CDR Report Form

National Fatality Review

Case Reporting System

Version 5.0

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

1-800-656-2434  info@ncfrp.org  www.ncfrp.org

SAVING LIVES TOGETHER
Instructions:

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

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

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

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

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

HIPAA 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 our Data Use Agreements. 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.

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

1. Child's name: 
   First: 
   Middle: 
   Last: 
   U/K

2. Date of birth: 
   U/K
   mm / dd / yyyy

3. Date of death: 
   U/K
   mm / dd / yyyy

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

5. Race, check all that apply: 
   ○ White
   ○ Native Hawaiian
   ○ Black
   ○ Pacific Islander, specify: 
   ○ Asian, specify: 
   ○ American Indian, Tribe: 
   ○ Alaskan Native, Tribe: 
   ○ U/K

6. Hispanic or Latino origin? 
   ○ Yes
   ○ No
   ○ U/K

7. Sex: 
   ○ Male
   ○ Female
   ○ U/K

8. Residence address: 
   U/K
   Street: 
   Apt: 
   City: 
   State: 
   Zip: 
   County: 

9. Child's weight at death: 
   U/K
   Pounds/ounces
   Grams/kilograms

10. Child's height at death: 
    ○ Feet/inches
    ○ Cm

11. State of death: 
    ○ U/K

12. County of death: 
    ○ U/K

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

   If yes, check all that apply: 
   □ Physical/orthopedic, specify: 
   □ Mental health/substance abuse, specify: 
   □ Cognitive/intellectual, specify: 
   □ Sensory, specify: 
   □ U/K

14. Were any siblings placed outside of the home prior to this child's death? 
    ○ N/A
    ○ Yes, # _____
    ○ No
    ○ U/K

15. Child's health insurance, check all that apply: 
    ○ None
    ○ Indian Health Service
    ○ Private
    ○ Other, specify: 
    ○ Medicaid
    ○ U/K
    ○ State plan

16. Was the child up to date with Academy of Pediatrics Immunization Schedule? 
    ○ NA
    ○ Yes
    ○ No, specify: 
    ○ U/K

If the child never left the hospital following birth, go to A2.

17. Type of residence: 
    ○ Parental home
    ○ Relative home
    ○ Jail/detention
    ○ Licensed group home
    ○ Living on own
    ○ Other, specify: 
    ○ Licensed foster home
    ○ Shelter
    ○ Relative foster home
    ○ Homeless
    ○ U/K

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

19. Residence overcrowded? 
    ○ Yes
    ○ No
    ○ U/K

20. Child ever homeless? 
    ○ Yes
    ○ No
    ○ U/K

21. Number of other children living with child: 
    ○ U/K

22. Child had history of child maltreatment? If yes, check all that apply: 
   □ As Victim
   □ As Perpetrator
   □ As Victim
   □ As Perpetrator
   □ Physical
   □ Through CPS
   □ Neglect
   □ Other sources
   □ Sexual
   □ Emotional/psychological
   □ Substantiations
   □ U/K

   If yes, how was history identified: 
   □ Through CPS: 
   □ # CPS referrals
   □ # Substantiations

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

24. Was child ever placed outside of the home prior to the death? 
    ○ Yes
    ○ No
    ○ U/K

**A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD**

25. Child's highest education level: 
    ○ N/A
    ○ Drop out
    ○ None
    ○ HS graduate
    ○ Preschool
    ○ College
    ○ Grade K-8
    ○ Grade 9-12
    ○ Home schooled, K-8
    ○ Home schooled, 9-12

