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.

Copyright: National Center for Fatality Review & Prevention, April 2020
### A. CHILD INFORMATION

#### A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)

1. **Child's name:**
   - **First:**
   - **Middle:**
   - **Last:**

2. **Date of birth:**
   - **U/K**

3. **Date of death:**
   - **U/K**

4. **Age:**
   - **Years**
   - **Months**
   - **Days**
   - **Hours**
   - **Minutes**
   - **U/K**

5. **Race:**
   - **White**
   - **Native Hawaiian or Other Pacific Islander**
   - **Black**
   - **Asian**
   - **American Indian, Alaska Native, or Hawaiian Island Native**

6. **Hispanic or Latino origin?**

7. **Sex:**
   - **Male**
   - **Female**

8. **Residence address:**
   - **Street:**
   - **Apt.:**
   - **City:**
   - **State:**
   - **Zip:**
   - **County:**

9. **Child's weight at death:**
   - **U/K**

10. **Child's height at death:**
    - **U/K**

11. **State of death:**

12. **County of death:**

13. **Child had disability or chronic illness?**
    - **Yes**
    - **No**
    - **U/K**

14. **Were any siblings placed outside of the home prior to this child's death?**
    - **No**
    - **Yes**

15. **Child's health insurance:**
    - **Private**
    - **Medicaid**
    - **State plan**
    - **Other, specify:**

16. **Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule?**
    - **No**
    - **Yes**

17. **Type of residence:**
   - **Parental home**
   - **Licensed group home**
   - **Licensed foster home**
   - **Relative foster home**
   - **Relative home**
   - **Shelter**
   - **Homeless**

18. **New residence in past 30 days?**
   - **Yes**
   - **No**
   - **U/K**

19. **Residence overcrowded?**
    - **Yes**
    - **No**
    - **U/K**

20. **Child ever homeless?**
    - **No**
    - **Yes**

21. **Number of other children living with child: **

22. **Child had history of child maltreatment?**
    - **As Victim**
    - **As Perpetrator**

23. **Was there an open CPS case with child at time of death?**
    - **Yes**
    - **No**
    - **U/K**

24. **Child's highest education level:**
    - **None**
    - **Pre-school**
    - **Kindergarten-8th grade**
    - **High School**
    - **College**
    - **Graduate School**

25. **Child's work status:**
    - **Employed**
    - **Not working**

26. **Child had problems in school?**
    - **Academic**
    - **Behavioral**
    - **Truancy**
    - **Expulsion**

27. **Child's work status:**
    - **Employed**
    - **Not working**

28. **Child had problems in school?**
    - **Yes**
    - **No**
    - **U/K**

29. **Child had history of intimate partner violence?**
    - **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  

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  

32. Child on medications for mental health illness?  
   - N/A  - Yes  - No  - U/K  

33. Child had emergency department visit for mental health care within the previous 12 months?  
   - N/A  - Yes  - No  - U/K  
   If yes, check all that apply:
   - Residential  
   - Residential  

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 mental health appointment within 30 days of discharge from the hospital?  
   - 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:  
   - Opioids  
   - Methamphetamine  
   - Other, specify:  
   - If yes, did the child receive treatment?  
     - Yes  - No  - U/K  
   - If yes, type?  Check all that apply:
     - Outpatient  
     - Residential  
     - Day treatment/partial hospitalization  

37. Child had delinquent or criminal history?  
   - N/A  - Yes  - No  - U/K  
   If yes, check all that apply:
   - Assaults  
   - Other, specify:  
   - Robbery  
   - Drugs  
   - UK  

38. Child spent time in juvenile detention?  
   - 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  

39. Child acutely ill in the two weeks before death?  
   - Yes  - No  - U/K  

40. What was child's gender identity?  
   - N/A  - Yes  - No  - U/K  
   If no identity expressed:  
   - Male, not transgender  
   - Female, not transgender  
   - Transgender male  
   - Transgender female  

41. What was child's sexual orientation?  
   - N/A  - Yes  - No  - U/K  
   If no orientation expressed:  
   - Straight/heterosexual  
   - Gay/lesbian  
   - Bisexual  
   - Questioning  

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  

44. Birth weight:  
   - 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  
   - No phone  
   - Couldn't get an earlier appointment  
   - Unwilling to obtain care  
   - UK  
   - Cultural differences  
   - Lack of child care  
   - Didn't know where to go  

51. During pregnancy, did mother have any medical conditions/complications?  
   - Yes  - No  - U/K  
   If yes, check all that apply:
   - Cardiovascular  
   - Endocrine/Metabolic  
   - Sexually Transmitted Infection (STI)  
   - Gynecologic (continued)  
   - Hypertension - gestational  
   - Diabetes, type 1 chronic  
   - Bacterial vaginosis (BV)  
   - Intrauterine growth restriction (IUGR)  
   - Hypertension - chronic  
   - Diabetes, type 2 chronic  
   - Chlamydia  
   - Premature rupture of membranes (PROM)  
   - Pre-eclampsia  
   - Diabetes, gestational  
   - Gonorrhea  
   - Preterm premature rupture of membranes (PPROM)  
   - Eclampsia  
   - Thyroid  
   - Herpes  
   - Incompetent cervix  
   - Clotting disorder  
   - Polycystic ovarian disease  
   - HPV  
   - Incompetent cervix  
   - Folic acid deficiency  
   - Addiction disorder  
   - Syphilis  
   - Incompetent cervix  
   - Sickle cell disease  
   - Eating disorder  
   - Group B strep  
   - Umbilical cord complications  
   - Anemia (iron deficiency)  
   - Depression  
   - HIV/AIDS  
   - Prolapse  
   - Respiratory  
   - Anxiety disorder  
   - Other STI, specify:  
   - Other cord, specify:  
   - Asthma  
   - Seizure disorder  
   - Nuchal cord  
   - Pulmonary embolism  
   - Other, specify:  
   - Cultural differences  
   - Other placental, specify:
### Mother's Medical Conditions (continued)

<table>
<thead>
<tr>
<th>Condition/Complication</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HELLP Syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral health/dental or gum infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal genetic disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preterm labor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased fetal movement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal developmental delay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal MSAFP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Previous Medical History

52. Did the mother experience any medical complications in previous pregnancies?

- [ ] 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

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° N/A, mother did not go to a birth hospital
- [ ] 2°
- [ ] 3° Free-standing birth hospital

57. At discharge from the birth hospital, was a case manager assigned to the mother?

- [ ] 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?

If yes, for what reason(s)?

