**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.

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

<table>
<thead>
<tr>
<th>Field</th>
<th>U/K</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child's name: First:</td>
<td></td>
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</tr>
<tr>
<td>2. Date of birth:</td>
<td></td>
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<tr>
<td>3. Date of death:</td>
<td></td>
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<tr>
<td>4. Age:</td>
<td></td>
<td></td>
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<tr>
<td>5. Race, check all that apply:</td>
<td></td>
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<tr>
<td>6. Hispanic or Latino origin?</td>
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<tr>
<td>7. Sex:</td>
<td></td>
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<tr>
<td>8. Residence address:</td>
<td></td>
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<tr>
<td>9. Child's weight at death:</td>
<td></td>
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<tr>
<td>10. Child's height at death:</td>
<td></td>
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<tr>
<td>11. State of death:</td>
<td></td>
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<tr>
<td>12. County of death:</td>
<td></td>
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<tr>
<td>13. Child had disability or chronic illness?</td>
<td></td>
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<tr>
<td>14. Were any siblings placed outside of the home prior to this child's death?</td>
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<tr>
<td>15. Child's health insurance, check all that apply:</td>
<td></td>
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<tr>
<td>16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule?</td>
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<tr>
<td>17. Type of residence:</td>
<td></td>
<td></td>
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<tr>
<td>18. New residence in past 30 days?</td>
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<tr>
<td>19. Residence overcrowded?</td>
<td></td>
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<tr>
<td>20. Child ever homeless?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21. Number of other children living with child:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>22. Child had history of child maltreatment?</td>
<td></td>
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<tr>
<td>23. Was there an open CPS case with child at time of death?</td>
<td></td>
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<tr>
<td>24. Was child ever placed outside of the home prior to the death?</td>
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<tr>
<td>25. How many months prior to death did child last have contact with a health care provider?</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>U/K</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Child's highest education level:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Child's work status:</td>
<td></td>
<td></td>
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<tr>
<td>28. Did child have problems in school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Child had history of intimate partner violence? Check all that apply:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Notes:**
- U/K: Unknown
- N/A: Not applicable
- Yes, No: Yes or No
- Drop out, HS graduate/GED, College, Other, specify:
- Full time, Part time, U/K
- Academic, Behavioral, Truancy, Expulsion, Suspensions, Other, specify:
- Child never left hospital following birth
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, did the child have a follow-up mental health appointment within 30 days of emergency department visit?
- Yes  No  U/K

34. Child was hospitalized for mental health care within the previous 12 months?
- N/A  Yes  No  U/K
If yes, did the child have a follow-up MH appointment within 30 days of discharge from the hospital?
- Yes  No  U/K

35. Issues prevented child from receiving mental health services?
- N/A  Yes  No  U/K
If yes, specify:

36. Child had history of substance use or abuse?
- N/A  Yes  No  U/K
If yes, check all that apply:
- Alcohol
- Prescription drugs, specify:
- Cocaine
- Over-the-counter drugs, specify:
- Marijuana
- Tobacco/nicotine, specify type:
- Methamphetamine
- Other, specify:
- Opioids
- UK
If yes, did the child receive treatment?
- Yes  No  U/K
If yes, type? Check all that apply:
- Outpatient
- Day treatment/partial hospitalization
- Residential
- Inpatient/detox

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

A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR

40. What was child's gender identity?
- N/A  Yes  No  U/K
If yes, check all that apply:
- Male, not transgender
- Other, specify:
- Female, not transgender
- Transgender male
- UK
- Transgender female

41. What was child's sexual orientation?
- N/A  Yes  No  U/K
If yes, check all that apply:
- Straight/heterosexual
- Gay/lesbian
- Other, specify:
- 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:  UK

44. Birth weight:  UK

45. Multiple gestation:  Yes, #

46. Including the deceased infant, how many pregnanacies did the birth mother have? #  UK

47. Including the deceased infant, how many live births did the birth mother have? #  UK

48. Not including the deceased infant, number of children birth mother still has living? #  UK

49. Prenatal care provided during pregnancy of deceased infant?  Yes  No  U/K
If yes, number of prenatal visits kept: #  UK
If yes, month of first prenatal visit. Specify 1-9:  UK

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:

<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>Endocrine/Metabolic</th>
<th>Sexually Transmitted Infection (STI)</th>
<th>Gynecologic (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension - gestational</td>
<td>Diabetes, type 1 chronic</td>
<td>Bacterial vaginosis (BV)</td>
<td>Intrauterine growth restriction (IUGR)</td>
</tr>
<tr>
<td>Hypertension - chronic</td>
<td>Diabetes, type 2 chronic</td>
<td>Chlamydia</td>
<td>Premature rupture of membranes (PROM)</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>Diabetes, gestational</td>
<td>Gonorrhea</td>
<td>Preterm premature rupture of membranes (PPROM)</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>Thyroid</td>
<td>Herpes</td>
<td>Incompetent cervix</td>
</tr>
<tr>
<td>Clotting disorder</td>
<td>Polycystic ovarian disease</td>
<td>HPV</td>
<td>Umbilical cord complications</td>
</tr>
<tr>
<td>Hematologic</td>
<td>Neurologic/Psychiatric</td>
<td>Syphilis</td>
<td>Prolapse</td>
</tr>
<tr>
<td>Folic acid deficiency</td>
<td>Addiction disorder</td>
<td>Group B strep</td>
<td>Nuchal cord</td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td>Eating disorder</td>
<td>HIV/AIDS</td>
<td>Other cord, specify:</td>
</tr>
<tr>
<td>Anemia (iron deficiency)</td>
<td>Depression</td>
<td>Other STI, specify:</td>
<td>Placental problems</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Anxiety disorder</td>
<td></td>
<td>Abruption</td>
</tr>
<tr>
<td>Asthma</td>
<td>Seizure disorder</td>
<td></td>
<td>Previa</td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td></td>
<td></td>
<td>Other placental, specify:</td>
</tr>
</tbody>
</table>
### 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>
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</tr>
<tr>
<td>HELLP syndrome</td>
<td></td>
<td></td>
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<tr>
<td>Oral health/dental or gum infection</td>
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<td></td>
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<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>
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<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Abnormal MSAFP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 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)

### Did the mother use any medications, drugs or other substances during pregnancy?

- Over-the-counter meds
- Anti-epileptic
- Nausea/vomiting medications
- Cocaine
- Anti-hypertensives
- Cholesterol medications
- Heroin
- Allergy medications
- Anti-hypothyroidism
- Sleeping pills
- Opioids
- Antibiotics
- Anti-flu/antivirals
- Arthritis medications
- Methamphetamine
- Anti-depressants/anti-anxiety/anti-psychotics
- Antidepressants/anti-depressants
- Asthma medications
- Other, specify:

