

CDR Report Form

National Fatality Review

Case Reporting System

Version 5.1



Data entry website: <https://data.ncfrp.org>

1-800-656-2434

info@ncfrp.org

www.ncfrp.org

SAVING LIVES TOGETHER

Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National Fatality Review Case Reporting System (NFR-CRS). The NFR-CRS is available to states and local sites from the National Center for Fatality Review & Prevention (NCFRP) and requires a data use agreement for data entry. The purpose is to collect comprehensive information from multiple agencies participating in a review. The NFR-CRS documents demographics, the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the team to prevent other deaths.

While this data collection form is an important part of the CDR process, it should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step-by-step manner as part of the team discussion.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin to understand the importance of data collection and bring the necessary information to the meeting. The percentage of cases marked "unknown" and unanswered questions decreases as the team becomes more familiar with the form. **The NFR-CRS Data Dictionary is available.** It contains definitions for each data element and should be referred to when the team is unsure how to answer a question. Use of the data dictionary helps teams improve consistency of data entry.

The form contains three types of questions: (1) select one response as represented by a circle; (2) select multiple responses as represented by a square; and (3) free text responses. This last type is indicated by the words "specify" or "describe."

Many teams ask what is the difference between leaving a question blank and selecting the response "unknown." A question should be marked "unknown" if an attempt was made to find the answer but no clear or satisfactory response was obtained. A question should be left blank (unanswered) if no attempt was made to find the answer. "N/A" stands for "not applicable" and should be used if the question does not apply.

Reminder:

Enter identifiable information (**names, dates, addresses, counties**) into the NFR-CRS if your state/local policy allows. Follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure. For other text fields, such as the **Narrative section or any "specify" or "describe" fields**, do not include specific names, dates of birth, dates of death, references to specific counties, practitioners, or facility names in these text fields. Examples: "Evans County EMS" should be "EMS"; "Evans County Children's Hospital" should be "the children's hospital." **Why this reminder?** Text fields may be shared with approved researchers as noted in the Data Use Agreement in your state or jurisdiction. Therefore, entering identified data into those fields would compromise your responsibility under HIPAA.

Additional paper forms can be ordered from the NCFRP at no charge. Users interested in participating in the NFR-CRS for data entry and reporting should contact the NCFRP. This version includes the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.

CASE NUMBER																									
_____ / _____ / _____ / _____ State / County or Team Number / Year of Review / Sequence of Review		Case Type: ☐ Death ☐ Near death/serious injury ☐ Not born alive (fetal/stillborn) ☐ Child never left hospital following birth	Death Certificate Number: Birth Certificate Number: ME/Coroner Number: Date Team Notified of Death:																						
A. CHILD INFORMATION																									
A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)																									
1. Child's name: First: _____ Middle: _____ Last: _____ ☐ U/K																									
2. Date of birth: ☐ U/K ____ / ____ / ____ mm dd yyyy	3. Date of death: ☐ U/K ____ / ____ / ____ mm dd yyyy	4. Age: ☐ Years ☐ Months ☐ Days ☐ Hours ☐ Minutes ☐ U/K	5. Race, check all that apply: ☐ U/K ☐ White ☐ Black ☐ Asian, specify: ☐ American Indian, Tribe: ☐ Alaska Native, Tribe: ☐ Native Hawaiian ☐ Pacific Islander, specify:	6. Hispanic or Latino origin? ☐ Yes ☐ No ☐ U/K	7. Sex: ☐ Male ☐ Female ☐ U/K																				
8. Residence address: ☐ U/K Street: _____ Apt. _____ City: _____ State: _____ Zip: _____ County: _____		9. Child's weight at death: ☐ U/K ☐ Pounds/ounces ____ / ____ ☐ Grams/kilograms _____ 10. Child's height at death: ☐ U/K ☐ Feet/inches ____ / ____ ☐ Cm _____		11. State of death: 12. County of death:																					
13. Child had disability or chronic illness? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Physical/orthopedic, specify: _____ ☐ Mental health/substance abuse, specify: _____ ☐ Cognitive/intellectual, specify: _____ ☐ Sensory, specify: _____ ☐ U/K			15. Child's health insurance, check all that apply: ☐ None ☐ Indian Health Service ☐ Private ☐ Other, specify: _____ ☐ Medicaid ☐ U/K ☐ State plan																						
14. Were any siblings placed outside of the home prior to this child's death? ☐ N/A ☐ Yes, # ____ ☐ No ☐ U/K			16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule? ☐ NA ☐ Yes ☐ No, specify: _____ ☐ U/K																						
If the child never left the hospital following birth, go to A2.																									
17. Type of residence: ☐ Parental home ☐ Licensed group home ☐ Licensed foster home ☐ Relative foster home ☐ Relative home ☐ Living on own ☐ Shelter ☐ Homeless ☐ Jail/detention ☐ Other, specify: ☐ U/K			18. New residence in past 30 days? ☐ Yes ☐ No ☐ U/K		19. Residence overcrowded? ☐ Yes ☐ No ☐ U/K 20. Child ever homeless? ☐ Yes ☐ No ☐ U/K		21. Number of other children living with child: _____ ☐ U/K																		
22. Child had history of child maltreatment? If yes, check all that apply: <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>As Victim</u></th> <th style="text-align: left;"><u>As Perpetrator</u></th> <th style="text-align: left;"><u>As Victim</u></th> <th style="text-align: left;"><u>As Perpetrator</u></th> </tr> <tr> <td>☐ N/A</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ Yes</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ No</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ U/K</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </table> If yes, how was history identified: ☐ Physical ☐ Through CPS ☐ Neglect ☐ Other sources If through CPS: <u>As Victim</u> _____ # CPS referrals _____ # Substantiations <u>As Perpetrator</u> _____ # CPS referrals _____ # Substantiations					<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>	☐ N/A	☐	☐	☐	☐ Yes	☐	☐	☐	☐ No	☐	☐	☐	☐ U/K	☐	☐	☐	23. Was there an open CPS case with child at time of death? ☐ Yes ☐ No ☐ U/K 24. Was child ever placed outside of the home prior to the death? ☐ Yes ☐ No ☐ U/K 25. How many months prior to death did child last have contact with a health care provider? ____
<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>																						
☐ N/A	☐	☐	☐																						
☐ Yes	☐	☐	☐																						
☐ No	☐	☐	☐																						
☐ U/K	☐	☐	☐																						
A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD																									
26. Child's highest education level: ☐ N/A ☐ None ☐ Preschool ☐ Grade K-8 ☐ Grade 9-12 ☐ Home schooled, K-8 ☐ Home schooled, 9-12 ☐ Drop out ☐ HS graduate/GED ☐ College ☐ Other, specify: ☐ U/K		27. Child's work status: ☐ N/A ☐ Employed ☐ Full time ☐ Part time ☐ U/K ☐ Not working ☐ U/K		28. Did child have problems in school? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Academic ☐ Truancy ☐ Suspensions ☐ Behavioral ☐ Expulsion ☐ Other, specify: ☐ U/K		29. Child had history of intimate partner violence? Check all that apply: ☐ N/A ☐ Yes, as victim ☐ Yes, as perpetrator ☐ No ☐ U/K																			

30. Child had received prior mental health services? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Outpatient ☐ Day treatment/partial hospitalization ☐ Residential	32. Child on medications for mental health illness? ☐ N/A ☐ Yes ☐ No ☐ U/K	34. Child was hospitalized for mental health care within the previous 12 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, did the child have a follow-up MH appointment within 30 days of discharge from the hospital? ☐ Yes ☐ No ☐ U/K
31. Child was receiving mental health services? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Outpatient ☐ Day treatment/partial hospitalization ☐ Residential	33. Child had emergency department visit for mental health care within the previous 12 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, did the child have a follow-up mental health appointment within 30 days of emergency department visit? ☐ Yes ☐ No ☐ U/K	35. Issues prevented child from receiving mental health services? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, specify:
36. Child had history of substance use or abuse? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Alcohol ☐ Prescription drugs, specify: _____ ☐ Cocaine ☐ Over-the-counter drugs, specify: _____ ☐ Marijuana ☐ Tobacco/nicotine, specify type: _____ ☐ Methamphetamine ☐ Other, specify: _____ ☐ Opioids ☐ U/K If yes, did the child receive treatment? ☐ Yes ☐ No ☐ U/K If yes, type? Check all that apply: ☐ Outpatient ☐ Day treatment/partial hospitalization ☐ Inpatient/detox ☐ Residential	37. Child had delinquent or criminal history? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Assaults ☐ Other, specify: _____ ☐ Robbery ☐ Drugs ☐ U/K	40. What was child's gender identity? ☐ No identity expressed ☐ Non-binary ☐ Male, not transgender ☐ Other, specify: _____ ☐ Female, not transgender ☐ Transgender male ☐ U/K ☐ Transgender female
38. Child spent time in juvenile detention? ☐ N/A ☐ Yes ☐ No ☐ U/K	39. Child acutely ill in the two weeks before death? ☐ Yes ☐ No ☐ U/K	41. What was child's sexual orientation? ☐ No orientation expressed ☐ Other, specify: _____ ☐ Straight/heterosexual ☐ Gay/lesbian ☐ U/K ☐ Bisexual ☐ Questioning
A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR		
42. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? ☐ Yes ☐ No ☐ U/K		
43. Gestational age: ☐ U/K _____ # weeks	44. Birth weight: ☐ U/K ☐ Grams/kilograms _____ ☐ Pounds/ounces _____ / _____	45. Multiple gestation? ☐ Yes, # _____ ☐ No ☐ U/K
46. Including the deceased infant, how many pregnancies did the birth mother have? # _____ ☐ U/K	47. Including the deceased infant, how many live births did the birth mother have? # _____ ☐ U/K	
48. Not including the deceased infant, number of children birth mother still has living? # _____ ☐ U/K	49. Prenatal care provided during pregnancy of deceased infant? ☐ Yes ☐ No ☐ U/K If yes, number of prenatal visits kept: # _____ ☐ U/K If yes, month of first prenatal visit. Specify 1-9: _____ ☐ U/K	
50. Were there access or compliance issues related to prenatal care? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Lack of money for care ☐ Language barriers ☐ Lack of family/social support ☐ Didn't think she was pregnant ☐ Limitations of health insurance coverage ☐ Couldn't get provider to take as patient ☐ Services not available ☐ Other, specify: _____ ☐ Lack of transportation ☐ Multiple providers, not coordinated ☐ Distrust of health care system ☐ Unwilling to obtain care ☐ U/K ☐ No phone ☐ Couldn't get an earlier appointment ☐ Didn't know where to go ☐ Cultural differences ☐ Lack of child care		
51. During pregnancy, did mother have any medical conditions/complications? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ <u>Cardiovascular</u> ☐ Hypertension - gestational ☐ Hypertension - chronic ☐ Pre-eclampsia ☐ Eclampsia ☐ Clotting disorder ☐ <u>Hematologic</u> ☐ Folic acid deficiency ☐ Sickle cell disease ☐ Anemia (iron deficiency) ☐ <u>Respiratory</u> ☐ Asthma ☐ Pulmonary embolism ☐ <u>Endocrine/Metabolic</u> ☐ Diabetes, type 1 chronic ☐ Diabetes, type 2 chronic ☐ Diabetes, gestational ☐ Thyroid ☐ Polycystic ovarian disease ☐ <u>Neurologic/Psychiatric</u> ☐ Addiction disorder ☐ Eating disorder ☐ Depression ☐ Anxiety disorder ☐ Seizure disorder ☐ <u>Sexually Transmitted Infection (STI)</u> ☐ Bacterial vaginosis (BV) ☐ Chlamydia ☐ Gonorrhea ☐ Herpes ☐ HPV ☐ Syphilis ☐ Group B strep ☐ HIV/AIDS ☐ Other STI, specify: _____ ☐ <u>Gynecologic</u> ☐ Uterine/vaginal bleeding ☐ Chorioamnionitis ☐ Oligohydramnios ☐ Polyhydramnios ☐ <u>Gynecologic (continued)</u> ☐ Intrauterine growth restriction (IUGR) ☐ Premature rupture of membranes (PROM) ☐ Preterm premature rupture of membranes (PPROM) ☐ Incompetent cervix ☐ Umbilical cord complications ☐ Prolapse ☐ Nuchal cord ☐ Other cord, specify: _____ ☐ Placental problems ☐ Abruptio ☐ Previa ☐ Other placental, specify: _____		