- [ ] Prematurity
- [ ] Apnea
- [ ] Hypothermia
- [ ] Meconium aspiration
- [ ] Low birth weight
- [ ] Sepsis
- [ ] Jaundice
- [ ] Congenital anomalies
- [ ] Tachypnea
- [ ] Feeding difficulties
- [ ] Anemia
- [ ] Other, specify:

59. Did the infant have a NICU stay of more than one day?

- [ ] Yes    [ ] No    [ ] U/K

60. Did mother smoke in the 3 months before pregnancy?

- [ ] Yes    [ ] No    [ ] U/K

61. Did the mother smoke at any time during pregnancy?

- [ ] Yes    [ ] No    [ ] U/K

62. Did the mother use e-cigarettes or other electronic nicotine products at any time during pregnancy?

- [ ] Yes    [ ] No    [ ] U/K

63. Was mother injured during pregnancy?

- [ ] Yes    [ ] No    [ ] U/K

64. Did the mother have postpartum depression?

- [ ] Yes    [ ] No    [ ] U/K

65. Infant ever breastfed?

- [ ] Yes    [ ] No    [ ] U/K

66. Did infant have abnormal metabolic newborn screening results?

- [ ] N/A

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
- [ ] Seizures or convulsions
- [ ] Excessive sweating
- [ ] Lethargy/sleeping more than usual
- [ ] Other, specify:

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
- [ ] Diarrhea
- [ ] Other, specify:
- [ ] Lethargy/sleeping more than usual
- [ ] Stool changes
- [ ] Fussiness/excessive crying
- [ ] Difficulty breathing
- [ ] Other, specify:
- [ ] Decrease in appetite
- [ ] Apnea

69. In the 72 hours prior to death, was the infant injured?

- [ ] Yes    [ ] No    [ ] U/K

70. In the 72 hours prior to death, was the infant given any vaccines?

- [ ] Yes    [ ] No    [ ] U/K

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

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:

---

If any item is checked, please indicate the generic or brand name of the medications or drugs:

---

If this was a fetal death, go to Section B.

---

If the infant never left the hospital following birth, go to Section B.

---

If the infant never left the hospital following birth, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If the infant never left the hospital following birth, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If this was a fetal death, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If this was a fetal death, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If this was a fetal death, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If this was a fetal death, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If this was a fetal death, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If this was a fetal death, go to Section B.

---

If ever, was infant receiving breast milk at time of death?

- [ ] Yes    [ ] No    [ ] U/K

---

If this was a fetal death, go to Section B.

---

If ever, was infant receiving breast milk at time of death?
### B. BIOLOGICAL PARENT INFORMATION

No information available, go to Section C

<table>
<thead>
<tr>
<th>Question</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parents alive on date of child's death?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Even if parent(s) are deceased at time of child's death, please fill out</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>the remaining questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Parents' race, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>White</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Parents' Hispanic or Latino origin?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Specify origin:</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>4. Parents' age in years at time of child's death:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td># Years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Parents' employment status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>Employed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Parents' income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Parents' education:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>&lt; High school</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Parents speak and understand English?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify branch:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Parents on active military duty?</td>
<td>Yes, specify branch:</td>
<td>No</td>
</tr>
<tr>
<td>Specify branch:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Parents receive social services in the past twelve months?</td>
<td>Yes, check all that apply:</td>
<td>No</td>
</tr>
<tr>
<td>Specify services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Parents have substance abuse history?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>Cocaine</td>
<td>Marijuana</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Parents ever victim of child maltreatment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Neglect</td>
<td>Sexual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Parents ever perpetrator of maltreatment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Neglect</td>
<td>Sexual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Parents have disability or chronic illness?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health/substance abuse, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Parents have prior child deaths?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, cause(s): Check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child abuse</td>
<td>Child neglect</td>
<td>Accident</td>
</tr>
<tr>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>17. Parents have history of intimate partner violence?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, as victim</td>
<td>Yes, as perpetrator</td>
<td>No</td>
</tr>
<tr>
<td>18. Parents have delinquent/criminal history?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assaults</td>
<td>Robbery</td>
<td>Drugs</td>
</tr>
<tr>
<td>19.</td>
<td>20.</td>
<td></td>
</tr>
</tbody>
</table>
C. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver(s): Select only one each in columns one and two.
   - Self, go to Section D
   - Biological mother, go to Section D
   - Biological father, go to Section D
   - Adoptive parent
   - Stepparent
   - Foster parent
   - Other relative
   - Mother's partner
   - Father's partner
   - Grandparent
   - Sibling
   - Friend
   - Institutional staff
   - Other, specify:

2. Caregiver(s) age in years:
   - One
   - Two
   - U/K

3. Caregiver(s) sex:
   - Male
   - Female
   - U/K

4. Caregiver(s) race, check all that apply:
   - White
   - Native Hawaiian
   - Black
   - Pacific Islander, specify:
   - Asian, specify:
   - American Indian, Tribe:
   - Alaskan Native, Tribe:

5. Caregiver(s) Hispanic or Latino origin?
   - Yes
   - No
   - U/K

6. Caregiver(s) employment status:
   - Employed
   - Unemployed
   - On disability
   - Stay-at-home
   - Retired
   - U/K

7. Caregiver(s) income:
   - High
   - Medium
   - Low
   - U/K

8. Caregiver(s) education:
   - High school
   - College
   - Post graduate
   - U/K

9. Do caregiver(s) speak and understand English?
   - Yes
   - No
   - U/K

10. Caregiver(s) first generation immigrant?
    - Yes
    - No
    - U/K

11. Caregiver(s) on active military duty?
    - WIC
    - Food stamps/SNAP/EBT
    - Home visiting
    - Section 8/housing
    - Soc Sec Disability (SSI/SSDI)
    - TANF
    - Other, specify:

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

13. Caregiver(s) have substance abuse history?
    - Yes
    - No
    - U/K

14. Caregiver(s) ever victim of child maltreatment?
    - Physical
    - Neglect
    - Sexual
    - Emotional/psychological
    - U/K

15. Caregiver(s) ever perpetrator of maltreatment?
    - Child abuse # ______
    - Child neglect # ______
    - Accident # ______
    - Suicide # ______
    - SIDS # ______
    - Undetermined cause # ______
    - Other # ______
    - Other, specify:

16. Caregiver(s) have disability or chronic illness?
    - Yes
    - No
    - U/K

17. Caregiver(s) have prior child deaths?
    - Yes
    - No
    - U/K

18. Caregiver(s) have history of intimate partner violence?
    - Yes, as victim
    - Yes, as perpetrator
    - No
    - U/K