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

- Yes
- No
- U/K

### Was the infant born drug exposed?

- Yes
- No
- U/K

### Did the infant have neonatal abstinence syndrome (NAS)?

- Yes
- No
- U/K

### Level of Birth Hospital:

<table>
<thead>
<tr>
<th>Level</th>
<th>1°</th>
<th>2°</th>
<th>3°</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free-standing birth hospital</td>
<td>U/K</td>
<td>Home birth</td>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

### Did mother smoke in the 3 months before pregnancy?

- Yes
- No
- U/K

### Did the mother attend a postpartum visit?

- Yes
- No
- U/K

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

- Yes
- No
- U/K

### Did the infant have neonatal abstinence syndrome (NAS)?

- Yes
- No
- U/K

### Was the infant born drug exposed?

- Yes
- No
- U/K

### Did the infant have postpartum depression?

- Yes
- No
- U/K

### Was mother injured during pregnancy?

- Yes
- No
- U/K

### Infant ever breastfed?

- Yes
- No
- U/K

### Did the infant have abnormal metabolic newborn screening results?

- Yes
- No
- U/K

### 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
- Other, specify:
- Febrile
- Choking
- Other, specify:
- Lethargy/sleeping more than usual
- Other, specify:
- Fussiness/excessive crying
- Difficulty breathing
- Other, specify:
- Decrease in appetite
- Other, specify:
- None
- Vomiting
- Cyanosis
- Fever
- Choking
- Seizures or convulsions
- Diarrhea
- Other, specify:
- Stool changes
- Difficulty breathing
- Other, specify:
- Anorexia
- Other, specify:

### 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

### 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.

- Breast milk
- Formula, type:
- Baby food, type:
- Cereal, type:
- Other, specify:
### B. BIOLOGICAL PARENT INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Female</th>
<th>Male</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parents alive on date of child's death?</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td>2. Parents' race, check all that apply:</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td>3. Parents' Hispanic or Latino origin?</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td>4. Parents' age in years at time of child's death:</td>
<td>Female</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. Parents' employment status:</td>
<td>Female</td>
<td></td>
<td></td>
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<tr>
<td>6. Parents' income:</td>
<td>Female</td>
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<tr>
<td>7. Parents' education:</td>
<td>Female</td>
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<tr>
<td>8. Parents speak and understand English?</td>
<td>Female</td>
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<tr>
<td>9. Parents first generation immigrant?</td>
<td>Female</td>
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<tr>
<td>10. Parents on active military duty?</td>
<td>Female</td>
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<tr>
<td>11. Parents receive social services in the past twelve months?</td>
<td>Female</td>
<td></td>
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<tr>
<td>12. Parents have substance abuse history?</td>
<td>Female</td>
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<tr>
<td>13. Parents ever victim of child maltreatment?</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14. Parents ever perpetrator of maltreatment?</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. Parents have disability or chronic illness?</td>
<td>Female</td>
<td></td>
<td></td>
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<tr>
<td>16. Parents have prior child deaths?</td>
<td>Female</td>
<td></td>
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<tr>
<td>17. Parents have history of intimate partner violence?</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Parents have delinquent/criminal history?</td>
<td>Female</td>
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<td></td>
</tr>
</tbody>
</table>

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If yes, check all that apply:
- Alcohol
- Cocaine
- Marijuana
- Methamphetamine
- Opioids
- Prescription drugs
- Over-the-counter
- Other, specify:

**11. Parents receive social services in the past twelve months?**

If yes, check all that apply:
- WIC
- Home visiting, Social Security Disability Insurance (SSI/SSDI)
- TANF
- Medicaid
- Section 8/housing
- Food stamps/SNAP/EBT

**16. Parents have prior child deaths?**

If yes, cause(s): Check all that apply:
- Child abuse
- Child neglect
- Accident
- Suicide
- SIDS
- Other

**17. Parents have history of intimate partner violence?**

- Yes, as victim
- Yes, as perpetrator
- No
- UK

**18. Parents have delinquent/criminal history?**

If yes, check all that apply:
- Assaults
- Robbery
- Drugs
- Other, specify:

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### C. PRIMARY CAREGIVER(S) INFORMATION

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>go to Section D</td>
</tr>
<tr>
<td>Biological mother</td>
<td>go to Section D</td>
</tr>
<tr>
<td>Biological father</td>
<td>go to Section D</td>
</tr>
<tr>
<td>Adoptive parent</td>
<td></td>
</tr>
<tr>
<td>Stepparent</td>
<td></td>
</tr>
</tbody>
</table>

2. **Caregiver(s) age in years:**

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td></td>
</tr>
<tr>
<td>Two</td>
<td></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></td>
</tr>
<tr>
<td>Female</td>
<td></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></td>
</tr>
<tr>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Asian, specify:</td>
<td></td>
</tr>
<tr>
<td>American Indian, Tribe:</td>
<td></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></td>
</tr>
<tr>
<td>No</td>
<td></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></td>
</tr>
<tr>
<td>Unemployed</td>
<td></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></td>
</tr>
<tr>
<td>Medium</td>
<td></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></td>
</tr>
<tr>
<td>College</td>
<td></td>
</tr>
<tr>
<td>Post graduate</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></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></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

10. **Caregiver(s) first generation immigrant?**

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

11. **Caregiver(s) on active military duty?**

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, specify branch:</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td></td>
</tr>
<tr>
<td>Food stamps/SNAP/EBT</td>
<td></td>
</tr>
</tbody>
</table>

13. **Caregiver(s) have substance abuse history?**

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

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse</td>
<td></td>
</tr>
<tr>
<td>Child neglect</td>
<td></td>
</tr>
</tbody>
</table>

15. **Caregiver(s) ever perpetrator of maltreatment?**

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, as victim</td>
<td></td>
</tr>
<tr>
<td>Yes, as perpetrator</td>
<td></td>
</tr>
</tbody>
</table>

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

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

17. **Caregiver(s) have prior child deaths?**

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

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, as victim</td>
<td></td>
</tr>
<tr>
<td>Yes, as perpetrator</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>
### 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?
   - Child in sight of supervisor
   - Minutes _____  Days _____
   - Hours _____  U/K

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

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

5. Supervisor’s age in years: __________  U/K

6. Supervisor’s sex:
   - Male
   - Female
   - U/K

7. Supervisor speaks and understands English?
   - Yes
   - No
   - U/K

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
    - 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
   - U/K

2. Approximate time of day that incident occurred?
   - AM
   - PM
   - Hour, specify 1-12: __________  U/K

3. Place of incident, check all that apply:
   - Child’s home
   - Licensed child care center
   - Indian reservation/
   - Driveway
   - Other, specify:
   - Relative’s home
   - Licensed child care home
   - trust lands
   - Other parking area
   - Friend’s home
   - Unlicensed child care home
   - Military installation
   - State or county park
   - Licensed foster care home
   - Farm/ranch
   - Jail/detention facility
   - Sports area
   - U/K
   - Relative foster care home
   - School
   - Sidewalk
   - Other recreation area
   - Licensed group home
   - Place of work
   - Roadway
   - Hospital

