Instructions:
This case report is used by Fetal and Infant Mortality Review (FIMR) 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 FIMR 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. However, over time abstractors and teams begin to understand the importance of data collection and will make efforts to incorporate necessary information into the case summary. The percentage of cases marked "unknown" and unanswered questions decreases as the team becomes more familiar with the form.

The NFR-CRS Data Dictionary is available. It contains definitions for each data element and should be referred to when the team is unsure how to answer a question. Use of the data dictionary helps teams improve consistency of data entry.

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

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

HIPAA Reminder:
Enter identifiable information (names, dates, addresses, counties) into the NFR-CRS if your state/local policy allows. Follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure. For other text fields, such as the Narrative section or any "specify" or "describe" fields, do not include specific names, dates of birth, dates of death, references to specific counties, practitioners, or facility names in these text fields. Examples: "Evans County EMS" should be "EMS"; "Evans County Children's Hospital" should be "the children's hospital."

Why this reminder? Text fields may be shared with approved researchers as noted in our Data Use Agreements. Therefore, entering identified data into those fields would compromise your responsibility under HIPAA.

Additional paper forms can be ordered from the NCFRP at no charge. Users interested in participating in the NFR-CRS for data entry and reporting should contact the NCFRP.
### A. CHILD INFORMATION

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

1. **Child's name**: First: Middle: Last: U/K
2. **Date of birth**: U/K
3. **Date of death**: U/K
4. **Age**: Years
5. **Race, check all that apply**: White U/K
6. **Hispanic or Latino origin?** Yes No U/K
7. **Sex**: Male Female U/K
8. **Residence address**: U/K
9. **Child's weight at death**: U/K
10. **State of death**: U/K
11. **Child had disability or chronic illness?** Yes No U/K
12. **Child's health insurance, check all that apply**: Indian Health Service U/K
13. **Child's height at death**: U/K
14. **Were any siblings placed outside of the home prior to this child's death?** N/A Yes, # U/K No U/K
15. **Child's health insurance, check all that apply**: Private Other, specify: U/K
16. **Was the child up to date with Academy of Pediatrics Immunization Schedule?** N/A Yes No, specify: U/K
17. **Type of residence**: U/K
18. **New resident in past 30 days?** Yes No U/K
19. **Residence overcrowded?** Yes No U/K
20. **Child ever homeless?** Yes No U/K
21. **Number of other children living with child?** U/K
22. **Child had history of child maltreatment?** Yes No U/K
23. **As Victim** As Perpetrator
   - N/A
   - Yes
   - No
   - U/K
24. **If yes, how was history identified**: Physical Through CPS U/K
25. **Residence overcrowded?** Yes No U/K
26. **Number of other children living with child?** U/K
27. **Was there an open CPS case with child at time of death?** Yes No U/K
28. **Was child ever placed outside of the home prior to the death?** Yes No U/K
29. **As Victim** As Perpetrator
   - N/A
   - Yes
   - No
   - U/K
30. **If through CPS**: Psychological # CPS referrals # Substantiations U/K
31. **As Victim** As Perpetrator
32. **If yes, how was history identified**: Physical Through CPS U/K
33. **As Victim** As Perpetrator
34. **Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team?** Yes No U/K
35. **Gestational age**: U/K
36. **Birth weight**: U/K
37. **Multiple gestation?** Yes, # U/K
38. **Including the deceased infant, how many pregnancies did the birth mother have?** U/K
39. **Including the deceased infant, how many live births did the birth mother have?** U/K
40. **Not including the deceased infant, number of children birth mother still has living?** # U/K
41. **Prenatal care provided during pregnancy of deceased infant?** Yes No U/K
   - If yes, number of prenatal visits kept: # U/K
   - If yes, month of first prenatal visit: Specify 1-9: U/K
42. 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  
- U/K  
- Cultural differences  
- Lack of child care  
- Didn't know where to go

44. Did the mother experience any medical complications in previous pregnancies?  
- N/A  
- Yes  
- No  
- U/K  
  If yes, check all that apply:
- Previous preterm birth  
- Previous small for gestational age  
- Previous low birth weight birth  
- Previous large for gestational age (greater than 4000 grams)

