enter the approximate date (e.g., June 2020).

Skip logic: Date of most recent known pre-arrest/ pre-charge diversion is unknown (pre_arrest_date_check___1 = Yes).

14.67) Did the decedent ever have any of these known interactions with the criminal justice system?

Variable: cj_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether the team knows of any decedent involvement with the criminal justice system.

Guidance:

- None apply.
- Arrested.
- Placed into incarceration. Incarceration includes juvenile detention, jail, and prison.
- Placed on community supervision. Community supervision includes probation and parole.
- Released from community supervision. Community supervision includes probation and parole.
- Released from correctional institution. Incarceration includes juvenile detention, jail, and prison.

14.68) Specify "Other"

Variable: cj_life_spec_othr

Question type: Text entry

Definition: Specifies the other interaction with the criminal justice system the decedent was known to have involvement throughout their life.

Skip logic: Known interaction with the criminal justice system was other (cj_life___88 = Other).

14.69) When did the decedent have a known arrest?

Variable: cj_life_arrest

Question type: Check all that apply.

Definition: Indicates what stages of life the decedent had a known arrest.

Guidance: See Appendix for time period guidance.

14.70) When was the decedent placed into incarceration?

Variable: cj_life_incarceration

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had been placed into incarceration.

Skip logic: History of known arrest (cj_life___1 = Yes).

Guidance: See Appendix for time period guidance.

14.71) When was the decedent placed on community supervision?

Variable: cj_life_supervision

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had been placed on community supervision.

Skip logic: History of known placed on community supervision (cj_life___2= Yes).

Guidance: See Appendix for time period guidance.

14.72) When was the decedent released from community supervision?

Variable: cj_life_supervision_end

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had been released from community supervision.

Skip logic: History of known release from community supervision (cj_life___3= Yes).

Guidance: See Appendix for time period guidance.

14.73) When was the decedent released from a correctional institution?

Variable: cj_life_institution_end

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent was known to be released from a correctional institution.

Skip logic: History of release from a correctional institution (cj_life___4= Yes).

Guidance: See Appendix for time period guidance.

14.74) When was the decedent known to have other specified interactions with the criminal justice system?

Variable: cj_life_othr

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known other specified interactions with the criminal justice system.

Skip logic: History of other interactions with criminal justice system (cj_life___88= Other).

Guidance: See Appendix for time period guidance.

Appendix

Types of resources available:

Check all resources that were provided.

- None
- Disease testing
- Drug treatment
- Fentanyl test strips

- Health coverage
- Legal aid
- Medically supervised injection information
- Medication assisted or opioid replacement treatment
- Needle and syringe service information
- Narcan/Naloxone
- Overdose prevention and reversal education
- Peer recovery support
- Psychosocial support
- Safe use education
- Other

Time period guidance:

Check each time period the decedent was known to have stressor.

- Check each time period only once even if there were multiple events.
- In addition, each time period is mutually exclusive.
- For example, if a stressor occurred in the last 14 days, check “Last 14 days” and **do not** also check last year and adulthood.
- Another example is if the person is 45 and happened when they first left home at 20 and again six months prior to the decedent’s death you would check “in adulthood” and “last 12 months.”

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent’s life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent’s death.
- Last 14 days: Occurred within the last 14 days of the decedent’s life. If this is the only incident, do not also check last 12 months or decedent’s adulthood.

15. Social Service History

15.1) Did the decedent have a known history of receiving any of these social services?

Variable: ss_history

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the decedent's known history receiving social services.

Reference: Federal government benefits, https://www.usa.gov/benefits

Guidance: Social services include:

- None
- Child care benefits
- Children's Health Insurance Program (CHIP)
- Child Protective Services (CPS)
- Foster care
- Head Start
- Housing assistance (subsidized housing, housing vouchers, public housing)
- Low-income home energy assistance program (LIHEAP)
- Medicaid
- Supplemental Nutrition Assistance Programs (SNAP or "food snaps")
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF or "welfare")
- Unaccompanied Alien Children
- Unemployment insurance
- Vocational/job training
- Other

15.2) Specify "Other"

Variable: ss_history_othr

Question type: Text entry

Definition: Specifies other social service decedent had a known history of receiving.

Skip logic: Social service history was other (ss_history___88= Other).

15.3) When was the decedent known to have received child care benefits?

Variable: ss_life_childcare

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received child care benefits.

Skip logic: Known history of child care benefits (ss_history___1 = Yes).

Guidance: See Appendix for time period guidance.

15.4) When was the decedent known to have received Children's Health Insurance Program (CHIP) benefits?

Variable: ss_life_CHIP

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had been known to have received CHIP benefits.

Skip logic: Known history of receiving Children's Health Insurance Program benefits (ss_history___2 = Yes).

Guidance: See Appendix for time period guidance.

15.5) When was the decedent known to have received child protective services?

Variable: ss_life_CPS

Question type: Check all that apply.

Response options:

0 Unchecked

1 Checked

Definition: Indicates what stages of life the decedent had known to have received child protective services.

Skip logic: Known history of receiving child protective services (ss_history___3 = Yes).

Guidance: See Appendix for time period guidance.

15.6) When was the decedent known to have received foster care services?

Variable: ss_life_foster

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received foster care services.

Skip logic: Known history of receiving foster care services (ss_history___4 = Yes).

Guidance: See Appendix for time period guidance.

15.7) When was the decedent known to have received head start services?

Variable: ss_life_headstart

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received head start services.

Skip logic: Known history of receiving head start services (ss_history___5 = Yes).

Guidance: See Appendix for time period guidance.

15.8) When was the decedent known to have received housing assistance?

Variable: ss_life_housing

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received housing assistance such as subsidized housing, housing vouchers, and public housing.

Skip logic: Known history of receiving housing assistance (ss_history___6 = Yes).

Guidance: See Appendix for time period guidance.

15.9) When was the decedent known to have received Low-Income Home Energy Assistance Program (LIHEAP)?

Variable: ss_life_LIHEAP

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received Low-Income Home Energy Assistance Program assistance.

Skip logic: Known history of receiving Low-Income Home Energy Assistance Program (ss_history___7 = Yes).

Guidance: See Appendix for time period guidance.

15.10) When was the decedent known to have Medicaid?

Variable: ss_life_Medicaid

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received Medicaid.

Skip logic: Known history of having Medicaid (ss_history___8 = Yes).

Guidance: See Appendix for time period guidance.

15.11) When was the decedent known to have received Supplemental Nutrition Assistance Program (SNAP)?

Variable: ss_life_SNAP

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received Supplemental Nutrition Assistance Program (SNAP).

Skip logic: Known history of receiving Supplemental Nutrition Assistance Program (ss_history___9 = Yes).

Guidance: See Appendix for time period guidance.

15.12) When was the decedent known to have received Supplemental Security Income?

Variable: ss_life_SSI

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received Supplemental Security Income.

Skip logic: Known history of receiving Supplemental Security Income (ss_history___10 = Yes).

Guidance: See Appendix for time period guidance.

15.13) When was the decedent known to have received Temporary Assistance for Needy Families (TANF or "welfare")?

Variable: ss_life_TANF

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have received Temporary Assistance for Needy Families (TANF or "welfare").

Skip logic: Known history of receiving Temporary Assistance for Needy Families (ss_history___11 = Yes).

Guidance: See Appendix for time period guidance.

15.14) When was the decedent known to have received unaccompanied children's services?

Variable: ss_life_unaccompanied

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have unaccompanied children's services.

Skip logic: Known history of receiving unaccompanied children's services (ss_history___12 = Yes).

Guidance: See Appendix for time period guidance.

15.15) When was the decedent known to have received unemployment insurance?

Variable: ss_life_unemployment

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have unemployment insurance.

Skip logic: Known history of receiving unemployment insurance (ss_history___13 = Yes).

Guidance: See Appendix for time period guidance.

15.16) When was the decedent known to have received vocational/job training?

Variable: ss_life_vocational

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates what stages of life the decedent had known to have vocational/job training.

Skip logic: Known history of receiving vocational/job training (ss_history___14 = Yes).

Guidance: See Appendix for time period guidance.

Appendix

Life stressor time period guidance:

Check each time period the decedent was known to have stressor.

- Check each time period only once even if there were multiple events.
- In addition, each time period is mutually exclusive.
- For example, if a stressor occurred in the last 14 days, check "Last 14 days" and **do not** also check last year and adulthood.
- Another example is if the person is 45 and happened when they first left home at 20 and again six months prior to the decedent's death you would check "in adulthood" and "last 12 months."

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

16. Education History

16.1) Did the decedent have any known history of problems at school?

Variable: ed_life

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

Guidance: Problems at school include:

- None
- Decreased academic performance/achievement or non-passing grades
- Disciplinary problems at school (such as detention or suspension)
- Discontinuation of school and did not receive a GED
- Discontinuation of post-secondary schooling (college, trade school) and did not receive a certificate/degree
- Recurrent school transfers
- Social exclusion
- Truancy or absenteeism
- Other

16.2) Specify "Other"

Variable: ed_life_spec_othr

Question type: Text entry

Definition: Specifies the other known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of performance and/ or behavior issues at school were other (ed_life___88 = Other).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

16.3) When was the decedent known to have experienced decreased academic performance/achievement or non-passing grades?

Variable: ed_life_academic

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: History of decreased academic performance/ achievement or non-passing grades (ed_life___1 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

16.4) When was the decedent known to have experienced disciplinary problems at school (such as detention or suspension)?

Variable: ed_life_discipline

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of disciplinary problems at school (ed_life___2 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

16.5) When was the decedent known to have discontinued (dropped out) school and did not receive a GED

Variable: ed_life_end

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates if decedent dropped out of school or didn't finish high school or receive his/her GED.

Skip logic: Known history of discontinued school and did not receive GED (ed_life___3 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

16.6) When was the decedent known to have discontinued post-secondary school and did not complete post-secondary schooling (college, trade school) or receive degree?

Variable: ed_life_incomplete

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates decedent dropped out of post-secondary school (college or trade school) and didn't complete program and receive degree or certificate.

Skip logic: Known history of discontinued post-secondary school and did not complete post-secondary schooling or receive degree (ed_life___6 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

16.7) When was the decedent known to have experienced frequent recurrent school transfers?

Variable: ed_life_transfers

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is a known or documented history of frequent recurrent school transfers.

Skip logic: Known history of frequent recurrent school transfers (ed_life___7 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

16.8) When was the decedent known to have experienced social exclusion at school?

Variable: ed_life_excluded

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of social exclusion at school (ed_life___4 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

16.9) When was the decedent known to have experienced truancy or absenteeism?

Variable: ed_life_truancy

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of truancy or absenteeism (ed_life___5 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

16.10) When was the decedent known to have experienced other performance and/or behavioral issues at school?

Variable: ed_life_othr

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of performance and/or behavioral issues at school was other (ed_life___88 = Other).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

Appendix

Time period guidance:

Check each time period the decedent was known to have stressor.

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

17. Case-Specific Recommendation Summary

Questions 17.1 – 17.5 capture any initial recommendations that were identified when reviewing the case. Each recommendation concept identified for each case should be captured separately. The section allows for looping through questions for each recommendation (up to five recommendations).

This section is different from the Recommendation Monitoring module, in which the recommendation will be drafted, revised, and monitored in detail over time after multiple cases have been reviewed.

17.1) Did the review of the case identify any recommendations?

Variable: recommend_identified

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether any recommendations were identified from the case review.

Guidance: Recommendation does not need to be fully formalized or identified to select "yes."

17.2) How many different recommendations were identified?

Variable: recommend_no

Question type: Numeric

Definition: Indicates the number of different recommendations identified from the case review.

Skip logic: Recommendations were identified from the case review (recommend_identified = Yes).

Guidance: Recommendations do not need to be new, fully formalized, or identified to be counted.

17.3) What types of recommendation strategies were identified?

Variable: recommend_strategy_all

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates for each recommendation the strategies or focus areas.

Skip logic: Recommendations were identified from the case review (recommend_identified = Yes).

Guidance: Check all that apply to best describe the recommendation.

Descriptions include:

- Access to care/treatment
- Care coordination, referral and follow-up
- Community coalition/collaboration
- Criminal justice/law enforcement intervention
- Data and statistics
- Death and law enforcement investigation
- Grief/loss support
- Harm reduction
- Information/data sharing
- Naloxone
- Prescription Drug Monitoring Program (PDMP)
- Prevention education/awareness
- Social determinants of health (e.g., housing stability)
- Other

17.4) Specify "Other"

Variable: recommend_strat_all_othr

Question type: Text entry

Definition: Specify other recommendation strategy identified.

Skip logic: Recommendation strategy identified was other (recommend_strategy_all___88 = Other).

17.5) Jurisdictional levels responsible for implementing the recommendations

Variable: recommend_jurisdiction_all

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Identify the level of jurisdiction responsible for implementing each recommendation.

Skip logic: Recommendations were identified from the case review (recommend_identified = Yes).

Guidance: Each type of recommendation must be implemented at different jurisdiction levels.

Jurisdiction levels include:

- Local
- State
- National
- Tribe

18. Site-Specific Community Context Variables

This section has space for up to 15 (fifteen) site-specific variables/data elements that OFR sites want to capture.

18.1 – 18.15) Site-specific community context data elements

Sites may generate their own variables. Sites will want to develop guidance for each of these variables using the following fields:

- Variable
- Response options
- Definition
- Skip logic
- Guidance
- Reference

19. Site-Specific Case Information Variables

This section has space is available for up to 15 (fifteen) site-specific variables/data elements that OFR sites want to capture.

19.1 – 19.15) Site-specific case information data elements

Sites may generate their own variables. Sites will want to develop guidance for each of these variables using the following fields:

- Variable
- Response options
- Definition
- Skip logic
- Guidance
- Reference

20. Narrative Section

This section allows for de-identified data summarizing the case to be stored.

Variable: narrative

Question type: Text entry (250-word limit)

Definition: Narrative accounts of the incident serve multiple purposes:

- Briefly summarize the incident (who, what, when, where, and why).
- Provide supporting information on circumstances that the abstractor has endorsed in an incident.
- Provide the context for understanding the incident.
- Record information and additional detail that cannot be captured elsewhere.
- Facilitate data quality control checks on the coding of key variables.

Guidance:

The narrative summarizes the overdose fatality review findings. Throughout, refer to the decedent as "decedent." At a minimum, the following should be included in all narratives:

- Where the overdose occurred (or the decedent was found)—not a specific place or address, but a description such as "at home," "at work," or "on the street," such as listed in the "Type of location where overdose" data element
- Additional detail on all circumstances coded in the data source tab
- Timing of circumstances (e.g., released from jail immediately prior to the overdose)
- A description of other circumstances not captured in standardized coding

The following **should not** be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Reference: NVDRS, 1.5 Incident Narrative CME and 1.6 Incident Narrative LE (NarrativeCME and NarrativeLE) – Modified.

County Profile

This section only needs to be completed once a year to reflect the county-level indicators. There are two sections. The first section is the County Health Rankings. The indicator data for this section can be found on the county health rankings website or the ODMapreferenced.

The second section is the Environmental Scan. The measures in this section are subjective in nature. They rely on the Overdose Fatality Review team members' awareness of the community to determine the degree to which they agree with the responses offered. Some measures provide only "yes" or "no" categories. If OFR team members are unsure, they should select "no." Other measures are based on a three-point Likert scale.

21. County

21.1) Case-unique identifier (REDCap generated)

Variable: record_id

Question type: Automatically generated by REDCap

Definition: REDCap will generate a unique case ID.

21.2) State in which OFR team is located

Variable: countyprofilestate

Question type: Select only one.

Response options: See Appendix A for state codes.

Definition: Indicates the state to which the county profile refers, also known as residence_state in the Overdose Fatality Review Data Instrument.

Guidance: This helps link the correct county profile for the case. County profile and case record will be linked based on state and county.

21.3) County

Variable: countyprofile_*xx*

Question type: Select only one.

Response options: See Appendix B for county codes. 777, Not applicable; 999, Unknown

Definition: Indicates the county to which the county profile refers, also known as residence_county in the Overdose Fatality Review Data Instrument.

Guidance: This helps link the correct county profile for the case. County profile and case record will be linked based on state and county.

21.4) Date county profile updated

Variable: countyprofiledate

Question type: Date entry

Definition: Indicates the date the profile was entered. The sources for the data are updated periodically.

Guidance: Document the date the profile is updated.

21.5) ODMPAP use Level of ODMAP reporting at the county level

Variable: countyodmap

Question type: Select only one.

Response options:

0 No – None of the jurisdictions report into ODMAP
1 Yes, partial – Some of the jurisdictions report some suspected cases into ODMAP
2 Yes, all – All jurisdictions are required to report all suspected cases into ODMAP
9 Yes, unsure how many jurisdictions are reporting cases into ODMAP

Definition: Indicates the level of ODMAP reporting at the county level.

Guidance: Visit www.odmap.org and scroll down to the section on participating agencies. Select state and county.

Reference: Overdose Detection Mapping Application Program, www.ODMAP.org

County Health Rankings

These variables "are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. By ranking the health of nearly every county in the nation, the County Health Rankings help communities understand what influences how healthy residents are and how long they will live." Source: https://www.countyhealthrankings.org/

By searching the county health rankings website for the county, you can find the value for the following measures.

21.6) Resident population

Variable: countypop

Question type: Text entry

Definition: Resident Population

Guidance: Enter the number without commas.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.7) Percent Non-Hispanic Black

Variable: countynhblack

Definition: Percentage of population that is non-Hispanic Black or African American.

Guidance: Enter the number without the % symbol.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.8) Percent American Indian and Alaska Native

Variable: countyaian

Definition: Percentage of population that is American Indian or Alaska Native.

Guidance: Enter the number without the % symbol.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.9) Percent Asian

Variable: countyasian

Definition: Percentage of population that is Asian.

Guidance: Enter the number without the % symbol.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.10) Percent Native Hawaiian/Other Pacific Islander

Variable: countynhopi

Definition: Percentage of population that is Native Hawaiian or Other Pacific Islander.

Guidance: Enter the number without the % symbol.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.11) Percent Hispanic

Variable: countyhispanic

Definition: Percentage of population that is Hispanic.