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

7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?  
   - Yes  
   - No  
   - U/K  
   If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death: 
   If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):  

8. Was the incident witnessed?  
   - Yes  
   - No  
   - UK  
   If yes, by whom?  
   - Parent/relative  
   - Health care professional, if death occurred in a hospital setting  
   - Other caretaker/babysitter  
   - Teacher/coach/athletic trainer  
   - Stranger  
   - Other acquaintance  
   If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.):  
   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?  
   If yes, was a rhythm recorded?  
   - Yes  
   - No  
   - U/K  
   If yes, specify the rhythm:  

9. Was 911 or local emergency called?  
   - N/A  
   - Yes  
   - No  
   - U/K  

10. Was resuscitation attempted?  
    - N/A  
    - Yes  
    - No  
    - U/K  
    If yes, by whom?  
    - EMS  
    - Stranger  
    - Parent/relative  
    - Other caretaker/babysitter  
    - Teacher/coach/athletic trainer  
    - Other acquaintance  
    - Health care professional, if death occurred in a hospital setting  
    If yes, type of resuscitation:  
    - CPR  
    - Automated External Defibrillator (AED)  
    If no AED, was AED available/accessible?  
    - Yes  
    - No  
    - U/K  
    If AED, was shock administered?  
    - Yes  
    - No  
    - U/K  
    If yes, how many shocks were administered?  
    If yes, was a rhythm recorded?  
    - Yes  
    - No  
    - U/K  
    If yes, specify the rhythm:  

11. At time of incident leading to death, had child used drugs or alcohol?  
    - N/A  
    - Yes  
    - No  
    - U/K  
    If yes, check all that apply:  
    - Alcohol  
    - Opioids  
    - Cocaine  
    - Prescription drugs  
    - Marijuana  
    - Over-the-counter drugs  
    - Methamphetamine  
    - Other, specify:  

12. Was resuscitation attempted?  
    - N/A  
    - Yes  
    - No  
    - U/K  
    If yes, by whom?  
    - EMS  
    - Stranger  
    - Parent/relative  
    - Other caretaker/babysitter  
    - Teacher/coach/athletic trainer  
    - Other acquaintance  
    - Health care professional, if death occurred in a hospital setting  
    If yes, type of resuscitation:  
    - CPR  
    - Automated External Defibrillator (AED)  
    If no AED, was AED available/accessible?  
    - Yes  
    - No  
    - U/K  
    If AED, was shock administered?  
    - Yes  
    - No  
    - U/K  
    If yes, how many shocks were administered?  
    If yes, was a rhythm recorded?  
    - Yes  
    - No  
    - U/K  
    If yes, specify the rhythm:  

F. INVESTIGATION INFORMATION  

1. Was a death investigation conducted?  
   - Yes  
   - No  
   - U/K  
   If yes, check all that apply:  
   - Medical examiner  
   - ME investigator  
   - Law enforcement  
   - EMS  
   - Other, specify:  
   - Coroner  
   - Coroner investigator  
   - Fire investigator  
   - Child Protective Services  
   - U/K  
   If yes, which of the following death investigation components were completed?  
   - 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  
   - U/K  

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:  
   - UK  

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, a specialist consulted during autopsy (cardiac, neurology, etc.)?  
   - Yes  
   - No  
   - U/K  
   If yes, specify specialist:  

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.):  
   Other Autopsy Procedures:  
   - Was a gross examination of organs done?  
   - Were weights of any organs taken?  
   - Other, specify:  

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
8. Was any toxicology testing performed?  
- Yes  
- No  
- U/K

If yes, what were the results?  
- Negative  
- Cocaine  
- Methamphetamine  
- Too high Rx drug, specify:  
- Other, specify:

Check all that apply:  
- Alcohol  
- Marijuana  
- Opioids  
- Too high OTC drug, specify:  
- U/K

9. Was the child's medical history reviewed as part of the autopsy?  
- Yes  
- No  
- U/K

If yes, did this include:  
- Review of the newborn metabolic screen results?  
- Yes  
- No  
- U/K

- Review of neonatal CCHD screen results?  
- Yes  
- No  
- U/K

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

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

12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate?  
- N/A  
- Yes  
- No  
- U/K

If no, describe the differences:

13. Was a CPS record check conducted as a result of death?  
- Yes  
- No  
- U/K

14. Did any investigation find evidence of prior abuse?  
- N/A  
- Yes  
- No  
- U/K

If yes, from what source?  
- X-rays  
- Autopsy  
- CPS review  
- Law enforcement

15. CPS action taken because of death?  
- N/A  
- Yes  
- No  
- U/K

If yes, highest level of action taken because of death:  
- Report screened out and not investigated  
- Unsubstantiated  
- Inconclusive  
- Substantiated

If yes, what services or actions resulted? Check all that apply:  
- Voluntary services offered  
- Voluntary services provided  
- Court-ordered out of home placement  
- Court-ordered services provided  
- Voluntary out of home placement  
- Parental rights terminated  
- U/K

16. If death occurred in licensed setting (see E3), indicate action taken:  
- No action  
- License suspended  
- License revoked  
- Investigation ongoing  
- Other, specify:  
- U/K

---

**G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH**

1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable:  
- U/K

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

   Immediate cause (final disease or condition resulting in death):

   a.  
   b.  
   c.  
   d.

3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate:  
- U/K

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

5. Official manner of death from the death certificate:

- Natural  
- Accident  
- Suicide  
- Homicide  
- Undetermined  
- Pending  
- U/K

- If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.

6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.

- 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  
  - Intentional asphyxia, go to H4  
  - Assault, weapon or person's body part, go to H5  
  - Fall or crush, go to H6  
  - Poisoning, overdose or acute intoxication, go to H7  
  - Undetermined injury, go to I1  
  - Other cause, go to H9  
  - U/K, go to I1

- 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  
  - COVID-19, go to H8  
  - Diabetes, go to H8  
  - HIV/AIDS, go to H8  
  - Influenza, go to H8  
  - Low birth weight, go to H8  
  - Malnutrition/dehydration, go to H8  
  - Neonatal/infectious, 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 I1

- U/K
## H1. MOTOR VEHICLE AND OTHER TRANSPORT

**a. Vehicles involved in incident:**
- Total number of vehicles: ______

**b. Position of child:**
- Driver
- Passenger
- If passenger, relationship of driver to child:
  - Front seat
  - Back seat
  - Truck bed
  - Other, specify:
    - Other, specify:
    - Other, specify:

**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
- U/K
- Child in/on a vehicle that struck another vehicle
- Child in/on a vehicle, struck person/object

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

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

### Child's driver
- Age of Driver
  - <16 years
  - 16 to 18 years old
  - 19 to 21 years old
  - 22 to 29 years old
  - 30 to 65 years old
  - >65 years old
  - U/K age

### Driver of other primary vehicle
- Has a graduated license
- Has a full license
- Has a full license that has been restricted
- Has a suspended license
- If recreational vehicle, has driver safety certificate
- Other, specify:
- Was violating graduated licensing rules:
- Nighttime driving curfew
- Passenger restrictions
- Driving without required supervision
- Other violations, specify:

**h. Total number of occupants in vehicles:**
- In child's vehicle, including child:
  - N/A, child was not in a vehicle
  - U/K
  - 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:
  - 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: ______

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

<table>
<thead>
<tr>
<th>Not Needed</th>
<th>Needed, none present</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>
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<tr>
<td>Lap belt</td>
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<td>o</td>
<td>o</td>
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</tr>
<tr>
<td>Shoulder belt</td>
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<tr>
<td>Child seat*</td>
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</tr>
<tr>
<td>Belt positioning booster seat</td>
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<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Helmet</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>
</tr>
</tbody>
</table>
### H2. FIRE, BURN, OR ELECTROCUTION

<table>
<thead>
<tr>
<th>a. Ignition, heat or electrocution source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Matches</td>
</tr>
<tr>
<td>☐ Cigarette lighter</td>
</tr>
<tr>
<td>☐ Utility lighter</td>
</tr>
<tr>
<td>☐ Cigarette or cigar</td>
</tr>
<tr>
<td>☐ Candles</td>
</tr>
<tr>
<td>☐ Cooking stove</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Type of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fire, go to c</td>
</tr>
<tr>
<td>☐ Scalp, go to r</td>
</tr>
<tr>
<td>☐ Other burn, go to t</td>
</tr>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. For fire, child died from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Burns</td>
</tr>
<tr>
<td>☐ Smoke inhalation</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Material first ignited:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Upholstery</td>
</tr>
<tr>
<td>☐ Mattress</td>
</tr>
<tr>
<td>☐ Christmas tree</td>
</tr>
<tr>
<td>☐ Clothing</td>
</tr>
<tr>
<td>☐ Curtain</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Type of building on fire:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Building's primary construction material:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Wood</td>
</tr>
<tr>
<td>☐ Steel</td>
</tr>
<tr>
<td>☐ Brick/stone</td>
</tr>
<tr>
<td>☐ Aluminum</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Fire started by a person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Did anyone attempt to put out fire?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Was sprinkler system present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Were building/rental codes violated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. Were barriers preventing safe exit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>m. Were building/rental codes violated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. Were proper working fire extinguishers present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. Was sprinkler system present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p. Were smoke alarms present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. Suspected arson?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r. For scald, was hot water heater set too high?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>s. For electrocution, what cause:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Electrical storm</td>
</tr>
<tr>
<td>☐ Faulty wiring</td>
</tr>
<tr>
<td>☐ Wire/product in water</td>
</tr>
<tr>
<td>☐ Child playing with outlet</td>
</tr>
<tr>
<td>☐ Other, specify:</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>t. Other, describe in detail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