51. Mother's medical conditions (continued) ☐ <u>Other Condition/Complication</u>																			
☐ UTI ☐ HELLP syndrome ☐ Oral health/dental or gum infection ☐ Maternal genetic disorder ☐ Preterm labor ☐ Decreased fetal movement ☐ Maternal developmental delay ☐ Gastrointestinal ☐ Abnormal MSAFP ☐ Other, specify:																			
52. Did the mother experience any medical complications in previous pregnancies? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Previous preterm birth ☐ Previous small for gestational age ☐ Previous low birth weight birth ☐ Previous large for gestational age (greater than 4000 grams)																			
53. Did the mother use any medications, drugs or other substances during pregnancy? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Over-the-counter meds ☐ Anti-epileptic ☐ Nausea/vomiting medications ☐ Cocaine ☐ Meds to treat drug addiction ☐ Allergy medications ☐ Anti-hypertensives ☐ Cholesterol medications ☐ Heroin ☐ Opioids ☐ Antibiotics ☐ Anti-hypothyroidism ☐ Sleeping pills ☐ Marijuana ☐ Other pain meds ☐ Anti-flu/antivirals ☐ Arthritis medications ☐ Meds to treat preterm labor ☐ Methamphetamine ☐ Other, specify: ☐ Anti-depressants/anti-anxiety/anti-psychotics ☐ Diabetes medications ☐ Meds used during delivery ☐ Alcohol ☐ U/K ☐ Asthma medications ☐ Progesterone/P17 ☐ If alcohol, infant born with fetal effects or syndrome?																			
If any item is checked, please indicate the generic or brand name of the medications or drugs:																			
54. Was the infant born drug exposed? ☐ Yes ☐ No ☐ U/K																			
55. Did the infant have neonatal abstinence syndrome (NAS)? ☐ Yes ☐ No ☐ U/K																			
56. Level of birth hospital: ☐ 1° ☐ 2° ☐ 3° ☐ Free-standing birth hospital ☐ Home birth ☐ Other, specify: ☐ U/K		57. At discharge from the birth hospital, was a case manager assigned to the mother? ☐ N/A, mother did not go to a birth hospital ☐ Yes ☐ No ☐ U/K																	
		58. Did the mother attend a postpartum visit? ☐ Yes ☐ No ☐ U/K																	
		59. Did the infant have a NICU stay of more than one day? ☐ Yes ☐ No ☐ U/K If yes, for what reason(s)? Check all that apply: ☐ Prematurity ☐ Apnea ☐ Hypothermia ☐ Meconium aspiration ☐ Low birth weight ☐ Sepsis ☐ Jaundice ☐ Congenital anomalies ☐ Tachypnea ☐ Feeding difficulties ☐ Anemia ☐ Other, specify: ☐ Drug/alcohol exposure ☐ U/K																	
60. Did mother smoke in the 3 months before pregnancy? ☐ Yes If yes, ___ Avg # cigarettes/day ☐ No (20 cigarettes in pack) ☐ U/K ☐ U/K quantity		61. Did the mother smoke at any time during pregnancy? ☐ Yes ☐ No ☐ U/K <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Trimester 1</th> <th style="text-align: center; border-bottom: 1px solid black;">Trimester 2</th> <th style="text-align: center; border-bottom: 1px solid black;">Trimester 3</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">If yes, _____</td> <td style="text-align: center;">If yes, _____</td> <td style="text-align: center;">If yes, _____</td> <td style="text-align: center;">Avg # cigarettes/day</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">(20 cigarettes in pack)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">U/K quantity</td> </tr> </tbody> </table>		Trimester 1	Trimester 2	Trimester 3		If yes, _____	If yes, _____	If yes, _____	Avg # cigarettes/day	☐	☐	☐	(20 cigarettes in pack)				U/K quantity
Trimester 1	Trimester 2	Trimester 3																	
If yes, _____	If yes, _____	If yes, _____	Avg # cigarettes/day																
☐	☐	☐	(20 cigarettes in pack)																
			U/K quantity																
62. Did the mother use e-cigarettes or other electronic nicotine products at any time during pregnancy? ☐ Yes ☐ No ☐ U/K If yes, on average how often? ☐ More than once a day ☐ Once a day ☐ 2-6 days a week ☐ 1 day a week or less ☐ U/K																			
63. Was mother injured during pregnancy? ☐ Yes ☐ No ☐ U/K If yes, describe:		64. Did the mother have postpartum depression? ☐ Yes ☐ No ☐ U/K																	
If this was a fetal death, go to Section B.																			
65. Infant ever breastfed? ☐ Yes ☐ No ☐ U/K If yes, any breast milk at 3 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, exclusively? ☐ Yes ☐ No ☐ U/K If yes, any breast milk at 6 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, exclusively? ☐ Yes ☐ No ☐ U/K If ever, was infant receiving breast milk at time of death? ☐ Yes ☐ No ☐ U/K		66. Did infant have abnormal metabolic newborn screening results? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, describe any abnormality such as a fatty acid oxidation error:																	
If the infant never left the hospital following birth, go to Section B.																			
67. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply): ☐ None ☐ Cyanosis ☐ Infection ☐ Seizures or convulsions ☐ Allergies ☐ Cardiac abnormalities ☐ Abnormal growth, weight gain/loss ☐ Other, specify: ☐ Apnea ☐ U/K		68. In the 72 hours prior to death, did the infant have any of the following? Check all that apply: ☐ None ☐ Vomiting ☐ Cyanosis ☐ Fever ☐ Choking ☐ Seizures or convulsions ☐ Excessive sweating ☐ Diarrhea ☐ Other, specify: ☐ Lethargy/sleeping more than usual ☐ Stool changes ☐ Fussiness/excessive crying ☐ Difficulty breathing ☐ U/K ☐ Decrease in appetite ☐ Apnea																	
69. In the 72 hours prior to death, was the infant injured? ☐ Yes ☐ No ☐ U/K If yes, describe cause and injuries:	70. In the 72 hours prior to death, was the infant given any vaccines? ☐ Yes ☐ No ☐ U/K If yes, list name(s) of vaccines:	71. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription, over-the-counter medications and home remedies. ☐ Yes ☐ No ☐ U/K If yes, list name and last dose given:	72. What did the infant have for his/her last meal? Check all that apply: ☐ Breast milk ☐ Formula, type: ☐ Baby food, type: ☐ Cereal, type: ☐ Other, specify: ☐ U/K																

● No information available, go to Section C

17. Parents have history of intimate partner violence?		18. Parents have delinquent/criminal history?		If yes, check all that apply:	
<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
☐	☐ Yes, as victim	☐	☐ Yes	☐	☐ Assaults
☐	☐ Yes, as perpetrator	☐	☐ No	☐	☐ Robbery
☐	☐ No	☐	☐ U/K	☐	☐ Drugs
☐	☐ U/K			☐	☐ Other, specify:
				☐	☐ U/K

C. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver(s): Select only one each in columns one and two.

One Two

- ☐ Self, go to Section D
- ☐ ☐ Biological mother, go to Section D
- ☐ ☐ Biological father, go to Section D
- ☐ ☐ Adoptive parent
- ☐ ☐ Stepparent

One Two

- ☐ ☐ Foster parent
- ☐ ☐ Mother's partner
- ☐ ☐ Father's partner
- ☐ ☐ Grandparent
- ☐ ☐ Sibling

One Two

- ☐ ☐ Other relative
- ☐ ☐ Friend
- ☐ ☐ Institutional staff
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

2. Caregiver(s) age in years:

One Two

____ # Years

☐ ☐ U/K

3. Caregiver(s) sex:

One Two

- ☐ ☐ Male
- ☐ ☐ Female
- ☐ ☐ U/K

4. Caregiver(s) race, check all that apply:

One Two

- ☐ ☐ White
- ☐ ☐ Black
- ☐ ☐ Asian, specify:
- ☐ ☐ American Indian, Tribe:
- ☐ ☐ Alaska Native, Tribe:
- One Two
- ☐ ☐ Native Hawaiian
- ☐ ☐ Pacific Islander, specify:
- ☐ ☐ U/K

5. Caregiver(s) Hispanic or

Latino origin?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If yes, specify origin:

6. Caregiver(s) employment status:

One Two

- ☐ ☐ Employed
- ☐ ☐ Unemployed
- ☐ ☐ On disability
- ☐ ☐ Stay-at-home
- ☐ ☐ Retired
- ☐ ☐ U/K

7. Caregiver(s) income:

One Two

- ☐ ☐ High
- ☐ ☐ Medium
- ☐ ☐ Low
- ☐ ☐ U/K

8. Caregiver(s) education:

One Two

- ☐ ☐ < High school
- ☐ ☐ High school/GED
- ☐ ☐ College
- ☐ ☐ Post graduate
- ☐ ☐ U/K

9. Do caregiver(s) speak and understand English?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If no, language spoken:

10. Caregiver(s) first generation immigrant?

One Two

- ☐ ☐ Yes, country of origin:
- ☐ ☐ No
- ☐ ☐ U/K

11. Caregiver(s) on active military duty?

One Two

- ☐ ☐ Yes, specify branch:
- ☐ ☐ No
- ☐ ☐ U/K

12. Caregiver(s) receive social services in the past twelve months?

One Two

- ☐ ☐ Yes If yes, check all that apply below:
- ☐ ☐ No
- ☐ ☐ U/K

One Two

- ☐ ☐ WIC
- ☐ ☐ Home visiting
- ☐ ☐ TANF
- ☐ ☐ Medicaid

One Two

- ☐ ☐ Food stamps/SNAP/EBT
- ☐ ☐ Section 8/housing
- ☐ ☐ Soc Sec Disability (SSI/SSDI)
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

13. Caregiver(s) have substance abuse history?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If yes, check all that apply:

- ☐ ☐ Alcohol
- ☐ ☐ Cocaine
- ☐ ☐ Marijuana
- ☐ ☐ Methamphetamine
- ☐ ☐ Opioids
- ☐ ☐ Prescription drugs
- ☐ ☐ Over-the-counter
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

14. Caregiver(s) ever victim of child maltreatment?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If yes, check all that apply:

- ☐ ☐ Physical
- ☐ ☐ Neglect
- ☐ ☐ Sexual
- ☐ ☐ Emotional/psychological
- ☐ ☐ U/K
- ____ # CPS referrals
- ____ # Substantiations
- ☐ ☐ Ever in foster care or adopted

15. Caregiver(s) ever perpetrator of maltreatment?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If yes, check all that apply:

- ☐ ☐ Physical
- ☐ ☐ Neglect
- ☐ ☐ Sexual
- ☐ ☐ Emotional/psychological
- ☐ ☐ U/K
- ____ # CPS referrals
- ____ # Substantiations
- ☐ ☐ CPS prevention services
- ☐ ☐ Family preservation services
- ☐ ☐ Children ever removed

16. Caregiver(s) have disability or chronic illness?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If yes, check all that apply:

- ☐ ☐ Physical/orthopedic, specify:
- ☐ ☐ Mental health/substance abuse, specify:
- ☐ ☐ Cognitive/intellectual, specify:
- ☐ ☐ Sensory, specify:
- ☐ ☐ U/K
- If mental health/substance abuse, was caregiver receiving MH services?
- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

17. Caregiver(s) have prior child deaths?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If yes, cause(s): Check all that apply:

One Two

- ☐ ☐ Child abuse # _____
- ☐ ☐ Child neglect # _____
- ☐ ☐ Accident # _____
- ☐ ☐ Suicide # _____
- ☐ ☐ SIDS # _____
- ☐ ☐ Undetermined cause # _____
- ☐ ☐ Other # _____
- Other, specify:
- ☐ ☐ U/K

18. Caregiver(s) have history of intimate partner violence?

One Two

- ☐ ☐ Yes, as victim
- ☐ ☐ Yes, as perpetrator
- ☐ ☐ No
- ☐ ☐ U/K

19. Caregiver(s) have delinquent/criminal history?

One Two

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ U/K

If yes, check all that apply:

- ☐ ☐ Assaults
- ☐ ☐ Robbery
- ☐ ☐ Drugs
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

D. SUPERVISOR INFORMATION

Answer this section only if the child ever left the hospital following birth

1. Did child have supervision at time of incident leading to death? ☐ Yes, answer D2-16 ☐ No, not needed given developmental age or circumstances, go to Sec. E ☐ No, but needed, answer D3-16 ☐ Unable to determine, try to answer D3-16		2. How long before incident did supervisor last see child? Select one: ☐ Child in sight of supervisor ☐ Minutes _____ ☐ Days _____ ☐ Hours _____ ☐ U/K																				
3. Is supervisor listed in a previous section? ☐ Yes, biological mother, go to D15 ☐ Yes, biological father, go to D15 ☐ Yes, caregiver one, go to D15 ☐ Yes, caregiver two, go to D15 ☐ No		4. Primary person responsible for supervision at the time of incident? Select only one: ☐ Adoptive parent ☐ Grandparent ☐ Institutional staff, go to D15 ☐ Stepparent ☐ Sibling ☐ Babysitter ☐ Foster parent ☐ Other relative ☐ Licensed child care worker ☐ Mother's partner ☐ Friend ☐ Other, specify: ☐ Father's partner ☐ Acquaintance ☐ U/K ☐ Hospital staff, go to D15																				
5. Supervisor's age in years: _____ ☐ U/K	6. Supervisor's sex: ☐ Male ☐ Female ☐ U/K	7. Supervisor speaks and understands English? ☐ Yes ☐ No ☐ U/K If no, language spoken: _____	8. Supervisor on active military duty? ☐ Yes ☐ No ☐ U/K If yes, specify branch: _____																			
9. Supervisor has substance abuse history? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Methamphetamine ☐ Opioids ☐ Prescription drugs ☐ Over-the-counter ☐ Other, specify: _____ ☐ U/K	10. Supervisor has history of child maltreatment? <table border="0"><tr><td><u>As Victim</u></td><td><u>As Perpetrator</u></td></tr><tr><td>☐</td><td>☐ Yes</td></tr><tr><td>☐</td><td>☐ No</td></tr><tr><td>☐</td><td>☐ U/K</td></tr></table> If yes, check all that apply: <table border="0"><tr><td>☐</td><td>☐ Physical</td></tr><tr><td>☐</td><td>☐ Neglect</td></tr><tr><td>☐</td><td>☐ Sexual</td></tr><tr><td>☐</td><td>☐ Emotional/psychological</td></tr><tr><td>☐</td><td>☐ U/K</td></tr></table> _____ # CPS referrals _____ # Substantiations ☐ Ever in foster care/adopted ☐ CPS prevention services ☐ Family preservation services ☐ Children ever removed		<u>As Victim</u>	<u>As Perpetrator</u>	☐	☐ Yes	☐	☐ No	☐	☐ U/K	☐	☐ Physical	☐	☐ Neglect	☐	☐ Sexual	☐	☐ Emotional/psychological	☐	☐ U/K	11. Supervisor has disability or chronic illness? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Physical/orthopedic, specify: _____ ☐ Mental health/substance abuse, specify: _____ ☐ Cognitive/intellectual, specify: _____ ☐ Sensory, specify: _____ ☐ U/K If mental health/substance abuse, was supervisor receiving mental health services? ☐ Yes ☐ No ☐ U/K	12. Supervisor has prior child deaths? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Child abuse # _____ ☐ Child neglect # _____ ☐ Accident # _____ ☐ Suicide # _____ ☐ SIDS # _____ ☐ Undetermined cause # _____ ☐ Other # _____ Other, specify: _____ ☐ U/K
<u>As Victim</u>	<u>As Perpetrator</u>																					
☐	☐ Yes																					
☐	☐ No																					
☐	☐ U/K																					
☐	☐ Physical																					
☐	☐ Neglect																					
☐	☐ Sexual																					
☐	☐ Emotional/psychological																					
☐	☐ U/K																					
13. Supervisor has history of intimate partner violence? ☐ Yes, as victim ☐ Yes, as perpetrator ☐ No ☐ U/K	14. Supervisor has delinquent or criminal history? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Assault ☐ Robbery ☐ Drugs ☐ Other, specify: _____ ☐ U/K	15. At the time of the incident, was the supervisor asleep? ☐ Yes ☐ No ☐ U/K If yes, select the most appropriate description of the supervisor's sleeping period at incident: ☐ Night time sleep ☐ Day time nap, describe: _____ ☐ Day time sleep (for example, supervisor is night shift worker), describe: _____ ☐ Other, describe: _____	16. At time of incident was supervisor impaired? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Drug impaired, specify: _____ ☐ Alcohol impaired ☐ Distracted ☐ Absent ☐ Impaired by illness, specify: _____ ☐ Impaired by disability, specify: _____ ☐ Other, specify: _____																			