26. Child's work status: 
    ○ N/A
    ○ Employed
    ○ Full time
    ○ Part time
    ○ U/K
    ○ Not working
    ○ U/K

27. Did child have problems in school? 
    ○ N/A
    ○ Yes
    ○ No
    ○ U/K

28. Child had history of intimate partner violence? Check all that apply: 
    □ N/A
    □ Yes, as victim
    □ Yes, as perpetrator
    □ No
    □ U/K
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Child's mental health (MH):</td>
<td>N/A</td>
</tr>
<tr>
<td>Child had received prior MH services?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>Child was receiving MH services?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>Child on medications for MH illness?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>Issues prevented child from receiving MH services?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>If yes, specify:</td>
<td></td>
</tr>
<tr>
<td>30. Child had history of substance abuse?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>Alcohol, Other, specify:</td>
</tr>
<tr>
<td>cocaine, marijuana, methamphetamine, opiates, prescription drugs,</td>
<td></td>
</tr>
<tr>
<td>over-the-counter drugs</td>
<td></td>
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<tr>
<td>31. Child had delinquent or criminal history?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>assaults, Other, specify:</td>
</tr>
<tr>
<td>robbery, drugs, U/K</td>
<td></td>
</tr>
<tr>
<td>32. Child spent time in juvenile detention?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>33. Child acutely ill in the two weeks before death?</td>
<td>N/A, Yes, No, U/K</td>
</tr>
<tr>
<td>34. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR)</td>
<td>Yes, No, U/K</td>
</tr>
<tr>
<td>Child Death Review (CDR/CFR) team?</td>
<td></td>
</tr>
<tr>
<td>35. Gestational age:</td>
<td>U/K</td>
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<tr>
<td>Birth weight:</td>
<td>U/K</td>
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<tr>
<td>Multiple gestation:</td>
<td>Yes, #, No, U/K</td>
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<tr>
<td>Includes the deceased infant</td>
<td></td>
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<tr>
<td>birth mother still has living</td>
<td></td>
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<tr>
<td>40. Not including the deceased infant, number of children</td>
<td>U/K</td>
</tr>
<tr>
<td>Prenatal care provided during pregnancy of deceased infant?</td>
<td>Yes, No, U/K</td>
</tr>
<tr>
<td>If yes, number of prenatal visits kept:</td>
<td></td>
</tr>
<tr>
<td>If yes, month of first prenatal visit:</td>
<td></td>
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<tr>
<td>Access or compliance issues related to prenatal care?</td>
<td>Yes, No, U/K</td>
</tr>
<tr>
<td>Language barriers</td>
<td></td>
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<tr>
<td>Family/social support</td>
<td></td>
</tr>
<tr>
<td>Did she think she was pregnant</td>
<td></td>
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<tr>
<td>Services not available</td>
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<tr>
<td>Other, specify:</td>
<td></td>
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<tr>
<td>Lack of transportation</td>
<td></td>
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<tr>
<td>Multiple providers, not coordinated</td>
<td></td>
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<tr>
<td>Distrust of health care system</td>
<td></td>
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<tr>
<td>No phone</td>
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<tr>
<td>Didn't get an earlier appointment</td>
<td></td>
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<tr>
<td>Unwilling to obtain care</td>
<td></td>
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<tr>
<td>U/K</td>
<td></td>
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<tr>
<td>Cultural differences</td>
<td></td>
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<tr>
<td>Didn't know where to go</td>
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<tr>
<td>41. During pregnancy, did mother have any medical conditions/complications?</td>
<td>Yes, No, U/K</td>
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<tr>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Hypertension - gestational</td>
<td></td>
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<tr>
<td>Hypertension - chronic</td>
<td></td>
</tr>
<tr>
<td>Pre-eclampsia</td>
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<tr>
<td>Eclampsia</td>
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<tr>
<td>Polycystic ovarian disease</td>
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<tr>
<td>Hematologic</td>
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<tr>
<td>Folic acid deficiency</td>
<td></td>
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<tr>
<td>Sickle cell disease</td>
<td></td>
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<tr>
<td>Anemia (iron deficiency)</td>
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<tr>
<td>Respiratory</td>
<td></td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Pulmonary embolism</td>
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<tr>
<td>Endocrine/Metabolic</td>
<td></td>
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<tr>
<td>Diabetes, type 1 chronic</td>
<td></td>
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<tr>
<td>Diabetes, type 2 chronic</td>
<td></td>
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<tr>
<td>Diabetes, gestational</td>
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<tr>
<td>Thyroid</td>
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<tr>
<td>Polycystic ovarian disease</td>
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<tr>
<td>Neurologic/Psychiatric</td>
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<tr>
<td>Addiction disorder</td>
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<tr>
<td>Eating disorder</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Seizure disorder</td>
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<tr>
<td>STI (continued)</td>
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<tr>
<td>Group B strep</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Other STI, specify:</td>
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<tr>
<td>Gynecologic</td>
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<tr>
<td>Urterine/vaginal bleeding</td>
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<tr>
<td>Chorioamnionitis</td>
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<tr>
<td>Oligohydramnios</td>
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<td>Polyhydramnios</td>
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<tr>
<td>Intraterine growth restriction (IUGR)</td>
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<tr>
<td>Premature rupture of membranes (PPROM)</td>
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<tr>
<td>Gynecologic</td>
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<tr>
<td>Incompetent cervix</td>
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<tr>
<td>Umbilical cord complications</td>
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<td>Premature rupture of membranes (PPROM)</td>
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<tr>
<td>Preterm labor</td>
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<tr>
<td>Other, specify:</td>
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<tr>
<td>Renal</td>
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<tr>
<td>Barrachioinoids</td>
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<tr>
<td>Other cord, specify:</td>
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<tr>
<td>Other condition/complication</td>
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<td>43. Cardiac complications</td>
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<tr>
<td>Other cord, specify:</td>
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<tr>
<td>44. Did the mother experience any medical complications in previous pregnancies?</td>
<td>Yes, No, U/K</td>
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<tr>
<td>Previous preterm birth</td>
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<td>Previous small for gestational age</td>
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<tr>
<td>Previous low birth weight birth</td>
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<tr>
<td>Previous large for gestational age (greater than 4000 grams)</td>
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<tr>
<td>45. Did the mother use any medications, drugs or other substances during pregnancy?</td>
<td>Yes, No, U/K</td>
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<tr>
<td>Over-the-counter meds</td>
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<tr>
<td>Anti-epileptic</td>
<td></td>
</tr>
<tr>
<td>Nausea/vomiting medications</td>
<td></td>
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<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Meds to treat drug addiction</td>
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<tr>
<td>Allergy medications</td>
<td></td>
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<tr>
<td>Anti-hypertensives</td>
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<tr>
<td>Cholesterol medications</td>
<td></td>
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<tr>
<td>Heroin</td>
<td></td>
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<tr>
<td>Opiates</td>
<td></td>
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<tr>
<td>Antibiotics</td>
<td></td>
</tr>
<tr>
<td>Anti-hypothyroidism</td>
<td></td>
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<tr>
<td>Sleeping pills</td>
<td></td>
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<tr>
<td>Marijuana</td>
<td></td>
</tr>
<tr>
<td>Other pain meds</td>
<td></td>
</tr>
<tr>
<td>Anti-flu/antivirals</td>
<td></td>
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<tr>
<td>Arthritis medications</td>
<td></td>
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<tr>
<td>Meds to treat preterm labor</td>
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<tr>
<td>Methamphetamine</td>
<td></td>
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<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Anti-depressants/anti-anxiety/anti-psychotics</td>
<td></td>
</tr>
<tr>
<td>Diabetes medications</td>
<td></td>
</tr>
<tr>
<td>Meds used during delivery</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
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<tr>
<td>If alcohol, infant born with fetal effects or syndrome?</td>
<td></td>
</tr>
<tr>
<td>46. Was the infant born drug exposed?</td>
<td>Yes, No, U/K</td>
</tr>
<tr>
<td>47. Did the infant have neonatal abstinence syndrome (NAS)?</td>
<td>Yes, No, U/K</td>
</tr>
</tbody>
</table>

A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR

40. Not including the deceased infant, number of children born mother still has living # ______ U/K

41. Prenatal care provided during pregnancy of deceased infant? Yes No U/K

42. Were there access or compliance issues related to prenatal care? Yes No U/K

43. During pregnancy, did mother have any medical conditions/complications? Yes No U/K

44. Did the mother experience any medical complications in previous pregnancies? N/A Yes No U/K

45. Did the mother use any medications, drugs or other substances during pregnancy? Yes No U/K
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>48. Level of birth hospital:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1° Free-standing birth hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2° Home birth</td>
<td></td>
<td></td>
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<tr>
<td>3° Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Did the mother attend a postpartum visit?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>51. Did the infant have a NICU stay of more than one day?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, for what reason(s)? Check all that apply:</td>
<td>Prematurity</td>
<td>Apnea</td>
</tr>
<tr>
<td></td>
<td>Low birth weight</td>
<td>Sepsis</td>
</tr>
<tr>
<td></td>
<td>Tachypnea</td>
<td>Feeding difficulties</td>
</tr>
<tr>
<td></td>
<td>Drug/alcohol exposure</td>
<td></td>
</tr>
<tr>
<td>52. Did mother smoke in the 3 months before pregnancy?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, ___ Avg # cigarettes/day</td>
<td>(20 cigarettes in pack)</td>
<td></td>
</tr>
<tr>
<td>53. Did the mother smoke at any time during pregnancy?</td>
<td>Trimester 1</td>
<td>Trimester 2</td>
</tr>
<tr>
<td>If yes, ___ Avg # cigarettes/day</td>
<td>(20 cigarettes in pack)</td>
<td></td>
</tr>
<tr>
<td>54. Was mother injured during pregnancy?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, describe:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Did the mother have postpartum depression?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>56. Infant ever breastfed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, any breast milk at 3 months? N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, exclusively?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, any breast milk at 6 months? N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, exclusively?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If ever, was infant receiving breast milk at time of death?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>57. Did infant have abnormal metabolic newborn screening results?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, describe any abnormality such as a fatty acid oxidation error:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):</td>
<td>None</td>
<td>Cyanosis</td>
</tr>
<tr>
<td></td>
<td>Infection</td>
<td>Seizures or convulsions</td>
</tr>
<tr>
<td></td>
<td>Allergies</td>
<td>Cardiac abnormalities</td>
</tr>
<tr>
<td></td>
<td>Abnormal growth, weight gain/loss</td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>Apnea</td>
<td>U/K</td>
</tr>
<tr>
<td>59. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:</td>
<td>None</td>
<td>Vomiting</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
<td>Choking</td>
</tr>
<tr>
<td></td>
<td>Excessive sweating</td>
<td>Diarrhea</td>
</tr>
<tr>
<td></td>
<td>Lethargy/sleeping more than usual</td>
<td>Stool changes</td>
</tr>
<tr>
<td></td>
<td>Fussiness/excessive crying</td>
<td>Difficulty breathing</td>
</tr>
<tr>
<td></td>
<td>Decrease in appetite</td>
<td>Apnea</td>
</tr>
<tr>
<td>60. In the 72 hours prior to death, was the infant injured?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, describe cause and injuries:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61. In the 72 hours prior to death, was the infant given any vaccines?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, list name(s) of vaccines:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription and over-the-counter medications and home remedies.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, list name and last dose given:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63. What did the infant have for his/her last meal? Check all that apply:</td>
<td>Breast milk</td>
<td>Formula, type:</td>
</tr>
<tr>
<td></td>
<td>Cereal, type:</td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>
### B. BIOLOGICAL PARENT INFORMATION