Guidance: Enter the number without the % symbol.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.12) Percent non-Hispanic White

Variable: countynhwhite

Definition: Percentage of population that is non-Hispanic White.

Guidance: Enter the number without the % symbol.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.13) Percent rural

Variable: countyrural

Question type: Text entry

Definition: Percentage of county population living in rural areas. Demographic variables are included as additional measures, since they provide background for understanding ranked measures while remaining relatively stable year to year.

Guidance: Enter the number without the % symbol. Percent Rural measures the percentage of the population that lives in a rural area.

Reference: County Demographics (at the top of the county Health Outcomes table)

https://www.countyhealthrankings.org/

21.14) Life expectancy

Variable: countylifeexpectancy

Question type: Text entry

Definition: Average number of years a person can expect to live. Life expectancy is a common and important population health outcome measure and can be easier to interpret than other mortality measures.

Guidance: Enter the number with one decimal place. Life Expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life Expectancy accounts for the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing us to compare data across counties with different population sizes.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/length-of-life/life-expectancy

Reference: Health Outcomes, Length of Life (click on "Additional Health Outcomes")
https://www.countyhealthrankings.org/

21.15) Frequent physical distress (percent)

Variable: countyphysicaldistress

Question type: Text entry

Definition: Percentage of adults reporting 14 or more days of poor physical health per month. Frequent physical distress is a corollary measure to poor physical health days. It provides a slightly different picture that emphasizes those who are experiencing more chronic, and likely severe, physical health issues.

Guidance: Enter the number without the % symbol. Frequent Physical Distress is the percentage of adults who reported 14 or more days in response to the question, "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/frequent-physical-distress

Reference: Quality of Life, Quality of Life (click on “Additional Health Outcomes”) https://www.countyhealthrankings.org/

21.16) Frequent mental distress (percent)

Variable: countymentaldistress

Question type: Text entry

Definition: Percentage of adults reporting 14 or more days of poor mental health per month. Frequent mental distress is a corollary measure to poor mental health days. It provides a slightly different picture that emphasizes those who are experiencing more chronic, and likely severe, mental health issues.

Guidance: Enter the number without the % symbol. Frequent Mental Distress is the percentage of adults who reported 14 or more days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/frequent-mental-distress

Reference: Quality of Life, Quality of Life (click on “Additional Health Outcomes”) https://www.countyhealthrankings.org/

21.17) Food insecurity (percent)

Variable: countyfoodinsecurity

Question type: Text entry

Definition: Percentage of the population that lacks adequate access to food. Lacking consistent access to food is related to negative health outcomes such as weight gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure addresses the ability of individuals and families to provide balanced meals, including fruits and vegetables, further addressing barriers to healthy eating.

Guidance: Enter the number without the % symbol. Food Insecurity estimates the percentage of the population that did not have access to a reliable source of food during

the past year. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/food-insecurity

Reference: Health Behaviors, Diet and Exercise (click on “Additional Health Behaviors”) https://www.countyhealthrankings.org/

21.18) Drug overdose deaths

Variable: countyoddeaths

Question type: Text entry

Definition: Number of drug poisonings deaths per 100,000 population. Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137 percent nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200 percent increase in deaths involving opioids (opioid pain relievers and heroin).

Guidance: Enter number which represents deaths per 100,000 population. Rates measure the number of events (e.g., deaths, births, etc.) in a given period (generally one or more years), divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. Drug Overdose Deaths is the number of deaths due to drug poisoning per 100,000 population.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/alcohol-drug-use/drug-overdose-deaths

Reference: Health Behaviors, Alcohol and Drug Use (click on “Additional Health Behaviors”) https://www.countyhealthrankings.org/

21.19) Uninsured (percent)

Variable: countyuninsured

Question type: Text entry

Definition: Percentage of the population under age 65 without health insurance. Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. One key finding from the Kaiser Family Foundation report on access to health care is that "[g]oing without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured

can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."

Guidance: Enter the number without the % symbol. Uninsured is the percentage of the population under age 65 without health insurance coverage. A person is uninsured if he or she is currently not covered by insurance through a current/former employer or union, insurance purchased from an insurance company, Medicare, Medicaid, medical assistance, any kind of government-assistance plan for those with low incomes or disability, TRICARE or other military health care, Indian Health Services, veterans' assistance, or any other health insurance or health coverage plan.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/uninsured

Reference: Clinical Care, Access to Care https://www.countyhealthrankings.org/

21.20) Primary care physicians

Variable: countyprimarycare

Question type: Text entry

Definition: Ratio of population to primary care physicians. Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

Guidance: Enter the number to the left of the colon (number of persons in the population for each primary care physician). Primary Care Physicians is the ratio of the population to primary care physicians. The ratio represents the number of individuals who would be served by one physician in a county if the population were equally distributed among physicians. For example, if a county had a population of 50,000 and had 20 primary care physicians, its ratio would be 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one primary care physician in the county, and zero indicates there are no registered primary care physicians in the county.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/primary-care-physicians

Reference: Clinical Care, Access to Care https://www.countyhealthrankings.org/

21.21) Mental health providers

Variable: countymhproviders

Question type: Text entry

Definition: Ratio of population to mental health providers. Access to care requires not only financial coverage, but also access to providers. Thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.

Guidance: Enter the number to the left of the colon (number of persons in the population for each mental health provider). Mental Health Providers is the ratio of the population to mental health providers. The ratio represents the number of individuals who would be served by one mental health provider in a county if the population were equally distributed across providers. For example, if a county had a population of 50,000 and had 20 mental health providers, its ratio would be 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one mental health provider in the county, and zero indicates there are no registered mental health providers in the county.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/mental-health-providers

Reference: Clinical Care, Access to Care https://www.countyhealthrankings.org/

21.22) High school completion

Variable: countyhscompletion

Question type: Text entry

Definition: Percentage of adults ages 25 and over with a high school diploma or equivalent.

Guidance: Enter the number without the % symbol. Highs school completion is the percentage of adults ages 25 and over with a high school diploma or equivalent.
https://www.countyhealthrankings.org/app/minnesota/2022/measure/factors/168/datasource

Reference: Social and Economic Factors, High school completion
https://www.countyhealthrankings.org/

21.23) Unemployment (percent)

Variable: countyunemployment

Question type: Text entry

Definition: Percentage of the population aged 16 and older unemployed but seeking work. The unemployed population experiences worse health and higher mortality rates than the employed population.[1-4] Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which, in turn, can lead to increased risk for disease or mortality, especially suicide.[5] Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.

Guidance: Enter the number without the % symbol. Unemployment is the percentage of the county's civilian labor force, aged 16 and older, that is unemployed but seeking work. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/employment/unemployment

Reference: Social and Economic Factors, Employment
https://www.countyhealthrankings.org/

21.24) Children in poverty (percent)

Variable: countychildpoverty

Question type: Text entry

Definition: Percentage of people under age 18 in poverty. Children in Poverty captures an upstream measure of poverty that assesses both current and future health risk. Poverty and other social factors contribute a number of deaths comparable to leading causes of death in the United States, such as heart attacks, strokes, and lung cancer.[1] While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety than children living in high-income households.[2-4]

Guidance: Enter the number without the % symbol. Children in Poverty is the percentage of people under age 18 living in poverty.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/children-in-poverty

Reference: Social and Economic Factors, Income
https://www.countyhealthrankings.org/

21.25) Income inequality

Variable: countyincomeinequality

Question type: Text entry

Definition: Ratio of household income at the 80th percentile to income at the 20th percentile. Income inequality within U.S. communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as social stressors. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents. Income inequality in a society has a strong causal connection to health, independent of the income of individuals.

Guidance: Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile. In other words, when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20 percent of households have higher incomes, and the 20th percentile is the level of income at which only 20 percent of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/income-inequality

Reference: Social and Economic Factors, Income
https://www.countyhealthrankings.org/

21.26) Social associations (rate)

Variable: countysocialassoc

Question type: Text entry

Definition: Number of membership associations per 10,000 population. Minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality. Research suggests that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. A study found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary

groups and organizations because people who belong to such groups tend to trust others who belong to the same groups.

Guidance: Enter number which represents number of membership associations per 100,000 population. Social Associations measures the number of membership associations per 10,000 population. Rates measure the number of events in a given period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/family-social-support/social-associations

Reference: Social and Economic Factors, Family and Social Support
https://www.countyhealthrankings.org/

21.27) Violent crime (rate)

Variable: countyviolentcrime

Question type: Text entry

Definition: Number of reported violent crime offenses per 100,000 population. High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. In addition, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such as upper respiratory illness and asthma in neighborhoods with high levels of violence. Uniform Crime Reporting (UCR) data is generally regarded as a valid and reliable index of the types of crime that residents view as serious.

Guidance: Enter number which represents violent crimes per 100,000 population. Violent Crime is the number of violent crimes reported per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/community-safety/violent-crime-rate

Reference: Social and Economic Factors, Community Safety
https://www.countyhealthrankings.org/

21.28) High School graduation (percent)

Variable: countyhsgraduation

Question type: Text entry

Definition: Percentage of ninth-grade cohort that graduates in four years. Education is an important predictor of health. Completing more education is associated with being less likely to smoke and more likely to exercise, as well as better physical health and self-reported health.[1-3] Adults who are more educated are more often employed and tend to earn more than their less-well-educated counterparts.[3] A 1-point increase in high school GPA raises annual earnings in adulthood by about 12 percent in males and nearly 14 percent in females.[4]

Individuals graduating with a high school diploma are likely to have more health benefits than those who earn a Graduate Equivalency Diploma (GED). GED earners are about twice as likely to have worse self-reported health and physical limitations.[2]

It is important to note, as rates of high school and college completion increase, that there are growing race/ethnicity gaps in educational attainment over the past 20 years. In 2005, white recent high school graduates were 11 percentage points more likely to enroll in college than their black and Hispanic peers. In 2015, these gaps had decreased to 8 percentage points for black and 5 percentage points for Hispanic students.[3]

Guidance: Enter the number without the % symbol. High School Graduation is the percentage of the ninth-grade cohort that graduates from high school in four years. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/education/high-school-graduation

Reference: Social and Economic Factors, Education
https://www.countyhealthrankings.org/

21.29)

21.30) Disconnected youth (percent)

Variable: countydisconnectedyouth

Question type: Text entry

Definition: Percentage of teens and youth adults aged 16–19 who are neither working nor in school. Youth disconnection portrays a dynamic between individuals and the society they live in. Disconnected youth are at an increased risk of violent behavior, smoking, alcohol consumption, and marijuana use and may have emotional deficits and fewer cognitive and academic skills than their peers who are working and/or in school.

Approximately one in nine teenagers and young adults in the United States is currently referred to as disconnected: not in education, employment, or training. Several studies have shown that disconnected youth have a disproportionate share of related health problems including chronic unemployment, poverty, mental health disorders, criminal behaviors, incarceration, poor health, and early mortality.

Guidance: Enter number without % symbol. Leave blank if a number is not provided in the County Health Ranking. Disconnected Youth is the percentage of teens and young adults aged 16 to 19 who are neither working nor in school. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/education/disconnected-youth

Reference: Social and Economic Factors, Education (click on "Additional Social & Economic Factors") https://www.countyhealthrankings.org/

21.31) Median household income

Variable: countymedianincome

Question type: Text entry

Definition: Median income—where half of the households in a county earn more and half of households earn less. Median household income is a well-recognized indicator of income and poverty, which can compromise physical and mental health. However, it is strongly correlated with children in poverty, which is already ranked and therefore not included as a ranked measure.

Guidance: Enter the number without the $ symbol. Median Household Income is the income where half of households in a county earn more and half of households earn less. Income, defined as "Total income," is the sum of the amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; social security or railroad retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; and gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/median-household-income

Reference: Social and Economic Factors, Income (click on “Additional Social & Economic Factors”) https://www.countyhealthrankings.org/

21.32) Children eligible for free or reduced-price lunch (percent)

Variable: countyfreelunch

Question type: Text entry

Definition: Percentage of children enrolled in public schools who are eligible for free or reduced-price lunch. Food insecurity and hunger are known to impair child development and increase risk of poor health outcomes.[1] The National School Lunch Program leads to substantial reductions in childhood food insecurity, poor health, and obesity.[2] Under the National School Lunch Act, eligible children (based on family size and income) receive adequate nutrition to help support development and a healthy lifestyle. In addition, eligibility for free or reduced-price lunch is a useful indicator of family poverty and its effect on children. When combined with poverty data, this measure can also be used to identify gaps in eligibility and enrollment.

Guidance: Enter the number without the % symbol. Children Eligible for Free or Reduced-Price Lunch is the percentage of children enrolled in public schools who are eligible for free or reduced-price lunch. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/children-eligible-for-free-or-reduced-price-lunch

Reference: Social and Economic Factors, Income (click on “Additional Social & Economic Factors”) https://www.countyhealthrankings.org/

21.33) Residential segregation – nonwhite/white

Variable: countysegregation

Question type: Text entry

Definition: Index of dissimilarity where higher values indicate greater residential segregation between nonwhite and white county residents. Although most overtly discriminatory policies and practices promoting segregation—such as separate schools or seating on public transportation or in restaurants based on race—have been illegal for decades, segregation caused by structural, institutional, and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted acts of racism but has had little effect on structural racism such as residential segregation, resulting in lingering structural inequalities. Residential segregation is a key determinant of racial differences in socioeconomic mobility and, in addition, can create social and physical risks in residential environments that adversely

affect health. Although this area of research is gaining interest, structural forms of racism and their relationship to health inequities remain understudied.

Residential segregation remains prevalent in many areas of the country and may influence both personal and community well-being. Residential segregation is considered a fundamental cause of health disparities in the United States and has been linked to poor health outcomes, including mortality; a wide variety of reproductive, infectious, and chronic diseases; and other adverse conditions. Structural racism is also linked to poor-quality housing and disproportionate exposure to environmental toxins. Individuals living in segregated neighborhoods often experience increased violence, reduced educational and employment opportunities, limited access to quality health care, and restrictions to upward mobility.

Guidance: Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (non-White and White residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case).

The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either non-White or White residents who would have to move to different geographic areas to produce a distribution that matches that of the larger area.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/family-social-support/residential-segregation-non-whitewhite

Reference: Social and Economic Factors, Family and Social Support (click on "Additional Social & Economic Factors") https://www.countyhealthrankings.org/

21.34) Suicide (rate)

Variable: countysuicide

Question type: Text entry

Definition: Number of deaths due to suicide per 100,000 population. Suicide serves as an important measure of the mental health of a county's population. Outside of the impact on the emotional and mental health of surviving friends, family members, and loved ones, suicide also has an economic impact, costing the United States an estimated $70 billion per year.

Guidance: Enter number which represents deaths due to suicide per 100,000 population. Suicide is the number of deaths from self-inflicted injuries per 100,000

population. Rates measure the number of events (e.g., deaths, births) in a given period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/community-safety/suicides

Reference: Social and Economic Factors, Community Safety (click on "Additional Social & Economic Factors") https://www.countyhealthrankings.org/

21.35) Severe housing problems (percent)

Variable: countyhousingprob

Question type: Text entry

Definition: Households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burdens have to face difficult trade-offs in meeting other basic needs. When most of a paycheck goes toward the rent or mortgage, it is difficult to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain.

Guidance: Enter the number without the % symbol. Severe Housing Problems is the percentage of households with one or more of the following housing problems:

1. Housing unit lacks complete kitchen facilities.
2. Housing unit lacks complete plumbing facilities.
3. Household is overcrowded.
4. Household is severely cost-burdened.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-transit/severe-housing-problems

Reference: Physical Environment, Housing and Transit
https://www.countyhealthrankings.org/

Environmental Scan

The measures in this section are subjective in nature. They rely on the Overdose Fatality Review team members' awareness of the community to determine the degree to which they agree with the responses offered. Some measures provide only "yes" or "no" categories. If OFR team members are unsure, they should select "no." Other measures are based on a three-point Likert scale.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

21.36) Does the county have a targeted naloxone distribution program?

Variable: naloxone_distribution_county

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Targeted distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose—especially people who use drugs and first responders—with naloxone kits—which they can use in an emergency to save a life.

Guidance: There are many different approaches to distributing naloxone to people at high risk of experiencing or witnessing an overdose. Effective approaches include community distribution programs, co-prescription of naloxone, and equipping first responders.

21.37) Does the county have a coordinated rapid response team/plan to respond to spikes in overdoses, overdose-related events, or emerging drug trends?

Variable: response_plan_county

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Having a rapid response plan to respond to a spike in overdoses can be helpful in preventing future overdose deaths.

Guidance: Indicates whether the community has a known coordinated response.

21.38) Is the county considered a high-density-use and/or high-density-overdose area?

Variable: high_density_county

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Some communities or areas have higher overdose rates or use than others.

Guidance: Indicates whether the area where the overdose death occurred is in an already defined high-risk/-rate or high-use area.

21.39) To what extent is MAT (medication-assisted treatment) available in the community?

Variable: mat_available_county

Question type: Select only one.

Response options:

0 Not available
1 Limited availability—waiting lists, limited providers, only one type available
2 Adequate availability—no waiting lists, easy access to all types of MAT

Definition: Medication-assisted treatment (MAT) is a proven pharmacological treatment for opioid use disorder. The backbone of this treatment is made up of U.S. Food and Drug Administration (FDA)-approved medications. The agonist drugs methadone and buprenorphine activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria; naltrexone blocks the effects of opioids. MAT is effective at reducing use and helping people to lead normal lives.

Guidance: Indicates whether MAT is unavailable, whether some is available or limited, or whether it is adequately available in the community.

Medication-assisted treatment includes three FDA-approved medications for opioid use disorder: methadone, buprenorphine, and naltrexone.