E. INCIDENT INFORMATION

Answer this section only if the child ever left the hospital following birth

1. Was the date of the incident the same as the date of death? ☐ Yes, same as date of death ☐ No, different than date of death. Enter date of incident: _____ / _____ / _____ mm / dd / yyyy ☐ U/K		2. Approximate time of day that incident occurred? ☐ AM Hour, specify 1-12: _____ ☐ PM ☐ U/K																															
3. Place of incident, check all that apply: <table border="0"><tr><td>☐ Child's home</td><td>☐ Licensed child care center</td><td>☐ Indian reservation/ trust lands</td><td>☐ Driveway</td><td>☐ Other, specify: _____</td></tr><tr><td>☐ Relative's home</td><td>☐ Licensed child care home</td><td>☐ Military installation</td><td>☐ Other parking area</td><td></td></tr><tr><td>☐ Friend's home</td><td>☐ Unlicensed child care home</td><td>☐ Jail/detention facility</td><td>☐ State or county park</td><td></td></tr><tr><td>☐ Licensed foster care home</td><td>☐ Farm/ranch</td><td>☐ Sidewalk</td><td>☐ Sports area</td><td>☐ U/K</td></tr><tr><td>☐ Relative foster care home</td><td>☐ School</td><td>☐ Roadway</td><td>☐ Other recreation area</td><td></td></tr><tr><td>☐ Licensed group home</td><td>☐ Place of work</td><td></td><td>☐ Hospital</td><td></td></tr></table>			☐ Child's home	☐ Licensed child care center	☐ Indian reservation/ trust lands	☐ Driveway	☐ Other, specify: _____	☐ Relative's home	☐ Licensed child care home	☐ Military installation	☐ Other parking area		☐ Friend's home	☐ Unlicensed child care home	☐ Jail/detention facility	☐ State or county park		☐ Licensed foster care home	☐ Farm/ranch	☐ Sidewalk	☐ Sports area	☐ U/K	☐ Relative foster care home	☐ School	☐ Roadway	☐ Other recreation area		☐ Licensed group home	☐ Place of work		☐ Hospital		4. Type of area: ☐ Urban ☐ Suburban ☐ Rural ☐ Frontier ☐ U/K
☐ Child's home	☐ Licensed child care center	☐ Indian reservation/ trust lands	☐ Driveway	☐ Other, specify: _____																													
☐ Relative's home	☐ Licensed child care home	☐ Military installation	☐ Other parking area																														
☐ Friend's home	☐ Unlicensed child care home	☐ Jail/detention facility	☐ State or county park																														
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☐ Relative foster care home	☐ School	☐ Roadway	☐ Other recreation area																														
☐ Licensed group home	☐ Place of work		☐ Hospital																														

5. Incident state:		6. Incident county:	
7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting? ☐ Yes ☐ No ☐ U/K If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death: If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):			
8. Was the incident witnessed? ☐ Yes ☐ No ☐ UK If yes, by whom?		☐ Parent/relative ☐ Health care professional, if death occurred in a hospital setting ☐ Other caretaker/babysitter ☐ Teacher/coach/athletic trainer ☐ Stranger ☐ Other acquaintance ☐ Other, specify:	
9. Was 911 or local emergency called? ☐ N/A ☐ Yes ☐ No ☐ U/K			
10. Was resuscitation attempted? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, by whom?			
☐ EMS ☐ Stranger ☐ Parent/relative ☐ Other, specify: ☐ Other caretaker/babysitter ☐ Teacher/coach/athletic trainer ☐ Other acquaintance ☐ Health care professional, if death occurred in a hospital setting		If yes, type of resuscitation: ☐ CPR ☐ Automated External Defibrillator (AED) If no AED, was AED available/accessible? ☐ Yes ☐ No ☐ U/K If AED, was shock administered? ☐ Yes ☐ No ☐ U/K If yes, how many shocks were administered? _____ ☐ Rescue medications, specify type: ☐ Other, specify:	
If yes, was a rhythm recorded? ☐ Yes ☐ No ☐ U/K If yes, what was the rhythm? _____			
11. At time of incident leading to death, had child used drugs or alcohol? If yes, check all that apply: ☐ N/A ☐ Yes ☐ No ☐ U/K ☐ Alcohol ☐ Opioids ☐ U/K ☐ Cocaine ☐ Prescription drugs ☐ Marijuana ☐ Over-the-counter drugs ☐ Methamphetamine ☐ Other, specify:		12. Child's activity at time of incident, check all that apply: ☐ Sleeping ☐ Working ☐ Driving/vehicle occupant ☐ U/K ☐ Playing ☐ Eating ☐ Other, specify:	
		13. Total number of deaths at incident event, including child: _____ Children, ages 0-18 ☐ U/K _____ Adults	

F. INVESTIGATION INFORMATION

1. Was a death investigation conducted? ☐ Yes ☐ No ☐ U/K

If yes, check all that apply:

☐ Medical examiner ☐ ME investigator ☐ Law enforcement ☐ EMS ☐ Other, specify:

☐ Coroner ☐ Coroner investigator ☐ Fire investigator ☐ Child Protective Services ☐ U/K

If yes, which of the following death investigation components were completed?

<u>Yes</u>	<u>No</u>	<u>U/K</u>		If yes, shared with review team?
☐	☐	☐	CDC's SUIDI Reporting Form or jurisdictional equivalent	☐ Yes ☐ No
☐	☐	☐	Narrative description of circumstances	☐ Yes ☐ No
☐	☐	☐	Scene photos	☐ Yes ☐ No
☐	☐	☐	Scene recreation with doll	☐ Yes ☐ No
☐	☐	☐	Scene recreation without doll	☐ Yes ☐ No
☐	☐	☐	Witness interviews	☐ Yes ☐ No

If yes, was a death scene investigation conducted at the place of incident? ☐ Yes ☐ No ☐ U/K

3. Death referred to: ☐ Medical examiner ☐ Not referred ☐ Coroner ☐ U/K		4. Person declaring official cause and manner of death: ☐ Medical examiner ☐ Hospital physician ☐ Mortician ☐ U/K ☐ Coroner ☐ Other physician ☐ Other, specify: _____	
5. Autopsy performed? ☐ Yes ☐ No ☐ U/K If yes, conducted by: ☐ Forensic pathologist ☐ Unknown type pathologist ☐ Pediatric pathologist ☐ Other physician ☐ General pathologist ☐ Other, specify: _____ ☐ U/K If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)? ☐ Yes ☐ No ☐ U/K If yes, specify specialist: _____ If no, why not (e.g. parent or caregiver objected)? _____			

Please list any abnormalities/significant findings in F10.				at or prior to the autopsy? Please list any abnormalities/significant findings in F10.			
<u>Yes</u>	<u>No</u>	<u>U/K</u>		<u>Yes</u>	<u>No</u>	<u>U/K</u>	
Imaging:				External Exam:			
☐	☐	☐	X-ray - single	☐	☐	☐	Exam of general appearance
☐	☐	☐	X-ray - multiple views	☐	☐	☐	Head circumference
☐	☐	☐	X-ray - complete skeletal series	Other Autopsy Procedures:			
☐	☐	☐	Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):	☐	☐	☐	Was a gross examination of organs done?
				☐	☐	☐	Were weights of any organs taken?
				☐	☐	☐	Cultures for infectious disease
				☐	☐	☐	Microscopic/histologic exam
				☐	☐	☐	Postmortem metabolic screen
				☐	☐	☐	Vitreous testing
				☐	☐	☐	Genetic testing

8. Was any toxicology testing performed? ☐ Yes ☐ No ☐ U/K If yes, what were the results? ☐ Negative ☐ Cocaine ☐ Methamphetamine ☐ Too high Rx drug, specify: ☐ Other, specify: Check all that apply: ☐ Alcohol ☐ Marijuana ☐ Opioids ☐ Too high OTC drug, specify: ☐ U/K					
9. Was the child's medical history reviewed as part of the autopsy? ☐ Yes ☐ No ☐ U/K If yes, did this include: Review of the newborn metabolic screen results? ☐ Yes ☐ No ☐ U/K ☐ Not performed Review of neonatal CCHD screen results? ☐ Yes ☐ No ☐ U/K ☐ Not performed			10. Describe any abnormalities or other significant findings noted in the autopsy:		
11. What additional information would the team like to have known about the autopsy?		12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate? ☐ N/A ☐ Yes ☐ No ☐ U/K If no, describe the differences:			
13. Was a CPS record check conducted as a result of death? ☐ Yes ☐ No ☐ U/K					
14. Did any investigation find evidence of prior abuse? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, from what source? Check all that apply: ☐ X-rays ☐ U/K ☐ Autopsy ☐ CPS review ☐ Law enforcement		15. CPS action taken because of death? ☐ N/A ☐ Yes ☐ No ☐ U/K <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> If yes, highest level of action taken because of death: ☐ Report screened out and not investigated ☐ Unsubstantiated ☐ Inconclusive ☐ Substantiated </td> <td style="width: 50%; vertical-align: top;"> If yes, what services or actions resulted? Check all that apply: ☐ Voluntary services offered ☐ Court-ordered out of home placement ☐ Voluntary services provided ☐ Court-ordered services provided ☐ Children removed ☐ Voluntary out of home placement ☐ Parental rights terminated ☐ U/K </td> </tr> </table>		If yes, highest level of action taken because of death: ☐ Report screened out and not investigated ☐ Unsubstantiated ☐ Inconclusive ☐ Substantiated	If yes, what services or actions resulted? Check all that apply: ☐ Voluntary services offered ☐ Court-ordered out of home placement ☐ Voluntary services provided ☐ Court-ordered services provided ☐ Children removed ☐ Voluntary out of home placement ☐ Parental rights terminated ☐ U/K
If yes, highest level of action taken because of death: ☐ Report screened out and not investigated ☐ Unsubstantiated ☐ Inconclusive ☐ Substantiated	If yes, what services or actions resulted? Check all that apply: ☐ Voluntary services offered ☐ Court-ordered out of home placement ☐ Voluntary services provided ☐ Court-ordered services provided ☐ Children removed ☐ Voluntary out of home placement ☐ Parental rights terminated ☐ U/K				
16. If death occurred in licensed setting (see E3), indicate action taken: ☐ No action ☐ License suspended ☐ License revoked ☐ Investigation ongoing ☐ Other, specify: ☐ U/K					

G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: _____ ☐ U/K				
2. Enter the following information exactly as written on the death certificate: ☐ U/K Immediate cause (final disease or condition resulting in death): a. Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: b. c. d.				
3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate: ☐ U/K				
4. If injury, describe how injury occurred exactly as written on the death certificate: ☐ U/K				
5. Official manner of death from the death certificate: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐ U/K ☐ If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.	6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause. <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> ☐ <u>From an injury (external cause). Select one and answer G4:</u> ☐ Motor vehicle and other transport, go to H1 ☐ Fire, burn, or electrocution, go to H2 ☐ Drowning, go to H3 ☐ Unintentional asphyxia, go to H4 ☐ Assault, weapon or person's body part, go to H5 ☐ Fall or crush, go to H6 ☐ Poisoning, overdose or acute intoxication, go to H7 ☐ Undetermined injury, go to I1 ☐ Other cause, go to H9 ☐ U/K, go to I1 </td> <td style="width: 33%; vertical-align: top;"> ☐ <u>From a medical cause. Select one:</u> ☐ Asthma/respiratory, specify and go to H8 ☐ Cancer, specify and go to H8 ☐ Cardiovascular, specify and go to H8 ☐ Congenital anomaly, specify and go to H8 ☐ COVID-19, go to H8 ☐ Diabetes, go to H8 ☐ HIV/AIDS, go to H8 ☐ Influenza, go to H8 ☐ Low birth weight, go to H8 ☐ Malnutrition/dehydration, go to H8 ☐ Neurological/seizure disorder, go to H8 ☐ Pneumonia, specify and go to H8 ☐ Prematurity, go to H8 ☐ SIDS, go to H8 ☐ Other infection, specify and go to H8 ☐ Other perinatal condition, specify and go to H8 ☐ Other medical condition, specify and go to H8 ☐ Undetermined medical cause, go to H8 ☐ U/K, go to H8 </td> <td style="width: 33%; vertical-align: top;"> ☐ <u>Undetermined if injury or medical cause, go to I1</u> ☐ <u>go to I1</u> </td> </tr> </table>	☐ <u>From an injury (external cause). Select one and answer G4:</u> ☐ Motor vehicle and other transport, go to H1 ☐ Fire, burn, or electrocution, go to H2 ☐ Drowning, go to H3 ☐ Unintentional asphyxia, go to H4 ☐ Assault, weapon or person's body part, go to H5 ☐ Fall or crush, go to H6 ☐ Poisoning, overdose or acute intoxication, go to H7 ☐ Undetermined injury, go to I1 ☐ Other cause, go to H9 ☐ U/K, go to I1	☐ <u>From a medical cause. Select one:</u> ☐ Asthma/respiratory, specify and go to H8 ☐ Cancer, specify and go to H8 ☐ Cardiovascular, specify and go to H8 ☐ Congenital anomaly, specify and go to H8 ☐ COVID-19, go to H8 ☐ Diabetes, go to H8 ☐ HIV/AIDS, go to H8 ☐ Influenza, go to H8 ☐ Low birth weight, go to H8 ☐ Malnutrition/dehydration, go to H8 ☐ Neurological/seizure disorder, go to H8 ☐ Pneumonia, specify and go to H8 ☐ Prematurity, go to H8 ☐ SIDS, go to H8 ☐ Other infection, specify and go to H8 ☐ Other perinatal condition, specify and go to H8 ☐ Other medical condition, specify and go to H8 ☐ Undetermined medical cause, go to H8 ☐ U/K, go to H8	☐ <u>Undetermined if injury or medical cause, go to I1</u> ☐ <u>go to I1</u>
☐ <u>From an injury (external cause). Select one and answer G4:</u> ☐ Motor vehicle and other transport, go to H1 ☐ Fire, burn, or electrocution, go to H2 ☐ Drowning, go to H3 ☐ Unintentional asphyxia, go to H4 ☐ Assault, weapon or person's body part, go to H5 ☐ Fall or crush, go to H6 ☐ Poisoning, overdose or acute intoxication, go to H7 ☐ Undetermined injury, go to I1 ☐ Other cause, go to H9 ☐ U/K, go to I1	☐ <u>From a medical cause. Select one:</u> ☐ Asthma/respiratory, specify and go to H8 ☐ Cancer, specify and go to H8 ☐ Cardiovascular, specify and go to H8 ☐ Congenital anomaly, specify and go to H8 ☐ COVID-19, go to H8 ☐ Diabetes, go to H8 ☐ HIV/AIDS, go to H8 ☐ Influenza, go to H8 ☐ Low birth weight, go to H8 ☐ Malnutrition/dehydration, go to H8 ☐ Neurological/seizure disorder, go to H8 ☐ Pneumonia, specify and go to H8 ☐ Prematurity, go to H8 ☐ SIDS, go to H8 ☐ Other infection, specify and go to H8 ☐ Other perinatal condition, specify and go to H8 ☐ Other medical condition, specify and go to H8 ☐ Undetermined medical cause, go to H8 ☐ U/K, go to H8	☐ <u>Undetermined if injury or medical cause, go to I1</u> ☐ <u>go to I1</u>		

H. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE

H1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident: Total number of vehicles: _____ <table style="width: 100%;"> <tr> <th style="text-align: left;">Child's</th> <th style="text-align: left;">Other primary vehicle</th> </tr> <tr><td>☐</td><td>☐ None</td></tr> <tr><td>☐</td><td>☐ Car</td></tr> <tr><td>☐</td><td>☐ Van</td></tr> <tr><td>☐</td><td>☐ Sport utility vehicle</td></tr> <tr><td>☐</td><td>☐ Truck</td></tr> <tr><td>☐</td><td>☐ Semi/tractor trailer</td></tr> <tr><td>☐</td><td>☐ RV</td></tr> <tr><td>☐</td><td>☐ School bus</td></tr> <tr><td>☐</td><td>☐ Other bus</td></tr> <tr><td>☐</td><td>☐ Motorcycle</td></tr> <tr><td>☐</td><td>☐ Tractor</td></tr> <tr><td>☐</td><td>☐ Other farm vehicle</td></tr> <tr><td>☐</td><td>☐ All terrain vehicle</td></tr> <tr><td>☐</td><td>☐ Snowmobile</td></tr> <tr><td>☐</td><td>☐ Bicycle</td></tr> <tr><td>☐</td><td>☐ Train</td></tr> <tr><td>☐</td><td>☐ Subway</td></tr> <tr><td>☐</td><td>☐ Trolley</td></tr> <tr><td>☐</td><td>☐ Other, specify: _____</td></tr> <tr><td>☐</td><td>☐ U/K</td></tr> </table>	Child's	Other primary vehicle	☐	☐ None	☐	☐ Car	☐	☐ Van	☐	☐ Sport utility vehicle	☐	☐ Truck	☐	☐ Semi/tractor trailer	☐	☐ RV	☐	☐ School bus	☐	☐ Other bus	☐	☐ Motorcycle	☐	☐ Tractor	☐	☐ Other farm vehicle	☐	☐ All terrain vehicle	☐	☐ Snowmobile	☐	☐ Bicycle	☐	☐ Train	☐	☐ Subway	☐	☐ Trolley	☐	☐ Other, specify: _____	☐	☐ U/K	b. Position of child: ☐ Driver ☐ Passenger If passenger, relationship of driver to child: <table style="width: 100%;"> <tr> <td>☐ Front seat</td> <td>☐ Biological parent</td> </tr> <tr> <td>☐ Back seat</td> <td>☐ Adoptive parent</td> </tr> <tr> <td>☐ Truck bed</td> <td>☐ Stepparent</td> </tr> <tr> <td>☐ Other, specify: _____</td> <td>☐ Foster parent</td> </tr> <tr> <td>☐ U/K</td> <td>☐ Mother's partner</td> </tr> <tr> <td>☐ On bicycle</td> <td>☐ Father's partner</td> </tr> <tr> <td>☐ Pedestrian</td> <td>☐ Grandparent</td> </tr> <tr> <td>☐ Walking</td> <td>☐ Sibling</td> </tr> <tr> <td>☐ Boarding/blading</td> <td>☐ Other relative</td> </tr> <tr> <td>☐ Other, specify: _____</td> <td>☐ Friend</td> </tr> <tr> <td>☐ U/K</td> <td>☐ Other, specify: _____</td> </tr> <tr> <td>☐ U/K</td> <td>☐ U/K</td> </tr> </table>	☐ Front seat	☐ Biological parent	☐ Back seat	☐ Adoptive parent	☐ Truck bed	☐ Stepparent	☐ Other, specify: _____	☐ Foster parent	☐ U/K	☐ Mother's partner	☐ On bicycle	☐ Father's partner	☐ Pedestrian	☐ Grandparent	☐ Walking	☐ Sibling	☐ Boarding/blading	☐ Other relative	☐ Other, specify: _____	☐ Friend	☐ U/K	☐ Other, specify: _____	☐ U/K	☐ U/K	c. Causes of incident, check all that apply: <table style="width: 100%;"> <tr> <td>☐ Speeding over limit</td> <td>☐ Back/front over</td> </tr> <tr> <td>☐ Unsafe speed for conditions</td> <td>☐ Flipover</td> </tr> <tr> <td>☐ Recklessness</td> <td>☐ Poor sight line</td> </tr> <tr> <td>☐ Ran stop sign or red light</td> <td>☐ Car changing lanes</td> </tr> <tr> <td>☐ Driver distraction</td> <td>☐ Road hazard</td> </tr> <tr> <td>☐ Driver inexperience</td> <td>☐ Animal in road</td> </tr> <tr> <td>☐ Mechanical failure</td> <td>☐ Cell phone use while driving</td> </tr> <tr> <td>☐ Poor tires</td> <td>☐ Racing, not authorized</td> </tr> <tr> <td>☐ Poor weather</td> <td>☐ Other driver error, specify: _____</td> </tr> <tr> <td>☐ Poor visibility</td> <td>☐ Other, specify: _____</td> </tr> <tr> <td>☐ Drugs or alcohol use</td> <td>☐ U/K</td> </tr> <tr> <td>☐ Fatigue/sleeping</td> <td></td> </tr> <tr> <td>☐ Medical event, specify: _____</td> <td></td> </tr> </table>	☐ Speeding over limit	☐ Back/front over	☐ Unsafe speed for conditions	☐ Flipover	☐ Recklessness	☐ Poor sight line	☐ Ran stop sign or red light	☐ Car changing lanes	☐ Driver distraction	☐ Road hazard	☐ Driver inexperience	☐ Animal in road	☐ Mechanical failure	☐ Cell phone use while driving	☐ Poor tires	☐ Racing, not authorized	☐ Poor weather	☐ Other driver error, specify: _____	☐ Poor visibility	☐ Other, specify: _____	☐ Drugs or alcohol use	☐ U/K	☐ Fatigue/sleeping		☐ Medical event, specify: _____	
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	d. Collision type: ☐ Child <i>not</i> in/on a vehicle, but struck by vehicle ☐ Child in/on a vehicle, struck by other vehicle ☐ Child in/on a vehicle that struck other vehicle ☐ Child in/on a vehicle that struck person/object ☐ Other event, specify: _____ ☐ U/K	e. Driving conditions, check all that apply: <table style="width: 100%;"> <tr> <td>☐ Normal</td> <td>☐ Inadequate lighting</td> </tr> <tr> <td>☐ Loose gravel</td> <td>☐ Other, specify: _____</td> </tr> <tr> <td>☐ Muddy</td> <td></td> </tr> <tr> <td>☐ Ice/snow</td> <td>☐ U/K</td> </tr> <tr> <td>☐ Fog</td> <td></td> </tr> <tr> <td>☐ Wet</td> <td></td> </tr> <tr> <td>☐ Construction zone</td> <td></td> </tr> </table>	☐ Normal	☐ Inadequate lighting	☐ Loose gravel	☐ Other, specify: _____	☐ Muddy		☐ Ice/snow	☐ U/K	☐ Fog		☐ Wet		☐ Construction zone		f. Location of incident, check all that apply: <table style="width: 100%;"> <tr> <td>☐ City street</td> <td>☐ Driveway</td> </tr> <tr> <td>☐ Residential street</td> <td>☐ Parking area</td> </tr> <tr> <td>☐ Rural road</td> <td>☐ Off road</td> </tr> <tr> <td>☐ Highway</td> <td>☐ RR xing/tracks</td> </tr> <tr> <td>☐ Intersection</td> <td>☐ Other, specify: _____</td> </tr> <tr> <td>☐ Shoulder</td> <td></td> </tr> <tr> <td>☐ Sidewalk</td> <td>☐ U/K</td> </tr> </table>	☐ City street	☐ Driveway	☐ Residential street	☐ Parking area	☐ Rural road	☐ Off road	☐ Highway	☐ RR xing/tracks	☐ Intersection	☐ Other, specify: _____	☐ Shoulder		☐ Sidewalk	☐ U/K																																																															
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g. Drivers involved in incident, check all that apply:

Child as driver	Child's driver	Driver of other primary vehicle	Child as driver	Child's driver	Driver of other primary vehicle
	Age of Driver	Age of Driver			
	☐	☐ <16 years	☐	☐	☐ Has a graduated license
	☐	☐ 16 to 18 years old	☐	☐	☐ Has a full license
	☐	☐ 19 to 21 years old	☐	☐	☐ Has a full license that has been restricted
	☐	☐ 22 to 29 years old	☐	☐	☐ Has a suspended license
	☐	☐ 30 to 65 years old	☐	☐	☐ If recreational vehicle, has driver safety certificate
	☐	☐ >65 years old	☐	☐	☐ Other, specify: _____
	☐	☐ U/K age	☐	☐	☐ Was violating graduated licensing rules:
☐	☐	☐ Responsible for causing incident	☐	☐	☐ Nighttime driving curfew
☐	☐	☐ Was alcohol/drug impaired	☐	☐	☐ Passenger restrictions
☐	☐	☐ Has no license	☐	☐	☐ Driving without required supervision
☐	☐	☐ Has a learner's permit	☐	☐	☐ Other violations, specify: _____
			☐	☐	☐ U/K

h. Total number of occupants in vehicles:

In child's vehicle, including child: ☐ N/A, child was not in a vehicle Total number of occupants: _____ ☐ U/K Number of teens, ages 14-21: _____ ☐ U/K Total number of deaths: _____ ☐ U/K Total number of teen deaths: _____ ☐ U/K	In other primary vehicle involved in incident: ☐ N/A, incident was a single vehicle crash Total number of occupants: _____ ☐ U/K Number of teens, ages 14-21: _____ ☐ U/K Total number of deaths: _____ ☐ U/K Total number of teen deaths: _____ ☐ U/K
--	---

i. Protective measures for child,	Not	Needed,	Present, used	Present, used	Present,	U/K	
Select one option per row:	Needed	none present	correctly	incorrectly	not used		
Airbag	☐	☐	☐	☐	☐	☐	
Lap belt	☐	☐	☐	☐	☐	☐	
Shoulder belt	☐	☐	☐	☐	☐	☐	
Child seat*	☐	☐	☐	☐	☐	☐	
Belt positioning booster seat	☐	☐	☐	☐	☐	☐	
Helmet	☐	☐	☐	☐	☐	☐	
Other, specify: _____	☐	☐	☐	☐	☐	☐	

*If child seat, type:

☐ Rear facing

☐ Front facing

☐ U/K

H2. FIRE, BURN, OR ELECTROCUTION																													
a. Ignition, heat or electrocution source: ☐ Matches ☐ Heating stove ☐ Lightning ☐ Other explosives ☐ Cigarette lighter ☐ Space heater ☐ Oxygen tank ☐ Appliance in water ☐ Utility lighter ☐ Furnace ☐ Hot cooking water ☐ Other, specify: ☐ Cigarette or cigar ☐ Power line ☐ Hot bath water ☐ Candles ☐ Electrical outlet ☐ Other hot liquid, specify: ☐ Cooking stove ☐ Electrical wiring ☐ Fireworks ☐ U/K					b. Type of incident: ☐ Fire, go to c ☐ Scald, go to r ☐ Other burn, go to t ☐ Electrocution, go to s ☐ Other, specify and go to t ☐ U/K, go to t		c. For fire, child died from: ☐ Burns ☐ Smoke inhalation ☐ Other, specify: ☐ U/K																						
d. Material first ignited: ☐ Upholstery ☐ Mattress ☐ Christmas tree ☐ Clothing ☐ Curtain ☐ Other, specify: ☐ U/K		e. Type of building on fire: ☐ N/A ☐ Single home ☐ Duplex ☐ Apartment ☐ Trailer/mobile home ☐ Other, specify: ☐ U/K		f. Building's primary construction material: ☐ Wood ☐ Steel ☐ Brick/stone ☐ Aluminum ☐ Other, specify: ☐ U/K		g. Fire started by a person? ☐ Yes ☐ No ☐ U/K If yes, person's age _____ Does person have a history of setting fires? ☐ Yes ☐ No ☐ U/K		h. Did anyone attempt to put out fire? ☐ Yes ☐ No ☐ U/K i. Did escape or rescue efforts worsen fire? ☐ Yes ☐ No ☐ U/K j. Did any factors delay fire department arrival? ☐ Yes ☐ No ☐ U/K If yes, specify:																					
k. Were barriers preventing safe exit? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Locked door ☐ Window grate ☐ Locked window ☐ Blocked stairway ☐ Other, specify: ☐ U/K		l. Was building a rental property? ☐ Yes ☐ No ☐ U/K o. Was sprinkler system present? ☐ Yes ☐ No ☐ U/K If yes, was it working? ☐ Yes ☐ No ☐ U/K		m. Were building/rental codes violated? ☐ Yes ☐ No ☐ U/K If yes, describe in narrative.		n. Were proper working fire extinguishers present? ☐ Yes ☐ No ☐ U/K p. Were smoke alarms present? ☐ Yes ☐ No ☐ U/K If yes, what type? If yes, functioning properly? If not functioning properly, reason: <table border="1"> <thead> <tr> <th></th> <th>Missing batteries</th> <th>Other</th> <th>U/K</th> </tr> </thead> <tbody> <tr> <td>☐ Removable batteries</td> <td>☐ Yes ☐ No ☐ U/K</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ Non-removable batteries</td> <td>☐ Yes ☐ No ☐ U/K</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ Hardwired</td> <td>☐ Yes ☐ No ☐ U/K</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ U/K</td> <td>☐ Yes ☐ No ☐ U/K</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table> Other, specify: _____ If yes, was there an adequate number present? ☐ Yes ☐ No ☐ U/K					Missing batteries	Other	U/K	☐ Removable batteries	☐ Yes ☐ No ☐ U/K	☐	☐	☐ Non-removable batteries	☐ Yes ☐ No ☐ U/K	☐	☐	☐ Hardwired	☐ Yes ☐ No ☐ U/K	☐	☐	☐ U/K	☐ Yes ☐ No ☐ U/K	☐	☐
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q. Suspected arson? ☐ Yes ☐ No ☐ U/K		r. For scald, was hot water heater set too high? ☐ N/A ☐ Yes, temp. setting: _____ ☐ No ☐ U/K		s. For electrocution, what cause: ☐ Electrical storm ☐ Faulty wiring ☐ Wire/product in water ☐ Child playing with outlet ☐ Other, specify: ☐ U/K		t. Other, describe in detail:																							
H3. DROWNING																													
a. Where was child last seen before drowning? Check all that apply: ☐ In water ☐ In yard ☐ On shore ☐ In bathroom ☐ On dock ☐ In house ☐ Poolside ☐ Other, specify: ☐ U/K			b. What was child last seen doing before drowning? ☐ Playing ☐ Tubing ☐ Boating ☐ Waterskiing ☐ Swimming ☐ Sleeping ☐ Bathing ☐ Other, specify: ☐ Fishing ☐ Surfing ☐ U/K			c. Was child forcibly submerged? ☐ Yes ☐ No ☐ U/K		d. Drowning location: ☐ Open water, go to e ☐ U/K, go to n ☐ Pool, hot tub, spa, go to i ☐ Bathtub, go to w ☐ Bucket, go to x ☐ Well/cistern/septic, go to n ☐ Toilet, go to z ☐ Other, specify and go to n																					
e. For open water, place: ☐ Lake ☐ Quarry ☐ River ☐ Gravel pit ☐ Pond ☐ Canal ☐ Creek ☐ U/K ☐ Ocean			f. For open water, contributing environmental factors: ☐ Weather ☐ Drop off ☐ Temperature ☐ Rough waves ☐ Current ☐ Other, specify: ☐ Riptide/undertow ☐ U/K			g. If boating, type of boat: ☐ Sailboat ☐ Commercial ☐ Jet ski ☐ Other, specify: ☐ Motorboat ☐ Canoe ☐ Kayak ☐ U/K ☐ Raft		h. For boating, was the child piloting boat? ☐ Yes ☐ No ☐ U/K																					
i. For pool, type of pool: ☐ Above ground ☐ In-ground ☐ Hot tub, spa ☐ Wading ☐ U/K			j. For pool, child found: ☐ In the pool/hot tub/spa ☐ On or under the cover ☐ U/K			k. For pool, ownership is: ☐ Private ☐ Public ☐ U/K		l. Length of time owners had pool/hot tub/spa: ☐ N/A ☐ >1yr ☐ <6 months ☐ U/K ☐ 6m-1 yr																					