45. Did the mother use any medications, drugs or other substances during pregnancy?  
- Yes  
- No  
- U/K  
  If yes, check all that apply:
- Over-the-counter meds  
- Anti-epileptic  
- Nausea/vomiting medications  
- Cocaine  
- Meds to treat drug addiction  
- Allergy medications  
- Anti-hypertensives  
- Cholesterol medications  
- Heroin  
- Opiates  
- Antibiotics  
- Anti-hypothyroidism  
- Sleeping pills  
- Marijuana  
- Other pain meds  
- Anti-flu/antivirals  
- Arthritis medications  
- Meds to treat preterm labor  
- Methamphetamine  
- Other, specify:
- Anti-depressants/anti-anxiety/anti-psychotics  
- Diabetes medications  
- Meds used during delivery  
- Alcohol  
- U/K  
- Limited health insurance coverage  
- Couldn't get provider to take as patient  
- Services not available  
- Other, specify:
- Anti-depressants/anti-anxiety/anti-psychotics  
- Diabetes medications  
- Meds used during delivery  
- Alcohol  
- U/K

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

46. Was the infant born drug exposed?  
- Yes  
- No  
- U/K

47. Did the infant have neonatal abstinence syndrome (NAS)?  
- Yes  
- No  
- U/K

48. Level of birth hospital:
- 1°  
- 2°  
- 3°  
- Free-standing birth hospital  
- Home birth  
- Other, specify:  
- U/K

49. At discharge from the birth hospital, was a case manager assigned to the mother?  
- N/A, mother did not go to a birth hospital  
- Yes  
- No  
- U/K

50. Did the mother attend a postpartum visit?  
- Yes  
- No  
- U/K

51. Did the infant have a NICU stay of more than one day?  
- Yes  
- No  
- U/K

52. Did mother smoke in the 3 months before pregnancy?  
- Yes  
- No  
- U/K  
  If yes, ___ Avg # cigarettes/day (20 cigarettes in pack)  
  U/K quantity

53. Did the mother smoke at any time during pregnancy?  
- Yes  
- No  
- U/K  
  Trimester 1  
  Trimester 2  
  Trimester 3  
  Avg # cigarettes/day (20 cigarettes in pack)  
  U/K quantity

If this was a fetal death, go to Section A4.

54. Was mother injured during pregnancy?  
- Yes  
- No  
- U/K  
  If yes, describe:
- U/K

55. Did the mother have postpartum depression?  
- Yes  
- No  
- U/K

If this was a fetal death, go to Section A4.

56. Infant ever breastfed?  
- Yes  
- No  
- U/K  
  If yes, any breast milk at 3 months?  
  N/A  
  Yes  
  No  
  U/K  
  If yes, exclusively?  
  Yes  
  No  
  U/K  
  If yes, any breast milk at 6 months?  
  N/A  
  Yes  
  No  
  U/K  
  If yes, exclusively?  
  Yes  
  No  
  U/K  
  If ever, was infant receiving breast milk at time of death?  
- Yes  
- No  
- U/K

If the infant never left the hospital following birth, go to Section A4.

57. Did infant have abnormal metabolic newborn screening results?  
- Yes  
- No  
- U/K  
  If yes, describe any abnormality such as a fatty acid oxidation error:
- U/K

If the infant never left the hospital following birth, go to Section A4.

58. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):
- None  
- Cyanosis  
- Fever  
- Excessive sweating  
- Lethargy/sleeping more than usual  
- Fussiness/excessive crying  
- Decrease in appetite  
- Apnea  
- Vomiting  
- Choking  
- Seizures or convulsions  
- Diarrhea  
- Other, specify:
- Lethargy/sleeping more than usual  
- Stool changes  
- Difficulty breathing  
- Apnea

59. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:
- None  
- Cyanosis  
- Fever  
- Excessive sweating  
- Lethargy/sleeping more than usual  
- Fussiness/excessive crying  
- Decrease in appetite  
- Apnea  
- Vomiting  
- Choking  
- Seizures or convulsions  
- Diarrhea  
- Other, specify:
- Lethargy/sleeping more than usual  
- Stool changes  
- Difficulty breathing  
- Apnea

60. In the 72 hours prior to death, was the infant injured?  
- Yes  
- No  
- U/K  
  If yes, describe cause and injuries:
- U/K

61. In the 72 hours prior to death, was the infant given any vaccines?  
- Yes  
- No  
- U/K  
  If yes, list name(s) of vaccines:
- U/K

62. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription and over-the-counter medications and home remedies.  
- Yes  
- No  
- U/K  
  If yes, list name and last dose given:
- U/K

63. What did the infant have for his/her last meal? Check all that apply:
- Breast milk  
- Other, specify:
- Formula, type:  
- Baby food, type:  
- Cereal, type:  
- U/K
A4. FIMR DETAIL FOR ALL INFANTS UNDER ONE YEAR