According to the U.S. Centers for Disease Control and Prevention (CDC), MAT works best when:

- It is combined with ancillary treatment strategies such as counseling and social support with fixed, safe, and predictable doses of medications.
- Public awareness of MAT as an effective medical intervention is promoted by local leadership. This helps to reduce stigma against MAT that discourages people from seeking this form of care.
- Entry into treatment is voluntary. Compulsory treatment programs through legal and social welfare systems are less effective than voluntary treatment.
- Patients have access to a variety of medication options. All patients are different, and treatment is best when individualized. Some people fare significantly better on buprenorphine than on methadone, and vice versa. Some may need to try several treatment options before discovering what works best, and some may not have access to all MAT medications.
- The challenges of receiving MAT are understood and mitigated. Many individuals face hurdles in receiving approval for MAT from their health insurance providers. Many methadone clinics require patients to attend daily to receive treatment. This can mean long, burdensome commutes at odd hours, which can conflict with professional, familial, or care-giving responsibilities. Those who live in rural areas, for example, may have to drive hours to receive care. Treatment is more successful when these obstacles are not placed in the way.

21.40) To what extent is MAT (medication-assisted treatment) available to individuals upon release from jails or pre-trial detention?

Variable: mat_cj_county

Question type: Select only one.

Response options:

0 Not available
1 Limited availability—limited number of facilities, limited types of MAT or specific populations (e.g., pregnant women)
2 Adequate availability—all types of MAT for all populations

Definition: Identifies the level of MAT available to individuals upon release from jails or pre-trial detention. MAT should be made available as a standard of care for incarcerated individuals with opioid use disorder.

Those receiving MAT when they enter criminal justice settings may continue receiving this treatment, and those who are not on treatment may initiate and continue this form of care while incarcerated and then be linked with appropriate care providers to continue MAT upon release.

Guidance: Indicates whether MAT is unavailable, whether some is available or limited, or whether it is adequately available to individuals upon release from jails or pre-trail detention.

Medication-assisted treatment includes three FDA-approved medications for opioid use disorder: methadone, buprenorphine, and naltrexone.

According to the U.S. Centers for Disease Control and Prevention (CDC), MAT in criminal justice settings works best when:

- MAT is uninterrupted for those who were receiving care prior to incarceration. MAT can be initiated in criminal justice settings.
- Individuals have access to all available forms of MAT medication. This choice is essential, since some individuals fare much better (or worse) on one of these drugs than on others.
- An effective system for referral and linkage to care is in place so that individuals on MAT can receive a "warm handoff" to providers who are able to continue their care upon release. Otherwise, recently released individuals are forced to choose between enduring painful opioid withdrawal and quickly finding another source of opioids. The quickest and easiest sources of opioids are illicit ones.

21.41) To what extent is buprenorphine-based MAT (medication-assisted treatment) initiated in local emergency departments?

Variable: mat_ed_county

Question type: Select only one.

Response options:

0 Not initiated
1 Limited availability/initiation—limited number of facilities or specific populations (e.g., pregnant women)
2 Adequate availability/initiation—buprenorphine-based MAT for all populations, standard practice among local emergency departments

Definition: Identifies the extent to which buprenorphine-based MAT is initiated in local emergency departments.

Patients receiving care in emergency departments who have untreated opioid use disorder are referred to a provider for long-term buprenorphine-based MAT. This referral is accompanied by initial doses of buprenorphine or a short-term prescription that can be filled right away. The patient can begin treatment immediately, instead of waiting several days for his or her appointment with a new provider.

Guidance: Indicates whether there is no buprenorphine-based MAT initiated, whether initiated in some EDs, or whether adequately initiated in area emergency departments.

According to the U.S. Centers for Disease Control and Prevention (CDC), there is no broadly accepted best practice for initiating patients into buprenorphine-based MAT in an emergency department. This intervention is very new, and researchers are still studying how best to serve patients' needs and assist them in engaging with care. Patients who are initiated in the emergency department are very likely there because they have experienced overdose crises. It can be expected that such experiences may change the meaning of treatment for these patients, and the value of treatment may change in an inconsistent or counterintuitive way over time.

What we do know, however, is that each instance of engagement in MAT, even if the patient eventually drops out of care, predicts higher success the next time treatment is sought. Furthermore, providing "bridging" doses of MAT medications to individuals seeking treatment greatly improves patient engagement in MAT care during treatment initiation—a key moment for those with opioid use disorder, when maintaining trust and stability is of utmost importance.

21.42) To what extent are syringe service programs available in the community?

Variable: syringe_service_county

Question type: Select only one.

Response options:

0 Not available
1 Limited availability—not enough supplies/staff, only in part of the community, only targeting specific populations (e.g., homeless population), or one-for-one exchange policies
2 Adequate availability—entire community and population can access program as needed

Definition: Identifies the extent to which syringe services are available in the community.

Sometimes called "needle exchange" or "syringe exchange," syringe services programs provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Comprehensive syringe services programs also provide additional social and medical services, such as safe disposal of syringes and needles; testing for HIV and hepatitis C infection and linkage to treatment; education about overdose and safer injection practices; referral and access to drug treatment programs, including MAT; tools to

prevent HIV and other infectious disease, such as condoms, counseling, or vaccinations; and linkage to medical, mental health, and social services.

Guidance: Indicates whether syringe service is unavailable, whether some is available and limited, or whether it is adequately available in the community.

According to the U.S. Centers for Disease Control and Prevention (CDC), syringe services programs work best when:

- They provide an adequate supply of sterile syringes. Limiting the number of syringes an individual may receive reduces the effectiveness of the intervention. Programs with one-for-one exchange policies, for example, allow participants only as many syringes as the number of used syringes they return, thus undercutting the program's effectiveness. When no limits are set on the number of syringes distributed, participants are more likely to have clean syringes on hand when they need them, and they can provide syringes to many more people than can attend the program themselves, thus multiplying the program's effectiveness. This also increases participants' incentive to visit the program and interact with staff members and counselors.
- The needs and concerns specific to the local drug-using community are addressed and accommodated by the program.
- Program participants who are seeking treatment for opioid use disorder or for other physical or mental health concerns are offered assistance in accessing appropriate care.

21.43) What extent is wraparound follow-up care available after a nonfatal overdose?

Variable: follow_up_county

Question type: Select only one.

Response options:

0 Not available
1 Limited availability—only in part of the community, only targeting specific populations
2 Adequate availability—entire community and population offered wraparound follow-up care

Definition: Follow-up services after a nonfatal overdose death can link individuals to care and prevent future overdoses and death.

Guidance: Indicates whether follow-up service is unavailable, whether some is available and limited, or whether it is adequately available in the community to those who have experienced a nonfatal overdose.

21.44) To what extent is naloxone available among substance use disorder treatment providers?

Variable: naloxone_sud_county

Question type: Select only one.

Response options:

0 Not available
1 Limited availability—limited providers, targeting only specific populations
2 Adequate availability—a standard practice among providers in the community

Definition: Naloxone distribution in treatment facilities (both inpatient and outpatient) targets individuals who are about to cease treatment to receive overdose response training and naloxone kits prior to their exit from those programs or facilities.

Guidance:

According to the U.S. Centers for Disease Control and Prevention (CDC), naloxone distribution in treatment centers works best when:

- Coverage of these distribution programs is universal, providing all individuals leaving treatment with the opportunity to be trained and receive naloxone kits. This is preferable to opt-in programs that require inmates to request special services to receive naloxone.
- Training is provided in a way that refrains from making negative judgments about drug use and focuses instead on the importance of every person's safety and well-being, even in the context of drug use.
- Close contacts of each individual (family, partners, and children) are also trained in naloxone administration and overdose response.
- Naloxone distribution in treatment centers works best when there is certainty in the supply chain and in funding. In treatment settings, an individual's insurance can cover the cost of naloxone.

21.45) To what extent is naloxone available in criminal justice facilities (for example, courts, jails, and probation)?

Variable: naloxone_cj_county

Question type: Select only one.

Response options:

0 Not available
1 Limited availability—limited locations, targeting only specific populations

2 Adequate availability—a standard practice among area criminal justice system facilities

Definition: Naloxone distribution in criminal justice facilities targets individuals who are about to be released from supervision to receive overdose response training and naloxone kits prior to their exit from those programs or facilities.

Guidance:

According to the U.S. Centers for Disease Control and Prevention (CDC), naloxone distribution in treatment centers works best when:

- Coverage of these distribution programs is universal, providing all individuals leaving criminal justice settings with the opportunity to be trained and receive naloxone kits. This is preferable to opt-in programs that require inmates to request special services to receive naloxone.
- Training is provided in a way that refrains from making negative judgments about drug use and focuses instead on the importance of every person's safety and well-being, even in the context of drug use.
- Close contacts of each individual (family, partners, and children) are also trained in naloxone administration and overdose response.
- Naloxone distribution in criminal justice settings works best when there is certainty in the supply chain and in funding. In treatment settings, an individual's insurance can cover the cost of naloxone.

21.46) To what extent is naloxone available and used by law enforcement and other first responders?

Variable: naloxone_le_county

Question type: Select only one.

Response options:

0 Not available
1 Limited availability—limited agencies, limited officers/staff
2 Adequate availability—a standard practice among law enforcement and other first responders

Definition: Indicates the frequency of use of naloxone by local law enforcement and first responders.

Guidance: Indicates the level of naloxone use by local law enforcement and first responders.

22. Recommendation Monitoring

22.1) Case-unique identifier (REDCap generated)

Variable: record_id

Question type: Automatically generated by REDCap

Definition: REDCap will generate a unique case ID.

22.2) Public/edited version of recommendation

Variable: rec_text

Question type: Text entry

Definition: This is a short public-facing recommendation, modified over time based on case review.

Guidance: This recommendation does not include a lot of details or case information. It likely does not name/identify specific agencies or organizations that the recommendation is targeting.

22.3) Current priority level

Variable: rec_priority

Question type: Text entry

Definition: This assigns priority for the recommendations.

Guidance: The priority can be updated as the recommendation evolves.

22.4) Working draft of recommendation

Variable: rec_notes

Question type: Text entry

Definition: Original working recommendation text. Modified over time with more case details and specifics.

Guidance: This recommendation text is not public and is where specific agencies and/or organizations may be named.

22.5) Date recommendation was identified/initiated

Variable: rec_id_date

Question type: Date entry

Definition: Indicates the date the recommendation was initially identified.

Guidance: The date of the case review that identified the recommendation. You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

22.6) Cases that generated or are related to the recommendation

Variable: rec_cases

Question type: Text entry

Definition: Indicates Case IDs (Var: case_id) that relate to the recommendation. The cases may have helped identify or revise the recommendation. Separate cases using a comma without any joining words such as “and.”

22.7) What data sources were shared at review meetings?

Variable: rec_data_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates which data were shared or provided at the case reviews.

Guidance: Select the responses that best describe the data sources shared at the review meetings tied to this recommendation, regardless of whether they provided data or information about the case. For example, if more than one case generated this recommendation, if the first case had behavioral health, criminal justice, and death certificate record information and the second case had behavioral health, criminal justice, death certificate, and social services record information, then the second case would only result in one additional data source at the meetings – social services record information. The total list of data sources tied to this recommendation would be behavioral health, criminal justice, death certificate, and social services record information.

Potentially shared data sources include:

- Behavioral health record information
- Criminal justice record information
- Death certificate record information
- Family and social network interview information
- Forensic record information
- Medical care record information
- PDMP record information
- Social services record information
- Other

22.8) Specify "Other"

Variable: rec_data_type_othr

Question type: Text entry

Definition: Specifies other type of data source shared at review meetings.

Skip logic: Type of data source shared was other (rec_data_type___88 = Other).

22.9) What OFR members were present/represented at the review meetings?

Variable: rec_member_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates OFR members or partners (guest participants) present at the meetings.

Guidance: Select the responses that best describe those present at the cases reviewed that tied to this recommendation, regardless of whether they provided data or information about the case. For example, if more than one case generated this recommendation, if the first case had public health, hospital, prisons, and local law enforcement and the second case had public health, hospital, local law enforcement, and substance use disorder treatment provider, then the second case would only result in one additional member at the meetings – substance use disorder treatment provider. The total list of members tied to this recommendation would be public health, hospital, prison, local law enforcement and substance use disorder treatment provider.

Potential members present/ represented at a review meeting include:

- Child protective services
- Community corrections - probation and parole
- Community prevention coalition
- County sheriff's office
- Court (not drug-related)
- Drug treatment court
- Education system
- Emergency department
- Emergency medical services
- Faith-based services or healing leader
- Harm-reduction program
- High Intensity Drug Trafficking Areas (HIDTA) public health analyst
- Hospital
- Housing authority
- Infectious disease
- Jails
- Local law enforcement
- Medical examiner/coroner
- Medication-assisted treatment provider
- Mental health provider
- Outpatient/primary care
- PDMP
- Pharmacists
- Prison
- Prosecutor's office
- Public health
- Recovery support services
- Social services
- Substance abuse prevention
- Substance use disorder treatment provider
- Toxicologist
- Tribal elder, community leader, or traditional healer
- Other

Note: OFR teams may want a meeting sign-in form that allows participants to select which professional sector they represent.

22.10) Specify "Other"

Variable: rec_member_type_othr

Question type: Text entry

Definition: Specifies other OFR member present/represented at the review meetings.

Skip logic: OFR member present/represented was other (rec_member_type___88 = Other).

22.11) Recommendation type

Variable: rec_type

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates type of recommendation.

Guidance:

- Agency-specific—Addresses a service gap or failure within an agency. For example, improve internal records and communication to better track and follow up with patients who miss appointments.
- Capacity-building—Addresses methods for sharing knowledge, developing skills, and creating institutional systems and capacity by providing training, technical consultation and services, information packaging, and dissemination and technology transfer activities. For example, improve public health data and information systems to better count and monitor drug use and overdoses (nonfatal and fatal).
- Case-specific—Addresses an information or data need related to a case. For example, determine whether an individual was seen by the VA hospital in the week prior to the death.
- Population-specific—Addresses a need or issue to reduce a specific risk factor for overdose. For example, increase access to buprenorphine among incarcerated populations.
- Quality improvement—Addresses an issue to strengthen or improve the overdose fatality review process. For example, increase the length of meetings to allow for more time to develop recommendations.
- Research-related—Addresses a need to research a topic of issue area. For example, determine the number of deaths from prescription opioids for those who had prescriptions for opioids.
- Systemic—Addresses a gap, weakness, or problem within a system or across systems. For example, improve communication between inpatient treatment providers upon discharge to an outpatient, medication-assisted therapy (MAT) provider by establishing an automated alert system.

- Other
- Unknown

Reference: U.S. Centers for Disease Control and Prevention, Public Health Professional Gateway, Building Capacity.
https://www.cdc.gov/publichealthgateway/funding/rfaot13.html

22.12) Specify "Other"

Variable: rec_type_othr

Question type: Text entry

Definition: Specifies other type of recommendation.

Skip logic: Recommendation type was other (rec_type___88 =Other).

22.13) Prevention level

Variable: rec_level

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the scope and level of prevention the recommendation addresses.

Guidance:

- Primary/Universal: Primary prevention or universal prevention efforts are efforts that prevent an overarching circumstance or increase health-promoting supports. The target audience is the public. For example, increasing access to affordable housing or preventing the initiation of substance use in a community.
- Secondary/Selective: Secondary prevention or selective prevention efforts are efforts that address an immediate circumstance leading up to the overdose death. The target audience is individuals and/or groups who are at increased risk. For example, increasing access among drug users and their social network to naloxone.
- Tertiary/Targeted: Tertiary prevention or targeted prevention efforts are efforts that decrease the impact of ongoing addiction or substance use disorder. The target audience is individuals who are already affected by the disease or outcome. For example, connecting nonfatal overdose victims in emergency departments with peer recovery coaches to identify treatment options.

22.14) Focus population or issue

Variable: rec_focus

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the population or issue the recommendation is targeting.

Guidance: Focus population or issue include:

- African Americans
- American Indians/Alaska Natives
- Asians
- Hispanics
- Whites
- Children
- Men and boys
- Women and girls
- Community
- Charging and sentencing
- Domestic violence
- Gangs
- Future research
- Mental health
- Nuisance or license premise
- Persons experiencing homelessness
- Schools
- Sex workers
- Substance use
- Supervision and reentry
- Witnesses
- Other

22.15) Specify "Other"

Variable: rec_focus_othr

Question type: Text entry

Definition: Specifies other focus population or issue.

Skip logic: Focus population or issue was other (rec_focus___88 = Other).

22.16) Jurisdictional levels responsible for implementing the recommendation

Variable: rec_jurisd_scope

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Identify which level of jurisdiction is responsible for implementing each recommendation.

Guidance: Each type of recommendation must be implemented at different jurisdiction levels.

Jurisdiction levels include:

- Local
- State or territory
- Federal
- Tribe

22.17) Agencies responsible for implementation

Variable: rec_agency

Question type: Check all that apply.

Response options:

0 Unchecked
1 Checked

Definition: Indicates the agencies responsible for implementing the recommendation.

Guidance: Agencies responsible for implementation include:

- Community correction/probation and parole
- Community prevention coalition
- Drug treatment court
- Education system
- Elected officials

- Emergency department or hospital
- Emergency medical services
- Faith-based services
- Harm-reduction program
- HIDTA public health analyst
- Housing authority
- Jails
- Local law enforcement agency
- Medical examiner's/coroner's office
- Medication-assisted treatment providers
- Mental health providers
- Outpatient/primary care clinics
- Pharmacies
- Prosecutor's office
- Public health
- Sheriff's office
- Social services/child protective services
- Substance use prevention
- Substance use disorder treatment provider
- Other

22.18) Specify "Other"

Variable: rec_agency_othr

Question type: Text entry

Definition: Specifies other agency responsible for implementing the recommendation.

Skip logic: Agency responsible for implemetning the recommendation was other (rec_agency___88= Other).

22.19) Recommendation status

Variable: rec_status

Question type: Select only one.

Response options:

0 Not yet started
1 In progress
2 On hold
3 Completed
99 Unknown

Definition: Indicates current status on recommendation.

Guidance: Update status of recommendation when updating recommendation.

22.20) Date of status update

Variable: rec_status_date

Question type: Date entry

Definition: Indicates the date of the most recent status update.

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

22.21) Short-term strategies

Variable: rec_short, rec_short_2, rec_short_3, rec_short_4, rec_short_5

Question type: Text entry

Definition: List short-term strategies to be implemented.