No information available, go to Section C

1. Parents’ race, check all that apply:
   - [ ] White
   - [ ] Black
   - [ ] Asian
   - [ ] American Indian
   - [ ] Alaskan Native

2. Parents’ Hispanic or Latino origin?
   - [ ] Yes, specify origin:
     - [ ] Yes
     - [ ] No

3. Parents’ employment status:
   - [ ] Employed
   - [ ] Unemployed
   - [ ] On disability
   - [ ] Retired

4. Parents’ income:
   - [ ] High
   - [ ] Medium
   - [ ] Low

5. Parents’ age in years at death:
   - [ ] # Years
     - [ ] U/K

6. Parents’ education:
   - [ ] < High school
   - [ ] High school
   - [ ] College
   - [ ] Post graduate
   - [ ] U/K

7. Parents’ race, check all that apply:
   - [ ] White
   - [ ] Black
   - [ ] Asian
   - [ ] American Indian
   - [ ] Alaskan Native

8. Parents first generation immigrant?
   - [ ] Yes
   - [ ] No

9. Parents on active military duty?
   - [ ] Yes

10. Parents speak and understand English?
    - [ ] Yes
    - [ ] No

11. Parents have substance abuse history?
    - [ ] Yes
    - [ ] No

12. Parents ever victim of child maltreatment?
    - [ ] Yes
    - [ ] No

13. Parents ever perpetrator of maltreatment?
    - [ ] Yes
    - [ ] No

14. Parents have disability or chronic illness?
    - [ ] Yes
    - [ ] No

15. Parents have prior child deaths?
    - [ ] Yes
    - [ ] No

16. Parents have history of intimate partner violence?
    - [ ] Yes, as victim
    - [ ] Yes, as perpetrator

17. Parents have delinquent/criminal history?
    - [ ] Yes
    - [ ] No

If yes, check all that apply:

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

- [ ] CPS referrals
- [ ] Substantiations
- [ ] CPS prevention services
- [ ] Family preservation services
- [ ] Children ever removed

If mental health/substance abuse, was parent receiving MH services?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, check all that apply:

- [ ] Physical/orthopedic
- [ ] Mental health/substance abuse
- [ ] Cognitive/intellectual
- [ ] Sensory
- [ ] U/K

If yes, check all that apply:

- [ ] Assaults
- [ ] Robbery
- [ ] Drugs
- [ ] Other
- [ ] U/K
**C. PRIMARY CAREGIVER(S) INFORMATION**

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self, go to Section D</td>
<td>Foster parent</td>
</tr>
<tr>
<td>Biological mother, go to Section D</td>
<td>Mother's partner</td>
</tr>
<tr>
<td>Biological father, go to Section D</td>
<td>Father's partner</td>
</tr>
<tr>
<td>Adoptive parent</td>
<td>Grandparent</td>
</tr>
<tr>
<td>Stepparent</td>
<td>Sibling</td>
</tr>
</tbody>
</table>

2. Caregiver(s) age in years:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>U/K</td>
<td># Years</td>
</tr>
</tbody>
</table>

3. Caregiver(s) sex:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Native Hawaiian</td>
</tr>
<tr>
<td>Black</td>
<td>Pacific Islander, specify:</td>
</tr>
<tr>
<td>Asian, specify:</td>
<td>Alaskan Native, Tribe:</td>
</tr>
</tbody>
</table>

5. Caregiver(s) Hispanic or Latino origin?

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

6. Caregiver(s) employment status:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>Unemployed</td>
</tr>
</tbody>
</table>

7. Caregiver(s) income:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Medium</td>
</tr>
</tbody>
</table>

8. Caregiver(s) education:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school</td>
<td>College</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

10. Caregiver(s) first generation immigrant?

    | One | Two |
    |-----|-----|
    | Yes | No |

11. Caregiver(s) on active military duty?

    | One | Two |
    |-----|-----|
    | Yes, specify branch: | U/K |

12. Caregiver(s) have substance abuse history?

    | One | Two |
    |-----|-----|
    | Yes | No |

13. Caregiver(s) have prior child deaths?

    | One | Two |
    |-----|-----|
    | Yes | No |

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

    | One | Two |
    |-----|-----|
    | Yes | No |

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

    | One | Two |
    |-----|-----|
    | Yes | No |

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

    | One | Two |
    |-----|-----|
    | Yes | No |

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

    | One | Two |
    |-----|-----|
    | Yes | No |

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

    | One | Two |
    |-----|-----|
    | Yes | No |

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

    | One | Two |
    |-----|-----|
    | Yes | No |

---

If yes, check all that apply:

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

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

- Child abuse
- Child neglect
- Accident
- Suicide
- SIDS
- Undetermined cause
- Other

If yes, check all that apply:

- Physical
- Neglect
- Sexual
- Emotional/psychological

_______ # CPS referrals

_______ # Substantiations

- Ever in foster care or adopted

- CPS prevention services
- Family preservation services
- Children ever removed

---

If mental health/substance abuse, was caregiver receiving MH services?

- Yes
- No
- U/K

If yes, check all that apply:

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

- U/K

If yes, check all that apply:

- Assaults
- Robbery
- Drugs
- Other, specify:
  - U/K
### D. SUPERVISOR INFORMATION

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

1. Did child have supervision at time of incident leading to death?
   - Yes, answer D2-16
   - No, not needed given developmental age or circumstances, go to Sec. E
   - No, but needed, answer D3-16
   - Unable to determine, try to answer D3-16

2. How long before incident did supervisor last see child?
   - Select one:
     - Child in sight of supervisor
     - Minutes _____, Days _____
     - Hours _____, U/K

3. Is supervisor listed in a previous section?
   - Yes, biological mother, go to D15
   - Yes, biological father, go to D15
   - Yes, caregiver one, go to D15
   - Yes, caregiver two, go to D15
   - No

4. Primary person responsible for supervision at the time of incident? Select only one:
   - Adoptive parent
   - Grandparent
   - Institutional staff, go to D15
   - Stepparent
   - Sibling
   - Babysitter
   - Foster parent
   - Other relative
   - Licensed child care worker
   - Mother's partner
   - Friend
   - Other, specify:
   - Father's partner
   - Acquaintance
   - U/K
   - Hospital staff, go to D15

5. Supervisor's age in years: _____
6. Supervisor's sex: Male Female U/K
7. Supervisor speaks and understands English? Yes No U/K
8. Supervisor on active military duty? Yes No U/K

9. Supervisor has substance abuse history?
   - Yes
   - No
   - U/K

10. Supervisor has history of child maltreatment?
    - As Victim: Yes No U/K
    - As Perpetrator: Yes No U/K

11. Supervisor has disability or chronic illness?
    - Yes
    - No
    - U/K

12. Supervisor has prior child deaths?
    - Yes
    - No
    - U/K

13. Supervisor has history of intimate partner violence?
    - Yes, as victim
    - Yes, as perpetrator
    - No
    - U/K

14. Supervisor has delinquent or criminal history?
    - Yes
    - No
    - U/K

15. At the time of the incident, was the supervisor asleep?
    - Yes
    - No
    - U/K

16. At time of incident was supervisor impaired?
    - Yes
    - No
    - U/K

### E. INCIDENT INFORMATION

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

1. Was the date of the incident the same as the date of death?
   - Yes, same as date of death
   - No, different than date of death. Enter date of incident: mm / dd / yyyy

2. Approximate time of day that incident occurred?
   - AM
   - PM

3. Place of incident, check all that apply:
   - Child's home
   - Licensed care center
   - Indian reservation
   - Other, specify:

4. Type of area:
   - Urban
   - Suburban
   - Rural
   - Frontier
   - U/K
5. Incident state:

- Yes
- No
- UK

6. Incident county:

- Yes
- No
- UK

9. Was 911 or local emergency called?

- Yes
- No
- UK

10. Was resuscitation attempted?

- Yes
- No
- UK

11. At time of incident leading to death, had child used drugs or alcohol?

- Yes
- No
- UK

12. Child's activity at time of incident, check all that apply:

- Sleeping
- Working
- Driving/vehicle occupant
- U/K

13. Total number of deaths at incident event, including child:

- Children, ages 0-18
- U/K
- Adults

**F. INVESTIGATION INFORMATION**

1. Was a death investigation conducted?

- Yes
- No
- U/K

2. Death referred to:

- Medical examiner
- Medical examiner
- Mortician
- Coroner
- Other, specify:
- Hospital physician
- Other physician
- U/K

3. Person declaring official cause and manner of death:

- Medical examiner
- Medical examiner
- Mortician
- Coroner
- Other, specify:
- Hospital physician
- Other physician
- U/K

4. Autopsy performed?

- Yes
- No
- UK

5. Were the following assessed either through the autopsy or through information collected prior to the autopsy?

- X-ray - single
- X-ray - multiple views
- X-ray - complete skeletal series
- Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):

6. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F9.

- Yes
- No
- U/K

7. Was any toxicology testing performed?

- Yes
- No
- UK

8. Was the child's medical history reviewed as part of the autopsy?

- Yes
- No
- U/K

9. Describe any abnormalities or other significant findings noted in the autopsy:

10. What additional information would the team like to have known about the autopsy?

11. What additional information would the team like to have known about the death scene investigation?

12. Was there agreement between the cause of death listed on the pathology report and on the death certificate?

- Yes
- No
- UK

13. What additional information would the team like to have known about the death scene investigation?
### 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:

2. Enter the following information exactly as written on the death certificate:
   - 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:

4. If injury, describe how injury occurred exactly as written on the death certificate:

5. Official manner of death from the death certificate:
   - Natural
   - Accident
   - Suicide
   - Homicide
   - Undetermined
   - Pending
   - U/K

6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.
   - From an injury (external cause). Select one and answer G4:
     - Motor vehicle and other transport, go to H1
     - Fire, burn, or electrocution, go to H2
     - Drowning, go to H3
     - Unintentional asphyxia, go to H4
     - Assault, weapon or person’s body part, go to H5
     - Fall or crush, go to H6
     - Poisoning, overdose or acute intoxication, go to H7
     - Undetermined injury, go to H11
     - Other cause, go to H9
     - U/K, go to H11
   - From a medical cause. Select one:
     - Asthma/respiratory, specify and go to H8
     - Cancer, specify and go to H8
     - Cardiovascular, specify and go to H8
     - Congenital anomaly, specify and go to H8
     - Diabetes, go to H8
     - HIV/AIDS, go to H8
     - Influenza, go to H8
     - Low birth weight, go to H8
     - Malnutrition/dehydration, go to H8
     - Neurological/seizure disorder, go to H8
     - Pneumonia, specify and go to H8
     - Prematurity, go to H8
     - SIDS, go to H8
     - Other infection, specify and go to H8
     - Other perinatal condition, specify and go to H8
     - Other medical condition, specify and go to H8
     - Undetermined medical cause, go to H8
     - U/K, go to H8
   - Undetermined if injury or medical cause, go to H11

7. If death occurred in licensed setting (see E3), indicate action taken:
   - No action
   - License suspended
   - License revoked
   - Investigation ongoing
   - Other, specify:
   - U/K
# 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  
- [ ] RV  
- [ ] School bus  
- [ ] Other bus  
- [ ] Motorcycle  
- [ ] Tractor  
- [ ] Other farm vehicle  
- [ ] All terrain vehicle  
- [ ] Snowmobile  
- [ ] Bicycle  
- [ ] Train  
- [ ] Subway  
- [ ] Trolley  
- [ ] Other, specify:  
- [ ] UK  
**Other primary vehicle:**  
- [ ] Driver  
- [ ] Passenger  
- [ ] If passenger, relationship of driver to child:  
  - [ ] Front seat  
  - [ ] Back seat  
  - [ ] Truck bed  
  - [ ] Other, specify:  
  - [ ] UK  
- [ ] On bicycle  
- [ ] Pedestrian  
- [ ] Walking  
- [ ] Boarding/blading  
- [ ] Other relative  
- [ ] Friend  
- [ ] Other, specify:  
- [ ] UK  
- [ ] U/K  

## b. Position of child:

**Driver**  
- [ ] If passenger, relationship of driver to child:  
  - [ ] Biological parent  
  - [ ] Adoptive parent  
  - [ ] Stepparent  
  - [ ] Mother's partner  
  - [ ] Father's partner  
  - [ ] Foster parent  
  - [ ] U/K  
- [ ] On bicycle  
- [ ] Pedestrian  
- [ ] Walking  
- [ ] Boarding/blading  
- [ ] Other relative  
- [ ] Friend  
- [ ] Other, specify:  
- [ ] UK  
- [ ] U/K  

## 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  
- [ ] 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  
- [ ] U/K  
- [ ] Child in/on a vehicle that struck other vehicle  
- [ ] Other, specify:  
- [ ] U/K  

## e. Driving conditions, check all that apply:

- [ ] Normal  
- [ ] Inadequate lighting  
- [ ] Loose gravel  
- [ ] Muddy  
- [ ] Other, specify:  
- [ ] Ice/snow  
- [ ] Fog  
- [ ] Wet  
- [ ] U/K  
- [ ] Construction zone  

## g. Drivers involved in incident, check all that apply:

<table>
<thead>
<tr>
<th>Child as driver</th>
<th>Child's driver</th>
<th>Driver of other primary vehicle</th>
<th>Child as driver</th>
<th>Child's driver</th>
<th>Driver of other primary vehicle</th>
<th>Child as driver</th>
<th>Child's driver</th>
<th>Driver of other primary vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Has a graduated license</td>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Has a full license</td>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Has a full license</td>
</tr>
<tr>
<td>&lt;16 years</td>
<td></td>
<td></td>
<td>16 to 18 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 to 21 years</td>
<td></td>
<td></td>
<td>22 to 29 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 to 65 years</td>
<td></td>
<td></td>
<td>&gt;65 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K age</td>
<td></td>
<td></td>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible for causing incident</td>
<td></td>
<td></td>
<td>Was alcohol/drug impaired</td>
<td></td>
<td></td>
<td>Has no license</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## h. Total number of occupants in vehicles:

<table>
<thead>
<tr>
<th>Child's vehicle, including child:</th>
<th>Other vehicle involved in incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A, child was not in a vehicle</td>
<td>N/A, incident was a single vehicle crash</td>
</tr>
<tr>
<td>Total number of occupants: _____</td>
<td>U/K</td>
</tr>
<tr>
<td>Number of teens, ages 14-21: _____</td>
<td>U/K</td>
</tr>
<tr>
<td>Total number of deaths: _____</td>
<td>U/K</td>
</tr>
<tr>
<td>Total number of teen deaths: _____</td>
<td>U/K</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Protective measures for child</th>
<th>Not needed, none present</th>
<th>Needed, not used</th>
<th>Present, used correctly</th>
<th>Present, used incorrectly</th>
<th>Present, used not used</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airbag</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Lap belt</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Shoulder belt</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Child seat”</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Belt positioning booster seat</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Helmet</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

*If child seat, type:  
- [ ] Rear facing  
- [ ] Front facing  
- [ ] U/K
### H2. FIRE, BURN, OR ELECTROCUTION