64. Mother's name First: Middle: Last: Maiden: □ U/K

65. Father's name: First: Middle: Last: □ U/K

66. Mother's country of birth: □ Same as child □ U/K

67. Father's country of birth: □ U/K

68. Mother's residence address: □ Same as child □ U/K

Street:
City:
State:
Zip:
County:

69. Mother's marital status during pregnancy:

- Single
- Separated
- Married
- Widowed
- Divorced □ U/K

70. Number of months between prior pregnancy and this one: □ U/K

71. Was mother taking folic acid or a multivitamin prior to this pregnancy?

- Yes
- No
- U/K

72. Mother's employment during pregnancy:
- Employed
- Unemployed
- Student
- On disability
- Stay-at-home □ U/K

If employed, did she think it was physically hard? Yes No □ U/K
If employed or student, did she think the job was stressful? Yes No □ U/K
If employed or student, number of weeks post-delivery started or returned: □ U/K
If employed or student, who watched the infant? Describe:

73. Mother's pre-pregnancy weight, height, BMI:

- Weight in pounds (whole number): lbs □ U/K
- Height in feet and inches (whole numbers): ft in □ U/K
- BMI will be calculated automatically if both height and weight are available.
  - If you don't have height and weight but know the mother's pre-pregnancy BMI, you can enter it:

74. Mother's pregnancy weight gain or loss in pounds (whole number):

- Enter a negative number for weight loss: lbs □ U/K

75. Did mother achieve the recommended weight gain?

- Yes
- No
- U/K

76. Mother's age at first pregnancy: □ U/K

77. For each previous pregnancy, describe most recent first:

<table>
<thead>
<tr>
<th>Preg # in gest.</th>
<th>Baby A, B, C, etc</th>
<th>Year of Delivery</th>
<th>Maternal Age</th>
<th>Gestational age in weeks</th>
<th>Birth weight (grams)</th>
<th>Choose one: NSVD C-Sec VBAC Other</th>
<th>Outcome Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

78. Was mother using birth control in the 3 months prior to this pregnancy?

- Yes
- No
- U/K

If yes, what type?

- LARC including implants/IUDs
- Oral contraceptives, specify:
- Barrier methods (male/female condoms/cervical cap)
- Injections (Depo Provera)
- Spermicides □ U/K
If no, was pregnancy:

- Unintended
- Intended
- Mistimed □ U/K

81. Was this pregnancy a result of assisted reproductive technology?

- Yes
- No
- U/K

If yes, describe:

82. Which of the following tests were performed during this pregnancy?

- Normal/Abnormal?

<table>
<thead>
<tr>
<th>Performed</th>
<th>Normal/Abnormal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N U/K</td>
<td>N A U/K</td>
</tr>
</tbody>
</table>

- Antibody screen
- STI culture or test
- Urine toxicity

If positive, for what?

- Blood type and Rh factor

If yes, what blood type? □
If yes, was mother Rh negative?

- Yes
- No
- U/K

- Other, specify test and results (abnormal/positive/etc.):
### 83. During this pregnancy and including any previous pregnancies, did the mother have any medical conditions/complications?  
- [ ] Yes  
- [ ] No  
- [ ] U/K  

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Referrals during this pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Began previous to this pregnancy and includes previous pregnancies - not current pregnancy</td>
<td>1 - No referral, not needed</td>
</tr>
<tr>
<td>2 - Began previous to this pregnancy AND includes current pregnancy</td>
<td>5 - Referral made, mother followed through</td>
</tr>
<tr>
<td>3 - Began during this current pregnancy</td>
<td>2 - No referral, already in care</td>
</tr>
<tr>
<td>4 - Referral made, no follow through by mother</td>
<td>3 - No referral, needed</td>
</tr>
<tr>
<td>9 - U/K</td>
<td>9 - U/K</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- [ ] Cardiovascular  
  - Hypertension - gestational  
  - Hypertension - chronic  
  - Pre-eclampsia  
  - Eclampsia  
  - Clotting disorder  

- [ ] Hematologic  
  - Folic acid deficiency  
  - Sickle cell disease  
  - Anemia (iron deficiency)  

- [ ] Respiratory  
  - Asthma  
  - Pulmonary embolism  

- [ ] Endocrine/Metabolic  
  - Diabetes, type 1 chronic  
  - Diabetes, type 2 chronic  
  - Diabetes, gestational  
  - Thyroid  
  - Polycystic ovarian disease  