Skip logic: Short-term strategies was identified (rec_short ≠ “”; rec_short_2≠ “”; rec_short_3≠ “”; rec_short_4≠ “”)

Guidance: Add and update strategies as they are identified or happen. Enter one strategy per field.

Reference: Social and Economic Factors, Income
https://www.countyhealthrankings.org/

22.22) Medium-term strategies

Variable: rec_medium, rec_medium_2, rec_medium_3, rec_medium_4, rec_medium_5

Question type: Text entry

Definition: List medium-term strategies to be implemented.

Skip logic: Medium-term strategy was identified (rec_medium not = “” ; rec_medium_2 not = “”; rec_medium_3 not = “” ; rec_medium_4 not = “”)

Guidance: Add and update strategies as they are identified or happen. Enter one strategy per field.

22.23) Long-term strategies

Variable: rec_long, rec_long_2, rec_long_3, rec_long_4, rec_long_5

Question type: Text entry

Definition: List the long-term strategies to be implemented.

Skip logic: Long-term strategies identified (rec_long not = “”; rec_long_2 not = “”; rec_long_3 not = “”; rec_long_4 not = “”).

Guidance: Add and update strategies as they are identified or happen. Enter one strategy per field.

Reference: Social and Economic Factors, Family and Social Support https://www.countyhealthrankings.org/

22.24) Recommendation accomplishments

Variable: rec_results

Question type: Text entry

Definition: Document tasks completed and associated results.

Guidance: Add and update the list of tasks and results as they happen.

22.25) Media coverage notes

Variable: rec_media

Question type: Text entry

Definition: Track any media coverage regarding this recommendation and related activities and cases.

Guidance: Update with media coverage and content as it happens.

Reference: Social and Economic Factors, Education (click on “Additional Social & Economic Factors”) https://www.countyhealthrankings.org/

22.26) Contact information for agency that has the lead responsibility for implementing the recommendation

Variable: rec_lead

Question type: Text entry

Definition: Indicates the lead responsible agency for implementing the recommendation.

Guidance: Examples include name, agency and email address.

22.27) Supporting agencies

Variable: rec_support, rec_support_2, rec_support_3

Question type: Text entry

Definition: Indicates an individual or agency responsible for supporting the recommendation implementation.

Skip logic: Individual or agency identifed as responsible for supporting recommendation implementation (rec_support_1 not = “”; rec_support_2 not = ““)

Guidance: Examples include name, agency and email address. Enter information for one agency per field.

OFR Next-of-Kin

23. NOK Administration

23.1) Record ID

Variable: record_id

Question type: Automatically generated by REDCap

Definition: REDCap will generate a unique case ID.

23.2) Case that is related to the NOK interview

Variable: case_id

Question type: Text entry

Definition: Indicates Case IDs (Var: case_id) that relate to the NOK interview.

23.3) Name of the person completing the Next-of-Kin interview

Variable: nok_interviewer_name

Question type: Text entry

Definition: First and last name of the person completing this NOK interview.

Guidance: This is the first and last name of the person who interviewed the NOK.

23.4) Email for the person completing this form

Variable: nok_interviewer_email

Question type: Text entry

Definition: Email address of the person listed in nok_interviewer_name.

Guidance: This is the email address of the person who interviewed the NOK, listed in nok_interviewer_name.

23.5) Date completing this form

Variable: form_date

Question type: Date entry

Definition: Date the data entry was started.

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

23.6) Date of the NOK interview

Variable: interview_date

Question type: Date entry

Definition: Date the data entry was started.

Guidance: You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”).

23.7) Was the case reviewed by the OFR Team?

Variable: nok_ofr_review

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates if case was reviewed by the OFR team.

23.8) How was the interview primarily conducted?

Variable: nok_conducted

Question type: Select only one.

Response options:

1 Email
2 In person
3 Online form
4 Phone call
5 Video call
88 Other

Definition: Indicates how the interview was conducted.

23.9) Time spent conducting the interview.

Variable: nok_length

Question type: Select only one.

Response options:

0 No time
1 Less than 30 minutes
2 30 minutes and less than 1 hour
3 1 to 2 hours
4 3+ hours
99 Unknown

Definition: Indicates total amount of time it took to complete the interview with the NOK.

23.10) Number of attempts made to engage the NOK

Variable: nok_attempts

Question type: Text entry

Definition: Total number of attempts to get the NOK to agree to the interview.

Guidance: If the number of attempts is unknown, leave the text box blank.

If the NOK was called and asked to participate in the interview and was reached on the first attempt and agreed to be interviewed at that time the number of attempts would be entered as one.

23.11) NOK attempts unknown

Variable: nok_attempts_unk

Question type: Checkbox

Definition: Check this box if the number of attempts to reach the NOK is unknown.

Skip logic: This checkbox only appears if nok_attempts is left blank.

23.12) NOK relationship to decedent

Variable: nok_relationship

Question type: Select only one.

Response options:

1 Child
2 Friend
3 Parent
4 Partner
5 Roommate
6 Sibling
7 Spouse
88 Other

Definition: Indicates the NOK interviewee's relationship to the decedent.

23.13) Specify "Other"

Variable: nok_relationship_othr

Question type: Text entry

Definition: Specifies the other type of relationship the NOK interviewee had with the decedent.

Skip logic: Case criteria was other (nok_relationship = other).

23.14) How long has the NOK known the decedent?

Variable: nok_rel_length

Question type: Select only one.

Response options:

1 Less than 1 year
2 1 to 2 years
3 3 to 5 years
4 6 to 10 years
5 More than 11 years, but not their whole life
6 Their whole life

Definition: Indicates the length of time in years that the NOK knew the decedent.

23.15) How often did the NOK speak with the decedent during the last few years?

Variable: nok_freq_contact

Question type: Only select one.

0 Rarely
1 Almost every year
2 At least once a year
3 Multiple times a year (but less frequently than once a month)
4 At least monthly
5 Weekly
6 Daily/almost daily

Definition: Indicates the frequency the NOK had contact with the decedent.

23.16) When did the NOK last have contact with the decedent?

Question type: Select only one.

Response options:

1 In the last 14 days leading up to death
2 In the 12 months leading up to death
3 In adulthood
4 In childhood

Definition: Indicates what time periods the NOK last had contact with the decedent.

Guidance:

Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.

In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.

In childhood—occurred when decedent was less than 18 years of age.

23.17) NOK description of decedent

Variable: nok_dec_desc

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent to be stored.

Guidance:

Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Demographic Information

23.18) Decedent's first name

Variable: nok_first_name

Question type: Text entry

Definition: First name of the decedent.

Guidance: This is the first name of the decedent for tracking purposes of the OFR team, indicated in REDCap as an identifier.

23.19) Decedent's middle name

Variable: nok_middle_name

Question type: Text entry

Definition: Middle name of the decedent.

Guidance: This is the middle name of the decedent for tracking purposes of the OFR team, indicated in REDCap as an identifier.

23.20) Decedent's last name

Variable: nok_last_name

Question type: Text entry

Definition: Last name of the decedent.

Guidance: This is the first name of the decedent for tracking purposes of the OFR team, indicated in REDCap as an identifier.

Childhood

23.21) Birth state

Variable: nok_birth_state

Question type: Select only one.

Definition: Indicates the state in which the decedent was born.

23.22) Did the decedent have any siblings?

Variable: nok_dec_siblings

Question type: Select only one.

Response options:

0 No
1 Yes, 1 sibling
2 Yes, more than 1 sibling

Definition: Indicates if the decedent had any siblings.

23.23) Was the decedent ever without housing (experienced homelessness) during childhood?

Variable: nok_child_homeless

Question type: Select only one.

Response options:

0 No
1 Yes, “couch surfing” or residing in motel or hotel
2 Yes, sleeping outdoors or in a shelter or transitional housing program
3 Yes, unknown where sleeping

Definition: Indicates if the decedent ever experienced as a child being unhoused or homeless.

23.24) What state/territory did the decedent spend most of their time during childhood?

Variable: nok_child_state

Question type: Select only one.

Definition: Indicates the state in which the decedent spent most of their time during childhood.

Education

23.25) Highest education obtained

Variable: nok_education_level

Question type: Select only one.

Response options:

8 8th grade or less
9 9th to 12th grade; no diploma
10 High school graduate or GED (graduate equivalent diploma) completed
11 Some college credit but no degree
12 Associate’s degree (e.g., A.A., A.S.)
13 Bachelor’s degree (e.g., B.A., A.B., B.S.)
14 Master’s degree (e.g., M.A., M.S., Mend, Med, M.S.W., M.B.A.)

15 Doctorate (e.g., Ph.D., Ed.D.) or professional degree (e.g., M.D., D.D.S., D.V.M., L.L.B., J.D.
100 Unknown

Definition: Indicates the decedent's educational level as measured by the highest degree attained.

Guidance: The options for the "Education" variables are those on the 2003 death certificate. Since not all states may have moved to the new format, the pre-2003 education format is provided in the "Number years education" variable. Only one of the two (either Education Level OR Education Years) must be completed.

- Vocational and trade school should be coded as "High school graduate."
- For young children who are not in school, code as "0" or 8th grade or less.

23.26) Did the decedent have any known history of problems at school?

Variable: nok_ed_life

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

Guidance: Problems at school include:

- None
- Decreased academic performance/achievement or non-passing grades
- Disciplinary problems at school (such as detention or suspension)
- Discontinuation of school and did not receive a GED
- Discontinuation of post-secondary schooling (college, trade school) and did not receive a certificate/degree
- Recurrent school transfers
- Social exclusion
- Truancy or absenteeism
- Other

23.27) Specify "Other"

Variable: nok_ed_life_spec_othr

Question type: Text entry

Definition: Specifies the other known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of performance and/ or behavior issues at school were other (nok_ed_life___88 = Other).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

23.28) When was the decedent known to have experienced decreased academic performance/achievement or non-passing grades?

Variable: nok_ed_life_academic

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: History of decreased academic performance/ achievement or non-passing grades (nok_ed_life___1 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.29) When was the decedent known to have experienced disciplinary problems at school (such as detention or suspension)?

Variable: nok_ed_life_discipline

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of disciplinary problems at school (nok_ed_life___2 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.30) When was the decedent known to have discontinued (dropped out) school and did not receive a GED

Variable: nok_ed_life_end

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates if decedent dropped out of school or didn't finish high school or receive his/her GED.

Skip logic: Known history of discontinued school and did not receive GED (nok_ed_life___3 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.31) When was the decedent known to have discontinued post-secondary school and did not complete post-secondary schooling (college, trade school) or receive degree?

Variable: nok_ed_life_incomplete

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates decedent dropped out of post-secondary school (college or trade school) and didn't complete program and receive degree or certificate.

Skip logic: Known history of discontinued post-secondary school and did not complete post-secondary schooling or receive degree (nok_ed_life___6 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.32) When was the decedent known to have experienced frequent recurrent school transfers?

Variable: nok_ed_life_transfers

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is a known or documented history of frequent recurrent school transfers.

Skip logic: Known history of frequent recurrent school transfers (nok_ed_life___7 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.33) When was the decedent known to have experienced social exclusion at school?

Variable: nok_ed_life_excluded

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of social exclusion at school (ed_life___4 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.34) When was the decedent known to have experienced truancy or absenteeism?

Variable: nok_ed_life_truancy

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of truancy or absenteeism (nok_ed_life___5 = Yes).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.35) When was the decedent known to have experienced other performance and/or behavioral issues at school?

Variable: nok_ed_life_othr

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is a known or documented history of performance and/or behavior issues at school.

Skip logic: Known history of performance and/or behavioral issues at school was other (ed_life___88 = Other).

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

See Appendix for time period guidance.

23.36) NOK description of decedent's childhood

Variable: nok_child_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's childhood to be stored.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Relationships

23.37) Relationship status at the time of incident

Variable: nok_relationship_status

Question type: Select only one.

Response options:

3 Currently in a relationship
4 Not currently in a relationship
100 Unknown

Definition: Indicates the decedent's relationship status at the time of the incident.

Guidance: This variable is used to identify the decedent's s relationship status at the time of the incident. The decedent's relationship with another person or persons is described as a relationship beyond the level of friendship that may be serious or casual, short- or long-term. The relationship also involves some level of intimacy that may or may not be sexual in nature. Relationship status should be inferred only from marital status information on the death certificate or other source documents if the decedent is married at the time of the incident; otherwise, this information must be noted in either the coroner/medical examiner's (CME) or law enforcement (LE) report. If information about the decedent's being in a relationship is not explicitly stated in either report, code "unknown."

If decedent's marital status is "Married/Civil Union/Domestic Partnership," you can infer that the decedent was in a relationship at the time of the incident.

If decedent's marital status is "Married/Civil Union/ Domestic Partnership, but separated," code this as "unknown," unless information is provided to suggest that the decedent was in a relationship at the time of the incident.

If decedent is noted to be in multiple relationships, code this as “currently in a relationship.”

Regardless of the decedent’s age, code “unknown” if decedent’s relationship status is not mentioned in the CME or LE record.

23.38) Gender identity

Variable: nok_gender_identity

Question type: Select only one.

Response options:

5 Cisgender, not transgender
6 Genderqueer/gender nonconforming, neither exclusively male or female
7 Transgender man/trans man/female-to-male (FTM)
8 Transgender woman/trans woman/male-to-female (MTF)
89 Other
100 Unknown

Definition: Indicates whether the decedent self-identified as transgender or whether a friend/family member reports that the decedent self-identified as transgender.

Guidance: Transgender is defined as individuals “who experience incongruence between birth sex and gender identity.”

For instance, a person with a biological sex of a male may self-identify as female. An individual should be identified as transgender if he or she identified as transgender or if family, friends, physicians, or other acquaintances identified the individual as transgender. Also, check this variable if the decedent was undergoing or had undergone sex-change surgery or hormone therapy to support a sex change.

23.39) Specify “Other”

Variable: nok_gender_identity_othr

Question type: Text entry

Definition: Specifies other gender identity.

Skip logic: Gender was other (nok_gender_identity = Other).

23.40) Sex of partner

Variable: nok_partner_sex

Question type: Select only one.

Response options:

3 Opposite sex of decedent
4 Same sex as decedent
78 Not applicable
100 Unknown

Definition: Indicates the decedent's partner's sex in relation to the decedent's sex.

Skip logic: Relationship status was currently in a relationship (nok_relationship_status = 1).

Guidance: If the decedent's marital status is "Married/Civil Union/ Domestic Partnership" and the decedent is also in another relationship (e.g., extramarital affair), code this variable based on the sex of the partner to whom the decedent is married.

If the decedent is noted to be in multiple relationships at the time of the incident, code "unknown" unless narrative captures sex of one of the partners. If more than one partner is discussed, capture the sex of the partner that is most salient, given the context of the incident.

Reference: NVDRS 3.1.17 Sex of partner.

23.41) Marital status

Variable: nok_marital_status

Question type: Select only one.

Response options:

7 Divorced
8 Married / Civil Union / Domestic Partnership
9 Married / Civil Union / Domestic Partnership, but separated
10 Never married
11 Single, not otherwise specified
12 Widowed
100 Unknown

Definition: Indicates the decedent's most recent marital status.

Guidance: Marital status is regularly completed on the death certificate and often noted in law enforcement or medical examiner records.

Marital status should be completed for persons of all ages, including children.

If a source document describes a person as being in a common-law marriage or civil union according to the laws of that state, code this as "Married/Civil Union/Domestic Partnership."

If a source document describes a person as being in a committed relationship with someone of the same sex, code this as "Married/Civil Union/Domestic Partnership." Domestic partnership is defined as a committed intimate relationship between two adults of either the same or opposite sex, in which the partners are each other's sole partner, intend to remain so indefinitely,

maintain a common residence and intend to continue to do so, are not married or joined in a civil union or domestic partnership to anyone else, and are not related in a way that would prohibit legal marriage in the U.S. jurisdiction in which the partnership was formed.

Use the "Single, not otherwise specified" option when this term is used in CME records and it is not clear whether the person was never married, widowed, divorced, or separated.

In an incident in which a person kills his or her spouse or partner, marital status should be coded as "Married/Civil Union/Domestic Partnership," not "Widowed." Use "Widowed" for a person of either sex whose spouse has died before the overdose death.

For example, a decedent was widowed 10 years ago, then remarried and divorced a year ago, they would be divorced because it is more recent than widowed.

23.42) Sexual orientation

Variable: nok_sexual_orientation

Question type: Select only one.

Response options:

5 Bisexual
6 Gay
7 Heterosexual
8 Lesbian
89 Other
100 Unknown

Definition: Indicates the decedent's sexual orientation, which includes heterosexual, gay, lesbian, or bisexual.

Guidance: Sexual orientation is a multicomponent construct that is commonly measured in three ways: attraction (e.g., the sex of a person one is sexually attracted to), behavior (e.g., ask respondents to report on the sex of people with whom they had willing sexual experiences), and self-identification (e.g., How would you describe your sexual orientation?).

This variable captures whether the decedent self-identified as heterosexual, gay, lesbian, or bisexual based on interviews of friends, family, or acquaintances. Code this variable only if the information is reported in the LE or CME report. Sexual orientation should not be inferred from marital status. If the information is not explicitly reported, select "unknown." Currently, this information is usually not collected systematically; consequently, this variable will likely detect only decedents who were gay, lesbian, or bisexual according to friends, families, or acquaintances. Definitive information on sexual orientation may be unavailable.

Reference: NVDRS 3.1.19 Sexual orientation.

23.43) Specify "Other"

Variable: nok_sexual_orientation_othr

Question type: Text entry

Definition: Specifies other sexual orientation.

Skip Logic: Sexual orientation was other (nok_sexual_orientation = other).

23.44) NOK description of decedent's relationships

Variable: nok_child_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's relationships to be stored.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Social

23.45) Did the decedent participate in religious activities?

Variable: nok_religion

Question type: Select only one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates if the decedent was known to participate in religious activities.

23.46) How often did the decedent participate in religious activities?

Variable: nok_religion_freq

Question type: Only select one.

Response options:

0 Rarely
1 Almost every year
2 At least once a year
3 Multiple times a year (but less frequently than once a month)
4 At least monthly
5 Weekly
6 Daily/almost daily

Definition: Indicates the frequency the decedent participated in religious activities.