### H3. DROWNING

<table>
<thead>
<tr>
<th>a. Where was child last seen before drowning? Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In water</td>
</tr>
<tr>
<td>☐ On shore</td>
</tr>
<tr>
<td>☐ On dock</td>
</tr>
<tr>
<td>☐ Poolside</td>
</tr>
<tr>
<td>☐ UK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. What was child last seen doing before drowning?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Playing</td>
</tr>
<tr>
<td>☐ Boating</td>
</tr>
<tr>
<td>☐ Swimming</td>
</tr>
<tr>
<td>☐ Bathing</td>
</tr>
<tr>
<td>☐ Fishing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Was child forcibly submerged?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Drowning location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Open water, go to e</td>
</tr>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. For open water, place:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lake</td>
</tr>
<tr>
<td>☐ River</td>
</tr>
<tr>
<td>☐ Pond</td>
</tr>
<tr>
<td>☐ Creek</td>
</tr>
<tr>
<td>☐ Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. For open water, contributing environmental factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Weather</td>
</tr>
<tr>
<td>☐ Temperature</td>
</tr>
<tr>
<td>☐ Current</td>
</tr>
<tr>
<td>☐ Rip tide/ undertow</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. If boating, type of boat:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Sailboat</td>
</tr>
<tr>
<td>☐ Jet ski</td>
</tr>
<tr>
<td>☐ Motorboat</td>
</tr>
<tr>
<td>☐ Kayak</td>
</tr>
<tr>
<td>☐ Raft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. For boating, was the child piloting boat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. For pool, type of pool:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Above ground</td>
</tr>
<tr>
<td>☐ In-ground</td>
</tr>
<tr>
<td>☐ Wading</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In the pool/hot tub/spa</td>
</tr>
<tr>
<td>☐ On or under the cover</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Private</td>
</tr>
<tr>
<td>☐ Public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Length of time owners had pool/hot tub/spa:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ N/A</td>
</tr>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>m. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>s. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>t. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>u. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>v. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>w. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>x. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>y. For pool, child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>z. For pool, ownership is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>m. Flotation device used?</td>
</tr>
<tr>
<td>- If yes, check all that apply:</td>
</tr>
<tr>
<td>- Coast Guard approved</td>
</tr>
<tr>
<td>- Lifesaving ring</td>
</tr>
<tr>
<td>- Swim rings</td>
</tr>
<tr>
<td>- Air mattress</td>
</tr>
<tr>
<td>- Other, specify:</td>
</tr>
<tr>
<td>- Not Coast Guard approved</td>
</tr>
<tr>
<td>- Not Coast Guard approved</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>n. What barriers/layers of protection existed to prevent access to water?</td>
</tr>
<tr>
<td>- Check all that apply:</td>
</tr>
<tr>
<td>- None</td>
</tr>
<tr>
<td>- Alarm, go to r</td>
</tr>
<tr>
<td>- Fence, go to o</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>- Gate, go to p</td>
</tr>
<tr>
<td>- Door, go to q</td>
</tr>
<tr>
<td>o. Fence:</td>
</tr>
<tr>
<td>- Describe type:</td>
</tr>
<tr>
<td>- Fence height in ft</td>
</tr>
<tr>
<td>- If four sides</td>
</tr>
<tr>
<td>- If two or less sides</td>
</tr>
<tr>
<td>- If UK</td>
</tr>
<tr>
<td>p. Gate, check all that apply:</td>
</tr>
<tr>
<td>- Has self-closing latch</td>
</tr>
<tr>
<td>- Has lock</td>
</tr>
<tr>
<td>- Is a double gate</td>
</tr>
<tr>
<td>- Opens to water</td>
</tr>
<tr>
<td>- Has lock</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>q. Door, check all that apply:</td>
</tr>
<tr>
<td>- Has self-closing latch</td>
</tr>
<tr>
<td>- Door screen torn</td>
</tr>
<tr>
<td>- Door self-closer failed</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>- Alarm, go to r</td>
</tr>
<tr>
<td>- Alarm, go to r</td>
</tr>
<tr>
<td>- Alarm, go to r</td>
</tr>
<tr>
<td>r. Alarm, check all that apply:</td>
</tr>
<tr>
<td>- Door</td>
</tr>
<tr>
<td>- Window</td>
</tr>
<tr>
<td>- Pool</td>
</tr>
<tr>
<td>- Laser</td>
</tr>
<tr>
<td>- Other, specify:</td>
</tr>
<tr>
<td>s. Type of cover:</td>
</tr>
<tr>
<td>- Hard</td>
</tr>
<tr>
<td>- Soft</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>t. Local ordinance(s) regulating access to water?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>u. How were layers of protection breached? Check all that apply:</td>
</tr>
<tr>
<td>- No layers breached</td>
</tr>
<tr>
<td>- Damaged fence</td>
</tr>
<tr>
<td>- Door screen torn</td>
</tr>
<tr>
<td>- Door self-closer failed</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>- Cover, go to s</td>
</tr>
<tr>
<td>v. Child able to swim?</td>
</tr>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>w. For bathtub, child in a bathing aid?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>x. Warning sign or label posted?</td>
</tr>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>y. Lifeguard present?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>z. Rescue attempt made?</td>
</tr>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>a. Type of event:</td>
</tr>
<tr>
<td>- Suffocation, go to b</td>
</tr>
<tr>
<td>- Strangulation, go to c</td>
</tr>
<tr>
<td>- Choking, go to d</td>
</tr>
<tr>
<td>- Other, specify and go to e</td>
</tr>
<tr>
<td>- U/K, go to e</td>
</tr>
<tr>
<td>b. If suffocation/asphyxia, action causing event:</td>
</tr>
<tr>
<td>- Confined in tight space</td>
</tr>
<tr>
<td>- Refrigerator/freezer</td>
</tr>
<tr>
<td>- Toy chest</td>
</tr>
<tr>
<td>- Automobile</td>
</tr>
<tr>
<td>- Trunk</td>
</tr>
<tr>
<td>- Other, specify:</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>c. If strangulation, object causing event:</td>
</tr>
<tr>
<td>- Clothing</td>
</tr>
<tr>
<td>- Blind cord</td>
</tr>
<tr>
<td>- Car seat</td>
</tr>
<tr>
<td>- Stroller</td>
</tr>
<tr>
<td>- High chair</td>
</tr>
<tr>
<td>- Belt</td>
</tr>
<tr>
<td>- Rope/string</td>
</tr>
<tr>
<td>- Other, specify:</td>
</tr>
<tr>
<td>d. If choking, object causing choking:</td>
</tr>
<tr>
<td>- Food, specify:</td>
</tr>
<tr>
<td>- Toy, specify:</td>
</tr>
<tr>
<td>- Balloon</td>
</tr>
<tr>
<td>- Other, specify:</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>e. Was asphyxia an autoerotic event?</td>
</tr>
<tr>
<td>- N/A</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>g. History of seizures?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>h. History of apnea?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
<tr>
<td>i. Was Heimlich Maneuver attempted?</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- U/K</td>
</tr>
</tbody>
</table>
### 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>Loaded chamber indicator</td>
</tr>
<tr>
<td>Biological, go to m</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify and go to m</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Where was firearm stored?</th>
<th>f. Firearm stored with ammunition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stored</td>
<td>Yes/No/U/K</td>
</tr>
<tr>
<td>Under mattress/pillow</td>
<td></td>
</tr>
<tr>
<td>Locked cabinet</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Unlocked cabinet</td>
<td></td>
</tr>
<tr>
<td>Glove compartment</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Owner of fatal firearm:</th>
<th>i. Sex of fatal firearm owner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U/K, weapon stolen</td>
<td>Male</td>
</tr>
<tr>
<td>U/K, weapon found</td>
<td>Female</td>
</tr>
<tr>
<td>Self</td>
<td>U/K</td>
</tr>
<tr>
<td>Biological parent</td>
<td>Co-worker</td>
</tr>
<tr>
<td>Adoptive parent</td>
<td>Biological staff</td>
</tr>
<tr>
<td>Stepparent</td>
<td>Neighbor</td>
</tr>
<tr>
<td>Foster parent</td>
<td>Rival gang member</td>
</tr>
<tr>
<td>Mother's partner</td>
<td>Stranger</td>
</tr>
<tr>
<td>Father's partner</td>
<td>Other relative</td>
</tr>
<tr>
<td>Father's partner</td>
<td>U/K</td>
</tr>
<tr>
<td>Classmate</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. What did person's body part do?</th>
<th>m. Did person using weapon have history of weapon-related offenses?</th>
<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>Self injury</td>
<td>Yes/No/U/K</td>
<td>Yes, describe circumstances:</td>
</tr>
<tr>
<td>Commission of crime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug dealing/trading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive-by shooting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Random violence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. Persons handling weapons at time of incident, check all that apply:</th>
<th>p. Sex of person(s) handling weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal and/or Other weapon</td>
<td>Fatal weapon:</td>
</tr>
<tr>
<td>Self</td>
<td>Male</td>
</tr>
<tr>
<td>Biological parent</td>
<td>Female</td>
</tr>
<tr>
<td>Adoptive parent</td>
<td>U/K</td>
</tr>
<tr>
<td>Stepparent</td>
<td></td>
</tr>
<tr>
<td>Foster parent</td>
<td></td>
</tr>
<tr>
<td>Mother's partner</td>
<td></td>
</tr>
<tr>
<td>Father's partner</td>
<td></td>
</tr>
<tr>
<td>Grandparent</td>
<td></td>
</tr>
<tr>
<td>Sibling</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></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>Commission of crime</td>
</tr>
<tr>
<td>Drug dealing/trading</td>
</tr>
<tr>
<td>Drive-by shooting</td>
</tr>
<tr>
<td>Random violence</td>
</tr>
<tr>
<td>Screen</td>
</tr>
<tr>
<td>Bullying</td>
</tr>
<tr>
<td>Hunting</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>
</tbody>
</table>