19. Caregiver(s) have delinquent/criminal history?
    - Yes
    - No
    - U/K
## D. SUPERVISOR INFORMATION

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did child have supervision at time of incident leading to death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, answer D2-16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No, not needed given developmental age or circumstances, go to Sec. E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No, but needed, answer D3-16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unable to determine, try to answer D3-16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How long before incident did supervisor last see child?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Select one:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Child in sight of supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Minutes _____ Days _____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is supervisor listed in a previous section?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, biological mother, go to D15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, biological father, go to D15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, caregiver one, go to D15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, caregiver two, go to D15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Primary person responsible for supervision at the time of incident?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Select only one:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adoptive parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grandparent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Institutional staff, go to D15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sibling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Babysitter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Foster parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other relative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Licensed child care worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mother's partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Acquaintance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hospital staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Supervisor's age in years:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Supervisor's sex:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Supervisor speaks and understands English?</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>
<tr>
<td>8. Supervisor on active military duty?</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>
<tr>
<td>9. Supervisor has substance abuse history?</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>
<tr>
<td>10. Supervisor has history of child maltreatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- As Victim</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>
<tr>
<td>- As Perpetractor</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>
<tr>
<td>11. Supervisor has disability or chronic illness?</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>
<tr>
<td>12. Supervisor has prior child deaths?</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>
<tr>
<td>13. Supervisor has history of intimate partner violence?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, as victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, as perpetrator</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>
<tr>
<td>14. Supervisor has delinquent or criminal history?</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>
<tr>
<td>15. At the time of the incident, was the supervisor asleep?</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>
<tr>
<td>16. At time of incident was supervisor impaired?</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>
</tbody>
</table>

## E. INCIDENT INFORMATION

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the date of the incident the same as the date of death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes, same as date of death</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No, different than date of death. Enter date of incident:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Approximate time of day that incident occurred?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- AM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hour, specify 1-12:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Place of incident, check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Child's home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Licensed child care center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Indian reservation/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Driveway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Relative's home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Licensed child care center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- trust lands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other parking area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Friend's home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unlicensed child care home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Military installation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- State or county park</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Licensed foster care home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Farm/ranch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Jail/detention facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other parking area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Relative foster care home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sidewalk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Licensed group home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Place of work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Roadway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Type of area:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Urban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Suburban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Frontier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:
8. Was the incident witnessed?  
   - Yes  
   - No  
   - U/K  
   If yes, by whom?  
   - Parent/relative  
   - Other caretaker/babysitter  
   - Teacher/coach/athletic trainer  
   - Stranger  
   - Other acquaintance  
   - Other, specify:  
9. Was 911 or local emergency called?  
   - Yes  
   - No  
   - U/K  
10. Was resuscitation attempted?  
    - Yes  
    - No  
    - U/K  
    If yes, by whom?  
    - EMS  
    - Parent/relative  
    - Other caretaker/babysitter  
    - Teacher/coach/athletic trainer  
    - Stranger  
    - Other acquaintance  
    - Other, specify:  
    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?  
11. At time of incident leading to death, had child used drugs or alcohol?  
   - Yes  
   - No  
   - U/K  
   If yes, check all that apply:  
   - Alcohol  
   - Opioids  
   - 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  
   - Playing  
   - Eating  
   - Other, specify:  
13. Total number of deaths at incident event, including child:  
   - Children, ages 0-18  
   - 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  
   - Other, specify:  
   If yes, which of the following death investigation components were completed?  
     - Yes  
     - No  
     - U/K  
     CDC's SUIDI Reporting Form or jurisdictional equivalent  
     Narrative description of circumstances  
     Scene photos  
     Scene recreation with doll  
     Scene recreation without doll  
     Witness interviews  
   If yes, shared with review team?  
     - Yes  
     - No  
2. What additional information would the team like to have known about the death scene investigation?  
3. Death referred to:  
   - Medical examiner  
   - Not referred  
   - Coronor  
   - UK  
4. Person declaring official cause and manner of death:  
   - Medical examiner  
   - Hospital physician  
   - Mortician  
   - Other, specify:  
5. Autopsy performed?  
   - Yes  
   - No  
   - U/K  
   If yes, conducted by:  
   - Forensic Pathologist  
   - Unknown type Pathologist  
   - Pediatric Pathologist  
   - General Pathologist  
   - Other, specify:  
   - UK  
   If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)?  
   - Yes  
   - No  
   - U/K  
6. Were the following assessed either through the autopsy or through information collected prior to the autopsy?  
   Please list any abnormalities/significant findings in F10.  
   - X-ray - single  
   - X-ray - multiple views  
   - X-ray - complete skeletal series  
   - Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):  
7. Were any of these additional tests performed at or prior to the autopsy?  
   Please list any abnormalities/significant findings in F10.  
    - Cultures for infectious disease  
    - Microscopic/histologic exam  
    - Postmortem metabolic screen  
    - Vitreous testing  
    - Genetic testing
**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: □ U/K
   - If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to harm him/herself.
   - If checked, complete the Suicide Section (I6) to note other risk factors in the child’s life.
   - From an injury (external cause). Select one and answer G4:
     - a. Motor vehicle and other transport, go to H1
     - b. Fire, burn, or electrocution, go to H2
     - c. Drowning, go to H3
     - d. Unintentional asphyxia, go to H4
     - e. Assault, weapon or person's body part, go to H5
     - f. Fall or crush, go to H6
     - g. Poisoning, overdose or acute intoxication, go to H7
     - h. Undetermined injury, go to I1
     - i. Other cause, go to H9
     - j. U/K, go to I1

6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.
   - From a medical cause. Select one:
     - a. Asthma/respiratory, specify and go to H8
     - b. Cancer, specify and go to H8
     - c. Cardiovascular, specify and go to H8
     - d. Congenital anomaly, specify and go to H8
     - e. COVID-19 go to H8
     - f. Diabetes, go to H8
     - g. HIV/AIDS, go to H8
     - h. Influenza, go to H8
     - i. Low birth weight, go to H8
     - j. Malnutrition/dehydration, go to H8
     - k. Neurological/seizure disorder, go to H8
     - l. Pneumonia, specify and go to H8
     - m. Prematurity, go to H8
     - n. SIDS, go to H8
     - o. Other infection, specify and go to H8
     - p. Other perinatal condition, specify and go to H8
     - q. Other medical condition, specify and go to H8
     - r. Undetermined medical cause, go to H8
     - s. U/K, go to H8

7. Undetermined if injury or medical cause, go to I1
   - If no, go to I1
# 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:** ______

#### Child's vehicle
- None
- Car
- Van
- Sport utility vehicle
- Truck
- Semi/tractor trailer
- School bus
- Other bus
- Motorcycle
- Tractor
- Other farm vehicle
- All terrain vehicle
- Snowmobile
- Bicycle
- Train
- Subway
- Trolley
- Other, specify:
- UK