Skip Logic: Participation in religious activity was yes (nok_religion = yes).

23.47) Who did the decedent socialize with?

Variable: nok_social

Question type: Check all that apply.

Response options:

0 None, alone
1 Children
2 Congregation members
3 Coworkers
4 Family
5 Friends
6 Partner/Spouse

Definition: Captures who the decedent socialized with on a frequent basis.

23.48) Specify "Other"

Variable: nok_social_othr

Question type: Text entry

Definition: Specifies other individuals the decedent socialized with

Skip Logic: Social connections was other (nok_social = other).

23.49) Did the decedent's social circle use drugs?

Variable: nok_social_drugs

Question type: Select only one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates if the decedent was known to have social circle that also used drugs.

23.50) Did the decedent participate in any organized social groups, sports, etc.?

Variable: nok_social_grps

Question type: Select only one.

Response options:

2 No
3 Yes
10 Unknown

Definition: Indicates if the decedent was known to participate in organized activities.

23.51) How often did the decedent participate in these organized social activities?

Variable: nok_social_grps_freq

Question type: Only select one.

Response options:

0 Rarely
1 Almost every year
2 At least once a year
3 Multiple times a year (but less frequently than once a month)
4 At least monthly
5 Weekly
6 Daily/almost daily

Definition: Indicates the frequency the decedent participated in organized social activities.

Skip Logic: Participation in organized social activities was yes (nok_social_grps = yes).

23.52) NOK description of decedent's social supports

Variable: nok_social_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's social supports is stored.

Guidance: Throughout, refer to the decedent as “decedent” and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Living arrangements

23.53) When, if ever, was the decedent unhoused or experiencing homelessness?

Variable: nok_homeless_hx

Question type: Check all that apply.

Response options:

1 Last 14 days before death
2 12 months before death
3 Adulthood
4 Childhood

Definition: Captures when the decedent experienced homelessness.

Persons who are unhoused or experiencing homelessness are those who reside in one of the following: (1) places not designed for or ordinarily used as regular sleeping accommodations for human beings, including the following: a car or other private vehicle; a park, on the street, or another outdoor place; an abandoned building (i.e., squatting); a bus or train station; an airport; or a camping ground; (2) a supervised publicly or privately operated shelter or drop-in center designated to provide temporary living arrangements; congregate shelters; temporary accommodations provided by a homeless shelter (e.g., a motel room provided because the shelter was full); or transitional housing for homeless persons; or (3) do not have primary nighttime residence, which may include a motel or hotel or a doubled-up situation—meaning staying with friends or family or “couch surfing.”

Time period guidance:

Check each time period the decedent was known to have a stressor.

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent’s life.

- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

23.54) Was the decedent unhoused or experiencing homelessness at the time of the death?

Variable: nok_homeless

Question type: Select only one.

Response options:

4 No
5 Yes, "couch surfing" or residing in motel or hotel
6 Yes, sleeping outdoors or in a shelter or transitional housing program
7 Yes, unknown where sleeping

Definition: Indicates the decedent's homeless status.

Persons who are unhoused or experiencing homelessness are those who reside in one of the following: (1) places not designed for or ordinarily used as regular sleeping accommodations for human beings, including the following: a car or other private vehicle; a park, on the street, or another outdoor place; an abandoned building (i.e., squatting); a bus or train station; an airport; or a camping ground; (2) a supervised publicly or privately operated shelter or drop-in center designated to provide temporary living arrangements; congregate shelters; temporary accommodations provided by a homeless shelter (e.g., a motel room provided because the shelter was full); or transitional housing for homeless persons; or (3) do not have primary nighttime residence, which may include a motel or hotel or a doubled-up situation—meaning staying with friends or family or "couch surfing."

Guidance: Clarification of housing instability measures.

Marking this variable "Yes, sleeping outdoors or in a shelter or transitional housing program" means that there was clear evidence in a document that the decedent was homeless, such as living in a car. This response captures people who are living in a place not meant for human habitation, such as an emergency shelter or transitional housing, or who are exiting an institution where they temporarily resided. Examples for this category include the following:

- Decedent had been living in his car since his wife discovered he had relapsed on meth and kicked him out of the family home.
- Decedent had been staying at a local homeless shelter for the past three months.
- Decedent lived in an abandoned house or building along with several other homeless individuals.
- Decedent was residing in a tent on a local campground.
  Marking this variable "Yes, couch surfing or residing in motel or hotel" means that the decedent did not have a home of his or her own but was staying indefinitely with friends or family, lived in a hotel, or had a residential address that is not a shelter. This response

captures people who did not have a primary nighttime residence, which may include a motel or hotel or a doubled-up situation with family, friends, or acquaintances.

Examples for this category include the following:

- Decedent had been staying at a motel after being evicted two weeks ago.
- Decedent and her husband were staying with a friend indefinitely.

References:

- NVDRS 3.2.6 Homeless (modified).
- HUD Definition of Homeless, https://endhomelessness.org/resource/changes-in-the-huddefinition-of-homeless/
- Wilder survey of persons without permanent shelter, https://www.wilder.org/sites/default/files/imports/MN%20Statewide%20Homeless%20Survey-2018_October.pdf

23.55) Where did the decedent live the longest?

Variable: nok_dec_live_longest

Question type: Only select one.

Response options:

1 Home or apartment alone
2 Home or apartment with others
3 Institutional setting
4 Unstable housing (shelter, couch surf, street, etc.)
9 Unknown

Definition: Indicates where the decedent lived the longest.

23.56) Where did the decedent live at the time of death?

Variable: nok_dec_live

Question type: Only select one.

Response options:

1 Home or apartment alone
2 Home or apartment with others
3 Institutional setting
4 Unstable housing (shelter, couch surf, street, etc.)
5 Recently evicted
9 Unknown

Definition: Indicates where the decedent was living at the time of their death.

23.57) How long has the decedent lived there?

Variable: nok_dec_live_length

Question type: Only select one.

Response options:

1 1 month or less
2 More than a month and less than a year
3 1-4 years
4 5 or more years

Definition: Indicates how long the decedent lived at the location they were living when they died.

Skip Logic: Decedent lived at home or apartment alone or with others, in an institutional setting or unstable housing (nok_dec_live = 1, 2, 3, or 4).

23.58) Who did the decedent live with at the time of death?

Variable: nok_dec_live_with

Question type: Check all that apply.

Response options:

5 No one, alone
6 Child/children
7 Friend(s)
8 Grandparent/extended family
9 Parent(s)/stepparent(s)
10 Roommate(s)
11 Sibling(s)/stepsibling(s)
12 Partner/Spouse
88 Other

Definition: Captures who the decedent lived with at the time of death.

23.59) Specify "Other"

Variable: nok_dec_live_with_othr

Question type: Text entry

Definition: Specifies other individuals the decedent lived with at the time of death.

Skip Logic: Who decedent lived with at time of death was other (nok_dec_live_with = other).

23.60) At the time of death, was the decedent living with anyone who uses drugs?

Variable: nok_dec_live_drugs

Question type: Only select one.

Response options:

1 No
2 Yes
99 Unknown

Definition: Indicates if the decedent most recently lived with someone who uses drugs.

23.61) Normally, was naloxone available for us in the home?

Variable: nok_dec_live_naloxone

Question type: Only select one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates if naloxone was and has been available in the home.

23.62) At the time of death, was naloxone available for us in the home?

Variable: nok_dec_death_naloxone

Question type: Only select one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates if naloxone was available in the home at the time of the death.

23.63) NOK description of decedent's living situation

Variable: nok_living_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's living situation is stored.

Guidance: Throughout, refer to the decedent as “decedent” and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Occupation

23.64) Occupation status at time of death

Variable: nok_current_occupation

Question type: Select only one.

Response options:

8 Disabled
9 Employed
10 Homemaker
11 Retired
12 Self-employed
13 Student
14 Unemployed
78 Not Applicable (under age 14)
100 Unknown

Definition: Indicates the decedent’s occupation at the time of death.

Guidance: Occupation is an indicator of socioeconomic status. Certain occupations may also be associated with the occurrence of overdose deaths.

Report the current occupation in a text field exactly as it appears in one of the required data sources.

If the decedent is not employed, select from the options listed.

- People who work 17.5 hours or more per week are considered employed; people who work less than that are not.
- For decedents under the age of 14, the current occupation should be listed as “N/A” unless the CME report lists an occupation.
  The information can later be coded at the national level using Standard Occupational Classifications. Note that “current occupation” is different from “usual occupation,” which is recorded on the death certificate.

Reference: NVDRS 3.2.5 (modified).

23.65) Specify decedent's current occupation

Variable: nok_occupation_sp

Question type: Text entry

Definition: Specifies the decedent's current occupation.

Skip logic: Employed selected as current occupation (nok_current_occupation = 2).

23.66) How long has the decedent been in the "[nok_current_occupation]" status?

Variable: nok_occupation_length

Question type: Only select one.

Response options:

1 1 month or less
2 More than a month and less than a year
3 1-4 years
4 5 or more years

Definition: Indicates how long the decedent has been in the occupation status.

23.67) NOK description of decedent's work situation

Variable: nok_occupation_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's work situation is stored.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Parenting and Pregnancy

23.68) Did the decedent have children?

Variable: nok_parent

Question type: Only select one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates whether the decedent had any children.

23.69) Describe the decedent's relationship with their child/children.

Variable: nok_parent_rel

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's relationship with their child/children.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Ask if decedent's sex is female:

23.70) Was the decedent ever known to give birth to a child who experienced neonatal opioid withdrawal syndrome (NOWS)?

Variable: nok_preg_nows

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates if the decedent was ever known to give birth to a child who experienced neonatal opioid withdrawal syndrome (NOWS).

23.71) Pregnancy status

Variable: nok_pregnancy_status

Question type: Select only one.

Response options

5 Not pregnant within last year
6 Pregnant at time of death
7 Not pregnant but pregnant within 42 days of death
8 Not pregnant but pregnant 43 days to 1 year before death
9 Not pregnant, not otherwise specified
100 Unknown if pregnant within past year

Definition: Indicates whether the decedent was pregnant or recently pregnant at the time of death.

Guidance: This variable is used to identify pregnant or recently pregnant decedents and to document types of violence against pregnant and postpartum women. Decedent's pregnancy status is often noted on the death certificate and in the coroner/medical examiner's (CME) report. Findings are more likely to be authoritative if a full autopsy has been performed.

- This variable should be coded for all female decedents regardless of age.
- This variable is based on the codes by the new U.S. standard death certificate. As such, it collects pregnancy status at the time of death, not at the time of injury.
- Regardless of the decedent's age, code "unknown if pregnant within past year" if the decedent's pregnancy status is not mentioned on the CME record and not completed on the death certificate.

Reference: NVDRS 3.1.18 Victim was pregnant.

23.72) Was the decedent known to have accessed prenatal services?

Variable: nok_prenatal_services_rev

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Accessing prenatal care may be an indicator of general health access as well as an opportunity for intervention by the health care system for the care of the decedent and a fetus/newborn.

Skip logic: Pregnancy status selected as pregnant at time of death, not pregnant but pregnant within 42 days of death or not pregnant 43 days to 1 year before death (nok_pregnancy_status = 1 or 2 or 3).

23.73) Did the decedent show signs of postpartum depression?

Variable: nok_postpartum

Question type: Select only one.

Response options:

0 No
1 Yes and was treated
2 Yes and no known treatment

Definition: Indicates if postpartum depression may have been experienced by the decedent.

23.74) NOK description of decedent's experience with pregnancy and parenting

Variable: nok_parent_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's experience with pregnancy and parenting.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Life Stressors

23.75) Did the decedent ever have any of these known housing or financial stressors?

Variable: nok_financial_life

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates any known financial or housing-related stressors in the decedent's lifetime.

Guidance: Benefits include Supplemental Security Income (SSI), Children's Health Insurance Program (CHIP), housing assistance, energy assistance, unemployment insurance, Supplemental Nutritional Assistance Programs (SNAP or "food snaps"), Temporary Assistance for Needy Families (TANF or "welfare"), etc.

Reference: NVDRS crisis-related variables (modified).

23.76) When was the known bankruptcy filing?

Variable: nok_financial_life_bankruptcy

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Bankruptcy filing was selected in known housing or financial stressors (nok_financial_life___1 = Yes).

Guidance: See Appendix for time period guidance.

23.77) When was the known benefits lost?

Variable: nok_financial_life_benefits

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Benefits lost was selected in known housing or financial stressors (nok_financial_life___2 = Yes).

Guidance: See Appendix for time period guidance.

23.78) When was the known eviction or loss of housing?

Variable: nok_financial_life_eviction

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Eviction or loss of housing was selected in known housing or financial stressors (nok_financial_life___3 = Yes).

Guidance: See Appendix for time period guidance.

23.79) When was the known food insecurity and/or struggle to access food?

Variable: nok_financial_life_food

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Food insecurity and/or struggle to access food was selected in known housing or financial stressors (nok_financial_life___4= Yes).

Guidance: See Appendix for time period guidance.

23.80) When was the known home foreclosure?

Variable: nok_financial_life_foreclosure

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip Logic: Home foreclosure was selected in known housing or financial stressors (nok_financial_life___5= Yes).

Guidance: See Appendix for time period guidance.

23.81) When was the known housing insecurity?

Variable: nok_financial_life_housing

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Housing insecurity was selected in known housing or financial stressors (nok_financial_life___6= Yes).

Guidance: See Appendix for time period guidance.

23.82) When was the known job loss by decedent?

Variable: nok_financial_life_jobloss

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Job loss by decedent was selected in known housing or financial stressors (nok_financial_life___7= Yes).

Guidance: See Appendix for time period guidance.

23.83) When was the known job loss by decedent's partner?

Variable: nok_financial_life_jobloss_part

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Job loss by decedent's partner was selected in known housing or financial stressors (nok_financial_life___8= Yes).

Guidance: See Appendix for time period guidance.

23.84) When was the known job problem?

Variable: nok_financial_life_job

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Job problem was selected in in known housing or financial stressors (nok_financial_life___9= Yes).

Guidance: See Appendix for time period guidance.

23.85) Did the decedent ever have any of these known life stressors?

Variable: nok_stressor_life

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates any known life stressors in the decedent's lifetime.

Guidance:

- Child (new or loss): Adopted a child, experienced a loss of adoption, son or daughter died, learned about pregnancy, or birth of a child.
- Divorce or significant relationship problems: Decedent filed for divorce, received divorce papers, experienced an intimate relationship breakup, or experienced a significant relationship problem or disagreement with family or friend.
- Infidelity: Decedent discovered partner's infidelity; decedent's partner discovered decedent's infidelity.

23.86) When was the known child loss or addition?

Variable: nok_stressor_life_child

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

- Child, new or loss: Adopted a child, experienced a loss of adoption, son or daughter died, learned about pregnancy, or birth of a child.

Skip logic: Child loss or addition was selected in known life stressors (nok_stressor_life___1= Yes).

Guidance: See Appendix for time period guidance.

23.87) When was the known death of a spouse, loved one (other than child), or friend?

Variable: nok_stressor_life_death

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Death of a spouse, loved one (other than child) or friend was selected in known life stressors (nok_stressor_life___2= Yes).

Guidance: See Appendix for time period guidance.

23.88) When was the known divorce or significant relationship problems?

Variable: nok_stressor_life_divorce

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

- Divorce or significant relationship problems: Decedent filed for divorce, received divorce papers, experienced an intimate relationship breakup, or experienced a significant relationship problem or disagreement with family or friend.
  Skip logic: Divorce or significant relationship problems was selected in known life stressors (nok_stressor_life___3= Yes).

Guidance: See Appendix for time period guidance.

23.89) When was the known infectious disease epidemic?

Variable: nok_stressor_life_epidemic

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Infectious disease epidemic was selected in known life stressors (nok_stressor_life___4= Yes).

Guidance: See Appendix for time period guidance.

23.90) When was the known infidelity?

Variable: nok_stressor_life_infidelity

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

- Infidelity: Decedent discovered partner's infidelity; decedent's partner discovered decedent's infidelity

Skip logic: Infidelity was selected in known life stressors (nok_stressor_life___5= Yes).

Guidance: See Appendix for time period guidance.

23.91) When was the known natural disaster?

Variable: nok_stressor_life_disaster

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Natural disaster was selected in known life stressors (nok_stressor_life___6= Yes).

Guidance: See Appendix for time period guidance.

23.92) When was the known the decedent disclosed sexual identity to family member or friend for the first time?

Variable: nok_stressor_life_disclosure

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Sexual identity to family member or friend for the first time was selected in known life stressors (nok_stressor_life___7= Yes).

23.93) Did the decedent ever have any of these known health stressors?

Variable: nok_health_life

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates any known health stressors in the decedent's lifetime.

Guidance:

- None of these stressors
- Access to health care lost
- Medical appointments missed
- Medical attention/ help sought
- Pregnancy complications: Terminated pregnancy, miscarriage, or other significant health status information about fetus or mother.
- Surgery

23.94) When was the known access to health care team lost?

Variable: nok_health_life_access

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Access to health care team was selected (nok_health_life___1 = Yes).

Guidance: See Appendix.

23.95) When was the known missed medical appointments?

Variable: nok_health_life_missed

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Medical appointment missed was selected (nok_health_life___3 = Yes).

Guidance: See Appendix.

23.96) When was the known medical attention and/or help sought?

Variable: nok_health_life_help

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Medical attention/ help sought was selected (nok_health_life___4 = Yes).

Guidance: See Appendix.

23.97) When was the known pregnancy complication?

Variable: nok_health_life_pregnancy

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Pregnancy complication was selected (nok_health_life___7 = Yes).

Guidance: See Appendix.

23.98) When was the known surgery?

Variable: nok_health_life_surgery

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Medical attention/ surgery was selected (nok_health_life___8 = Yes).

Guidance: See Appendix.

23.99) NOK description of decedent's stressors

Variable: nok_stressor_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's life stressors.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Health History and Health Care Access

23.100) In the 12 months prior to death, did the decedent have any known health care visits (other than behavioral health/mental health or substance use disorder treatment)?