### H6. FALL OR CRUSH

<table>
<thead>
<tr>
<th>a. Type:</th>
<th>b. Height of fall:</th>
<th>c. Child fell from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall, go to b</td>
<td>feet</td>
<td>Natural elevation</td>
</tr>
<tr>
<td>Crush, go to h</td>
<td>inches</td>
<td>Stairs/steps</td>
</tr>
<tr>
<td>Screen</td>
<td>No screen</td>
<td>Moving object, specify:</td>
</tr>
<tr>
<td>Open window</td>
<td>Screen</td>
<td>Animal, specify:</td>
</tr>
<tr>
<td>Man-made elevation</td>
<td>Furniture</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>Playground equipment</td>
<td>Bed</td>
<td></td>
</tr>
<tr>
<td>Tree</td>
<td>Overpass</td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>Balcony</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

| Screen? | |
|---------||
| U/K if screen | |
| U/K | |

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d. Surface child fell onto:
- Cement/concrete
- Linoleum/vinyl
- Grass
- Marble/tile
- Gravel
- Other, specify:
- Wood floor
- Carpeted floor
- U/K

e. Barrier in place, check all that apply:
- None
- Stairway
- Screen
- Gate
- Other window guard
- Other, specify:
- Fence
- U/K
- Railing
- 

f. Was child pushed, dropped or thrown?
- Yes
- No
- U/K

H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

- Prescription drug/source
- Over-the-counter drug/source
- Illicit drugs/source
- Other substances/source

- Antidepressant
- Pain medication
- Pain medication (opioids)
- Pain medication (non-opioids)
- Methadone
- Other Rx, specify:
- Other illicit drug, specify:

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 = U/K
- 9 = Other

- Prescription drug/source
- Over-the-counter drug/source
- Illicit drugs/source
- Other substances/source

- Alcohol
- Carbon monoxide
- Other fume/gas/vapor

- Antidepressant
- Pain medication
- Pain medication (opioids)
- Pain medication (non-opioids)
- Methadone
- Other Rx, specify:
- Other illicit drug, specify:

b. Where was the substance stored?
- Open area
- Open cabinet
- Closed cabinet, unlocked
- Closed cabinet, locked
- Other, specify:
- U/K

c. Was the product in its original container?
- Yes
- No
- U/K

H8. MEDICAL CONDITION

a. How long did the child have the medical condition?
- In utero
- Weeks
- Months
- Years
- Days
- U/K

b. Was death expected as a result of the medical condition?
- Yes
- No
- U/K

H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:
I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

11. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)  
This section displays online based on your state's settings.

Section 11: 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
   - [ ] U/K, go to I1b

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

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present w/in 72 hours of death</th>
<th>Present w/in 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiac</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness/lightheadedness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neurologic</strong></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convulsions/seizure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paralysis (acute)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, specify:

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?
   - [ ] U/K for all

   If yes, describe:

a. Had the child ever been diagnosed by a medical professional for the following?
   - [ ] U/K for all
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:
- [ ] Cardiac ablation
- [ ] Heart surgery
- [ ] Heart transplant
- [ ] Cardiac device placement
- [ ] Interventional cardiac catheterization
- [ ] Other, specify: [ ] Implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD)

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?
   - [ ] None
   - [ ] Y
   - [ ] N
   - [ ] UK
   - [ ] U/K
   - [ ] Deaths
   - [ ] Sudden unexpected death before age 50

If yes, describe the type of event, which relative, and relative’s age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

<table>
<thead>
<tr>
<th>Heart Disease</th>
<th>Symptoms</th>
<th>Other Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Heart condition/heart attack or stroke before age 50</td>
<td>○ Febrile seizures</td>
<td>○ Aortic aneurysm or aortic rupture</td>
</tr>
<tr>
<td>○ Arrhythmia (fast or irregular heart rhythm)</td>
<td>○ Unexplained fainting</td>
<td>○ Cardiomyopathy</td>
</tr>
<tr>
<td>○ Congenital heart disease</td>
<td>○ Congenital deafness</td>
<td>○ Congenital deafness</td>
</tr>
<tr>
<td>○ Epilepsy or convulsions/seizure</td>
<td>○ Connective tissue disease</td>
<td>○ Connective tissue disease</td>
</tr>
<tr>
<td>○ Other neurologic disease</td>
<td>○ Mitochondrial disease</td>
<td>○ Mitochondrial disease</td>
</tr>
</tbody>
</table>

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

   If yes, describe:

<table>
<thead>
<tr>
<th>Stimuli</th>
<th>Physical activity</th>
<th>Sleep deprivation</th>
<th>Driving</th>
<th>Visual stimuli</th>
<th>Video game stimuli</th>
<th>Emotional stimuli</th>
<th>Auditory stimuli/starlite</th>
<th>Physical trauma</th>
<th>Other, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 24 hrs of incident</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At incident</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

i. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?
   - [ ] None
   - [ ] Y
   - [ ] N
   - [ ] U/K
   - [ ] U/K for all

   If yes, describe type of activity and extent of symptoms:

<table>
<thead>
<tr>
<th>Stimuli</th>
<th>Physical activity</th>
<th>Sleep deprivation</th>
<th>Driving</th>
<th>Visual stimuli</th>
<th>Video game stimuli</th>
<th>Emotional stimuli</th>
<th>Auditory stimuli/starlite</th>
<th>Physical trauma</th>
<th>Other, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At incident</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

j. Was the child compliant with their prescribed medications?
   - [ ] N/A
   - [ ] Yes
   - [ ] No
   - [ ] 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?
   - [ ] None
   - [ ] 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:

   If yes to any items above, describe:

l. Was the child an athlete?
   - [ ] N/A
   - [ ] Yes
   - [ ] No
   - [ ] U/K

   If yes, type of sport:
   - [ ] Competitive
   - [ ] Recreational
   - [ ] U/K

   If competitive, did the child participate in the 6 months prior to death?
   - [ ] Yes
   - [ ] No
   - [ ] U/K

m. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity? Check all that apply:
   - [ ] Yes
   - [ ] No
   - [ ] U/K

   If yes, for physical activity, describe type of activity:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Chest pain</th>
<th>Headache</th>
<th>Confusion</th>
<th>Palpitations</th>
<th>Convulsions/seizure</th>
<th>Shortness of breath/difficulty breathing</th>
<th>Dizziness/lightheadedness</th>
<th>Fainting</th>
</tr>
</thead>
<tbody>
<tr>
<td>At incident</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Within 24 hours of incident</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n. 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:

   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>p. How old was the child when diagnosed with epilepsy/seizure disorder?</th>
<th>r. What type(s) of seizures did the child have? Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 (infant) through 20 years:</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 exposed to strobe lights, video game, or flickering light (reflex seizure)</td>
</tr>
<tr>
<td></td>
<td>- U/K</td>
</tr>
</tbody>
</table>

q. What were the underlying cause(s) of the child’s seizures? Check all that apply:

- Brain injury/trauma, specify: Genetic/chromosomal
- Brain tumor
- Cerebrovascular
- Central nervous system infection
- Degenerative process
- Developmental brain disorder
- Inborn error of metabolism
- U/K

u. Did treatment for seizures include anti-epileptic drugs?