m. Flotation device used? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Coast Guard approved ☐ Jacket ☐ Cushion ☐ Lifesaving ring If jacket: Correct size? ☐ Yes ☐ No ☐ U/K Worn correctly? ☐ Yes ☐ No ☐ U/K			n. What barriers/layers of protection existed to prevent access to water? Check all that apply: ☐ None ☐ Alarm, go to r ☐ Fence, go to o ☐ Cover, go to s ☐ Gate, go to p ☐ U/K ☐ Door, go to q		
o. Fence: Describe type: Fence height in ft _____ Fence surrounds water on: ☐ Four sides ☐ Two or less sides ☐ Three sides ☐ U/K	p. Gate, check all that apply: ☐ Has self-closing latch ☐ Has lock ☐ Is a double gate ☐ Opens to water ☐ U/K	q. Door, check all that apply: ☐ Patio door ☐ Opens to water ☐ Screen door ☐ Barrier between door and water ☐ Steel door ☐ U/K ☐ Self-closing ☐ Has lock	r. Alarm, check all that apply: ☐ Door ☐ Window ☐ Pool ☐ Laser ☐ U/K	s. Type of cover: ☐ Hard ☐ Soft ☐ U/K	
t. Local ordinance(s) regulating access to water? ☐ Yes ☐ No ☐ U/K If yes, rules violated? ☐ Yes ☐ No ☐ U/K	u. How were layers of protection breached? Check all that apply: ☐ No layers breached ☐ Gap in fence ☐ Door screen torn ☐ Cover left off ☐ Gate left open ☐ Damaged fence ☐ Door self-closer failed ☐ Cover not locked ☐ Gate unlocked ☐ Fence too short ☐ Window left open ☐ Other, specify: ☐ Gate latch failed ☐ Door left open ☐ Window screen torn ☐ Alarm not working ☐ Alarm not answered ☐ U/K ☐ Gap in gate ☐ Door unlocked ☐ Climbed fence ☐ Door broken				
v. Child able to swim? ☐ N/A ☐ No ☐ Yes ☐ U/K	w. For bathtub, child in a bathing aid? ☐ Yes ☐ No ☐ U/K If yes, specify type:	x. Warning sign or label posted? ☐ N/A ☐ No ☐ Yes ☐ U/K	y. Lifeguard present? ☐ N/A ☐ No ☐ Yes ☐ U/K		
z. Rescue attempt made? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, who? Check all that apply: ☐ Parent ☐ Bystander ☐ Other child ☐ Other, specify: ☐ Lifeguard ☐ U/K		aa. Did rescuer(s) also drown? ☐ N/A ☐ No ☐ Yes ☐ U/K If yes, number of rescuers that drowned: _____	bb. Appropriate rescue equipment present? ☐ N/A ☐ No ☐ Yes ☐ U/K		

H4. UNINTENTIONAL ASPHYXIA

a. Type of event: ☐ Suffocation, go to b ☐ Strangulation, go to c ☐ Choking, go to d ☐ Other, specify and go to e ☐ U/K, go to e	b. If suffocation/asphyxia, action causing event: ☐ Sleep-related (e.g. bedding, overlay, wedged) ☐ Covered in or fell into object, but not sleep-related ☐ Plastic bag ☐ Dirt/sand ☐ Other, specify: ☐ U/K ☐ Confined in tight space ☐ Refrigerator/freezer ☐ Toy chest ☐ Automobile ☐ Trunk ☐ Other, specify: ☐ U/K ☐ Other, specify: ☐ U/K ☐ Swaddled in tight blanket, but not sleep-related ☐ Wedged into tight space, but not sleep-related, specify: ☐ Asphyxia by gas, go to H7g ☐ Other, specify: ☐ U/K			
c. If strangulation, object causing event: ☐ Clothing ☐ Leash ☐ Blind cord ☐ Electrical cord ☐ Car seat ☐ Person, go to H5q ☐ Stroller ☐ Automobile power window ☐ High chair ☐ or sunroof ☐ Belt ☐ Other, specify: ☐ Rope/string ☐ U/K	d. If choking, object causing choking: ☐ Food, specify: ☐ Toy, specify: ☐ Balloon ☐ Other, specify: ☐ U/K	e. Was asphyxia an autoerotic event? ☐ N/A ☐ Yes ☐ No ☐ U/K	g. History of seizures? ☐ Yes ☐ No ☐ U/K If yes, #____ If yes, witnessed? ☐ Yes ☐ No ☐ U/K	
f. Was child participating in 'choking game' or 'pass out game'? ☐ N/A ☐ Yes ☐ No ☐ U/K		h. History of apnea? ☐ Yes ☐ No ☐ U/K If yes, #____ If yes, witnessed? ☐ Yes ☐ No ☐ U/K		
i. Was Heimlich Maneuver attempted? ☐ Yes ☐ No ☐ U/K				

H5. ASSAULT, WEAPON OR PERSON'S BODY PART

a. Type of weapon: ☐ Firearm, go to b ☐ Sharp instrument, go to j ☐ Blunt instrument, go to k ☐ Person's body part, go to l ☐ Explosive, go to m ☐ Rope, go to m ☐ Pipe, go to m ☐ Biological, go to m ☐ Other, specify and go to m ☐ U/K, go to m		b. For firearms, type: ☐ Handgun ☐ Shotgun ☐ BB gun ☐ Hunting rifle ☐ Assault rifle ☐ Air rifle ☐ Sawed off shotgun ☐ Other, specify: ☐ U/K		c. Firearm licensed? ☐ Yes ☐ No ☐ U/K		d. Firearm safety features, check all that apply: ☐ Trigger lock ☐ Magazine disconnect ☐ Personalization device ☐ Minimum trigger pull ☐ External safety/drop safety ☐ Other, specify: ☐ Loaded chamber indicator ☐ U/K																											
		e. Where was firearm stored? ☐ Not stored ☐ Locked cabinet ☐ Unlocked cabinet ☐ Glove compartment ☐ Under mattress/pillow ☐ Other, specify: ☐ U/K				f. Firearm stored with ammunition? ☐ Yes ☐ No ☐ U/K																											
		g. Firearm stored loaded? ☐ Yes ☐ No ☐ U/K																															
h. Owner of fatal firearm: ☐ U/K, weapon stolen ☐ U/K, weapon found ☐ Self ☐ Biological parent ☐ Adoptive parent ☐ Stepparent ☐ Foster parent ☐ Mother's partner ☐ Father's partner ☐ Grandparent ☐ Sibling ☐ Spouse ☐ Other relative ☐ Friend ☐ Acquaintance ☐ Child's boyfriend or girlfriend ☐ Classmate ☐ Co-worker ☐ Institutional staff ☐ Neighbor ☐ Rival gang member ☐ Stranger ☐ Law enforcement ☐ Other, specify: ☐ U/K			i. Sex of fatal firearm owner: ☐ Male ☐ Female ☐ U/K		j. Type of sharp object: ☐ Kitchen knife ☐ Switchblade ☐ Pocketknife ☐ Razor ☐ Hunting knife ☐ Scissors ☐ Other, specify: ☐ U/K		k. Type of blunt object: ☐ Bat ☐ Club ☐ Stick ☐ Hammer ☐ Rock ☐ Household item ☐ Other, specify: ☐ U/K																										
l. What did person's body part do? Check all that apply: ☐ Beat, kick or punch ☐ Drop ☐ Push ☐ Bite ☐ Shake ☐ Strangle/choke ☐ Throw ☐ Drown ☐ Burn ☐ Other, specify: ☐ U/K		m. Did person using weapon have history of weapon-related offenses? ☐ Yes ☐ No ☐ U/K n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes? ☐ Yes, describe circumstances: ☐ No ☐ U/K		o. Persons handling weapons at time of incident, check all that apply: <table border="0"><tr><td><u>Fatal and/or Other weapon</u></td><td><u>Fatal and/or Other weapon</u></td></tr><tr><td>☐ Self</td><td>☐ Friend</td></tr><tr><td>☐ Biological parent</td><td>☐ Acquaintance</td></tr><tr><td>☐ Adoptive parent</td><td>☐ Child's boyfriend or girlfriend</td></tr><tr><td>☐ Stepparent</td><td>☐ Classmate</td></tr><tr><td>☐ Foster parent</td><td>☐ Co-worker</td></tr><tr><td>☐ Mother's partner</td><td>☐ Institutional staff</td></tr><tr><td>☐ Father's partner</td><td>☐ Neighbor</td></tr><tr><td>☐ Grandparent</td><td>☐ Rival gang member</td></tr><tr><td>☐ Sibling</td><td>☐ Stranger</td></tr><tr><td>☐ Spouse</td><td>☐ Law enforcement officer</td></tr><tr><td>☐ Other relative</td><td>☐ Other, specify: ☐ U/K</td></tr></table>				<u>Fatal and/or Other weapon</u>	<u>Fatal and/or Other weapon</u>	☐ Self	☐ Friend	☐ Biological parent	☐ Acquaintance	☐ Adoptive parent	☐ Child's boyfriend or girlfriend	☐ Stepparent	☐ Classmate	☐ Foster parent	☐ Co-worker	☐ Mother's partner	☐ Institutional staff	☐ Father's partner	☐ Neighbor	☐ Grandparent	☐ Rival gang member	☐ Sibling	☐ Stranger	☐ Spouse	☐ Law enforcement officer	☐ Other relative	☐ Other, specify: ☐ U/K	p. Sex of person(s) handling weapon: Fatal weapon: ☐ Male ☐ Female ☐ U/K Other weapon: ☐ Male ☐ Female ☐ U/K	
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q. Use of weapon at time, check all that apply: <table border="0"><tr><td>☐ Self injury</td><td>☐ Child was a bystander</td><td>☐ Bullying</td><td>☐ Showing gun to others</td><td>☐ Loading weapon</td></tr><tr><td>☐ Commission of crime</td><td>☐ Argument</td><td>☐ Hunting</td><td>☐ Russian roulette</td><td>☐ Intervener assisting crime victim (Good Samaritan)</td></tr><tr><td>☐ Drug dealing/trading</td><td>☐ Jealousy</td><td>☐ Target shooting</td><td>☐ Gang-related activity</td><td>☐ Other, specify: ☐ U/K</td></tr><tr><td>☐ Drive-by shooting</td><td>☐ Intimate partner violence</td><td>☐ Playing with weapon</td><td>☐ Self-defense</td><td></td></tr><tr><td>☐ Random violence</td><td>☐ Hate crime</td><td>☐ Weapon mistaken for toy</td><td>☐ Cleaning weapon</td><td></td></tr></table>								☐ Self injury	☐ Child was a bystander	☐ Bullying	☐ Showing gun to others	☐ Loading weapon	☐ Commission of crime	☐ Argument	☐ Hunting	☐ Russian roulette	☐ Intervener assisting crime victim (Good Samaritan)	☐ Drug dealing/trading	☐ Jealousy	☐ Target shooting	☐ Gang-related activity	☐ Other, specify: ☐ U/K	☐ Drive-by shooting	☐ Intimate partner violence	☐ Playing with weapon	☐ Self-defense		☐ Random violence	☐ Hate crime	☐ Weapon mistaken for toy	☐ Cleaning weapon		
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H6. FALL OR CRUSH

a. Type: ☐ Fall, go to b ☐ Crush, go to h		b. Height of fall: _____ feet _____ inches ☐ U/K		c. Child fell from: <table border="0"><tr><td>☐ Open window</td><td>☐ Natural elevation</td><td>☐ Stairs/steps</td><td>☐ Moving object, specify:</td><td>☐ Animal, specify:</td></tr><tr><td>☐ Screen</td><td>☐ Man-made elevation</td><td>☐ Furniture</td><td>☐ Bridge</td><td>☐ Other, specify:</td></tr><tr><td>☐ No screen</td><td>☐ Playground equipment</td><td>☐ Bed</td><td>☐ Overpass</td><td></td></tr><tr><td>☐ U/K if screen</td><td>☐ Tree</td><td>☐ Roof</td><td>☐ Balcony</td><td>☐ U/K</td></tr></table>				☐ Open window	☐ Natural elevation	☐ Stairs/steps	☐ Moving object, specify:	☐ Animal, specify:	☐ Screen	☐ Man-made elevation	☐ Furniture	☐ Bridge	☐ Other, specify:	☐ No screen	☐ Playground equipment	☐ Bed	☐ Overpass		☐ U/K if screen	☐ Tree	☐ Roof	☐ Balcony	☐ U/K
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d. Surface child fell onto: ☐ Cement/concrete ☐ Linoleum/vinyl ☐ Grass ☐ Marble/tile ☐ Gravel ☐ Other, specify: ☐ Wood floor ☐ Carpeted floor ☐ U/K	e. Barrier in place, check all that apply:: ☐ None ☐ Stairway ☐ Screen ☐ Gate ☐ Other window guard ☐ Other, specify: ☐ Fence ☐ U/K ☐ Railing f. Was child pushed, dropped or thrown? ☐ Yes ☐ No ☐ U/K If yes, go to H5q	g. For crush, did child: ☐ Climb up on object ☐ Pull object down ☐ Hide behind object ☐ Go behind object ☐ Fall out of object ☐ Other, specify: ☐ U/K	h. For crush, object causing crush: ☐ Appliance ☐ Boulders/rocks ☐ Television ☐ Dirt/sand ☐ Furniture ☐ Person, go to H5q ☐ Walls ☐ Commercial ☐ Playground equipment ☐ Farm equipment ☐ Animal ☐ Other, specify: ☐ Tree branch ☐ U/K
---	--	---	---