#### Other primary vehicle
- Driver 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
- Drugs or alcohol use
- Other, specify:
- Fatigue/sleeping
- Other, specify:
- Medical event, specify:
- U/K

### b. Position of child:
- **Driver**: 
- **Passenger**: If passenger, relationship of driver to child:
  - Front seat
  - Biological parent
  - Back seat
  - Adoptive parent
  - Truck bed
  - Stepparent
  - Other, specify:
  - Foster parent
  - Mother's partner
  - Other, specify:
  - Father's partner
  - On bicycle
  - Foster child
  - Pedestrian
  - Grandparent
  - Walking
  - Sibling
  - Boarding/blading
  - Other relative
  - Other, specify:
  - Friend
  - Other, specify:
  - Other, specify:
  - Child in/on a vehicle
  - Child not 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

### c. Causes of incident, check all that apply:
- 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
- Drugs or alcohol use
- Other, specify:
- Fatigue/sleeping
- Other, specify:
- Medical event, specify:
- U/K

### d. Collision type:
- Child not in/on a vehicle, but struck by vehicle
- Other event, specify:
- 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

### e. Driving conditions, check all that apply:
- Normal
- Loose gravel
- Muddy
- Other, specify:
- Ice/snow
- Fog
- Wet
- Other, specify:
- U/K

### f. Location of incident, check all that apply:
- City street
- Driveway
- Residential street
- Parking area
- Rural road
- Off road
- Highway
- RR xing/tracks
- Intersection
- Other, specify:
- Shoulder
- Sidewalk
- U/K

### g. Drivers involved in incident, check all that apply:
- Child as driver
- Child's driver
- Driver of other primary vehicle

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

### h. Total number of occupants in vehicles:
- In child's vehicle, including child:
  - N/A, child was not in a vehicle
  - N/A, incident was a single vehicle crash
  - Total number of occupants: ______
  - Number of teens, ages 14-21: ______
  - Total number of deaths: ______
  - Total number of teen deaths: ______

- In other primary vehicle involved in incident:
  - Total number of occupants: ______
  - Number of teens, ages 14-21: ______
  - Total number of deaths: ______
  - Total number of teen deaths: ______

### i. Protective measures for child, select one option per row:

<table>
<thead>
<tr>
<th>Protective measure</th>
<th>Not needed</th>
<th>Needed, none present</th>
<th>Present, correctly used</th>
<th>Present, incorrectly used</th>
<th>Present, not used</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airbag</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Lap belt</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Shoulder belt</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Child seat*</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Belt positioning booster seat</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Helmet</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
### H2. FIRE, BURN, OR ELECTROCUTION

**a. Ignition, heat or electrocution source:**
- Matches
- Cigarette lighter
- Utility lighter
- Cigarette or cigar
- Candles
- Cooking stove
- Lightning
- Oxygen tank
- Hot cooking water
- Hot bath water
- Appliance in water
- Other explosives
- Other, specify:

**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:

**d. Material first ignited:**
- Upholstery
- Mattress
- Clothing
- Curtain
- Other, specify:
- Other, specify:

**e. Type of building on fire:**
- Single home
- Apartment
- Trailer/mobile home
- Other, specify:

**f. Building's primary construction material:**
- Wood
- Steel
- Brick/stone
- Aluminum
- Other, specify:

**g. Fire started by a person?**
- 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

**k. Were barriers preventing safe exit?**
- Yes
- No
- U/K

**l. Was building a rental property?**
- Yes
- No
- U/K

**m. Were building/rental codes violated?**
- Yes
- No
- U/K

**n. Were proper working fire extinguishers present?**
- Yes
- No
- U/K

**o. Was sprinkler system present?**
- Yes
- No
- U/K

**p. Were smoke alarms present?**
- Yes
- No
- U/K

**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:
- Other, specify:

**t. Other, describe in detail:**

### H3. DROWNING

**a. Where was child last seen before drowning?**
- In water
- In yard
- On shore
- In bathroom
- On dock
- In house
- Poolside
- Other, specify:

**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
- Pool, hot tub, spa, go to i
- Bathhtub, 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
- Ocean

**f. For open water, contributing environmental factors:**
- Weather
- Drop off
- Temperature
- Rough waves
- Current
- Other, specify:
- Rip tide/undertow

**g. If boating, type of boat:**
- Sailboat
- Jet ski
- Commercial
- Other, specify:
- Motorboat
- Canoe
- Kayak
- U/K
- Raft

**h. For boating, was the child piloting boat?**
- Yes
- No
- U/K

**i. Length of time owners had pool/hot tub/spa:**
- N/A
- >1yr
- 6m-1 yr

**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
m. Flotation device used?  
- N/A
- Yes
- No
- U/K

If yes, check all that apply:
- Coat Guard approved
- Jacket
- Cushion
- Lifesaving ring
- Swim rings
- Inner tube
- Air mattress
- Other, specify:

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
- 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
- Gap in gate
- Climbed fence
- Other, specify:

q. Door, check all that apply:
- Patio door
- Screen door
- Barrier between door and water
- Has lock
- Other, specify:

r. Alarm, check all that apply:
- Door
- Window
- Pool
- Laser
- U/K

s. Type of cover:
- Hard
- Soft
- U/K

Local ordinance(s) regulating access to water?  
- Yes
- No
- U/K

If yes, rules violated?  
- Yes
- No
- U/K

How were layers of protection breached? Check all that apply:
- No layers breached
- Gate left open
- Gate unlocked
- Gate latch failed
- Gap in gate
- Climbed fence
- Other, specify:

For bathtub, child in a bathing aid?  
- N/A
- Yes
- No
- U/K

If yes, specify type:

Warning sign or label posted?  
- N/A
- Yes
- No
- U/K

Lifeguard present?  
- N/A
- Yes
- No
- U/K

Rescue attempt made?  
- N/A
- Yes
- No
- U/K

If yes, who? Check all that apply:
- Parent
- Bystander
- Other child
- Other, specify:

Did rescuer(s) also drown?  
- N/A
- Yes
- No
- U/K

If yes, number of rescuers that drowned: _____

H4. UNINTENTIONAL ASPHYXIA

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

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

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

If strangulation, object causing event:
- Clothing
- Blind cord
- Car seat
- Stroller
- High chair
- Belt
- Rope/string
- Leash
- Electrical cord
- Person, go to H5q
- Automobile power window
- or sunroof

If choking, object causing choking:
- Food, specify:
- Toy, specify:
- Balloon
- Other, specify:
- U/K