Variable: nok_health_care_use

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there is known access to health care, other than mental health or substance use disorder treatment, in the year prior to death, other than the fatal overdose event.

Guidance: Excludes mental health and substance use disorder treatment. This information is gathered in Module 11 Mental Health History and Module 12 Substance Use History.

23.101) Specify "Other"

Variable: nok_health_care_use_othr

Question type: Text entry

Definition: Specifies other types of health care accessed.

Skip logic: Health care visit was other or specialty care (nok_health_care_use___5 = Yes or nok_health_care_use___88= Other).

23.102) Did the decedent have any known history of any of the following health conditions?

Variable: nok_health_history

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates whether the decedent has any known or documented history of various health conditions.

Guidance: The following health conditions may be selected.

- None of these apply

- Cancer
- Chronic illness (other than cancer)
- Infectious disease
- Injury requiring medical treatment
- Mental health
- Pain

23.103) At the time of death, what was the decedent's insurance status?

Variable: nok_insurance_status

Question type: Select only one.

Response options:

4 No insurance
5 Private insurance
6 Public insurance
100 Unknown insurance status

Definition: Indicates the insurance status/coverage at the time of death.

Guidance: Public insurance includes Medicare and Medicaid.

23.104) In the 12 months prior to death, was there a <u>known</u> change in insurance coverage?

Variable: nok_insurance_change

Question type: Select only one.

Response options:

4 No
5 Yes, changed coverage
6 Yes, gained coverage
7 Yes, lost coverage

Definition: Indicates known insurance coverage change in the 12 months prior to death.

23.105) Were there <u>known</u> barriers to accessing health care?

Variable: nok_barrier

Question type: Select only one.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there were known barriers to accessing health care.

23.106) What were the <u>known</u> barriers to accessing health care?

Variable: nok_barrier_type

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates the known barriers to accessing health care.

Skip logic: Known barriers to accessing health care (nok_barrier = Yes).

Guidance: Barriers to accessing mental health care include:

- Lack of insurance coverage
- Limited treatment resources/ providers/ long waiting lists
- Transportation problems
- Other

23.107) Specify "Other"

Variable: nok_barrier_type_othr

Definition: Specifies other barrier to accessing health care.

Skip logic: Barriers to accessing health care were other (nok_barrier_type___88 = Other).

23.108) NOK description of decedent's healthcare access and use

Variable: nok_health_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's healthcare access and use.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates

- Abbreviations
- Incomplete sentences (since they are hard to understand)

Prescriptions

23.109) Was the decedent taking any prescribed medications for any medical condition?

Variable: nok_prescription_prescribed

Question type: Select only one.

Response options:

2 No
3 Yes
9 Unknown

Definition: Indicates whether the decedent was prescribed any medications.

23.110) Did the decedent take the medications as prescribed?

Variable: nok_prescription_take

Question type: Select only one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates whether the decedent took the medications as prescribed.

Skip logic: Decedent was prescribed medications (nok_presciption_prescribed = yes).

23.111) Were there any <u>known</u> challenges or barriers to receiving prescription medications?

Variable: nok_prescription_barriers

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether there were any known barriers to receiving prescription medications.

Skip logic: Decedent was prescribed medications (nok_presciption_prescribed = yes).

23.112) Did the decedent take medications that were not prescribed to him/her?

Variable: nok_prescription_notprescribed

Question type: Select only one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates whether the decedent was taking medications not prescribed to him or her.

Guidance: Medications refer to any prescription medication and exclude over-the-counter medications.

23.113) NOK description of decedent's prescribed medications

Variable: nok_prescription_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's prescribed medications.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Pain

23.114) When was the decedent known to have pain?

Variable: nok_health_hx_pain

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had known pain.

Skip logic: The decedent was known to have experienced pain (nok_health_history = 13).

Guidance: Check each time period that the decedent was known to have pain.

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

23.115) Did the pain appear to have contributed to the decedent's death?

Variable: nok_contribute_pain

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates if the pain appeared to play a contributory role in the death.

Skip logic: History of pain was selected (nok_health_history___13 = Yes).

Guidance: Direct language that the event caused or contributed to the death is not required to code "Yes."

23.116) Was the decedent known to have ever received medical care or treatment for pain?

Variable: nok_health_hx_pain_treat

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates if the decedent was ever treated for pain.

Skip logic: History of pain was selected (nok_health_history___13 = Yes).

23.117) Who was treating the decedent's pain?

Variable: nok_pain_provider

Question type: Check all that apply.

Definition: Indicates what type of health care provider was treating the decedent's pain.

Skip logic: History of pain being treated was selected (nok_health_hx_pain_treat = Yes).

Guidance: Specifies what type of provider was treating pain. Providers types include:

- Emergency medicine physician
- Hospice provider
- Pain specialist
- Primary care/ family medicine/ internal medicine/ pediatric care
- Dentist or oral surgeon
- Other
- Unknown

23.118) Specify "Other"

Variable: nok_pain_provider_othr

Question type: Text entry

Definition: Specifies other types of providers for pain.

Skip logic: Pain treated by was other (nok_pain_provider___88 = Yes).

23.119) At the time of death, was the decedent known to be under medical care or receiving treatment for pain?

Variable: nok_health_treat_pain

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates if the decedent was under treatment for pain at the time of his or her fatal overdose.

Skip logic: Decedent has a known history of treatment for pain (nok_health_hx_pain_treat = Yes).

23.120) What type of pain was the decedent being treated for at the time of his or her death?

Variable: nok_pain_type

Question type: Check all that apply.

Response options:

5 Unchecked
1 Checked

Definition: Indicates what type of pain the decedent was being treated for at the time of his or her fatal overdose.

Skip logic: History of pain was selected (nok_health_treat_pain = Yes).

Guidance: Specifics what types of pain an individual was treated for. Pain types include:

- Acute pain
- Chronic pain
- Unknown type of pain

23.121) Was the decedent ever known to be prescribed an opioid for pain relief?

Variable: nok_pain_rx

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates if the decedent was ever treated for pain with a prescribed opioid.

Skip logic: History of pain was selected (nok_health_history___13 = Yes).

23.122) When was the decedent known to have been prescribed an opioid for pain relief?

Variable: nok_pain_rx_hx

Question type: Check all that apply.

Response options:

1 Unchecked
1 Checked

Definition: Indicates what time periods the decedent had been known to be prescribed an opioid for pain.

Skip logic: History of prescribed opioid for pain relief was selected (nok_pain_rx = Yes).

Guidance: Check each time period that the decedent was known to have been prescribed an opioid for pain relief. See Appendix for timeframe definitions.

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

23.123) Age (in years) at first known to be prescribed an opioid for pain.

Variable: pain_rx_hx_2

Question type: Text entry

Definition: Indicates how old the decedent was at his or her first known prescription opioid.

Skip logic: History of prescribed opioid for pain relief was selected (nok_pain_rx = Yes).

Guidance: Range 1–120 years. Enter 999 for unknown.

23.124) Was the decedent ever known to have received medical cannabis?

Variable: nok_med_cannabis

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates if the decedent was ever known to receive medical cannabis.

Skip logic: History of pain was selected (nok_health_history___13 = Yes).

23.125) NOK description of decedent's pain

Variable: nok_pain_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's pain.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Mental Health History

23.126) Did the decedent have a known history of a mental health problem/diagnosis (such as depression, anxiety, post-traumatic stress disorder [PTSD], etc., excluding substance use disorder treatment)?

Variable: nok_mh_history

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent had any known or documented history of a mental health problem or diagnosis.

Guidance:

- Excludes suicide attempt and ideation and substance use disorder treatment.
- Mental health conditions not diagnosed or treated, but identified by family members, social network, or other data providers, can count as mental health problems.
- Mental health problems include those disorders and syndromes listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) except for alcohol and other substance dependence (these are captured in separate variables).
- Examples of disorders qualifying as mental health problems include diagnoses such as major depression, schizophrenia, and generalized anxiety disorder, as well as neurodevelopmental disorders (such as intellectual disability, autism, attention-deficit /hyperactivity disorder), eating disorders, personality disorders, and organic mental disorders (such as Alzheimer's and other dementias).
- Also indicate "yes" if it is mentioned in the source document that the decedent was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., "was being treated for various psychiatric problems").
- It is acceptable to endorse this variable based on past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the decedent was being treated for a mental health condition, such as a current prescription, the report by a family member, etc.

Reference: NVDRS 5.3.1 Current diagnosed mental health problem: CME/LE MentalHealthProblem (Guidance text).

23.127) Known mental health diagnoses

Variable: nok_mh_diagnosis

Question type: Select all that apply.

Response options:

2 No
3 Yes

Skip logic: Known mental health history (nok_mh_history = Yes).

Guidance: These diagnoses should only be endorsed if **listed as a clinically diagnosed mental health condition in a medical file/data source**. Main classes of mental health include:

- **Addictive disorders.** These include disorders such as gambling disorder (excludes problems associated with the excessive use of alcohol, caffeine, tobacco, and drugs).
- **Anxiety disorders.** Anxiety is an emotion characterized by the anticipation of future danger or misfortune, along with excessive worrying. It can include behavior aimed at avoiding situations that cause anxiety. This class includes generalized anxiety disorder, panic disorder, and phobias.
- **Bipolar and related disorders.** This class includes disorders with alternating episodes of mania—periods of excessive activity, energy, and excitement—and depression.
- **Depressive disorders.** These include disorders that affect how you feel emotionally, such as your levels of sadness and happiness, and they can disrupt your ability to function. Examples include major depressive disorder and premenstrual dysphoric disorder.
- **Disruptive, impulse-control and conduct disorders.** These disorders include problems with emotional and behavioral self-control, such as kleptomania or intermittent explosive disorder.
- **Dissociative disorders.** These are disorders in which your sense of self is disrupted, such as with dissociative identity disorder and dissociative amnesia.
- **Elimination disorders.** These disorders relate to the inappropriate elimination of urine or stool by accident or on purpose. Bed-wetting (enuresis) is an example.
- **Feeding and eating disorders.** These disorders include disturbances related to eating that impact nutrition and health, such as anorexia nervosa and binge-eating disorder.
- **Gender dysphoria.** This refers to the distress that accompanies a person's stated desire to be another gender.
- **Neurocognitive disorders.** Neurocognitive disorders affect your ability to think and reason. These acquired (rather than developmental) cognitive problems include delirium, as well as neurocognitive disorders due to conditions or diseases such as traumatic brain injury or Alzheimer's disease.
- **Neurodevelopmental disorders.** This class covers a wide range of problems that usually begin in infancy or childhood, often before the child begins grade school. Examples include autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and learning disorders.
- **Obsessive-compulsive and related disorders.** These disorders involve preoccupations or obsessions and repetitive thoughts and actions. Examples include obsessive-compulsive disorder, hoarding disorder, and hair-pulling disorder (trichotillomania).

- **Paraphilic disorders.** These disorders include sexual interest that causes personal distress or impairment or causes potential or actual harm to another person. Examples are sexual sadism disorder, voyeuristic disorder, and pedophilic disorder.
- **Personality disorders.** A personality disorder involves a lasting pattern of emotional instability and unhealthy behavior that causes problems in your life and relationships. Examples include borderline, antisocial, and narcissistic personality disorders.
- **Schizophrenia spectrum and other psychotic disorders.** Psychotic disorders cause detachment from reality—such as delusions, hallucinations, and disorganized thinking and speech. The most notable example is schizophrenia, although other classes of disorders can be associated with detachment from reality at times.
- **Sexual dysfunctions.** These include disorders of sexual response, such as premature ejaculation and female orgasmic disorder.
- **Sleep-wake disorders.** These are disorders of sleep severe enough to require clinical attention, such as insomnia, sleep apnea, and restless legs syndrome.
- **Somatic symptom and related disorders.** A person with one of these disorders may have physical symptoms that cause major emotional distress and problems functioning. There may or may not be another diagnosed medical condition associated with these symptoms, but the reaction to the symptoms is not normal. The disorders include somatic symptom disorder, illness anxiety disorder, and factitious disorder.
- **Trauma- and stressor-related disorders.** These are adjustment disorders in which a person has trouble coping during or after a stressful life event. Examples include post-traumatic stress disorder (PTSD) and acute stress disorder.
- **Other mental disorders.** This class includes mental disorders that are due to other medical conditions or that do not meet the full criteria for one of the above disorders.

Reference: Mayo Clinic, Patient Care & Health Information, Diseases & Conditions, Mental Illness, Classes of mental illness- https://www.mayoclinic.org/diseases-conditions/mental-illness/diagnosis-treatment/drc-20374974. Modified substance-related and addictive disorders category to only include addictive disorders (and not substance-related) since we have another section that addresses substance use disorders.

23.128) Specify "Other mental health diagnosis"

Variable: nok_mh_diagnosis_othr

Question type: Text entry

Definition: Specifies mental health diagnosis not otherwise classified in mental health diagnosis.

Skip logic: Mental health diagnosis was other (nok_mh_diagnosis___88 = Other).

23.129) Known mental health condition

Variable: nok_mh_condition

Question type: Select all that apply

Response options:

2 No
3 Yes

Skip logic: Known mental health history (mh_history = Yes).

Guidance: These diagnoses should only be endorsed if the next of kin stated the individual had a mental health diagnosis, but it is **not listed as a clinically diagnosed mental health condition in a medical file/data source**. Main classes of mental health include:

- **Addictive disorders.** These include disorders such as gambling disorder (excludes problems associated with the excessive use of alcohol, caffeine, tobacco, and drugs).
- **Anxiety disorders.** Anxiety is an emotion characterized by the anticipation of future danger or misfortune, along with excessive worrying. It can include behavior aimed at avoiding situations that cause anxiety. This class includes generalized anxiety disorder, panic disorder, and phobias.
- **Bipolar and related disorders.** This class includes disorders with alternating episodes of mania—periods of excessive activity, energy, and excitement—and depression.
- **Depressive disorders.** These include disorders that affect how you feel emotionally, such as your levels of sadness and happiness, and they can disrupt your ability to function. Examples include major depressive disorder and premenstrual dysphoric disorder.
- **Disruptive, impulse-control and conduct disorders.** These disorders include problems with emotional and behavioral self-control, such as kleptomania or intermittent explosive disorder.
- **Dissociative disorders.** These are disorders in which your sense of self is disrupted, such as with dissociative identity disorder and dissociative amnesia.
- **Elimination disorders.** These disorders relate to the inappropriate elimination of urine or stool by accident or on purpose. Bed-wetting (enuresis) is an example.
- **Feeding and eating disorders.** These disorders include disturbances related to eating that impact nutrition and health, such as anorexia nervosa and binge-eating disorder.
- **Gender dysphoria.** This refers to the distress that accompanies a person's stated desire to be another gender.
- **Neurocognitive disorders.** Neurocognitive disorders affect your ability to think and reason. These acquired (rather than developmental) cognitive problems include delirium, as well as neurocognitive disorders due to conditions or diseases such as traumatic brain injury or Alzheimer's disease.
- **Neurodevelopmental disorders.** This class covers a wide range of problems that usually begin in infancy or childhood, often before the child begins grade school. Examples include autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and learning disorders.
- **Obsessive-compulsive and related disorders.** These disorders involve preoccupations or obsessions and repetitive thoughts and actions. Examples include obsessive-compulsive disorder, hoarding disorder, and hair-pulling disorder (trichotillomania).
- **Paraphilic disorders.** These disorders include sexual interest that causes personal distress or impairment or causes potential or actual harm to another person. Examples are sexual sadism disorder, voyeuristic disorder, and pedophilic disorder.

- **Personality disorders.** A personality disorder involves a lasting pattern of emotional instability and unhealthy behavior that causes problems in your life and relationships. Examples include borderline, antisocial, and narcissistic personality disorders.
- **Schizophrenia spectrum and other psychotic disorders.** Psychotic disorders cause detachment from reality—such as delusions, hallucinations, and disorganized thinking and speech. The most notable example is schizophrenia, although other classes of disorders can be associated with detachment from reality at times.
- **Sexual dysfunctions.** These include disorders of sexual response, such as premature ejaculation and female orgasmic disorder.
- **Sleep-wake disorders.** These are disorders of sleep severe enough to require clinical attention, such as insomnia, sleep apnea, and restless legs syndrome.
- **Somatic symptom and related disorders.** A person with one of these disorders may have physical symptoms that cause major emotional distress and problems functioning. There may or may not be another diagnosed medical condition associated with these symptoms, but the reaction to the symptoms is not normal. The disorders include somatic symptom disorder, illness anxiety disorder, and factitious disorder.
- **Trauma- and stressor-related disorders.** These are adjustment disorders in which a person has trouble coping during or after a stressful life event. Examples include post-traumatic stress disorder (PTSD) and acute stress disorder.
- **Other mental disorders.** This class includes mental disorders that are due to other medical conditions or that do not meet the full criteria for one of the above disorders.

Reference: Mayo Clinic, Patient Care & Health Information, Diseases & Conditions, Mental Illness, Classes of mental illness- https://www.mayoclinic.org/diseases-conditions/mental-illness/diagnosis-treatment/drc-20374974. Modified substance-related and addictive disorders category to only include addictive disorders (and not substance-related) since we have another section that addresses substance use disorders.

23.130) Specify "Other mental health condition"

Variable: nok_mh_condition_othr

Question type: Text entry

Definition: Specifies mental health diagnosis not otherwise classified in mental health diagnosis.

Skip logic: Mental health condition was other (nok_mh_condition___88 = Other).

23.131) When did the decedent have known visits with a provider to treat a mental health condition?

Variable: nok_mh_treat_life

Question type: Select all that apply

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there was known access to mental health care to treat a mental health condition in the year prior to death.

Skip logic: Known mental health history (nok_mh_history = Yes).

Guidance: See Appendix for time period guidance.

Mental health treatment may include a primary care provider, emergency room visits, therapy, or a counselor/psychiatrist to treat mental health conditions.

- Also indicate "yes" if it is mentioned in the source document that the decedent was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., "was being treated for various psychiatric problems").
- It is acceptable to endorse this variable based on past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the decedent was being treated for a mental health condition such as a current prescription or the report by a family member.