- Yes
- No
- U/K

If yes, how many different types of anti-epileptic drugs did the child take?

- 1
- 2
- 3
- 4
- 5
- 6

v. Was night surveillance used?

- Yes
- No
- U/K

I2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?

<table>
<thead>
<tr>
<th>a. Incident sleep place:</th>
<th>c. Child found:</th>
</tr>
</thead>
</table>
| Crib
| Adult bed
| If crib, type: |
| | Car seat
| | If adult bed, what type? |
| | If futon, |
| | Twin
| | Bed position |
| | Full |
| | Queen |
| | U/K |
| | U/K |
| | Bassinet |
| | Other, specify: |
| | U/K |
| | Bed side sleeper |
| | Chair |
| | U/K |
| | Baby box |
| | Floor |
| | U/K |
| | Bassinet |
| | Sofa |
| | Couch |
| | Other, specify: |
| | U/K |
| | Bed side sleeper |
| | Chair |
| | U/K |
| | Bassinet |
| | Sofa |
| | Couch |
| | Other, specify: |
| | U/K |
| | Bed side sleeper |
| | Chair |
| | U/K |
| | Bassinet |
| | Sofa |
| | Couch |
| | Other, specify: |
| | U/K |
| | Baby box |
| | Floor |
| | U/K |

b. Child put to sleep:

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

c. Child found:

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

d. Usual sleep place:

- Crib
- Adult bed
- Baby box
- Car seat
- If crib, type:
- Waterbed
- Futon
- Playpen/other play structure, not a portable crib
- Rock ‘n Play
- Stroller
- If adult bed, what type?
- Swing
- Bouncy chair
- Other, specify: |
- U/K
- Bassinet
- Other, specify:
- U/K
- U/K
- Bed side sleeper
- Chair
- Other, specify: |
- U/K
- Bassinet
- Other, specify:
- U/K
- U/K
- Baby box
- Floor
- Other, specify: |
- U/K
- Bassinet
- Other, specify:
- U/K
- U/K

e. Usual sleep position:

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

e. Child in a new or different environment than usual?

- Yes
- No
- U/K

If yes, describe why:

g. Child overheated?

- Yes
- No
- U/K

If yes, outside temp ___ degrees F

If yes, describe:

h. Child last placed to sleep with a pacifier?

- Yes
- No
- U/K

If yes, describe:

i. Child wrapped or swaddled in blanket?

- Yes
- No
- U/K

If yes, describe:

j. Child exposed to second hand smoke?

- Yes
- No
- U/K

If yes, how often:

- Frequently
- Occasionally

k. Child's face when found:

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

m. Child's neck when found:

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

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

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

If fully or partially obstructed, what was obstructed?

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

If fully or partially obstructed, describe obstruction in detail:
### 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>Relate to 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  No U/K</td>
</tr>
<tr>
<td>Other child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Animal(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Mattress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Comforter, quilt, or other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Fitted sheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Thin blanket/flat sheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Pillow(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Cushion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Boppy or U shaped pillow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
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<tr>
<td>Sleep positioner (wedge)</td>
<td></td>
<td></td>
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<td></td>
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<td>Yes  No U/K</td>
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<tr>
<td>Bumper pads</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
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<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Crib railing/side</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Wall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
<tr>
<td>Toy(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
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<tr>
<td>Other(s), specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No U/K</td>
</tr>
</tbody>
</table>

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

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

- **U/K**

### Additional Questions

- **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?  
  - **Yes**  
  - **No**  
  - **U/K**

- **r.** Child sleeping in the same room as caregiver/supervisor at time of death?  
  - **Yes**  
  - **No**  
  - **U/K**

- **s.** 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:

- **t.** Is there a scene re-creation photo available for upload?  
  - **Yes**  
  - **No**  
  - If yes, upload here. Only one photo allowed.
  - 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.

### 13. 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**

### 14. 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
- Interpersonal violence
- Gang conflict
- Prostitution
- Auto theft
- Sexual assault
- Drug trade
- Witness intimidation
- Other, specify:
### 15. 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 15c
- Chronic Battered Child Syndrome, go to 15e
- Beating/kicking, go to 15b
- Scalding or burning, go to 15d
- Sexual assault, go to 15h
- Other, specify and go to 15h
- U/K, go to 15g

**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?
- Domestic argument
- Disobedience
- Munchausen Syndrome by Proxy
- Religion or cultural practices
- Sexual assault
- Other, specify:

**e. Events(s) triggering child abuse, check all that apply:**

- None
- Crying
- Toilet training
- Disobedience
- Feeding problems
- Domestic argument
- Other, specify:

**f. Child neglect, check all that apply:**

- Failure to provide necessities
  - Food
  - Shelter
  - Other, specify:
- Failure to provide supervision
- Emotional neglect, specify:
- Abandonment, specify:
- Failure to seek/follow treatment, specify:
  - If yes, was this due to religious or cultural practices?

- Yes
- No
- U/K

**g. Exposure to hazards:**

- Do not include child's own behavior.
- Hazard(s) in sleep environment
  - (including sleep position and surface sharing)
  - Fire hazard
  - Unsecured medication/poison
  - Firearm hazard
  - Water hazard
  - Motor vehicle hazard
  - Maternal substance use during pregnancy
  - Other hazard, specify:

**h. Was poverty a factor?**

- Yes
- No
- U/K

If yes, explain in Narrative

---

### 16. 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
  - If yes, specify platform(s):
- History of running away
- History of fearfulness, withdrawal or anxiety
- History of explosive anger, yelling or disobeying
- History of head injury
  - If yes, when was the last head injury? ____________
- Death of a peer, friend or family member
  - If yes, specify relationship to child: ____________
  - When did death occur: ____________
  - Was death a suicide? Yes
  - No
  - U/K

**b. Was the child ever diagnosed with any of the following? Check all that apply.**

- None listed below
- Anxiety spectrum disorder
- Bipolar spectrum disorder
- Depressive spectrum disorder
- Disruptive, impulse control or conduct disorder
- Eating disorder
- Substance-related or addictive disorders
- Other, specify:

**c. Check all suicidal behaviors/attempts that ever applied:**

- None listed below
- Preparatory behavior
- Non-fatal attempt
- Aborted attempt
- Interrupted attempt

**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, specify platform(s): ____________

**h. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death. Check all that apply:**

- None listed below
- Expressed perceived burden on others
- Showed worrisome behavioral cues or marked changes in behavior
- Displayed severe/overwhelming emotional pain or distress

**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

---

### 17. 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
- Job problems
- Sabotage
- Money problems
- Food insecurity

**b. Life stressors - Relationships (age 5 and over)**

- None listed below
- Argument with friends
- Family discord
- Argument with parents/caregivers
- Parents’ divorce/separation
- Parents’ incarceration
- Argument with significant other
- Breakup with significant other
- Social discord