Was asphyxia an auterotic event?  
- N/A
- Yes
- No
- U/K

If yes, #_____

History of seizures?  
- Yes
- No
- U/K

If yes, witnessed?  
- Yes
- No
- U/K

History of apnea?  
- Yes
- No
- U/K

If yes, witnessed?  
- Yes
- No
- U/K

Was Heimlich Maneuver attempted?  
- Yes
- No
- U/K
### H5. ASSAULT, WEAPON OR PERSON'S BODY PART

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

### H6. FALL OR CRUSH

| a. Type: | Fall, go to b | | |
| o. Crush, go to h | | | |
| b. Height of fall: | feet | | |
| | inch | | |
| | U/K | | |
| c. Child fell from: | Open window | | |
| o. Screen | | | |
| o. No screen | | | |
| o. U/K if screen | | | |
| o. Natural elevation | | | |
| o. Man-made elevation | | | |
| o. Playground equipment | | | |
| o. Tree | | | |
| o. Stairs/steps | | | |
| o. Moving object, specify: | | | |
| o. Animal, specify: | | | |
| o. Bridge | | | |
| o. Overpass | | | |
| o. Other, specify: | | | |

---

Page 14 of 24
### H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

**a. Type of substance involved, check all that apply and note source of substance:**

Source codes:
- 1 = Bought from dealer or stranger (Prescription or illicit only)
- 2 = Bought from friend or relative
- 3 = From friend or relative for free
- 4 = Took from friend or relative without asking
- 5 = Own prescription (Prescription only)
- 6 = Bought from store/pharmacy (OTC or other substances only)
- 7 = Other
- 8 = Other prescription
- 9 = U/K
- 10 = Other OTC, specify: ___________
- 11 = Other illicit drug, specify: ___________
- 12 = U/K

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>Prescription drug/source</th>
<th>Over-the-counter drug/source</th>
<th>Illicit drugs/source</th>
<th>Other substances/source</th>
</tr>
</thead>
<tbody>
<tr>
<td>antidepressant</td>
<td>□ Antidepressant</td>
<td>□ Pain medication</td>
<td>□ Pain medication (opioids)</td>
<td>□ Alcohol</td>
</tr>
<tr>
<td>pain medication (opiods)</td>
<td>□ Pain medication (opiods)</td>
<td>□ Pain medication (non-opiods)</td>
<td>□ Methadone</td>
<td>□ Other fume/gas/vapor</td>
</tr>
<tr>
<td>pain medication (non-opiods)</td>
<td>□ Pain medication (non-opiods)</td>
<td>□ Other OTC, specify:</td>
<td>□ Methadone</td>
<td>□ Other, specify:</td>
</tr>
<tr>
<td>methadone</td>
<td>□ Methadone</td>
<td>□ Other Rx, specify:</td>
<td>□ Cocaine</td>
<td>□ Other, specify:</td>
</tr>
<tr>
<td>other</td>
<td>□ Other, specify:</td>
<td>□ Other illicit drug, specify:</td>
<td>□ Heroin</td>
<td>□ Other, specify:</td>
</tr>
</tbody>
</table>

**b. Where was the substance stored?**

- Open area
- Open cabinet
- Closed cabinet, unlocked
- Closed cabinet, locked
- Other, specify:

**c. Was the product in its original container?**

- Yes
- No
- U/K

**d. Did container have a child safety cap?**

- Yes
- No
- 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:

**f. Was Poison Control called?**

- Yes
- No
- U/K

**g. For CO poisoning, was a CO alarm present?**

- Yes
- No
- U/K

**H8. MEDICAL CONDITION**

**a. How long did the child have the medical condition?**

- In utero
- Weeks
- Months
- Days
- Years

**b. Was death expected as a result of the medical condition?**

- Yes
- No
- U/K

**c. Was child receiving health care for the medical condition?**

- Yes
- No
- U/K

**d. Were the prescribed care plans appropriate for the medical condition?**

- N/A
- Yes
- No
- U/K

**e. Was child/family compliant with the prescribed care plans?**

- Yes
- No
- U/K

**f. Was the medical condition associated with an outbreak?**

- Yes
- No
- U/K

**g. Was environmental tobacco exposure a contributing factor in death?**

- Yes
- No
- U/K

**H9. OTHER KNOWN INJURY CAUSE**

Specify cause, describe in detail:
## I. 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

**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?

- [ ] Yes
- [ ] No
- [ ] U/K

**Symptom** | Present w/in 72 hours of death | Present w/in 72 hours of death | Present more w/in 72 hours of death
--- | --- | --- | ---
Cardiac | Other Acute Symptoms | Yes | No | U/K | Yes | No | U/K
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 | | | | | | | |

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

- [ ] Yes
- [ ] No
- [ ] U/K

**Condition** | Diagnosed | Diagnosed
--- | --- | ---
**Blood disease** | | |
Sickle cell disease | Yes | No |
Sickle cell trait | Yes | No |
Thrombophilia (clotting disorder) | Yes | No |
**Cardiac** | | |
Abnormal electrocardiogram (EKG or ECG) | Yes | No |
Aneurysm or aortic dilatation | Yes | No |
Arrhythmia/arrhythmia syndrome | Yes | No |
Cardiomyopathy | Yes | No |
Commotio cordis | Yes | No |
Congenital heart disease | Yes | No |
Coronary artery abnormality | Yes | No |
Coronary artery disease (atherosclerosis) | Yes | No |
Endocarditis | Yes | No |
Heart failure | Yes | No |
Heart murmur | Yes | No |
High cholesterol | Yes | No |
Hypertension | Yes | No |
Myocarditis (heart infection) | Yes | No |
Pulmonary hypertension | Yes | No |
Sudden cardiac arrest | Yes | No |
**Neurologic** | | |
Anoxic brain injury | Yes | No |
Traumatic brain injury/ head injury/concussion | Yes | No |
Brain tumor | Yes | No |
Brain aneurysm | Yes | No |
Brain hemorrhage | Yes | No |
Developmental brain disorder | Yes | No |
Epilepsy/seizure disorder | Yes | No |
Febrile seizure | Yes | No |
Mesial temporal sclerosis | Yes | No |
Neurodegenerative disease | Yes | No |
Stroke/mini stroke/ TIA-Transient Ischemic Attack | Yes | No |
Central nervous system infection | Yes | No |
(Meningitis or encephalitis) | Yes | No |
**Respiratory** | | |
Apnea | Yes | No |
Asthma | Yes | No |
Pulmonary embolism | Yes | No |
Pulmonary hemorrhage | Yes | No |
Respiratory arrest | Yes | No |