Reference: NVDRS 5.3.1 Current diagnosed mental health problem: CME/LE MentalHealthProblem (Guidance text).

23.132) Anyone in the decedent's family ever diagnosed with a mental illness?

Variable: nok_mh_family

Question type: Select only one.

Response options:

0 No
1 Yes
9 Unknown

Definition: Indicates whether the decedent's family members had ever been diagnosed with a mental illness.

23.133) Did the decedent ever have any of these known mental health related events?

Variable: nok_mh_life

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates any known mental health stressors in the decedent's lifetime.

Guidance: Mental health related events include:

- None of these events
- Disclosed to another person his or her thoughts or plans to die by suicide
- Expressed feelings of hopelessness
- Expressed feelings of lack of social support
- Expressed feelings of self-loathing
- Withdrew from family members or loved ones

23.134) When was the decedent known to have disclosed to another person his or her thoughts or plans to die by suicide?

Variable: nok_mh_life_disclose

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (nok_mh_life___1 = Yes).

Guidance: See Appendix for time period guidance.

23.135) When was the decedent known to have expressed feelings of hopelessness or loneliness?

Variable: nok_mh_life_hopeless

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (nok_mh_life___2 = Yes).

Guidance: See Appendix for time period guidance.

23.136) When was the decedent known to have expressed feelings of lack of social support?

Variable: nok_mh_life_no_support

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (nok_mh_life___3 = Yes).

Guidance: See Appendix for time period guidance.

23.137) When was the decedent known to have expressed feelings of self-loathing?

Variable: nok_mh_life_loath

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (nok_mh_life___4 = Yes).

Guidance: See Appendix for time period guidance.

23.138) When was the decedent known to have withdrawn from family members or loved ones?

Variable: nok_mh_life_withdrew

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Stressor was known (nok_mh_life___5 = Yes).

Guidance: See Appendix for time period guidance.

23.139) Were there <u>known</u> barriers to accessing mental health care?

Variable: nok_mh_barrier

Question type: Select only one.

Response options:

4 Unchecked
5 Checked

Definition: Indicates whether there were known barriers to accessing mental health care.

23.140) What were the <u>known</u> barriers to accessing mental health care?

Variable: nok_mh_barrier_type

Question type: Check all that apply.

Response options:

4 Unchecked
5 Checked

Definition: Indicates the known barriers to accessing mental health care.

Skip logic: Known barriers to accessing mental health care (nok_mh_barrier = Yes).

Guidance: Barriers to accessing mental health care include:

- Lack of insurance coverage
- Limited treatment resources/ providers/ long waiting lists
- Transportation problems
- Other

23.141) Specify "Other"

Variable: nok_mh_barrier_type_othr

Definition: Specifies other barrier to accessing mental health care.

Skip logic: Barriers to accessing mental health care were other (nok_mh_barrier_type___88 = Yes).

23.142) Did the decedent have a known history of suicidal ideation/plans or attempts?

Variable: nok_suicide_history

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates whether the decedent was known to have a history of suicidal ideation, plans, or attempts.

Guidance: If the decedent was known to share suicidal ideation, plans, or attempt with family members or a social network as well as to seek treatment, both can allow for endorsement of

23.143) When did the decedent have known treatment for suicidal ideation/plans or attempts?

Variable: nok_suicide_treatment_life

Question type: Select all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether the decedent had a known history of treatment for suicidal ideation, plans, or attempts.

Skip logic: Known history of suicidal ideations/plans or attempts (nok_suicide_history = Yes).

Guidance: Mental health treatment may include a primary care provider, emergency room visits, therapy, a counselor, or a psychiatrist to treat mental health conditions.

Check each time period that the decedent was known to have been prescribed an opioid for pain relief. See Appendix for timeframe definitions.

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent's life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent's death.
- Last 14 days: Occurred within the last 14 days of the decedent's life. If this is the only incident, do not also check last 12 months or decedent's adulthood.

23.144) Did the decedent have a history of ever cutting or burning themselves intentionally (self harm), but not in ways that would be fatal?

Variable: nok_selfharm_history

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent was known to have a history of self harm, non-suicidal behavior such as cutting or burning his or her skin.

23.145) NOK description of decedent's mental health

Variable: nok_mh_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's mental health.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Substance Use History

23.146) Were you and/or the decedent's family aware of the decedent's drug use?

Variable: nok_su_aware

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the decedent family or NOK was aware of their substance use.

23.147) Is there a family history of substance use?

Variable: nok_su_family

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether there are others in the family that use substances.

23.148) Did the decedent have a <u>known</u> history of substance use disorder or diagnosis?

Variable: nok_su_history

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates whether the decedent had any known or documented history of a substance use disorder or diagnosis.

Guidance:

- Excludes suicide attempt and ideation and mental health condition treatment.
- Substance use disorders not diagnosed or treated, but identified by family members, social network, or other data providers, can count as mental health problems.
- Substance use disorder diagnosis.

- Substance use refers to all drugs (including alcohol) that are either nonprescription or being used in a manner inconsistent with safe prescribing practices.

23.149) Age at known first use of substances

Variable: nok_substance_age_rev

Question type: Text entry (integer)

Definition: Document age of decedent when he or she was first known to start using substances.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: Range 1–120. Substance use refers to all drugs (including alcohol) that are either nonprescription or being used in a manner inconsistent with safe prescribing practices.

23.150) When did the decedent have any known periods of sobriety or abstinence from the drug involved in the fatal overdose?

Variable: nok_sobriety_life

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there were known periods of sobriety or abstinence from the drug involved in the fatal overdose throughout the decedent's lifetime.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: The decedent had a history of substance use or a substance use disorder and had a period of not using substances for at least a week.

See Appendix for time period guidance.

23.151) When did the decedent have any known treatment for substance use disorder?

Variable: nok_su_treatment_life

Question type: Select only one.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether there was known access to substance use disorder treatment throughout the decedent's lifetime.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: A diagnosis does not imply that treatment was received. The decedent may have been out of compliance with treatment for a diagnosed condition.

Treatment for substance use disorder includes:

- Seeing a psychiatrist, a psychologist, a medical doctor, a therapist, or another counselor (including religious or spiritual counselors) for a substance use disorder.
- Prescribed medicine as part of medication-assisted treatment, such as buprenorphine (SuboxoneTM), methadone, and naltrexone. Include as current or past treatment only if there is clear evidence that prescriptions were for treatment of an opioid addiction and not for treatment of pain.
- Residing in an inpatient facility, a group home, or a halfway house for people with substance use disorders.
- Participating in Narcotics Anonymous.

The following situations should not be included as evidence of treatment for substance-use disorder:

- There was a positive toxicology test for substances associated with medication-assisted treatment (such as buprenorphine), without further evidence that the substances were being taken to treat substance use disorder, because methadone and buprenorphine can both be prescribed for pain. There must also be some indication that the decedent was being treated for a substance use disorder, such as a current prescription or a report by a family member. If toxicology results and/or scene evidence/witness report indicate that the decedent was taking buprenorphine, methadone, or another medication, but there is no evidence that the medication was prescribed to the decedent—do not code as treatment because the medications can be bought illegally (either in the context of substance use disorder or to treat substance use disorder without getting a prescription).
- There is evidence that the decedent received care or treatment for something related to substance use disorder, but there is no evidence that the underlying substance use disorder was treated, for example:
    - The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
    - The decedent previously sought medical care after experiencing adverse effects from drug use that were not acute, such as constipation or skin rashes.
    - The decedent previously sought medical care to treat withdrawal symptoms or to assist with detox.
    - The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

See Appendix for time period guidance.

23.152) At the time of death, was the decedent <u>known</u> to be under care or receiving treatment for a substance use disorder?

Variable: nok_su_treatment

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates whether the decedent was under treatment for a substance use disorder at the time of his or her fatal overdose.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: A diagnosis does not imply that treatment was received. The decedent may have been out of compliance with treatment for a diagnosed condition.

Treatment for substance use disorder includes:

- Seeing a psychiatrist, a psychologist, a medical doctor, a therapist, or another counselor (including religious or spiritual counselors) for a substance use disorder.
- Prescribed medicine as part of medication-assisted treatment, such as buprenorphine (SuboxoneTM), methadone, and naltrexone. Include as current or past treatment only if there is clear evidence that prescriptions were for treatment of opioid addiction and not for treatment of pain.
- Residing in an inpatient facility, a group home, or a halfway house for people with substance use disorders.
- Participating in Narcotics Anonymous.

The following situations should not be included as evidence of treatment for substance use disorder:

- There is a positive toxicology test for substances associated with medication-assisted treatment (such as buprenorphine), without further evidence that the substances were being taken to treat substance use disorder, because methadone and buprenorphine can both be prescribed for pain. There must also be some indication that the decedent was being treated for a substance use disorder, such as a current prescription or a report by a family member. If toxicology results and/or scene evidence/witness reports indicate that the decedent was taking buprenorphine, methadone, or another medication, but there is no evidence that the medication was prescribed to the decedent, do not code as treatment because the medications can be bought illegally (either in the context of substance use disorder or to treat substance use disorder without getting a prescription).
- There is evidence that the decedent received care or treatment for something related to substance use disorder, but there is no evidence that the underlying substance use disorder was treated, for example:

- The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
- The decedent previously sought medical care after experiencing adverse effects from drug use that were not acute, such as constipation or skin rashes.
- The decedent previously sought medical care to treat withdrawal symptoms or to assist with detox.
- The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

23.153) What type of substance use disorder treatment did the decedent receive at his or her *most recent* known visit?

Variable: nok_su_treatment_type

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates the type of treatment provider seen at the most recent substance use disorder treatment contact.

Skip logic: Known history of substance use treatment (nok_su_treatment = Yes).

Guidance: Types of substance use disorder treatment include:

- Ambulatory withdrawal management
- Co-occurring partial care
- Detoxification
- Halfway house
- Medication-assisted therapy (MAT-methadone, buprenorphine, vivitrol, etc.)
- Outpatient/intensive outpatient
- Recovery supports
- Residential, long-term
- Residential, short-term
- Other
- Unknown

None. *The ASAM Criteria's* strength-based multidimensional assessment takes into account a patient's needs, obstacles and liabilities, as well as their strengths, assets, resources, and support structure. This information is used to determine the appropriate level of care across a continuum.

Reference: American Society of Addiction Medicine (ASAM) Level of Care

23.154) Specify "Other"

Variable: nok_su_treatment_type_othr

Question type: Text entry

Definition: Specifies other known types of treatment received for substance use disorder.

Skip logic: Known substance use treatment was other (nok_su_treatment_type___88 = Other).

23.155) What was the substance the decedent was first known to use?

Variable: nok_substance_first

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates the first known substance used.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: See Appendix for list of possible substances.

23.156) Specify "Other"

Variable: nok_substance_first_othr

Question type: Text entry

Definition: Specifies other substance decedent was first known to use.

Skip logic: First known substance use was other (nok_substance_first___88 = Yes).

23.157) What substances was the decedent known to have a history of using?

Variable: nok_substance_hx_type

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates which substances the decedent was known to use.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: See Appendix for list of possible substances.

23.158) Specify "Other"

Variable: nok_substance_hx_type_othr

Question type: Text entry

Definition: Specifies other substance decedent was known to use.

Skip logic: History of known substance use (nok_substance_hx_type___88 = Yes).

23.159) What were the decedent's <u>known</u> substances of choice?

Variable: nok_substance_choice

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates the decedent's known substance of choice or primary substance used.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: See Appendix for list of possible substances.

23.160) Specify "Other"

Variable: nok_substance_choice_othr

Question type: Text entry

Definition: Specifies the other known preferred substance choice or primary substance used.

Skip logic: Known substances of choice (nok_substance_choice___88 = Yes).

23.161) What was the decedent's known preferred method of use for the substance involved in the death?

Variable: nok_prefer_method

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates the decedent's known preferred method for the substance involved in the overdose death.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: Method of use for the substance involved in the death include:

- None
- Freebasing
- Ingestion
- Injection
- Smoke
- Snort/sniff
- Vaping/vaporizing
- Other

23.162) Specify "Other"

Variable: nok_prefer_method_othr

Question type: Text entry

Definition: Specifies the other known preferred method for the substance involved in the death.

Skip logic: Known preferred method of use for the substance involved in the death was other (nok_prefer_method___88 = Yes).

Previous Overdoses

23.163) Over the decedent's life, number of known nonfatal drug overdoses

Variable: nok_od_number_rev

Question type: Select only one.

Response options:

3 None
4 At least one, known number
5 At least one, unknown number

Definition: Indicates the number of known, nonfatal drug overdoses.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance:

The following situations should be considered evidence of previous drug overdoses:

- A family or friend reporting that the decedent had previously overdosed but providing no information on the substance(s) involved in the overdose
- Previous overdoses related to any substance including but not limited to opioids, benzodiazepines, cocaine, or sedatives
- A drug overdose that required treatment in an emergency department, a critical care center, or other medical center
- An opioid overdose that was treated with naloxone (a drug to reverse opioid overdoses) by a layperson and the person experiencing the overdose did not seek medical treatment
- A drug overdose to which emergency medical services responded (e.g., after a 9-1-1 call), and the person refused to be transported to the hospital

The following situations are not considered evidence of previous drug overdoses:

- The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
- The decedent previously experienced adverse effects from substance use that were not acute, such as constipation or skin rashes.
- The decedent previously sought medical care to treat withdrawal symptoms or assist with detox.
- The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

The following situation would require additional information to determine whether there was a previous overdose:

- The decedent was revived by naloxone and/or admitted to the ED/hospital and was released, seemingly recovered. The decedent was later found unresponsive in the overdose that led to death, with no evidence of additional drug use. Timeline, toxicology results, and additional information from the CME report should be used to determine whether it is more likely that the fatal overdose was the same as the overdose that led to naloxone revival or ED/hospital admission or whether subsequent substance use led to another overdose.

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance).

23.164) Nonfatal overdose number specify

Variable: nok_od_number_spec

Question type: Text entry (integer)

Definition: Indicates the number of known nonfatal drug overdoses.

Skip logic: Known history of nonfatal drug overdose (nok_od_number_rev = Yes).

Guidance: Range 1–120. A drug overdose, involving any substance including, but not limited to opioids, was reported. A drug overdose is defined as the decedent's experiencing acute clinical symptoms such as difficulty breathing, unconsciousness/unresponsiveness, or irregular heartbeats related to the ingestion, inhalation, injection, or absorption of the drug in quantities greater than recommended. Opioid overdose can present as sedation (sleepiness), low blood pressure, slowed or no heart rate, and slowed or no breathing.

The following situations should be considered evidence of previous drug overdoses:

- A family or friend reporting that the decedent had previously overdosed but providing no information on the substance(s) involved in the overdose
- Previous overdoses related to any substance including but not limited to opioids, benzodiazepines, cocaine, or sedatives
- A drug overdose that required treatment in an emergency department, a critical care center, or other medical center
- An opioid overdose that was treated with naloxone (a drug to reverse opioid overdoses) by a layperson and the person experiencing the overdose did not seek medical treatment
- A drug overdose to which emergency medical services responded (e.g., after a 9-1-1 call), and the person refused to be transported to the hospital

The following situations are not considered evidence of previous drug overdoses:

- The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
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Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance).

23.165) Did the decedent ever have any of the following known substance use-related events?

Variable: nok_su_life

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether the decedent had any known substance use-related events in his or her lifetime.

Skip logic: Known history of substance use (nok_su_history = Yes).

Guidance: Substance use-related events include:

- None apply.
- Exited a substance use disorder treatment facility.
- Exited a substance use disorder treatment program.
- Missed a substance use disorder treatment appointment.
- Returned to substance use.

Returned to substance use—to select the return to substance use, there must be other documentation besides this overdose death; the decedent had a history of misusing opioids or an opioid use disorder and returned to using opioids after a period of not using opioids for at least one week.

People abstaining from opioid use after prolonged use lose their tolerance to the opioids during their period of abstinence. Loss of tolerance puts them at higher risk for overdose because they may return to the dosage they had been taking when they last used. A dose of heroin that previously was sufficient to create feelings of euphoria may result in an overdose after a period of abstinence.

23.166) When was the decedent known to have exited a substance use disorder treatment facility?

Variable: nok_su_life_facility

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (nok_su_life___1 = Yes).

Guidance: See Appendix for time period guidance.

23.167) When was the decedent known to have exited a substance use disorder treatment program?

Variable: nok_su_life_program

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (nok_su_life___2 = Yes).

Guidance: See Appendix for time period guidance.

23.168) When was the decedent known to have missed a substance use disorder treatment appointment?

Variable: nok_su_life_miss_apt

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (nok_su_life___3 = Yes).

23.169) When was the decedent known to have returned to substance use?

Variable: nok_su_life_return

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known stressor.

Skip logic: Known exit of a substance use disorder treatment facility (nok_su_life___4 = Yes).

Guidance: Returned to substance use—to select the return to substance use, there must be other documentation besides this overdose death. The decedent had a history of misusing opioids or an opioid use disorder and returned to using opioids after a period of not using opioids for at least one week.

People abstaining from opioid use after prolonged use lose their tolerance to the opioids during their period of abstinence. Loss of tolerance puts them at higher risk for overdose because they may return to the dosage they had been taking when they last used. A dose of heroin that previously was sufficient to create feelings of euphoria may result in an overdose after a period of abstinence.

See Appendix for time period guidance.

23.170) When was substance use disorder treatment recommended by a health professional and/or identified as a need by the family, but the decedent did not receive care?

Variable: nok_su_recommendation_life

Question Type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether the decedent did not receive substance use treatment recommended to him or her.

Skip logic: Known history of substance use (su_history = Yes).

Guidance: See Appendix for time period guidance.

23.171) Were there <u>known</u> barriers to accessing substance use disorder treatment?

Variable: nok_su_barrier

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates whether there were known barriers to accessing substance use disorder treatment in the 12 months prior to death.

Skip logic: Known barriers to accessing substance use treatment (nok_su_recommendation_life=1 or 2).

23.172) What were the known barriers to accessing substance use disorder treatment in 12 months prior to death?