**c. Stress due to sexual orientation**

- Stress due to gender identity

**d. Stress due to school (age 5 and over)**

- None listed below
- School failure
- Pressure to succeed
- Extracurricular activities
- New school
- Other school problems
**Life stressors** - Technology (age 5+)
- None listed below

**Life stressors** - Transitions (age 5 and over)
- Release from hospital
- Transition to/from child welfare system
- Release from immigrant detention center

**Life stressors** - Trauma (age 5 and over)
- Rape/sexual assault
- Previous abuse (emotional/physical)
- Family/domestic violence

**Stress/negative consequences due to**
- None listed below
- Release from juvenile justice facility
- End of school year/school break
- None listed below
- Release from hospital
- Electronic gaming
- Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, outpatient to inpatient, etc.)
- Rape/sexual assault
- Texting
- Restriction of technology

**Describe any other life stressors:**
- None listed below
- Release from immigrant detention

---

**PERSON RESPONSIBLE (OTHER THAN DECEDED)**

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.
   - One
   - Two
   - Exposure to hazards
   - Assault, not child abuse
   - Other, specify: supervision
   - U/K

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

4. Is person listed in a previous section?
   - One
   - Two
   - 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.
   - One
   - Two
   - Adoptive parent
   - Stepparent
   - 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: U/K

6. Person's age in years:
   - One
   - Two
   - # Years
   - U/K

7. Person's sex:
   - One
   - Two
   - Male
   - Female
   - U/K

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

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

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

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

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

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

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

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

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

---

If yes or yes, check all that apply:
- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K

# CPS referrals

# Substantiations

---

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

If mental health/substance abuse, was person receiving mental health services?
- Yes
- No
- U/K

---

If yes, check all that apply:
- Assaults
- Robbery
- Drugs
- Other, specify:
- U/K
17. At the time of the incident, was the person asleep?  

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
<th>If yes, select the most appropriate description of the person's sleeping period at incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>No</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>U/K</td>
</tr>
<tr>
<td>☐ o</td>
<td>☐ o</td>
<td>Night time sleep</td>
</tr>
<tr>
<td>☐ o</td>
<td>☐ o</td>
<td>Day time nap, describe:</td>
</tr>
<tr>
<td>☐ o</td>
<td>☐ o</td>
<td>Day time sleep (for example, person is night shift worker), describe:</td>
</tr>
<tr>
<td>☐ o</td>
<td>☐ o</td>
<td>Other, describe:</td>
</tr>
</tbody>
</table>

18. At time of incident was person impaired?  

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<thead>
<tr>
<th>One</th>
<th>Two</th>
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</table>

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:  

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<tr>
<th>One</th>
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20. Legal outcomes in this death, check all that apply:  

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</table>

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?  

<table>
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<tr>
<th>One</th>
<th>Two</th>
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</table>

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:  

L. FINDINGS IDENTIFIED DURING THE REVIEW  

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

1. Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.)

2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples).

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

4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review?  

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If yes, select all that apply and describe:  

- Child welfare  
- Law enforcement  
- Public health  
- Coroner/medical examiner  
- Courts  
- Health care systems  
- Education  
- Mental health  
- EMS  
- Substance abuse  
- Other, specify:  

5. Could the death have been prevented?  

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</tbody>
</table>
### 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/pathologist  
   - CPS  
   - Fire  
   - Indian Health Services/  
   - Military  
   - Death investigator  
   - Other social services  
   - EMS  
   - Tribal Health  
   - Domestic violence  
   - Law enforcement  
   - Physician  
   - Faith based organization  
   - Home visiting  
   - Others, list:  
   - Prosecutor/district attorney  
   - Nurse  
   - Education  
   - Healthy Start  
   - Public health  
   - Hospital  
   - Mental health  
   - Court  
   - HMO/managed care  
   - Other health care  
   - Substance abuse  
   - Child advocate  

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  
   - Jurisdictional equivalent of the CDC SUIDI Reporting Form  
   - HIPAA regulations prevented access to or exchange of information  
   - Birth certificate - full form  
   - Inadequate investigation precluded having enough information for review  
   - Death certificate  
   - Team members did not bring adequate information to the meeting  
   - Child's medical records or clinical history, including vaccinations  
   - Necessary team members were absent  
   - Biological mother's obstetric and prenatal information  
   - Meeting was held too soon after death  
   - Newborn screening results  
   - Meeting was held too long after death  
   - Law enforcement records  
   - Records or information were needed from another locality in-state  
   - Child protection agency records  
   - Records or information were needed from another state  
   - EMS run sheet  
   - Team disagreement on circumstances  
   - Hospital records  
   - Other factors, specify:  
   - Autopsy/pathology reports  
   - Home visiting  
   - Mental health records  
   - Other health care  
   - School records  
   - Substance abuse treatment records  

7. Review meeting outcomes, check all that apply:
   - Review led to additional investigation  
   - Team disagreed with official manner of death. What did team believe manner should be?  
   - Team disagreed with official cause of death. What did team believe cause should be?  
   - Because of the review, the official cause or manner of death was changed  
   - Local  
   - State  
   - National  

### N. SUID AND SDY CASE REGISTRY

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

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

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

1. Is this an SDY or SUID case?  
   - Yes  
   - No  

2. Did this case go to Advanced Review for the SDY Case Registry?  
   - Yes  
   - No  

3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:

4. Professionals at the Advanced Review meeting, check all that apply:
   - Cardiologist  
   - Death investigator  
   - Geneticist or genetic counselor  
   - Pediatrician  
   - CDR representative  
   - Epileptologist  
   - Mental health professional  
   - Public health representative  
   - Coroner  
   - Forensic pathologist/medical examiner  
   - Neonatologist  
   - Others, specify:  

5. Did the Advanced Review team believe the autopsy was comprehensive?  
   - Yes  
   - No  
   - U/K  

6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary?  
   - Yes  
   - No  
   - U/K  
   - N/A  

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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
   - 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
   - Incomplete case information
   - Explained neurological, specify:
   - Explained infant suffocation
   - Explained other, specify:
   - Unexplained, SUDEP
   - Unexplained other, specify:
   - Unexplained, possible cardiac
   - Unexplained death

11. Categorization for SUID Case Registry (choose only one):
   - Excluded (other explained causes, not suffocation)
   - Unexplained: No autopsy or death scene investigation
   - Unexplained: Incomplete case information
   - Unexplained: No unsafe sleep factors
   - Unexplained: Unsafe sleep factors
   - Unexplained: Possible suffocation with unsafe sleep factors
   - Explained: Suffocation with unsafe sleep factors

10. 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:  
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

www.ncfrp.org info@ncfrp.org 1-800-656-2434 Facebook and Twitter: NationalCFRP