#### a. Ignition, heat or electrocution source:
- [ ] Matches
- [ ] Cigarette lighter
- [ ] Utility lighter
- [ ] Cigarette or cigar
- [ ] Candles
- [ ] Cooking stove
- [ ] Heating stove
- [ ] Space heater
- [ ] Furnace
- [ ] Power line
- [ ] Electrical outlet
- [ ] Electrical wiring
- [ ] Appliance in water
- [ ] Other hot liquid, specify: 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

#### c. For fire, child died from:
- [ ] Burns
- [ ] Smoke inhalation
- [ ] Other, specify:

#### d. Material first ignited:
- [ ] Upholstery
- [ ] Mattress
- [ ] Christmas tree
- [ ] Clothing
- [ ] Curtain
- [ ] Other, specify:

#### e. Type of building on fire:
- [ ] N/A
- [ ] Single home
- [ ] Duplex
- [ ] 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

#### q. Suspected arson?
- [ ] Yes
- [ ] No
- [ ] U/K

#### r. Was sprinkler system present?
- [ ] Yes
- [ ] No
- [ ] U/K

#### s. For electrocution, what cause:
- [ ] Electrical storm
- [ ] Faulty wiring
- [ ] Wire/product in water
- [ ] Child playing with outlet
- [ ] Other, specify:

#### t. Other, describe in detail:
- [ ] U/K

### H3. DROWNING

#### a. Where was child last seen before drowning? Check all that apply:
- [ ] In water
- [ ] In yard
- [ ] On shore
- [ ] In bathroom
- [ ] On dock
- [ ] Poolside
- [ ] Other, specify:

#### b. What was child last seen doing before drowning?
- [ ] Playing
- [ ] Tubing
- [ ] Boating
- [ ] Waterskiing
- [ ] Swimming
- [ ] Sleeping
- [ ] Bathing
- [ ] Other, specify:
- [ ] Fishing
- [ ] Surfing

#### c. Was child forcibly submerged?
- [ ] Yes
- [ ] No
- [ ] U/K

#### d. Drowning location:
- [ ] Open water, go to e
- [ ] Pool, hot tub, spa, go to i
- [ ] Bathtub, go to w
- [ ] Bucket, go to x
- [ ] Well/cistern/septic, go to n
- [ ] Toilet, go to z
- [ ] Other, specify and go to n

#### e. For open water, place:
- [ ] Lake
- [ ] Quarry
- [ ] River
- [ ] Gravel pit
- [ ] Pond
- [ ] Canal
- [ ] Creek
- [ ] Ocean
- [ ] Other, specify:

#### 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
- [ ] Commercial
- [ ] Jet ski
- [ ] Other, specify:
- [ ] Motorboat
- [ ] Canoe
- [ ] Kayak
- [ ] U/K
- [ ] Raft

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

#### i. For pool, type of pool:
- [ ] Above ground
- [ ] In-ground
- [ ] Hot tub, spa
- [ ] Wading
- [ ] Other, specify:

#### j. For pool, child found:
- [ ] In the pool/hot tub/spa
- [ ] On or under the cover
- [ ] Other, specify:

#### k. For pool, ownership is:
- [ ] Private
- [ ] Public
- [ ] U/K

#### l. Length of time owners had pool/hot tub/spa:
- [ ] N/A
- [ ] >1yr
- [ ] 6m-1 yr
- [ ] U/K
- [ ] Other, specify:

Page 12 of 24
**H.4. UNINTENTIONAL ASPHYXIA**

**a. Type of event:**
- Suffocation, go to b
- Strangulation, go to c
- Choking, go to d
- Other, specify and go to e
- U/K, go to e

**b. If suffocation/asphyxia, action causing event:**
- Confined in tight space
- Refrigerator/freezer
- Toy chest
- Automobile
- Trunk
- Other, specify:
- U/K
- Other, specify:
- U/K

**c. If strangulation, object causing event:**
- Clothing
- Leash
- Blind cord
- Electrical cord
- Car seat
- Person, go to H5q
- Stroller
- Automobile power window
- High chair
- Sunroof
- Belt
- Other, specify:
- U/K

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

**e. Was asphyxiation an autoerotic event?**
- N/A
- Yes
- No
- U/K

**f. Was child participating in 'choking game' or 'pass out game'**
- N/A
- Yes
- No
- U/K

**g. History of seizures?**
- Yes
- No
- U/K

**h. History of apnea?**
- Yes
- No
- U/K

**i. 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>b. For firearms, type:</th>
<th>c. Firearm licensed?</th>
<th>d. Firearm safety features, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Firearm, go to b</td>
<td>☐ Handgun</td>
<td>☐ Yes ☐ No ☐ U/K</td>
<td>☐ Trigger lock</td>
</tr>
<tr>
<td>☐ Sharp instrument, go to j</td>
<td>☐ Shotgun</td>
<td></td>
<td>☐ Magazine disconnect</td>
</tr>
<tr>
<td>☐ Blunt instrument, go to k</td>
<td>☐ BB gun</td>
<td></td>
<td>☐ Personalization device</td>
</tr>
<tr>
<td>☐ Person's body part, go to l</td>
<td>☐ Hunting rifle</td>
<td></td>
<td>☐ Minimum trigger pull</td>
</tr>
<tr>
<td>☐ Explosive, go to m</td>
<td>☐ Assault rifle</td>
<td></td>
<td>☐ External safety/drop safety</td>
</tr>
<tr>
<td>☐ Rope, go to m</td>
<td>☐ Air rifle</td>
<td></td>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Pipe, go to m</td>
<td>☐ Sawed off shotgun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Biological, go to m</td>
<td>☐ Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other, specify and go to m</td>
<td>☐ U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ U/K, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Where was firearm stored?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not stored</td>
</tr>
<tr>
<td>☐ Under mattress/pillow</td>
</tr>
<tr>
<td>☐ Locked cabinet</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ Unlocked cabinet</td>
</tr>
<tr>
<td>☐ Glove compartment</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Firearm stored with ammunition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Firearm stored loaded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Owner of fatal firearm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Grandparent</td>
</tr>
<tr>
<td>☐ Co-worker</td>
</tr>
<tr>
<td>☐ Sibling</td>
</tr>
<tr>
<td>☐ Institutional staff</td>
</tr>
<tr>
<td>☐ Spouse</td>
</tr>
<tr>
<td>☐ Neighbor</td>
</tr>
<tr>
<td>☐ Other relative</td>
</tr>
<tr>
<td>☐ Rival gang member</td>
</tr>
<tr>
<td>☐ Stranger</td>
</tr>
<tr>
<td>☐ Acquaintance</td>
</tr>
<tr>
<td>☐ Law enforcement</td>
</tr>
<tr>
<td>☐ Child's boyfriend</td>
</tr>
<tr>
<td>☐ Other relative</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Sex of fatal firearm owner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
</tr>
<tr>
<td>☐ Female</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Type of sharp object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Kitchen knife</td>
</tr>
<tr>
<td>☐ Switchblade</td>
</tr>
<tr>
<td>☐ Pocketknife</td>
</tr>
<tr>
<td>☐ Razor</td>
</tr>
<tr>
<td>☐ Hunting knife</td>
</tr>
<tr>
<td>☐ Scissors</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. Type of blunt object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bat</td>
</tr>
<tr>
<td>☐ Club</td>
</tr>
<tr>
<td>☐ Stick</td>
</tr>
<tr>
<td>☐ Hammer</td>
</tr>
<tr>
<td>☐ Rock</td>
</tr>
<tr>
<td>☐ Household item</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. What did person's body part do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Beat, kick or punch</td>
</tr>
<tr>
<td>☐ Drop</td>
</tr>
<tr>
<td>☐ Push</td>
</tr>
<tr>
<td>☐ Bite</td>
</tr>
<tr>
<td>☐ Shake</td>
</tr>
<tr>
<td>☐ Strangle/choke</td>
</tr>
<tr>
<td>☐ Throw</td>
</tr>
<tr>
<td>☐ Drown</td>
</tr>
<tr>
<td>☐ Burn</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>m. Did person using weapon have history of weapon-related offenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes, describe circumstances:</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. Persons handling weapons at time of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Self</td>
</tr>
<tr>
<td>☐ Biological parent</td>
</tr>
<tr>
<td>☐ Adoptive parent</td>
</tr>
<tr>
<td>☐ Stepparent</td>
</tr>
<tr>
<td>☐ Foster parent</td>
</tr>
<tr>
<td>☐ Mother's partner</td>
</tr>
<tr>
<td>☐ Father's partner</td>
</tr>
<tr>
<td>☐ Grandparent</td>
</tr>
<tr>
<td>☐ Sibling</td>
</tr>
<tr>
<td>☐ Spouse</td>
</tr>
<tr>
<td>☐ Other relative</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p. Sex of person(s) handling weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
</tr>
<tr>
<td>☐ Female</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. Use of weapon at time, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Self injury</td>
</tr>
<tr>
<td>☐ Child was a bystander</td>
</tr>
<tr>
<td>☐ Commission of crime</td>
</tr>
<tr>
<td>☐ Argument</td>
</tr>
<tr>
<td>☐ Drug dealing/trading</td>
</tr>
<tr>
<td>☐ Jealousy</td>
</tr>
<tr>
<td>☐ Drive-by shooting</td>
</tr>
<tr>
<td>☐ Intimate partner violence</td>
</tr>
<tr>
<td>☐ Random violence</td>
</tr>
<tr>
<td>☐ Hate crime</td>
</tr>
<tr>
<td>☐ Bullying</td>
</tr>
<tr>
<td>☐ Target shooting</td>
</tr>
<tr>
<td>☐ Intimate partner violence</td>
</tr>
<tr>
<td>☐ Playing with weapon</td>
</tr>
<tr>
<td>☐ Weapon mistaken for toy</td>
</tr>
<tr>
<td>☐ Showing gun to others</td>
</tr>
<tr>
<td>☐ Loading weapon</td>
</tr>
<tr>
<td>☐ Intervener assisting crime victim (Good Samaritan)</td>
</tr>
</tbody>
</table>