Variable: nok_su_barrier_type

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates the known barriers to accessing substance use disorder treatment in the 12 months prior to death.

Skip logic: Known barriers to accessing substance use treatment in the 12 months prior to death (nok_su_barrier = Yes).

Guidance: Known barriers to accessing substance use disorder treatment include:

- Lack of insurance coverage
- Limited treatment resources/ providers/ long waiting lists
- Transportation problems
- Other

23.173) "Other"

Variable: nok_su_barrier_type_othr

Question type: Text entry

Definition: Specifies other known barrier to accessing substance use disorder treatment.

Skip logic: Known barriers to accessing substance use treatment in the 12 months prior to death was other (nok_su_barrier_type___88 = Yes).

23.174) In the 12 months prior to the death, what harm-reduction services was the decedent known to access?

Variable: nok_harm_reduction

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates known harm-reduction services the decedent accessed in the 12 months prior to death.

Skip logic: Harm reduction was selected for health care visit (nok_health_care_use___6 = Yes).

Guidance: Harm reduction services include:

- Disease testing and referral (viral hepatitis and HIV)
- Drug treatment referral
- Fentanyl test strips
- Health coverage referral
- Legal referral
- Medically supervised injection
- Medication-assisted or opioid replacement treatment
- Naloxone distribution
- Needle and syringe exchange programs (syringe access and disposal)
- Non-abstinence-based housing and employment initiatives
- Overdose prevention and reversal education
- Peer support
- Psychosocial support
- Safer drug use education
- Other

23.175) Specify "Other"

Variable: nok_harm_reduction_othr

Question type: Text entry

Definition: Specifies other known harm-reduction services the decedent accessed in the 12 months prior to death.

Skip logic: Harm reduction service was other (nok_harm_reduction___88 = Other).

23.176) In the 12 months prior to death, how many times did the decedent access known harm reduction services?

Variable: nok_harm_reduction_number

Question type: Categorical

Response options:

7 Daily
8 Weekly

9 Once every two weeks
10 Monthly
11 Once every three months
12 Once in the year

Definition: Indicates the total number of known harm reduction encounters in the 12 months prior to the death.

Skip logic: Harm reduction was selected for health care visit (nok_health_care_use___6 = Yes).

23.177) In the 2-5 years prior to death, how frequently was the decedent known to have accessed harm reduction services?

Variable: nok_harm_reduction_hx

Question type: Categorical

Response options:

8 Daily/More than once a week
9 Weekly
10 Once every two weeks
11 Monthly
12 Once every three months
13 Once a year
14 Less than once a year

Definition: Indicates the frequency of known encounters with harm reduction services the 2-5 years prior to death.

Skip logic: Harm reduction service visit was selected (nok_health_care_use_hx___6 = Yes).

Guidance: Excludes mental health and substance use disorder treatment. This information is gathered in Module 11 Mental Health History and Module 12 Substance Use History.

23.178) At the time of the overdose incident, was the decedent known to be connected with a recovery coach or peer support specialist?

Variable: nok_peer_support

Question type: Select only one.

Response options:

2 No
3 Yes

Definition: Indicates whether, at the time of death, the decedent was known to be connected with a recovery coach or a peer support specialist.

Skip logic: Known history of substance use (nok_su_history = Yes).

23.179) NOK description of decedent's substance use

Variable: nok_su_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's substance use.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Trauma History

23.180) Did the decedent ever have any of the following known trauma or violent events?

Variable: nok_trauma_life

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether the decedent had any known traumatic or violent events in his or her lifetime.

Guidance: Trauma or violent events include:

- None
- Emotional abuse or neglect
- Incarceration of a household member
- Mental illness in the household
- Pandemic (for example, COVID-19 or coronavirus)
- Parental separation or divorce
- Physical violence, perpetrator
- Physical violence, victim
- Physical neglect
- Sexual violence, perpetrator
- Sexual violence, victim
- Substance abuse in the household
- Violence in the household
- War
- Other

23.181) Specify "Other"

Variable: nok_trauma_life_spec_othr

Question type: Text entry

Definition: Specifies other known traumatic or violent event in his or her lifetime.

Skip logic: Known trauma was other (nok_trauma_life___88= Yes).

23.182) When was the decedent known to have been the victim of emotional abuse or neglect?

Variable: nok_trauma_life_emotion

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known victim of emotional abuse or neglect (nok_trauma_life___11 = Yes).

Guidance: See Appendix for time period guidance.

23.183) When was the decedent known to have experienced an incarceration of a household member?

Variable: nok_trauma_life_incarcerated

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known incarceration of a household member (nok_trauma_life___18 = Yes).

Guidance: See Appendix for time period guidance.

23.184) When was the decedent known to have experienced mental illness in the household?

Variable: nok_trauma_life_mental

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience mental illness in the household (nok_trauma_life___16 = Yes).

Guidance: See Appendix for time period guidance.

23.185) When was the decedent known to have experienced a pandemic (e.g., COVID-19)

Variable: nok_trauma_life_pandemic

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience a pandemic (nok_trauma_life___2 = Yes).

Guidance: See Appendix for time period guidance.

23.186) When was the decedent known to have experienced parental separation or divorce?

Variable: nok_trauma_life_parent_div

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience parental separation or divorce (nok_trauma_life___17 = Yes).

Guidance: See Appendix for time period guidance.

23.187) When was the decedent known to have perpetrated physical violence?

Variable: nok_trauma_life_physical_perp

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to have perpetrated physical violence (nok_trauma_life___3 = Yes).

Guidance: See Appendix for time period guidance.

23.188) When was the decedent known to have been the victim of physical violence?

Variable: nok_trauma_life_physical_vic

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to be a victim of physical violence (nok_trauma_life___4 = Yes).

Guidance: See Appendix for time period guidance.

23.189) When was the decedent known to have experienced physical neglect?

Variable: nok_trauma_life_physical_neg

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience a physical neglect (nok_trauma_life___10 = Yes).

Guidance: See Appendix for time period guidance.

23.190) When was the decedent known to have perpetrated sexual violence?

Variable: nok_trauma_life_sex_perp

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to perpetrate sexual violence (nok_trauma_life___5 = Yes).

Guidance: See Appendix for time period guidance.

23.191) When was the decedent known to have been a victim of sexual violence?

Variable: nok_trauma_life_sex_vic

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to be a victim of sexual violence (nok_trauma_life___6 = Yes).

Guidance: See Appendix for time period guidance.

23.192) When was the decedent known to have experienced substance use in the household?

Variable: nok_trauma_life_substance

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience substance use in the household (nok_trauma_life___15 = Yes).

Guidance: See Appendix for time period guidance.

23.193) When was the decedent known to have experienced violence in the household?

Variable: nok_trauma_life_violence

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience a violence in the household (nok_trauma_life___14 = Yes).

Guidance: See Appendix for time period guidance.

23.194) When was the decedent known to have experienced war?

Variable: nok_trauma_life_war

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience war (nok_trauma_life___7 = Yes).

Guidance: See Appendix for time period guidance.

23.195) When was the decedent known to have experienced other trauma or violent episodes?

Variable: nok_trauma_life_othr

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what time periods the decedent had known trauma.

Skip logic: Known to experience other trauma or violent episodes (nok_trauma_life___88= Yes).

Guidance: See Appendix for time period guidance.

23.196) NOK description of decedent's trauma

Variable: nok_trauma_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's trauma history.

Guidance: Throughout, refer to the decedent as “decedent” and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Criminal Justice History

23.197) Did the decedent have any known criminal justice history?

Variable: nok_cj_history

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates whether the team knows of any decedent involvement with the criminal justice system.

Guidance: Criminal justice history includes:

- None
- Arrest
- Community Supervision includes probation and parole.
- Incarceration includes juvenile detention, jail, and prison.
- Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include a specialty court such as drug court, mental health court, veteran's treatment court, treatment court, etc.
- Pre-arrest/pre-charge diversion programs include connecting individuals to treatment/services or supervision rather than arresting or charging.

23.198) Specify "Other"

Variable: nok_cj_history_othr

Question type: Text entry

Definition: Indicates other type of criminal justice history.

Skip logic: Criminal justice history was other (nok_cj_history___88 = Yes).

23.199) When did the decedent have any known interaction with the criminal justice system?

Variable: nok_cj_life

Question type: Check all that apply.

Definition: Indicates what stages of life the decedent had interacted with the criminal justice system.

Skip logic: Decedent had a known criminal justice history (nok_cj_history > 0).

Guidance:

Criminal justice history includes:

- Arrest
- Community Supervision includes probation and parole.
- Incarceration includes juvenile detention, jail, and prison.
- Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include a specialty court such as drug court, mental health court, veteran's treatment court, treatment court, etc.
- Pre-arrest/pre-charge diversion programs include connecting individuals to treatment/services or supervision rather than arresting or charging.

Guidance: See Appendix for time period guidance.

23.200) Was the decedent known to have received any of these services while in the criminal justice system?

Variable: nok_cj_services

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates services the decedent received for criminal justice system interactions throughout his or her life, not just the most recent.

Skip logic: Decedent had a known criminal justice history (nok_cj_history > 0).

Guidance: Services under community supervision include:

- None
- Counseling or other mental health services
- Educational
- Employment/vocational
- Medication for Opioid Use Disorder (MOUD, formally known as MAT)

23.201) Specify "Other"

Variable: nok_cj_services_othr

Question type: Text entry

Definition: Specifies other service decedent received for any criminal justice interaction.

Skip logic: Known service received for community supervision was other (nok_cj_services___88 = Yes).

23.202) NOK description of decedent's experiences with the criminal justice system and services provided

Variable: nok_trauma_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's experience with the criminal justice system.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Social Services History

23.203) Did the decedent have a known history of receiving any of these social services?

Variable: nok_ss_history

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates the decedent's known history receiving social services.

Reference: Federal government benefits, https://www.usa.gov/benefits

Guidance: Social services include:

- None
- Child care benefits
- Children's Health Insurance Program (CHIP)
- Child Protective Services (CPS)
- Foster care
- Head Start
- Housing assistance (subsidized housing, housing vouchers, public housing)
- Low-income home energy assistance program (LIHEAP)
- Medicaid
- Supplemental Nutrition Assistance Programs (SNAP or "food stamps")
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF or "welfare")
- Unaccompanied Alien Children
- Unemployment insurance
- Vocational/job training
- Other

23.204) Specify "Other"

Variable: nok_ss_history_othr

Question type: Text entry

Definition: Specifies other social service decedent had a known history of receiving.

Skip logic: Social service history was other (nok_ss_history___88= Yes).

23.205) When was the decedent known to have received child care benefits?

Variable: nok_ss_life_childcare

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received child care benefits.

Skip logic: Known history of child care benefits (nok_ss_history___1 = Yes).

Guidance: See Appendix for time period guidance.

23.206) When was the decedent known to have received Children's Health Insurance Program (CHIP) benefits?

Variable: nok_ss_life_CHIP

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had been known to have received CHIP benefits.

Skip logic: Known history of receiving Children's Health Insurance Program benefits (nok_ss_history___2 = Yes).

Guidance: See Appendix for time period guidance.

23.207) When was the decedent known to have received child protective services?

Variable: nok_ss_life_CPS

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received child protective services.

Skip logic: Known history of receiving child protective services (nok_ss_history___3 = Yes).

Guidance: See Appendix for time period guidance.

23.208) When was the decedent known to have received foster care services?

Variable: nok_ss_life_foster

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received foster care services.

Skip logic: Known history of receiving foster care services (nok_ss_history___4 = Yes).

Guidance: See Appendix for time period guidance.

23.209) When was the decedent known to have received head start services?

Variable: nok_ss_life_headstart

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received head start services.

Skip logic: Known history of receiving head start services (nok_ss_history___5 = Yes).

Guidance: See Appendix for time period guidance.

23.210) When was the decedent known to have received housing assistance?

Variable: nok_ss_life_housing

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received housing assistance such as subsidized housing, housing vouchers, and public housing.

Skip logic: Known history of receiving housing assistance (nok_ss_history___6 = Yes).

Guidance: See Appendix for time period guidance.

23.211) When was the decedent known to have received Low-Income Home Energy Assistance Program (LIHEAP)?

Variable: nok_ss_life_LIHEAP

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received Low-Income Home Energy Assistance Program assistance.

Skip logic: Known history of receiving Low-Income Home Energy Assistance Program (nok_ss_history___7 = Yes).

Guidance: See Appendix for time period guidance.

23.212) When was the decedent known to have Medicaid?

Variable: nok_ss_life_Medicaid

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received Medicaid.

Skip logic: Known history of having Medicaid (nok_ss_history___8 = Yes).

Guidance: See Appendix for time period guidance.

23.213) When was the decedent known to have received Supplemental Nutrition Assistance Program (SNAP)?

Variable: nok_ss_life_SNAP

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received Supplemental Nutrition Assistance Program (SNAP).

Skip logic: Known history of receiving Supplemental Nutrition Assistance Program (nok_ss_history___9 = Yes).

Guidance: See Appendix for time period guidance.

23.214) When was the decedent known to have received Supplemental Security Income?

Variable: nok_ss_life_SSI

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received Supplemental Security Income.

Skip logic: Known history of receiving Supplemental Security Income (nok_ss_history___10 = Yes).

Guidance: See Appendix for time period guidance.

23.215) When was the decedent known to have received Temporary Assistance for Needy Families (TANF or "welfare")?

Variable: nok_ss_life_TANF

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have received Temporary Assistance for Needy Families (TANF or "welfare").

Skip logic: Known history of receiving Temporary Assistance for Needy Families (nok_ss_history___11 = Yes).

Guidance: See Appendix for time period guidance.

23.216) When was the decedent known to have received unaccompanied children's services?

Variable: nok_ss_life_unaccompanied

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have unaccompanied children's services.

Skip logic: Known history of receiving unaccompanied children's services (nok_ss_history___12 = Yes).

Guidance: See Appendix for time period guidance.

23.217) When was the decedent known to have received unemployment insurance?

Variable: nok_ss_life_unemployment

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have unemployment insurance.

Skip logic: Known history of receiving unemployment insurance (nok_ss_history___13 = Yes).

Guidance: See Appendix for time period guidance.

23.218) When was the decedent known to have received vocational/job training?

Variable: nok_ss_life_vocational

Question type: Check all that apply.

Response options:

2 Unchecked
3 Checked

Definition: Indicates what stages of life the decedent had known to have vocational/job training.

Skip logic: Known history of receiving vocational/job training (nok_ss_history___14 = Yes).

Guidance: See Appendix for time period guidance.

23.219) NOK description of decedent's social services history

Variable: nok_ss_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK description of the decedent's social services history.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals

- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Recommendations

23.220) Did the NOK have any suggested recommendations?

Variable: nok_recommend_identified

Question type: Select only one.

Response options:

0 No
1 Yes

Definition: Indicates whether the NOK had any recommendations.

23.221) What recommendations does the NOK have for local, state, national?

Variable: nok_recommend_listed

Question type: Text entry (250-word limit)

Definition: This section allows for writing up for NOK recommendations.

Skip logic: NOK provided at least one recommendation (nok_recommend_identified = 1, Yes).

Guidance: Throughout, refer to the decedent as “decedent” and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

23.222) What does the NOK want the OFR to know about the decedent’s experience?

Variable: nok_recommend_ofr

Question type: Text entry (250-word limit)

Definition: This section allows for writing up for NOK thoughts about what the OFR/Committee should know.

Guidance: Throughout, refer to the decedent as “decedent” and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

23.223) What does the NOK wish was done differently to have prevented the decedent's death?

Variable: nok_recommend_change

Question type: Text entry (250-word limit)

Definition: This section allows for writing up for NOK thoughts about what should be done differently.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

23.224) NOK recommendations notes section

Variable: nok_recommend_text

Question type: Text entry (250-word limit)

Definition: This section allows for de-identified data summarizing the NOK recommendations and thoughts about what might prevent similar substance-related deaths.

Guidance: Throughout, refer to the decedent as "decedent" and the next-of-kin interviewee as NOK.

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

NOK Narrative Section

This section allows for de-identified data summarizing the case to be stored.

Variable: narrative

Question type: Text entry

Definition: Narrative accounts of the incident serve multiple purposes:

- Briefly summarize the incident (who, what, when, where, and why).
- Provide supporting information on circumstances that the abstractor has endorsed in an incident.
- Provide the context for understanding the incident.
- Record information and additional detail that cannot be captured elsewhere.
- Facilitate data quality control checks on the coding of key variables.

Guidance:

The narrative summarizes the NOK findings. Throughout, refer to the decedent as "decedent." At a minimum, the following should be included in all narratives:

- Where the overdose occurred (or the decedent was found)—not a specific place or address, but a description such as "at home," "at work," or "on the street," such as listed in the "Type of location where overdose" data element
- Additional detail on all circumstances coded in the data source tab
- Timing of circumstances (e.g., released from jail immediately prior to the overdose)
- A description of other circumstances not captured in standardized coding

The following **should not** be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Reference: NVDRS, 1.5 Incident Narrative CME and 1.6 Incident Narrative LE (NarrativeCME and NarrativeLE) – Modified.

NOK Appendix

Time period guidance:

- Check each time period only once even if there were multiple events.
- In addition, each time period is mutually exclusive.
- For example, if a stressor occurred in the last 14 days, check “Last 14 days” and **do not** also check last year and adulthood.
- Another example is if the person is 45 and happened when they first left home at 20 and again six months prior to the decedent’s death you would check “in adulthood” and “last 12 months.”

Time groupings are defined as:

- In childhood—occurred when decedent was less than 18 years of age.
- In adulthood—occurred when decedent was 18 years of age or older and excludes last 12 months and last 14 days of the decedent’s life.
- Last 12 months: Occurred within the last 12 months and 15 days prior to the decedent’s death.
- Last 14 days: Occurred within the last 14 days of the decedent’s life. If this is the only incident, do not also check last 12 months or decedent’s adulthood.

Possible substances used throughout life course:

- Alcohol
- Amphetamines
- Benzodiazepines
- Cocaine
- Fentanyl
- Heroin
- Inhalants
- Marijuana
- Methamphetamine
- Nicotine
- Prescription opioids
- Spice Other