### 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?

- [ ] Yes
- [ ] No
- [ ] U/K

**Condition** | Diagnosed
--- | ---
**Other** | | |
Connective tissue disease | Yes | No |
Diabetes | Yes | No |
Endocrine disorder, other: thyroid, adrenal, pituitary | Yes | No |
Hearing problems or deafness | Yes | No |
Kidney disease | Yes | No |
Mental illness/psychiatric disease | Yes | No |
Metabolic disease | Yes | No |
Muscle disorder or muscular dystrophy | Yes | No |
Oncologic disease treated by chemotherapy or radiation | Yes | No |
Prematurity | Yes | No |
Congenital disorder/ genetic syndrome | Yes | No |
Other, specify: | Yes | No |
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:  

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?  
☐ Y  ☐ N  ☐ U/K for all  

Deaths  
☐ Y  ☐ N  ☐ U/K  
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  
☐ Y  ☐ N  ☐ U/K  
Heart condition/heart attack or stroke before age 50
Aortic aneurysm or aortic rupture
Arrhythmia (fast or irregular heart rhythm)
Cardiomyopathy
Congenital heart disease
Epilepsy or convulsions/seizure
Other neurologic disease

Symptoms  
☐ Y  ☐ N  ☐ U/K  
Febrile seizures
Unexplained fainting

Other Diagnoses  
☐ Y  ☐ N  ☐ U/K  
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:

h. In the 72 hours prior to death was the child taking any prescribed medication(s)?  
☐ Y  ☐ N  ☐ U/K  
If yes, describe:

i. Within 2 weeks prior to death had the child:  
☐ N/A  ☐ Yes  ☐ No  ☐ U/K  
Taken extra doses of prescribed medications
Missed doses of prescribed medications
Changed prescribed medications, describe:

j. Was the child compliant with their prescribed medications?  
☐ Y/N/A  ☐ U/K  
If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death?  
☐ Y  ☐ N  ☐ U/K  
Check all that apply:
☐ Over-the-counter medicine  ☐ Supplements
☐ Recent/short term prescriptions  ☐ Tobacco
☐ Energy drinks  ☐ Alcohol
☐ Caffeine  ☐ Illegal drugs
☐ Performance enhancers  ☐ Legalized marijuana
☐ Diet assisting medications  ☐ Other, specify:  
☐ U/K

If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?  
☐ Y  ☐ N  ☐ U/K  
Check all that apply:

Stimuli  
☐ At incident  ☐ Within 24 hrs of incident  
Yes  ☐ No  ☐ U/K  
Physical activity
Sleep deprivation
Driving
Visual stimuli
Video game stimuli
Emotional stimuli
Auditory stimuli/starlite
Physical trauma
Other, specify:

m. Was the child an athlete?  
☐ Y/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?  
☐ Y  ☐ N  ☐ 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:  
☐ N/A  ☐ Yes  ☐ No  ☐ U/K  
If yes:

Symptoms  
☐ At incident  ☐ Within 24 hours of incident  
Yes  ☐ No  ☐ U/K  
Chest pain
Headache
Confusion
Palpitations
Convulsions/seizure
Shortness of breath/difficulty breathing
Dizziness/lightheadedness
Other, specify:
Fainting
U/K

o. For child age 12 or older, did the child receive a pre-participation exam for a sport?  
☐ Y/N/A  ☐ Yes  ☐ No  ☐ U/K  
If yes:
Was it done within a year prior to death?  
☐ Y  ☐ N  ☐ U/K
Did the exam lead to restrictions for sports or otherwise?  
☐ Y  ☐ N  ☐ U/K
If yes, specify restrictions:

If yes to any item, describe type of physical activity and extent of symptoms:
### Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>p. How old was the child when diagnosed with epilepsy/seizure disorder?</td>
<td>Age 0 (infant) through 20 years: __________</td>
</tr>
<tr>
<td>q. What were the underlying cause(s) of the child’s seizures?</td>
<td>Brain injury/trauma, specify:</td>
</tr>
<tr>
<td></td>
<td>Brain tumor</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular</td>
</tr>
<tr>
<td></td>
<td>Central nervous system infection</td>
</tr>
<tr>
<td></td>
<td>Degenerative process</td>
</tr>
<tr>
<td></td>
<td>Developmental brain disorder</td>
</tr>
<tr>
<td></td>
<td>Inborn error of metabolism</td>
</tr>
<tr>
<td>r. What type(s) of seizures did the child have? Check all that apply:</td>
<td>Non-convulsive</td>
</tr>
<tr>
<td></td>
<td>Convulsive (grand mal seizure or generalized tonic-clonic seizure)</td>
</tr>
<tr>
<td></td>
<td>Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>s. Describe the child’s epilepsy/seizures (not including the epileptic drugs did the child take?)</td>
<td>Last less than 30 minutes</td>
</tr>
<tr>
<td></td>
<td>Last more than 30 minutes (status epilepticus)</td>
</tr>
<tr>
<td></td>
<td>Occur in the presence of fever (febrile seizure)</td>
</tr>
<tr>
<td></td>
<td>Occur in the absence of fever</td>
</tr>
<tr>
<td></td>
<td>Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)</td>
</tr>
<tr>
<td>t. How many seizures did the child have in the year preceding death?</td>
<td>0 (never)</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>u. Did treatment for seizures include anti-epileptic drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>If yes, how many different types of anti-epileptic drugs did the child take?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>v. Was night surveillance used?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