## H6. FALL OR CRUSH

<table>
<thead>
<tr>
<th>a. Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fall, go to b</td>
</tr>
<tr>
<td>☐ Crush, go to h</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Height of fall:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ feet</td>
</tr>
<tr>
<td>_____ inches</td>
</tr>
<tr>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Child fell from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open window</td>
</tr>
<tr>
<td>Screen</td>
</tr>
<tr>
<td>No screen</td>
</tr>
<tr>
<td>U/K if screen</td>
</tr>
<tr>
<td>Natural elevation</td>
</tr>
<tr>
<td>Man-made elevation</td>
</tr>
<tr>
<td>Playground equipment</td>
</tr>
<tr>
<td>Tree</td>
</tr>
<tr>
<td>Stairs/steps</td>
</tr>
<tr>
<td>Moving object, specify:</td>
</tr>
<tr>
<td>Animal, specify:</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Furniture</td>
</tr>
<tr>
<td>Bridge</td>
</tr>
<tr>
<td>Bed</td>
</tr>
<tr>
<td>Overpass</td>
</tr>
<tr>
<td>Roof</td>
</tr>
<tr>
<td>Balcony</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>
### H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

#### a. Type of substance involved, check all that apply:
- [ ] Prescription drug
- [ ] Over-the-counter drug
- [ ] Illicit drugs
- [ ] Other substances

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>□</td>
</tr>
<tr>
<td>Pain medication (opiate)</td>
<td>□</td>
</tr>
<tr>
<td>Pain medication (non-opiate)</td>
<td>□</td>
</tr>
<tr>
<td>Methadone</td>
<td>□</td>
</tr>
<tr>
<td>Other Rx, specify:</td>
<td>□</td>
</tr>
<tr>
<td>Pain medication (opiate)</td>
<td>□</td>
</tr>
<tr>
<td>Pain medication (non-opiate)</td>
<td>□</td>
</tr>
<tr>
<td>Methadone</td>
<td>□</td>
</tr>
<tr>
<td>Cocaine</td>
<td>□</td>
</tr>
<tr>
<td>Heroin</td>
<td>□</td>
</tr>
<tr>
<td>Other illicit drug, specify:</td>
<td>□</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?
- [ ] N/A
- [ ] Yes
- [ ] No
- [ ] U/K

#### d. Did container have a child safety cap?
- [ ] N/A
- [ ] 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 detector present?
- [ ] Yes
- [ ] No
- [ ] U/K

### H8. MEDICAL CONDITION

#### a. How long did the child have the medical condition?
- [ ] In utero
- [ ] Since birth
- [ ] Hours
- [ ] Days

#### 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, specify:

#### e. Was child/family compliant with the prescribed care plans?
- [ ] N/A
- [ ] 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. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

Section 11: OMB No. 0920-1092, Exp. Date: 12/31/2018

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
   - Unknown, go to I1b

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?  
   [ ] U/K for all

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present w/in 72 hours of death</th>
<th>Present w/in 72 hours of death</th>
<th>Other Acute Symptoms</th>
<th>Present w/in 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Dizziness/lightheadedness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Fainting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Palpitations</td>
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<td>☐</td>
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<tr>
<td>Other Acute Symptoms</td>
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<tr>
<td>Concussion</td>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>Confusion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Convulsions/seizure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Headache</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Head injury</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Psychiatric symptoms</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Paralysis (acute)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Respiratory</td>
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<td></td>
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<td></td>
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<tr>
<td>Asthma</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Pneumonia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Difficulty breathing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?  
   [ ] Yes [ ] No [ ] U/K  
   If yes, describe:

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

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

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?  
- UK for all

<table>
<thead>
<tr>
<th>Deaths</th>
<th>Symptoms</th>
<th>Other Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>UK</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>U/K</td>
</tr>
</tbody>
</table>

- Sudden unexpected death before age 50
- 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

If sudden unexpected death before age 50, 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)).

- Y: Yes
- N: No
- U/K: Unknown

h. In the 72 hours prior to death was the child taking any prescribed medication(s)?  
- Yes
- No
- U/K

i. Within 2 weeks prior to death had the child:  
- Taken extra doses of prescribed medications
- Missed doses of prescribed medications
- Changed prescribed medications, describe:

- Y: Yes
- N: No
- U/K

j. Was the child compliant with their prescribed medications?  
- N/A
- Yes
- No
- U/K

k. Was the child taking any of the following substance(s) within 24 hours of death?  
- 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:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?  
- Yes
- No
- U/K

m. Was the child an athlete?  
- N/A
- Yes
- No
- U/K

n. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity?  
- Check all that apply:
  - Chest pain
  - Headache
  - Confusion
  - Dizziness/lightheadedness
  - Fainting

If yes to any item, describe type of physical activity and extent of symptoms:

o. For child age 12 or older, did the child receive a pre-participation exam for a sport?  
- N/A
- Yes
- No
- U/K

If yes:

- Was it done within a year prior to death?
- Yes
- No
- U/K

- Did the exam lead to restrictions for sports or otherwise?
- Yes
- No
- U/K

If yes, specify restrictions:
### Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)

| p. How old was the child when diagnosed with epilepsy/seizure disorder? |
|--------------------------|------------------|
| Age 0 (infant) through 20 years:  | U/K |

| q. What were the underlying cause(s) of the child’s seizures? |
|---------------------|------------------|
| Brain injury/trauma, specify:  | Genetic/chromosomal |
| Brain tumor           | Mesial temporal sclerosis |
| Cerebrovascular       | Idiopathic or cryptogenic |
| Central nervous system infection | Other acute illness or injury other than epilepsy |
| Degenerative process  | Other, specify: |
| Developmental brain disorder | U/K |
| Inborn error of metabolism | |

| r. What type(s) of seizures did the child have? Check all that apply: |
|------------------------|------------------|
| Non-convulsive | Convulsive (grand mal seizure or generalized tonic-clonic seizure) |
| Occur when exposure to strobe lights, video game, or flickering light (reflex seizure) | U/K |

| s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply: |
|-----------------|------------------|
| Last less than 30 minutes | Last more than 30 minutes (status epilepticus) |
| Occur in the presence of fever (febrile seizure) | Occur in the absence of fever |
| Occur when exposed to strobe lights, video game, or flickering light (reflex seizure) | |

| t. How many seizures did the child have in the year preceding death? |
|-----------------------------|------------------|
| 0/never  | 1  | 2  | 3  | U/K |

| u. Did treatment for seizures include anti-epileptic drugs? |
|---------------------|------------------|
| Yes      | No      | U/K |

| v. Was night surveillance used? |
|---------------------|------------------|
| Yes      | No      | U/K |

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

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

- Yes, go to I2a
- No, go to I2s
- U/K, go to I2a

#### a. Incident sleep place:

- Crib
  - If crib, type: Not portable
    - Portable, e.g. Pack 'n Play
    - Unknown crib type
  - Bassinet
  - Bed side sleeper
  - Baby box
- Adult bed
  - Waterbed
  - Futon
  - Playpen/other play structure, not a portable crib
  - Couch
  - Chair
  - Floor
- Car seat
  - Rock 'n Play
  - Stroller
  - Swing
  - Bouncy chair
  - Other, specify:
- Twin
  - Full
  - Queen
  - King

#### b. Child put to sleep:

- On back
- On stomach
- On side
- U/K

#### c. Child found:

- On back
- On stomach
- On side
- U/K

#### d. Usual sleep place:

- Crib
  - If crib, type: Not portable
    - Portable, e.g. Pack 'n Play
    - Unknown crib type
  - Bassinet
  - Bed side sleeper
  - Baby box
  - Couch
  - Chair
  - Floor
  - Car seat
  - Rock 'n Play
  - Stroller
  - Swing
  - Bouncy chair
  - Other, specify:
- Twin
  - Full
  - Queen
  - King

#### e. Usual sleep position:

- On back
- On stomach
- On side
- U/K

#### f. Was there any type of crib, Pack 'n Play, bassinet, bed side sleeper or baby box in home for child?

- Yes
- No
- U/K

#### g. Child in a new or different environment than usual?

- Yes
- No
- U/K

#### h. Child last placed to sleep with a pacifier?

- Yes
- No
- U/K

#### i. Child wrapped or swaddled in blanket?

- Yes
- No
- U/K

#### j. Child overheated?

- Yes
- No
- U/K

#### k. Child exposed to second hand smoke?

- Yes
- No
- U/K

#### l. Child's face when found:

- Down
- Up
- To left or right side
- U/K

#### m. Child's neck when found:

- Hyperextended (head back)
- Hypoextended (chin to chest)
- Neutral
- Tumed
- U/K

#### n. Child's airway (includes nose, mouth, neck and/or chest):

- Unobstructed by person or object
- Unobstructed by object
- Partially obstructed by person or object
- Partially obstructed by object
- U/K

#### o. If fully or partially obstructed, what was obstructed?

- Nose
- Chest compressed
- Mouth
- U/K
- Neck compressed

If yes, describe obstruction in detail:

<p>| <img src="image_url" alt="Image" /> | Description of obstruction... |</p>
<table>
<thead>
<tr>
<th>Objects:</th>
<th>Present?</th>
<th>On top</th>
<th>Under</th>
<th>Next</th>
<th>Tangled</th>
<th>Obstruct airway?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult(s)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Other children (ren)</td>
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<tr>
<td>Animal(s)</td>
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<tr>
<td>Mattress</td>
<td></td>
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<tr>
<td>Comforter, quilt, or other</td>
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<tr>
<td>Fitted sheet</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Thin blanket/flat sheet</td>
<td></td>
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<tr>
<td>Pillow(s)</td>
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<tr>
<td>Cushion</td>
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<tr>
<td>Boppy or U shaped pillow</td>
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<tr>
<td>Sleep positioner (wedge)</td>
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<tr>
<td>Bumper pads</td>
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<tr>
<td>Clothing</td>
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<tr>
<td>Crib railing/side</td>
<td></td>
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</tr>
<tr>
<td>Wall</td>
<td></td>
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<td></td>
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<tr>
<td>Toy(s)</td>
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<tr>
<td>Other(s), specify:</td>
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</tr>
</tbody>
</table>

If present, describe position of object: [ ]

- On top
- Under
- Next
- Tangled
- obstruct airway

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

- Yes
- No
- U/K

p. Caregiver/supervisor fell asleep while feeding child? [ ]

- Yes
- No
- U/K

If yes, type of feeding: [ ]

- Bottle
- Breast
- U/K

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

- Yes
- No
- U/K

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

- Yes
- No
- U/K

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

s. Is there a scene re-creation photo available for upload? [ ]

- Yes
- No
- U/K

Select photo that demonstrates position and location of child’s body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.

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
- Auto theft
- Interpersonal violence
- Gang conflict
- Prostitution
- Witness intimidation
- Other, specify:
- Sexual assault
- Drug trade
- U/K

Page 19 of 24
### I5. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS

**a.** Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?
- [ ] Yes/probable
- [ ] No, go to next section
- [ ] U/K, go to next section

If yes/probable, choose primary reason:
- [ ] Child abuse, go to I5b
- [ ] Child neglect, go to I5f
- [ ] Poor/absent supervision, go to I5h
- [ ] Exposure to hazards, go to I5g

**b.** Type of child abuse, check all that apply:
- [ ] Abusive head trauma, go to I5c
- [ ] Chronic Battered Child Syndrome, go to I5e
- [ ] Beating/kicking, go to I5e
- [ ] Scalding or burning, go to I5e
- [ ] Munchausen Syndrome by Proxy, go to I5e
- [ ] Sexual assault, go to I5h
- [ ] Other, specify and go to I5h
- [ ] U/K, go to I5e

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

**d.** For abusive head trauma, was the child shaken?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, was there impact?
- [ ] 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:
- [ ] Exposure to hazards:
  - [ ] Failure to provide necessities
  - [ ] Food
  - [ ] Shelter
  - [ ] Other, specify:
    - [ ] Hazard(s) in sleep environment
      - [ ] (including sleep position and co-sleeping)
  - [ ] Fire hazard
  - [ ] Unsecured medication/poison
  - [ ] Water hazard
  - [ ] Motor vehicle hazard
  - [ ] Other hazard, 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 co-sleeping)
  - [ ] Fire hazard
  - [ ] Unsecured medication/poison
  - [ ] Firearm hazard
  - [ ] Water hazard
  - [ ] Motor vehicle hazard
  - [ ] Maternal substance use during pregnancy
  - [ ] Other hazard, specify:

**h.** Was poverty a factor?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, explain in Narrative

### I6. SUICIDE

**a.** For suicide, select yes, no or u/k for each question. Describe answers in narrative.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] A note was left
- [ ] Child talked about suicide
- [ ] Prior suicide threats were made
- [ ] Prior attempts were made
- [ ] Suicide was completely unexpected
- [ ] Child had a history of running away
- [ ] Child had a history of self mutilation
- [ ] There is a family history of suicide
- [ ] Suicide was part of a murder-suicide
- [ ] Suicide was part of a suicide pact
- [ ] Suicide was part of a suicide cluster

**b.** For suicide, was there a history of acute or cumulative personal crises that may have contributed to the child's despondency? Check all that apply:

- [ ] None known
- [ ] Family discord
- [ ] Parents' divorce/separation
- [ ] Argument with parents/caregivers
- [ ] Argument with boyfriend/girlfriend
- [ ] Breakup with boyfriend/girlfriend
- [ ] Argument with other friends
- [ ] Emotional neglect/abuse
- [ ] Rumor mongering
- [ ] Suicide by friend or relative
- [ ] Other death of friend or relative
- [ ] Bullying as victim
- [ ] Bullying as perpetrator
- [ ] School failure
- [ ] Move/new school
- [ ] Other serious school problems
- [ ] Pregnancy
- [ ] Physical abuse/assault
- [ ] Rape/sexual abuse
- [ ] Problems with the law
- [ ] Drugs/alcohol
- [ ] Sexual orientation/gender identity
- [ ] Job problems
- [ ] Money problems
- [ ] Involvement in computer or video games
- [ ] Involvement with the Internet, specify:
  - [ ] Other, specify:
  - [ ] U/K
**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)?
   - Check only one column and describe in narrative.
   - **One**
     - Child abuse
     - Child neglect
     - Poor/absent supervision
   - **Two**
     - Exposure to hazards
     - Assault, not child abuse
     - Other, specify:

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

4. Is person listed in a previous section?
   - **One**
     - 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
   - **Two**

5. Primary person(s) responsible for action(s): Select one for each person responsible.
   - **One**
     - Adoptive parent
     - Foster parent
     - Mother's partner
     - Father's partner
   - **Two**
     - Grandparent
     - Foster parent
     - Friend
     - Acquaintance
     - Child's boyfriend or girlfriend
     - Stranger
   - **One**
     - Medical provider
     - Institutional staff
     - Babysitter
     - Licensed child care worker
     - Other, specify:

6. Person's age in years:
   - **One**
     - Male
     - Female
     - U/K
   - **Two**

7. Person's sex:
   - **One**
     - Yes
     - No
     - U/K
   - **Two**

8. Person speaks and understands English?
   - **One**
     - Yes
     - No
     - U/K
   - **Two**

9. Person on active military duty?
   - **One**
     - Yes
     - No
     - U/K
   - **Two**

10. Person(s) have history of substance abuse?
    - **One**
      - Yes
      - No
      - U/K
    - **Two**

11. Person(s) have history of child maltreatment as victim?
    - **One**
      - Yes
      - No
      - U/K
    - **Two**

12. Person(s) have history of child maltreatment as a perpetrator?
    - **One**
      - Yes
      - No
      - U/K
    - **Two**

13. Person(s) have disability or chronic illness?
    - **One**
      - Yes
      - No
      - U/K
    - **Two**

14. Person(s) have prior child deaths?
    - **One**
      - Yes
      - No
      - U/K
    - **Two**

15. Person(s) have history of intimate partner violence?
    - **One**
      - Yes, as victim
      - Yes, as perpetrator
      - No
      - U/K
    - **Two**

16. Person(s) have delinquent/criminal history?
    - **One**
      - Yes
      - No
      - U/K
    - **Two**

17. At the time of the incident, was the person asleep?
    - **One**
      - Yes
      - No
      - U/K
    - **Two**

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**Page 21 of 24**
18. At time of incident was person impaired?

- [ ] One
- [ ] Two

If yes, check all that apply:

- [ ] Drug impaired, specify:
- [ ] Alcohol impaired
- [ ] Distracted
- [ ] Absent
- [ ] Impaired by illness, specify:
- [ ] Impaired by disability, specify:
- [ ] Other, specify:

19. Person(s) have, check all that apply:

- [ ] One
- [ ] Two

- [ ] Prior history of similar acts
- [ ] Prior arrests
- [ ] Prior convictions

20. Legal outcomes in this death, check all that apply:

- [ ] One
- [ ] Two

- [ ] No charges filed
- [ ] Charges pending
- [ ] Charges dismissed
- [ ] Confession
- [ ] Plead, specify:
- [ ] Not guilty verdict
- [ ] Guilty verdict, specify:
- [ ] Tort charges, specify:

K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH

1. Were new or revised services recommended or implemented as a result of the death?

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

If yes, select one option per row:

- 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:

2. Describe the risk factors in the death that the team feels need to be addressed:

3. What recommendations and/or initiatives resulted from the review? Check all that apply:

4. List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future:

5. Briefly describe recommendations and/or initiatives that will be or have been implemented as a result of the death:
6. Who was given the recommendation(s) or initiative(s) to implement? Check all that apply:
- N/A, no strategies
- Social services
- Other health care providers
- Elected official
- Youth group
- No one
- Mental health
- Law enforcement
- Advocacy organization
- Other, specify.
- Community Action Team
- Schools
- Medical examiner
- Local community group
- Health department
- Hospital
- Coroner
- New coalition/task force
- U/K

7. Could the death have been prevented?  ☐ Yes, probably  ☐ No, probably not  ☐ Team could not determine

M. THE REVIEW MEETING PROCESS

1. Date of first review meeting: ____________________________  
2. Number of review meetings for this case: ____________  
3. Is review complete?  ☐ N/A  ☐ Yes  ☐ No

4. Agencies and individuals at review meeting, check all that apply:
- Medical examiner/coroner
- CPS
- Other health care
- Mental health
- Child advocate
- Law enforcement
- Other social services
- Fire
- Substance abuse
- Military
- Prosecutor/district attorney
- Physician
- EMS
- Home visiting
- Domestic violence
- Public health
- Nurse
- Faith based organization
- Healthy Start
- Others, list:
- HMO/managed care
- Hospital
- Education
- Court

5. Were the following data sources available at the review meeting?  

6. Did any of the following factors reduce meeting effectiveness, check all that apply:
- None
- Confidentiality issues among members prevented full exchange of information
- HIPAA regulations prevented access to or exchange of information
- Inadequate investigation precluded having enough information for review
- Team members did not bring adequate information to the meeting
- Necessary team members were absent
- Meeting was held too soon after death
- Meeting was held too long after death
- Records or information were needed from another locality in-state
- Records or information were needed from another state
- Team disagreement on circumstances
- Other factors, specify:

7. Review meeting outcomes, check all that apply:
- Review led to additional investigation
- Review led to the delivery of services
- Review led to changes in agency policies or practices
- Review led to prevention initiatives being implemented

N. SUID AND SDY CASE REGISTRY

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

Section N: OMB No. 0920-1092, Exp. Date: 12/31/2018

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)
7. Was a specimen sent to the SDY Case Registry biorepository?  
   - N/A  - Yes  - No  - U/K
8. 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:

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

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

11. Check the box below when a SUID case is complete and ready for inclusion in the SUID data analyses.
    - This box should be checked if a completed case is awaiting SDY Advanced Review or not going to SDY Advanced Review.
    - SUID Case Registry Data Entry Complete

O. NARRATIVE

O1. NARRATIVE

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

P. FORM COMPLETED BY:

Person:  
Email:  
Date completed:  
Data entry completed for this case?  

For State Program Use Only:

Data quality assurance completed by state?  

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Data Entry: https://data.ncfrp.org

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