H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply and note source of substance: ☐ U/K Source codes: 1 = Bought from dealer or stranger (Prescription or illicit only) 4 = Took from friend or relative without asking 7 = Other 2 = Bought from friend or relative 5 = Own prescription (Prescription only) 9 = U/K 3 = From friend or relative for free 6 = Bought from store/pharmacy (OTC or other substances only)			
<u>Prescription drug/source</u> ☐ Antidepressant ☐ Pain medication (opioids) ☐ Pain medication (non-opioids) ☐ Methadone ☐ Other Rx, specify: If prescription, was it child's? ☐ Yes ☐ No ☐ U/K	<u>Over-the-counter drug/source</u> ☐ Pain medication ☐ Cold medicine ☐ Other OTC, specify:	<u>Illicit drugs/source</u> ☐ Pain medication (opioids) ☐ Pain medication (non-opioids) ☐ Methadone ☐ Cocaine ☐ Heroin ☐ Other illicit drug, specify:	<u>Other substances/source</u> ☐ Alcohol ☐ Carbon monoxide, go to e ☐ Other fume/gas/vapor ☐ Other, specify:
b. Where was the substance stored? ☐ Open area ☐ Open cabinet ☐ Closed cabinet, unlocked ☐ Closed cabinet, locked ☐ Other, specify: ☐ U/K	c. Was the product in its original container? ☐ N/A ☐ No ☐ Yes ☐ U/K d. Did container have a child safety cap? ☐ N/A ☐ No ☐ Yes ☐ U/K	e. Was the incident the result of? ☐ Accidental overdose ☐ Medical treatment mishap ☐ Adverse effect, but not overdose ☐ Deliberate poisoning ☐ Acute intoxication ☐ Other, specify: ☐ U/K	f. Was Poison Control called? ☐ Yes ☐ No ☐ U/K If yes, who called: ☐ Child ☐ Parent ☐ Other caregiver ☐ First responder ☐ Medical person ☐ Other, specify: ☐ U/K
g. For CO poisoning, was a CO alarm present? ☐ Yes ☐ No ☐ U/K If yes, how many? _____ Functioning properly? ☐ Yes ☐ No ☐ U/K			

H8. MEDICAL CONDITION

a. How long did the child have the medical condition? ☐ In utero ☐ Weeks ☐ Since birth ☐ Months ☐ Hours ☐ Years ☐ Days ☐ U/K	b. Was death expected as a result of the medical condition? ☐ N/A, not previously diagnosed ☐ Yes ☐ But at a later date ☐ No ☐ U/K	c. Was child receiving health care for the medical condition? ☐ Yes ☐ No ☐ U/K If yes, within 48 hours of the death? ☐ Yes ☐ No ☐ U/K	d. Were the prescribed care plans appropriate for the medical condition? ☐ N/A ☐ Yes ☐ No, specify: ☐ U/K
e. Was child/family compliant with the prescribed care plans? ☐ N/A If no, what wasn't compliant? ☐ Appointments ☐ Therapies, specify: ☐ Yes ☐ Medications, specify: ☐ Other, specify: ☐ No Check all that apply. ☐ Medical equipment use, specify: ☐ U/K ☐ U/K		f. Was the medical condition associated with an outbreak? ☐ Yes, specify: ☐ No ☐ U/K	g. Was environmental tobacco exposure a contributing factor in death? ☐ Yes ☐ No ☐ U/K
h. Were there access or compliance issues related to the death? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Lack of money for care ☐ Couldn't get provider to take as patient ☐ Caregiver distrust of health care system ☐ U/K ☐ Limitations of health insurance coverage ☐ Multiple providers, not coordinated ☐ Caregiver unskilled in providing care ☐ Lack of transportation ☐ Couldn't get an earlier appointment ☐ Caregiver unwilling to provide care ☐ No phone ☐ Lack of child care ☐ Didn't know where to go ☐ Cultural differences ☐ Lack of family/social support ☐ Mother didn't think she was pregnant ☐ Language barriers ☐ Services not available ☐ Other, specify:			i. Was death caused by a medical misadventure? ☐ Yes ☐ No ☐ U/K

H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

This section displays online based on your state's settings.

Section I1: OMB No. 0920-1092, Exp. Date: 4/30/2022

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

- a. Was this death:
- ☐ A homicide?
 - ☐ A suicide?
 - ☐ An overdose?
 - ☐ A result of an external cause that was the obvious and only reason for the fatal injury?
 - ☐ Expected within 6 months due to terminal illness?
 - ☐ None of the above, go to I1b THIS IS AN SDY CASE
 - ☐ U/K, go to I1b

If any of these apply, go to Section I2,
THIS IS NOT AN SDY CASE.

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

☐ U/K for all

Symptom	Present w/in 72 hours of death			Present w/in 72 hours of death		
Cardiac	Yes	No	U/K	Other Acute Symptoms	Yes	No
Chest pain	☐	☐	☐	Fever	☐	☐
Dizziness/lightheadedness	☐	☐	☐	Heat exhaustion/heat stroke	☐	☐
Fainting	☐	☐	☐	Muscle aches/cramping	☐	☐
Palpitations	☐	☐	☐	Slurred speech	☐	☐
Neurologic				Vomiting	☐	☐
Concussion	☐	☐	☐	Other, specify:	☐	
Confusion	☐	☐	☐			
Convulsions/seizure	☐	☐	☐			
Headache	☐	☐	☐			
Head injury	☐	☐	☐			
Psychiatric symptoms	☐	☐	☐			
Paralysis (acute)	☐	☐	☐			
Respiratory						
Asthma	☐	☐	☐			
Pneumonia	☐	☐	☐			
Difficulty breathing	☐	☐	☐			

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms? ☐ U/K for all

Symptom	Present more than 72 hours of death		
Cardiac	Yes	No	U/K
Chest pain	☐	☐	☐
Dizziness/lightheadedness	☐	☐	☐
Fainting	☐	☐	☐
Palpitations	☐	☐	☐
Neurologic			
Concussion	☐	☐	☐
Confusion	☐	☐	☐
Convulsions/seizure	☐	☐	☐
Headache	☐	☐	☐
Head injury	☐	☐	☐
Respiratory			
Difficulty breathing	☐	☐	☐
Other			
Slurred speech	☐	☐	☐
Other, specify:	☐		

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

☐ Yes ☐ No ☐ U/K If yes, describe:

e. Had the child ever been diagnosed by a medical professional for the following? ☐ U/K for all

Condition	Diagnosed			Condition	Diagnosed			Condition	Diagnosed		
Blood disease	Yes	No	U/K	Neurologic	Yes	No	U/K	Other	Yes	No	U/K
Sickle cell disease	☐	☐	☐	Anoxic brain Injury	☐	☐	☐	Connective tissue disease	☐	☐	☐
Sickle cell trait	☐	☐	☐	Traumatic brain injury/	☐	☐	☐	Diabetes	☐	☐	☐
Thrombophilia (clotting disorder)	☐	☐	☐	head injury/concussion				Endocrine disorder, other:	☐	☐	☐
Cardiac				Brain tumor	☐	☐	☐	thyroid, adrenal, pituitary			
Abnormal electrocardiogram	☐	☐	☐	Brain aneurysm	☐	☐	☐	Hearing problems or deafness	☐	☐	☐
(EKG or ECG)				Brain hemorrhage	☐	☐	☐	Kidney disease	☐	☐	☐
Aneurysm or aortic dilatation	☐	☐	☐	Developmental brain disorder	☐	☐	☐	Mental illness/psychiatric disease	☐	☐	☐
Arrhythmia/arrhythmia syndrome	☐	☐	☐	Epilepsy/seizure disorder	☐	☐	☐	Metabolic disease	☐	☐	☐
Cardiomyopathy	☐	☐	☐	Febrile seizure	☐	☐	☐	Muscle disorder or muscular	☐	☐	☐
Commotio cordis	☐	☐	☐	Mesial temporal sclerosis	☐	☐	☐	dystrophy			
Congenital heart disease	☐	☐	☐	Neurodegenerative disease	☐	☐	☐	Oncologic disease treated by	☐	☐	☐
Coronary artery abnormality	☐	☐	☐	Stroke/mini stroke/	☐	☐	☐	chemotherapy or radiation			
Coronary artery disease	☐	☐	☐	TIA-Transient Ischemic Attack				Prematurity	☐	☐	☐
(atherosclerosis)				Central nervous system infection	☐	☐	☐	Congenital disorder/	☐	☐	☐
Endocarditis	☐	☐	☐	(meningitis or encephalitis)				genetic syndrome			
Heart failure	☐	☐	☐	Respiratory				Other, specify:	☐		
Heart murmur	☐	☐	☐	Apnea	☐	☐	☐				
High cholesterol	☐	☐	☐	Asthma	☐	☐	☐				
Hypertension	☐	☐	☐	Pulmonary embolism	☐	☐	☐				
Myocarditis (heart infection)	☐	☐	☐	Pulmonary hemorrhage	☐	☐	☐				
Pulmonary hypertension	☐	☐	☐	Respiratory arrest	☐	☐	☐				
Sudden cardiac arrest	☐	☐	☐								

If a more specific diagnosis is known, provide any additional information:																																																																															
If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply: ☐ None ☐ Cardiac ablation ☐ Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD)) ☐ Heart surgery ☐ Interventional cardiac catheterization ☐ Heart transplant ☐ Other, specify: ☐ U/K																																																																															
f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms? ☐ U/K for all <u>Y</u> <u>N</u> <u>U/K</u> Deaths ☐ ☐ ☐ Sudden unexpected death before age 50 If yes, describe the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)): Heart Disease ☐ ☐ ☐ Heart condition/heart attack or stroke before age 50 ☐ ☐ ☐ Aortic aneurysm or aortic rupture ☐ ☐ ☐ Arrhythmia (fast or irregular heart rhythm) ☐ ☐ ☐ Cardiomyopathy ☐ ☐ ☐ Congenital heart disease Neurologic Disease ☐ ☐ ☐ Epilepsy or convulsions/seizure ☐ ☐ ☐ Other neurologic disease <u>Y</u> <u>N</u> <u>U/K</u> Symptoms ☐ ☐ ☐ Febrile seizures ☐ ☐ ☐ Unexplained fainting Other Diagnoses ☐ ☐ ☐ Congenital deafness ☐ ☐ ☐ Connective tissue disease ☐ ☐ ☐ Mitochondrial disease ☐ ☐ ☐ Muscle disorder or muscular dystrophy ☐ ☐ ☐ Thrombophilia (clotting disorder) ☐ Other diseases that are genetic or run in families, specify:		g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing? ☐ Yes ☐ No ☐ U/K If yes, describe the test/gene tested, reason for testing, family member tested, and results: Was a gene mutation found? ☐ Yes ☐ No ☐ U/K																																																																													
h. In the 72 hours prior to death was the child taking any prescribed medication(s)? ☐ Yes ☐ No ☐ U/K If yes, describe:		k. Was the child taking any of the following substance(s) within 24 hours of death? Check all that apply: ☐ Over-the-counter medicine ☐ Recent/short term prescriptions ☐ Energy drinks ☐ Caffeine ☐ Performance enhancers ☐ Diet assisting medications ☐ Supplements ☐ Tobacco ☐ Alcohol ☐ Illegal drugs ☐ Legalized marijuana ☐ Other, specify: ☐ U/K If yes to any items above, describe:																																																																													
i. Within 2 weeks prior to death had the child: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>N/A</u></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> <th style="text-align: center;"><u>U/K</u></th> </tr> </thead> <tbody> <tr> <td>Taken extra doses of prescribed medications</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Missed doses of prescribed medications</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Changed prescribed medications, describe:</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </tbody> </table>			<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>U/K</u>	Taken extra doses of prescribed medications	☐	☐	☐	☐	Missed doses of prescribed medications	☐	☐	☐	☐	Changed prescribed medications, describe:	☐	☐	☐	☐	j. Was the child compliant with their prescribed medications? ☐ N/A ☐ Yes ☐ No ☐ U/K If not compliant, describe why and how often:																																																									
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l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident? ☐ U/K for all at time of incident ☐ U/K for all within 24 hours of incident <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Stimuli</th> <th colspan="3">At incident</th> <th colspan="3">Within 24 hrs of incident</th> </tr> <tr> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> <th style="text-align: center;"><u>U/K</u></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> <th style="text-align: center;"><u>U/K</u></th> </tr> </thead> <tbody> <tr> <td>Physical activity</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Sleep deprivation</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Driving</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Visual stimuli</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Video game stimuli</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Emotional stimuli</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Auditory stimuli/startle</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Physical trauma</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Other, specify:</td> <td style="text-align: center;">☐</td> <td></td> <td></td> <td style="text-align: center;">☐</td> <td></td> <td></td> </tr> </tbody> </table> If yes to physical activity, describe type of activity: At incident Within 24 hours of incident Other specify: At incident Within 24 hours of incident				Stimuli	At incident			Within 24 hrs of incident			<u>Yes</u>	<u>No</u>	<u>U/K</u>	<u>Yes</u>	<u>No</u>	<u>U/K</u>	Physical activity	☐	☐	☐	☐	☐	☐	Sleep deprivation	☐	☐	☐	☐	☐	☐	Driving	☐	☐	☐	☐	☐	☐	Visual stimuli	☐	☐	☐	☐	☐	☐	Video game stimuli	☐	☐	☐	☐	☐	☐	Emotional stimuli	☐	☐	☐	☐	☐	☐	Auditory stimuli/startle	☐	☐	☐	☐	☐	☐	Physical trauma	☐	☐	☐	☐	☐	☐	Other, specify:	☐			☐		
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Physical trauma	☐	☐	☐	☐	☐	☐																																																																									
Other, specify:	☐			☐																																																																											
m. Was the child an athlete? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, type of sport: ☐ Competitive ☐ Recreational ☐ U/K If competitive, did the child participate in the 6 months prior to death? ☐ Yes ☐ No ☐ U/K																																																																															
n. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity? Check all that apply: ☐ Chest pain ☐ Confusion ☐ Convulsions/seizure ☐ Dizziness/lightheadedness ☐ Fainting ☐ Headache ☐ Palpitations ☐ Shortness of breath/difficulty breathing ☐ Other, specify: ☐ U/K If yes to any item, describe type of physical activity and extent of symptoms:		o. For child age 12 or older, did the child receive a pre-participation exam for a sport? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes: Was it done within a year prior to death? ☐ Yes ☐ No ☐ U/K Did the exam lead to restrictions for sports or otherwise? ☐ Yes ☐ No ☐ U/K If yes, specify restrictions:																																																																													

Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)			
p. How old was the child when diagnosed with epilepsy/seizure disorder? Age 0 (infant) through 20 years: _____ ☐ U/K	r. What type(s) of seizures did the child have? Check all that apply: ☐ Non-convulsive ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure) ☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure) ☐ U/K	t. How many seizures did the child have in the year preceding death? ☐ 0/never ☐ 2 ☐ More than 3 ☐ 1 ☐ 3 ☐ U/K	
q. What were the underlying cause(s) of the child's seizures? Check all that apply: ☐ Brain injury/trauma, specify: ☐ Brain tumor ☐ Cerebrovascular ☐ Central nervous system infection ☐ Degenerative process ☐ Developmental brain disorder ☐ Inborn error of metabolism ☐ Genetic/chromosomal ☐ Mesial temporal sclerosis ☐ Idiopathic or cryptogenic ☐ Other acute illness or injury other than epilepsy ☐ Other, specify: _____ ☐ U/K	s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply: ☐ Last less than 30 minutes ☐ Last more than 30 minutes (status epilepticus) ☐ Occur in the presence of fever (febrile seizure) ☐ Occur in the absence of fever ☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)	u. Did treatment for seizures include anti-epileptic drugs? ☐ Yes ☐ No ☐ U/K If yes, how many different types of anti-epileptic drugs did the child take? ☐ 1 ☐ 4 ☐ More than 6 ☐ 2 ☐ 5 ☐ U/K ☐ 3 ☐ 6	
v. Was night surveillance used? ☐ Yes ☐ No ☐ U/K			
I2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT? ☐ Yes, go to I2a ☐ No, go to I2s ☐ U/K, go to I2a			
a. Incident sleep place: ☐ Crib If crib, type: ☐ Not portable ☐ Portable, e.g. Pack 'n Play ☐ Unknown crib type ☐ Bassinet ☐ Bed side sleeper ☐ Baby box ☐ Adult bed ☐ Waterbed ☐ Futon ☐ Playpen/other play structure, not a portable crib ☐ Couch ☐ Chair ☐ Floor ☐ Car seat ☐ Rock 'n Play ☐ Stroller ☐ Swing ☐ Bouncy chair ☐ Other, specify: _____ ☐ U/K If adult bed, what type? ☐ Twin ☐ Full ☐ Queen ☐ King ☐ Other, specify: _____ ☐ U/K If futon, ☐ Bed position ☐ Couch position ☐ U/K If car seat, was car seat secured in seat of car? ☐ Yes ☐ No ☐ U/K			
b. Child put to sleep: ☐ On back ☐ On stomach ☐ On side ☐ U/K	c. Child found: ☐ On back ☐ On stomach ☐ On side ☐ U/K	e. Usual sleep position: ☐ On back ☐ On stomach ☐ On side ☐ U/K	f. Was there any type of crib, Pack 'n Play, bassinet, bed side sleeper or baby box in home for child? ☐ Yes ☐ No ☐ U/K
d. Usual sleep place: ☐ Crib If crib, type: ☐ Not portable ☐ Portable, e.g. Pack 'n Play ☐ Unknown crib type ☐ Bassinet ☐ Bed side sleeper ☐ Baby box ☐ Adult bed ☐ Waterbed ☐ Futon ☐ Playpen/other play structure, not a portable crib ☐ Couch ☐ Chair ☐ Floor ☐ Car seat ☐ Rock 'n Play ☐ Stroller ☐ Swing ☐ Bouncy chair ☐ Other, specify: _____ ☐ U/K If adult bed, what type? ☐ Twin ☐ King ☐ Full ☐ Other, specify: _____ ☐ Queen ☐ U/K If futon, ☐ Bed position ☐ Couch position ☐ U/K			
g. Child in a new or different environment than usual? ☐ Yes ☐ No ☐ U/K If yes, describe why: _____	h. Child last placed to sleep with a pacifier? ☐ Yes ☐ No ☐ U/K	i. Child wrapped or swaddled in blanket? ☐ Yes ☐ No ☐ U/K If yes, describe: _____	
j. Child overheated? ☐ Yes ☐ No ☐ U/K If yes, outside temp ____ degrees F Check all that apply: ☐ Room too hot, temp ____ degrees F ☐ Too much bedding ☐ Too much clothing		k. Child exposed to second hand smoke? ☐ Yes ☐ No ☐ U/K If yes, how often: ☐ Frequently ☐ U/K ☐ Occasionally	
l. Child's face when found: ☐ Down ☐ Up ☐ To left or right side ☐ U/K	m. Child's neck when found: ☐ Hyperextended (head back) ☐ Hypoextended (chin to chest) ☐ Neutral ☐ Turned ☐ U/K	n. Child's airway when found (includes nose, mouth, neck and/or chest): ☐ Unobstructed by person or object ☐ Fully obstructed by person or object ☐ Partially obstructed by person or object ☐ U/K	If fully or partially obstructed, what was obstructed? ☐ Nose ☐ Chest compressed ☐ Mouth ☐ U/K ☐ Neck compressed If fully or partially obstructed, describe obstruction in detail: _____

| o. Objects in child's sleep environment and relation to airway obstruction:

 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>Objects:</p> <p>Adult(s)</p> <p>Other child(ren)</p> <p>Animal(s)</p> <p>Mattress</p> <p>Comforter, quilt, or other</p> <p>Fitted sheet</p> <p>Thin blanket/flat sheet</p> <p>Pillow(s)</p> <p>Cushion</p> <p>Boppy or U shaped pillow</p> <p>Sleep positioner (wedge)</p> <p>Bumper pads</p> <p>Clothing</p> <p>Crib railing/side</p> <p>Wall</p> <p>Toy(s)</p> <p>Other(s), specify:</p> <p>_____</p> <p>_____</p> </div> <div style="width: 40%;"> <p>If present, describe position of object:</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">Present?</th> <th>On top</th> <th>Under</th> <th>Next</th> <th>Tangled</th> <th></th> </tr> <tr> <th>Yes</th> <th>No</th> <th>U/K</th> <th>of child</th> <th>child</th> <th>to child</th> <th>around child</th> <th>U/K</th> </tr> </thead> <tbody> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td><input																																																																																																																																																																																																																																																																																																																																																																																																	
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I5. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS

a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death? ☐ Yes/probable ☐ No, go to next section ☐ U/K, go to next section If yes/probable, choose primary reason: ☐ Child abuse, go to I5b ☐ Child neglect, go to I5f ☐ Poor/absent supervision, go to I5h ☐ Exposure to hazards, go to I5g	b. Type of child abuse, check all that apply: ☐ Abusive head trauma, go to I5c ☐ Chronic Battered Child Syndrome, go to I5e ☐ Beating/kicking, go to I5e ☐ Scalding or burning, go to I5e ☐ Munchausen Syndrome by Proxy, go to I5e ☐ Sexual assault, go to I5h ☐ Other, specify and go to I5h ☐ U/K, go to I5e	c. For abusive head trauma, were there retinal hemorrhages? ☐ Yes ☐ No ☐ U/K	e. Events(s) triggering child abuse, check all that apply: ☐ None ☐ Crying ☐ Toilet training ☐ Disobedience ☐ Feeding problems ☐ Domestic argument ☐ Other, specify: ☐ U/K
f. Child neglect, check all that apply: ☐ Failure to provide necessities ☐ Food ☐ Shelter ☐ Other, specify: ☐ Failure to provide supervision ☐ Emotional neglect, specify: ☐ Abandonment, specify: ☐ Failure to seek/follow treatment, specify: If yes, was this due to religious or cultural practices? ☐ Yes ☐ No ☐ U/K ☐ Exposure to hazards: Do not include child's own behavior. ☐ Hazard(s) in sleep environment (including sleep position and surface sharing) ☐ Fire hazard ☐ Unsecured medication/poison ☐ Firearm hazard ☐ Water hazard ☐ Motor vehicle hazard ☐ Other hazard, specify:		g. Exposure to hazards: Do not include child's own behavior. ☐ Hazard(s) in sleep environment (including sleep position and surface sharing) ☐ Fire hazard ☐ Unsecured medication/poison ☐ Firearm hazard ☐ Water hazard ☐ Motor vehicle hazard ☐ Maternal substance use during pregnancy ☐ Other hazard, specify:	h. Was poverty a factor? ☐ Yes ☐ No ☐ U/K If yes, explain in Narrative

I6. SUICIDE

a. Child's history. Check all that have <u>ever</u> applied: ☐ None listed below ☐ Involved in sports ☐ Involved in activities (not sports) ☐ Viewed, posted or interacted on social media If yes, specify platform(s): ☐ History of running away ☐ History of fearfulness, withdrawal or anxiety ☐ History of explosive anger, yelling or disobeying ☐ History of head injury If yes, when was the last head injury? _____ ☐ Death of a peer, friend or family member If yes, specify relationship to child: _____ When did death occur: _____ Was death a suicide? ☐ Yes ☐ No ☐ U/K	b. Was the child ever diagnosed with any of the following? Check all that apply. ☐ None listed below ☐ Anxiety spectrum disorder ☐ Depressive spectrum disorder ☐ Bipolar spectrum disorder ☐ Disruptive, impulse control or conduct disorder ☐ Eating disorder ☐ Substance-related or addictive disorders ☐ Other, specify: ☐ U/K c. Check all suicidal behaviors/attempts that ever applied: ☐ None listed below ☐ Interrupted attempt #__ ☐ Preparatory behavior #__ ☐ Non-fatal attempt #__ ☐ Aborted attempt #__ ☐ U/K	d. Did the child <u>ever</u> communicate any suicidal thoughts, actions or intent? ☐ Yes ☐ No ☐ U/K If yes, with whom? _____ e. Was there evidence the death was planned or premeditated? ☐ Yes ☐ No ☐ U/K f. Did the death occur under circumstances where it would likely be observed and intervened by others? ☐ Yes ☐ No ☐ U/K g. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself? ☐ Yes ☐ No ☐ U/K If yes, ☐ Reported to others ☐ Other, specify: ☐ Noted on autopsy
h. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death. Check all that apply: ☐ None listed below ☐ Talked about or made plans for suicide ☐ Expressed hopelessness about the future ☐ Displayed severe/overwhelming emotional pain or distress ☐ Expressed perceived burden on others ☐ Showed worrisome behavioral cues or marked changes in behavior ☐ U/K	i. Child experienced a known crisis within 30 days of the death? ☐ Yes ☐ No ☐ U/K If yes, explain:	j. Suicide was part of: Check all that apply. ☐ None listed below ☐ A suicide pact ☐ A cluster ☐ A murder-suicide ☐ A contagion, copy-cat or imitation

I7. LIFE STRESSORS

Please indicate all stressors that were present for this child around the time of death.