### I2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:

**WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Incident sleep place:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crib</td>
</tr>
<tr>
<td></td>
<td>Adult bed</td>
</tr>
<tr>
<td></td>
<td>Car seat</td>
</tr>
<tr>
<td></td>
<td>If adult bed, what type?</td>
</tr>
<tr>
<td></td>
<td>Twin</td>
</tr>
<tr>
<td></td>
<td>Bed position</td>
</tr>
<tr>
<td></td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td>Couch position</td>
</tr>
<tr>
<td></td>
<td>Queen</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>b. Child put to sleep:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On back</td>
</tr>
<tr>
<td></td>
<td>On stomach</td>
</tr>
<tr>
<td></td>
<td>On side</td>
</tr>
<tr>
<td></td>
<td>On U/K</td>
</tr>
<tr>
<td>c. Child found:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On back</td>
</tr>
<tr>
<td></td>
<td>On stomach</td>
</tr>
<tr>
<td></td>
<td>On side</td>
</tr>
<tr>
<td></td>
<td>On U/K</td>
</tr>
<tr>
<td>d. Usual sleep place:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crib</td>
</tr>
<tr>
<td></td>
<td>Baby box</td>
</tr>
<tr>
<td></td>
<td>Floor</td>
</tr>
<tr>
<td></td>
<td>If adult bed, what type?</td>
</tr>
<tr>
<td></td>
<td>Twin</td>
</tr>
<tr>
<td></td>
<td>King</td>
</tr>
<tr>
<td></td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>Queen</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>e. Usual sleep position:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On back</td>
</tr>
<tr>
<td></td>
<td>On stomach</td>
</tr>
<tr>
<td></td>
<td>On side</td>
</tr>
<tr>
<td></td>
<td>On U/K</td>
</tr>
<tr>
<td>f. Was there any type of crib, Pack ‘n Play, bassinet, bed side sleeper or baby box in home for child?</td>
<td>Yes</td>
</tr>
<tr>
<td>g. Child in a new or different environment than usual?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, describe why:</td>
</tr>
<tr>
<td>h. Child last placed to sleep with a pacifier?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, describe:</td>
</tr>
<tr>
<td>i. Child wrapped or swaddled in blanket?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, describe:</td>
</tr>
<tr>
<td>j. Child overheated?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, outside temp _____ degrees F</td>
</tr>
<tr>
<td></td>
<td>Check all that apply:</td>
</tr>
<tr>
<td></td>
<td>Room too hot, temp _____ degrees F</td>
</tr>
<tr>
<td></td>
<td>Too much bedding</td>
</tr>
<tr>
<td></td>
<td>Too much clothing</td>
</tr>
<tr>
<td>k. Child exposed to second hand smoke?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, how often:</td>
</tr>
<tr>
<td></td>
<td>Frequently</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
</tr>
<tr>
<td>l. Child’s face when found:</td>
<td>Down</td>
</tr>
<tr>
<td></td>
<td>Hypereextended (head back)</td>
</tr>
<tr>
<td></td>
<td>Hypoextended (chin to chest)</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
</tr>
<tr>
<td></td>
<td>Turned</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>m. Child’s neck when found:</td>
<td>Down</td>
</tr>
<tr>
<td></td>
<td>Hypereextended (head back)</td>
</tr>
<tr>
<td></td>
<td>Hypoextended (chin to chest)</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
</tr>
<tr>
<td></td>
<td>Turned</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>n. Child’s airway when found (includes nose, mouth, neck and/or chest):</td>
<td>Unobstructed by person or object</td>
</tr>
<tr>
<td></td>
<td>Unobstructed by person or object</td>
</tr>
<tr>
<td></td>
<td>Partially obstructed by person or object</td>
</tr>
<tr>
<td></td>
<td>If fully or partially obstructed, what was obstructed?</td>
</tr>
<tr>
<td></td>
<td>Nose</td>
</tr>
<tr>
<td></td>
<td>Chest compressed</td>
</tr>
<tr>
<td></td>
<td>Mouth</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td></td>
<td>Neck compressed</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
</tbody>
</table>
o. Objects in child's sleep environment and relation to airway obstruction:

<table>
<thead>
<tr>
<th>Objects</th>
<th>Present?</th>
<th>On top of child</th>
<th>Under child</th>
<th>Next to child</th>
<th>Around child</th>
<th>Tangled</th>
<th>If present, did object obstruct airway?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Other child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Animal(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>Mattress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comforter, quilt, or other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitted sheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thin blanket/flat sheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pillow(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cushion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boppy or U shaped pillow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep positioner (wedge)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bumper pads</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crib railing/side</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toy(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other(s), specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If adult(s) obstructed airway, describe relationship of adult to child (for example, biological mother):

p. Was there a reliable, non-conflicting witness account of how the child was found?  ○ Yes  ○ No  ○ U/K

q. Caregiver/supervisor fell asleep while feeding child?

If yes, type of feeding:  ○ Bottle  ○ Breast  ○ U/K

r. Child sleeping in the same room as caregiver/supervisor at time of death?

If yes, check all that apply:

- With adult(s): # __________  # U/K
- Adult obese:  ○ Yes  ○ No  ○ U/K
- With other children: # __________  # U/K
- Children's ages: __________
- With animal(s): # __________  # U/K
- Type(s) of animal: __________

s. Child sleeping on same surface with person(s) or animal(s)?

If yes, reasons stated for sleeping on same surface, check all that apply:

- To feed
- To soothe
- Usual sleep pattern
- No infant bed available
- Home/living space overcrowded
- Other, specify:  ○ U/K

If yes, check all that apply:

- With adult(s): # __________  # U/K
- Adult obese:  ○ Yes  ○ No  ○ U/K
- With other children: # __________  # U/K
- Children's ages: __________
- With animal(s): # __________  # U/K
- Type(s) of animal: __________

I3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?  ○ Yes  ○ No, go to I4  ○ U/K, go to I4

a. Describe product and circumstances:

b. Was product used properly?  ○ Yes  ○ No  ○ U/K

c. Is a recall in place?  ○ Yes  ○ No  ○ U/K

d. Did product have safety label?  ○ Yes  ○ No  ○ U/K

e. Was Consumer Product Safety Commission (CPSC) notified?  ○ Yes  ○ No, go to www.saferproducts.gov to report  ○ U/K

I4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?  ○ Yes  ○ No, go to I5  ○ U/K, go to I5

a. Type of crime, check all that apply:

- Robbery/burglary
- Other assault
- Arson
- Illegal border crossing  ○ U/K
- Interpersonal violence
- Gang conflict
- Prostitution
- Auto theft
- Sexual assault
- Drug trade
- Witness intimidation
- Other, specify:
### I. 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 15b
- [ ] Child neglect, go to 15f
- [ ] Poor/absent supervision, go to 15h
- [ ] Exposure to hazards, go to 15g

**b. Type of child abuse, check all that apply:**
- [ ] Abusive head trauma, go to 18c
- [ ] Chronic Battered Child Syndrome, go to 15e
- [ ] Beating/kicking, go to 15e
- [ ] Scalding or burning, go to 15e
- [ ] Munchausen Syndrome by Proxy, go to 15e
- [ ] Sexual assault, go to 15h
- [ ] Other, specify and go to 15h
- [ ] U/K, go to 15e

**c. For abusive head trauma, were there retinal hemorrhages?**
- [ ] Yes
- [ ] No
- [ ] U/K

**d. For abusive head trauma, was the child shaken?**
- [ ] 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
- [ ] 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

**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
  - [ ] Flame 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

---

### I. SUICIDE

**a. Child’s history. Check all that have ever applied:**
- [ ] None listed below
- [ ] Involved in sports
- [ ] Involved in activities (not sports)
- [ ] Viewed, posted or interacted on social media
- [ ] History of running away
- [ ] History of fearful 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
- [ ] Intermittent attempt #__
- [ ] Preparatory behavior #__
- [ ] Non-fatal attempt #__
- [ ] Attempted #__
- [ ] U/K

**d. Did the child ever 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, was there impact? Domestic argument ___________

**h. Warning signs (https://youthsuicidewarningsigns.org) within 30 days of death. Check all that apply:**
- [ ] None listed below
- [ ] Expression of perceived burden on others
- [ ] Showed worrisome behavioral cues or marked changes in behavior
- [ ] Displayed severe/overwhelming emotional pain or distress
- [ ] 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

---

### I. 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
- [ ] Discrimination
- [ ] Violence
- [ ] Poverty
- [ ] Pregnancy
- [ ] Neighborhood discord
- [ ] Pregnancy scare
- [ ] Job problems
- [ ] Scare
- [ ] Money problems
- [ ] Food insecurity
### 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.