a. Life stressors - Social/economic ☐ None listed below ☐ Housing instability ☐ Racism ☐ Witnessed violence ☐ Discrimination ☐ Pregnancy ☐ Poverty ☐ Pregnancy ☐ Neighborhood discord ☐ Pregnancy ☐ Job problems ☐ scare ☐ Money problems ☐ Food insecurity	b. Life stressors - Relationships (age 5 and over) ☐ None listed below ☐ Argument with friends ☐ Stress due to sexual orientation ☐ Family discord ☐ Bullying as a victim ☐ Stress due to gender identity ☐ Argument with parents/caregivers ☐ Bullying as a perpetrator ☐ Parents' divorce/separation ☐ Cyberbullying as a victim ☐ Parents' incarceration ☐ Cyberbullying as a perpetrator ☐ Argument with significant other ☐ Peer violence as a victim ☐ Breakup with significant other ☐ Peer violence as a perpetrator ☐ Social discord ☐ Isolation	c. Life stressors - School (age 5 and over) ☐ None listed below ☐ School failure ☐ Pressure to succeed ☐ Extracurricular activities ☐ New school ☐ Other school problems
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d. Life stressors - Technology (age 5+) Stress/negative consequences due to: ☐ None listed below ☐ Electronic gaming ☐ Texting ☐ Restriction of technology ☐ Social media	e. Life stressors - Transitions (age 5 and over) ☐ None listed below ☐ Release from hospital ☐ Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, outpatient to inpatient, etc.) ☐ Release from juvenile justice facility ☐ End of school year/school break ☐ Transition to/from child welfare system ☐ Release from immigrant detention center	f. Life stressors - Trauma (age 5 and over) ☐ None listed below ☐ Rape/sexual assault ☐ Previous abuse (emotional/physical) ☐ Family/domestic violence g. Life stressors - Describe any other life stressors: (age 5 and over)
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J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death? ☐ Yes/probable ☐ No, go to Section K ☐ U/K, go to Section K	2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative. <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </table>		<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	3. Did the team have information about the person(s)? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table>	<u>One</u>	<u>Two</u>	☐	☐	☐	☐																																						
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4. Is person listed in a previous section? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table>	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	5. Primary person(s) responsible for action(s): Select one for each person responsible. <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </table>			<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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6. Person's age in years: <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table>	<u>One</u>	<u>Two</u>					☐	☐	7. Person's sex: <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table>	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	8. Person speaks and understands English? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If no, language spoken:	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	9. Person on active military duty? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If yes, specify branch:	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐																																				
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10. Person(s) have history of substance abuse? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If yes, check all that apply: ☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Methamphetamine ☐ Opioids ☐ Prescription drugs ☐ Over-the-counter ☐ Other, specify: ☐ U/K	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	11. Person(s) have history of child maltreatment as victim? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If yes, check all that apply: ☐ Physical ☐ Neglect ☐ Sexual ☐ Emotional/psychological ☐ U/K # CPS referrals # Substantiations ☐ Ever in foster care or adopted	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	12. Person(s) have history of child maltreatment as a perpetrator? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If yes, check all that apply: ☐ Physical ☐ Neglect ☐ Sexual ☐ Emotional/psychological ☐ U/K # CPS referrals # Substantiations ☐ CPS prevention services ☐ Family preservation services ☐ Children ever removed	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	13. Person(s) have disability or chronic illness? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If yes, check all that apply: ☐ Physical/orthopedic, specify: ☐ Mental health/substance abuse, specify: ☐ Cognitive/intellectual, specify: ☐ Sensory, specify: ☐ U/K If mental health/substance abuse, was person receiving mental health services? ☐ Yes ☐ No ☐ U/K	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐																																				
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14. Person(s) have prior child deaths? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If yes, check all that apply: ☐ Child abuse # ☐ Child neglect # ☐ Accident # ☐ Suicide # ☐ SIDS # ☐ Undetermined cause # ☐ Other # Other, specify: ☐ U/K	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	15. Person(s) have history of intimate partner violence? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table>	<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐	☐	☐	16. Person(s) have delinquent/criminal history? <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>One</u></th> <th style="text-align: left; width: 15%;"><u>Two</u></th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If yes, check all that apply: ☐ Assaults ☐ Robbery ☐ Drugs ☐ Other, specify: ☐ U/K		<u>One</u>	<u>Two</u>	☐	☐	☐	☐	☐	☐																																										
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17. At the time of the incident, was the person asleep? <u>One</u> <u>Two</u> ☐ ☐ Yes ☐ ☐ No ☐ ☐ U/K If yes, select the most appropriate description of the person's sleeping period at incident: <u>One</u> <u>Two</u> ☐ ☐ Night time sleep ☐ ☐ Day time nap, describe: ☐ ☐ Day time sleep (for example, person is night shift worker), describe: ☐ ☐ Other, describe:																																																																																						
18. At time of incident was person impaired? <u>One</u> <u>Two</u> ☐ Yes ☐ No ☐ U/K If yes, check all that apply: <u>One</u> <u>Two</u> ☐ ☐ Drug impaired, specify: ☐ ☐ Alcohol impaired ☐ ☐ Distracted ☐ ☐ Absent <u>One</u> <u>Two</u> ☐ ☐ Impaired by illness, specify: ☐ ☐ Impaired by disability, specify: ☐ ☐ Other, specify:	19. Person(s) have, check all that apply: <u>One</u> <u>Two</u> ☐ ☐ Prior history of similar acts ☐ ☐ Prior arrests ☐ ☐ Prior convictions	20. Legal outcomes in this death, check all that apply: <u>One</u> <u>Two</u> ☐ ☐ No charges filed ☐ ☐ Charges pending ☐ ☐ Charges filed, specify: ☐ ☐ Charges dismissed ☐ ☐ Confession ☐ ☐ Plead, specify: ☐ ☐ Not guilty verdict ☐ ☐ Guilty verdict, specify: ☐ ☐ Tort charges, specify: ☐ ☐ U/K																																																																																				
K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH																																																																																						
1. Were new or revised services recommended or implemented as a result of the death? ☐ Yes ☐ No ☐ U/K If yes, select one option per row: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">Referred for service <u>before review</u></th> <th style="width: 15%;">Review led to <u>referral</u></th> <th style="width: 15%;">Referral needed, <u>not available</u></th> <th style="width: 15%;">N/A</th> <th style="width: 10%;">U/K</th> </tr> </thead> <tbody> <tr><td>Bereavement counseling</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Debriefing for professionals</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Economic support</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Funeral arrangements</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Emergency shelter</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Mental health services</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Foster care</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Health services</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Legal services</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Genetic counseling</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Home visiting</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Substance abuse</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Other, specify:</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> </tbody> </table>				Referred for service <u>before review</u>	Review led to <u>referral</u>	Referral needed, <u>not available</u>	N/A	U/K	Bereavement counseling	☐	☐	☐	☐	☐	Debriefing for professionals	☐	☐	☐	☐	☐	Economic support	☐	☐	☐	☐	☐	Funeral arrangements	☐	☐	☐	☐	☐	Emergency shelter	☐	☐	☐	☐	☐	Mental health services	☐	☐	☐	☐	☐	Foster care	☐	☐	☐	☐	☐	Health services	☐	☐	☐	☐	☐	Legal services	☐	☐	☐	☐	☐	Genetic counseling	☐	☐	☐	☐	☐	Home visiting	☐	☐	☐	☐	☐	Substance abuse	☐	☐	☐	☐	☐	Other, specify:	☐	☐	☐	☐	☐
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Other, specify:	☐	☐	☐	☐	☐																																																																																	
L. FINDINGS IDENTIFIED DURING THE REVIEW ● Mark this case to edit/add findings at a later date																																																																																						
1. Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.) 																																																																																						
2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples). 																																																																																						
3. List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future: 																																																																																						
4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review? ☐ Yes ☐ No ☐ U/K If yes, select all that apply and describe: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Child welfare Describe: </td> <td style="width: 50%; vertical-align: top;"> ☐ Education Describe: </td> </tr> <tr> <td style="vertical-align: top;"> ☐ Law enforcement Describe: </td> <td style="vertical-align: top;"> ☐ Mental health Describe: </td> </tr> <tr> <td style="vertical-align: top;"> ☐ Public health Describe: </td> <td style="vertical-align: top;"> ☐ EMS Describe: </td> </tr> <tr> <td style="vertical-align: top;"> ☐ Coroner/medical examiner Describe: </td> <td style="vertical-align: top;"> ☐ Substance abuse Describe: </td> </tr> <tr> <td style="vertical-align: top;"> ☐ Courts Describe: </td> <td style="vertical-align: top;"> ☐ Other, specify: Describe: </td> </tr> <tr> <td style="vertical-align: top;"> ☐ Health care systems Describe: </td> <td></td> </tr> </table>			☐ Child welfare Describe:	☐ Education Describe:	☐ Law enforcement Describe:	☐ Mental health Describe:	☐ Public health Describe:	☐ EMS Describe:	☐ Coroner/medical examiner Describe:	☐ Substance abuse Describe:	☐ Courts Describe:	☐ Other, specify: Describe:	☐ Health care systems Describe:																																																																									
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5. Could the death have been prevented? ☐ Yes, probably ☐ No, probably not ☐ Team could not determine 																																																																																						

M. THE REVIEW MEETING PROCESS																																
1. Date of first review meeting: _____	2. Number of review meetings for this case: _____	3. Is review complete? ☐ N/A ☐ Yes ☐ No																														
4. Agencies and individuals at review meeting, check all that apply: <table style="width: 100%; border: none;"> <tr> <td>☐ Medical examiner/coroner/pathologist</td> <td>☐ CPS</td> <td>☐ Fire</td> <td>☐ Indian Health Services/ Tribal Health</td> <td>☐ Military</td> </tr> <tr> <td>☐ Death investigator</td> <td>☐ Other social services</td> <td>☐ EMS</td> <td>☐ Home visiting</td> <td>☐ Domestic violence</td> </tr> <tr> <td>☐ Law enforcement</td> <td>☐ Physician</td> <td>☐ Faith based organization</td> <td>☐ Healthy Start</td> <td>☐ Others, list: _____</td> </tr> <tr> <td>☐ Prosecutor/district attorney</td> <td>☐ Nurse</td> <td>☐ Education</td> <td>☐ Court</td> <td></td> </tr> <tr> <td>☐ Public health</td> <td>☐ Hospital</td> <td>☐ Mental health</td> <td>☐ Child advocate</td> <td></td> </tr> <tr> <td>☐ HMO/managed care</td> <td>☐ Other health care</td> <td>☐ Substance abuse</td> <td></td> <td></td> </tr> </table>			☐ Medical examiner/coroner/pathologist	☐ CPS	☐ Fire	☐ Indian Health Services/ Tribal Health	☐ Military	☐ Death investigator	☐ Other social services	☐ EMS	☐ Home visiting	☐ Domestic violence	☐ Law enforcement	☐ Physician	☐ Faith based organization	☐ Healthy Start	☐ Others, list: _____	☐ Prosecutor/district attorney	☐ Nurse	☐ Education	☐ Court		☐ Public health	☐ Hospital	☐ Mental health	☐ Child advocate		☐ HMO/managed care	☐ Other health care	☐ Substance abuse		
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5. Were the following data sources available at the review meeting? Check all that apply: ☐ CDC's SUIDI Reporting Form ☐ Jurisdictional equivalent of the CDC SUIDI Reporting Form ☐ Birth certificate - full form ☐ Death certificate ☐ Child's medical records or clinical history, including vaccinations ☐ Biological mother's obstetric and prenatal information ☐ Newborn screening results ☐ Law enforcement records ☐ Social service records ☐ Child protection agency records ☐ EMS run sheet ☐ Hospital records ☐ Autopsy/pathology reports ☐ Home visiting ☐ Mental health records ☐ School records ☐ Substance abuse treatment records	6. Did any of the following factors reduce meeting effectiveness, check all that apply: ☐ None ☐ Confidentiality issues among members prevented full exchange of information ☐ HIPAA regulations prevented access to or exchange of information ☐ Inadequate investigation precluded having enough information for review ☐ Team members did not bring adequate information to the meeting ☐ Necessary team members were absent ☐ Meeting was held too soon after death ☐ Meeting was held too long after death ☐ Records or information were needed from another locality in-state ☐ Records or information were needed from another state ☐ Team disagreement on circumstances ☐ Other factors, specify: _____																															
7. Review meeting outcomes, check all that apply: <table style="width: 100%; border: none;"> <tr> <td>☐ Review led to additional investigation</td> <td>☐ Review led to the delivery of services</td> </tr> <tr> <td>☐ Team disagreed with official manner of death. What did team believe manner should be?</td> <td>☐ Review led to changes in agency policies or practices</td> </tr> <tr> <td>☐ Team disagreed with official cause of death. What did team believe cause should be?</td> <td>☐ Review led to prevention initiatives being implemented</td> </tr> <tr> <td>☐ Because of the review, the official cause or manner of death was changed</td> <td> ☐ Local ☐ State ☐ National </td> </tr> </table>			☐ Review led to additional investigation	☐ Review led to the delivery of services	☐ Team disagreed with official manner of death. What did team believe manner should be?	☐ Review led to changes in agency policies or practices	☐ Team disagreed with official cause of death. What did team believe cause should be?	☐ Review led to prevention initiatives being implemented	☐ Because of the review, the official cause or manner of death was changed	☐ Local ☐ State ☐ National																						
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N. SUID AND SDY CASE REGISTRY																																
This section displays online based on your state's settings.																																
Section N: OMB No. 0920-1092, Exp. Date: 4/30/2022 Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)																																
1. Is this an SDY or SUID case? ☐ Yes ☐ No If no, go to Section O																																
2. Did this case go to Advanced Review for the SDY Case Registry? ☐ N/A ☐ Yes ☐ No If yes, date of first Advanced Review meeting: _____	3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:																															
4. Professionals at the Advanced Review meeting, check all that apply: <table style="width: 100%; border: none;"> <tr> <td>☐ Cardiologist</td> <td>☐ Death investigator</td> <td>☐ Geneticist or genetic counselor</td> <td>☐ Pediatrician</td> </tr> <tr> <td>☐ CDR representative</td> <td>☐ Epileptologist</td> <td>☐ Mental health professional</td> <td>☐ Public health representative</td> </tr> <tr> <td>☐ Coroner</td> <td>☐ Forensic pathologist/medical examiner</td> <td>☐ Neonatologist</td> <td>☐ Others, specify: _____</td> </tr> </table>			☐ Cardiologist	☐ Death investigator	☐ Geneticist or genetic counselor	☐ Pediatrician	☐ CDR representative	☐ Epileptologist	☐ Mental health professional	☐ Public health representative	☐ Coroner	☐ Forensic pathologist/medical examiner	☐ Neonatologist	☐ Others, specify: _____																		
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5. Did the Advanced Review team believe the autopsy was comprehensive? ☐ Yes ☐ No ☐ U/K	6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? ☐ N/A ☐ Yes ☐ No ☐ U/K																															

7. Was a specimen saved for the SDY Case Registry? ☐ N/A ☐ Yes ☐ No ☐ U/K	9. Did the family consent to have DNA saved as part of the SDY Case Registry? ☐ N/A ☐ Yes ☐ No ☐ U/K If no, why not? ☐ Consent was not attempted ☐ Consent was attempted but follow up was unsuccessful ☐ Consent was attempted but family declined ☐ Other, specify:
8. Was a specimen sent to the SDY Case Registry biorepository? ☐ N/A ☐ Yes ☐ No ☐ U/K	

10. Categorization for SDY Case Registry (choose only one):			
☐ Excluded from SDY Case Registry ☐ Incomplete case information ☐ Explained cardiac, specify:	☐ Explained neurological, specify: ☐ Explained infant suffocation (under age 1)	☐ Explained other, specify: ☐ Unexplained, possible cardiac ☐ Unexplained, possible cardiac and SUDEP	☐ Unexplained, SUDEP ☐ Unexplained death

11. Categorization for SUID Case Registry (choose only one):	
☐ Excluded (other explained causes, not suffocation) ☐ Unexplained: No autopsy or death scene investigation ☐ Unexplained: Incomplete case information ☐ Unexplained: No unsafe sleep factors ☐ Unexplained: Unsafe sleep factors ☐ Unexplained: Possible suffocation with unsafe sleep factors ☐ Explained: Suffocation with unsafe sleep factors	If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply: ☐ Soft bedding ☐ Wedging ☐ Overlay ☐ Other, specify:

O. NARRATIVE

O1. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.

DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names, dates, addresses, and specific service providers. Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death? The Narrative is included in de-identified downloads, and per MPH/NCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.

P. FORM COMPLETED BY:

Person: Title: Agency: Phone:	Email: Date completed: Data entry completed for this case? ☐ For State Program Use Only: Data quality assurance completed by state? ☐
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