   - Exposure to hazards
   - Assault, not child abuse
   - Other, specify:

   - Parent supervision
   - U/K

3. Did the team have information about the person(s)?
   - Yes
   - No, go to Section K

4. Is person listed in a previous section?

   - Yes, biological mother, go to J17
   - Yes, biological father, go to J17
   - Yes, caregiver one, go to J17
   - Yes, caregiver two, go to J17
   - Yes, supervisor, go to J19
   - No

5. Primary person(s) responsible for action(s): Select one for each person responsible.

   - Adoptive parent
   - Step parent
   - Foster parent
   - Mother's partner
   - Father's partner
   - Grandparent
   - Sibling
   - Other relative
   - Friend
   - Acquaintance
   - Child's boyfriend or girlfriend
   - Stranger
   - Medical provider
   - Institutional staff
   - Babysitter
   - Licensed child care worker
   - Other, specify:

6. Person's age in years:

   - # Years

7. Person's sex:

   - Male
   - Female
   - U/K

8. Person speaks and understands English?

   - Yes
   - No
   - U/K

9. Person on active military duty?

   - Yes
   - No
   - U/K

10. Person(s) have history of substance abuse?

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

11. Person(s) have history of child maltreatment as victim?

    - Physical
    - Neglect
    - Sexual
    - Emotional/psychological
    - U/K

12. Person(s) have history of child maltreatment as a perpetrator?

    - Physical
    - Neglect
    - Sexual
    - Emotional/psychological
    - U/K

13. Person(s) have disability or chronic illness?

    - Physical/orthopedic, specify:
    - Mental health/substance abuse, specify:
    - Cognitive/intellectual, specify:
    - Sensory, specify:
    - U/K

14. Person(s) have prior child deaths?

    - Child abuse
    - Child neglect
    - Accident
    - Suicide
    - SIDS
    - Undetermined cause
    - Other
    - U/K

15. Person(s) have history of intimate partner violence?

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

16. Person(s) have delinquent/criminal history?

    - Assaults
    - Robbery
    - Drugs
    - Other, specify:
    - U/K
17. At the time of the incident, was the person asleep?
   - Yes
   - No
   - U/K

18. At time of incident was person impaired?
   - Yes
   - No
   - U/K

19. Person(s) have, check all that apply:
   - Prior history of similar acts
   - Prior arrests
   - Prior convictions
   - Charges dismissed
   - Charges pending
   - Charges filed
   - Charges filed, specify:
   - Confession
   - Plea, specify:
   - Not guilty verdict
   - Guilty verdict, specify:
   - Tort charges, specify:
   - U/K

20. Legal outcomes in this death, check all that apply:
   - No charges filed
   - Charges pending
   - Charges dismissed
   - Charges filed
   - Confession
   - Plea, 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

2. If yes, select one option per row:
   - 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:

3. Mark this case to edit/add findings at a later date

L. FINDINGS IDENTIFIED DURING THE REVIEW

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

5. Could the death have been prevented?
   - Yes, probably
   - No, probably not
   - Team could not determine
### M. THE REVIEW MEETING PROCESS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of first review meeting:</td>
<td>2. Number of review meetings for this case:</td>
<td>3. Is review complete?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Agencies and individuals at review meeting, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical examiner/coroner/pathologist</td>
<td>CPS</td>
<td>Fire</td>
</tr>
<tr>
<td>Death investigator</td>
<td>Other social services</td>
<td>EMS</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>Physician</td>
<td>Faith based organization</td>
</tr>
<tr>
<td>Prosecutor/district attorney</td>
<td>Nurse</td>
<td>Education</td>
</tr>
<tr>
<td>Public health</td>
<td>Hospital</td>
<td>Mental health</td>
</tr>
<tr>
<td>HMO/managed care</td>
<td>Other health care</td>
<td>Substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Were the following data sources available at the review meeting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC’s SUIDI Reporting Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jurisdictional equivalent of the CDC SUIDI Reporting Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth certificate - full form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s medical records or clinical history, including vaccinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological mother’s obstetric and prenatal information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn screening results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law enforcement records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social service records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child protection agency records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS run sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy/pathology reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home visiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment records</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did any of the following factors reduce meeting effectiveness, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality issues among members prevented full exchange of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIPAA regulations prevented access to or exchange of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate investigation precluded having enough information for review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team members did not bring adequate information to the meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necessary team members were absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting was held too soon after death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting was held too long after death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records or information were needed from another locality in-state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records or information were needed from another state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team disagreement on circumstances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other factors, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Review meeting outcomes, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review led to additional investigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team disagreed with official manner of death. What did team believe manner should be?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team disagreed with official cause of death. What did team believe cause should be?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of the review, the official cause or manner of death was changed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### N. SUID AND SDY CASE REGISTRY

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is this an SDY or SUID case?</td>
<td>Yes</td>
<td>No</td>
<td>If no, go to Section O</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did this case go to Advanced Review for the SDY Case Registry?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, date of first Advanced Review meeting:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Professionals at the Advanced Review meeting, check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did the Advanced Review team believe the autopsy was comprehensive?</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
7. Was a specimen saved for the SDY Case Registry?
- N/A
- Yes
- No
- U/K

8. Was a specimen sent to the SDY Case Registry biorepository?
- 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:

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

11. Categorization for SUID Case Registry (choose only one):
- Excluded (other explained causes, not suffocation)
- Unexplained: No autopsy or death scene investigation
- Unexplained: Complete 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

01. 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: ____________________________ Email: ____________________________
Title: ____________________________ Date completed: ____________________________
Agency: ____________________________ Data entry completed for this case? □
Phone: ____________________________
For State Program Use Only:
Data quality assurance completed by state? □