- [ ] Neurologic/Psychiatric  
  - Addiction disorder  
  - Eating disorder  
  - Depression  
  - Seizure disorder  

- [ ] Sexually Transmitted Infections (STI)  
  - Bacterial vaginosis (BV)  
  - Chlamydia  
  - Gonorrhea  
  - Herpes  
  - HPV  
  - Syphilis  
  - Group B strep  
  - HIV/AIDS  

- [ ] Other STI, specify:  

### 84. Did the care provider recommend precautions to prevent premature labor or early labor?  
- [ ] Yes  
- [ ] No  
- [ ] U/K  

If yes, what precautions?  
- [ ] Took medicine to prevent labor or miscarriage  
- [ ] Got hormone shots  
- [ ] Stopped or limited sex during pregnancy  
- [ ] Used condoms to prevent infection  
- [ ] Doctor sewed the cervix closed (cerclage of incompetent cervix)  
- [ ] Had bed rest for one or more weeks at home  
  - Was mother able to comply?  
    - [ ] Yes  
    - [ ] No  
    - [ ] U/K  
- [ ] Was hospitalized for one or more nights  
- [ ] Reduced work hours or stopped working earlier than expected  
- [ ] Reduced housework or other physical activities  
- [ ] Other, specify:  

### 85. Type of delivery:  
- [ ] Routine  
- [ ] Emergency  
- [ ] Normal spontaneous vaginal delivery (NSVD)  
- [ ] Vaginal, induced or augmented  
- [ ] Vaginal delivery after C-Section (VBAC)  
- [ ] C-Section  
- [ ] Forceps  
- [ ] Vacuum extraction  
- [ ] U/K  

If C-Section, why was it done?  
- [ ] Failure to progress  
- [ ] Fetal distress  
- [ ] Macrosomia  
- [ ] Placental abruption  
- [ ] Placental Previa  
- [ ] Malpresentation  
- [ ] Repeat C-Section  
- [ ] Other, specify:
86. Were there any signs of fetal distress?  
- Yes  
- No  
- U/K  
If yes, specify:  

87. Were any birth defects noted?  
- Yes  
- No  
- U/K  
If yes, specify:  

88. Date of mother's discharge from the birth hospital:  
- N/A  
- U/K  
- mm / dd / yyyy  

89. Was there evidence of injury at death?  
- Yes  
- No  
- U/K  
If yes, what type(s) of injury?  
- Contusion/bruises  
- Abrasions/scratches  
- Fractures  
- Resuscitative marks  
- Cigarette burns  
- Other, specify:  
- Hemorrhage  

90. Was a placental pathology performed?  
- Yes  
- No  
- U/K  
If yes, describe findings:  

91. Payer source for mother's care for the following timeframes (check all that apply):  
- Pre  
- Preg  
- L&D  
- Post  
- None  
- Private insurance  
- Medicaid  
- State plan  
- Indian Heath Service  
- Other, specify:  
- U/K  

92. Did the mother have stable housing during the pregnancy?  
- Yes  
- No  
- U/K  
If no, indicate the type(s) of instability:  
- Mother in jail  
- Homeless  
- Eviction(s)  
- More than 3 moves in past year  
- Other, specify:  
- U/K  

93. Did the mother have phone service during the pregnancy?  
- Never  
- Rarely  
- Sometimes  
- Most of the time  
- Always  
- U/K  

94. Did the mother have any high-risk prenatal/antepartum encounters?  
- Yes  
- No  
- U/K  
If yes, number of visits with primary care provider:  
- _____  
If yes, number of L&D/triage/ED visits, excluding the birth:  
- _____  

95. Did the mother have any hospitalizations greater than 24 hours prior to labor and delivery excluding the birth?  
- Yes  
- No  
- U/K  
If yes, what treatment was recommended?  

96. Were any health education topics discussed at any time between the first prenatal care visit and the delivery?  
- Yes  
- No  
- U/K  
If yes, which topic(s)?  
- Maternal signs/symptoms that warrant medical attention  
- HIV testing  
- Importance of keeping postpartum visits  
- Mother's vaccinations  
- Postpartum (perinatal) depression  
- Risk factors identified by prenatal history  
- Family planning (spacing, interconception care, etc.)  
- Tobacco (Ask, Advise, Assess, Assist, and Arrange)  
- Postpartum family planning/tubal sterilization  
- Illicit/recreational drugs  
- Other, specify:  
- Fetal movement monitoring  
- Postpartum family planning/tubal sterilization  
- Choosing how to feed infant/benefits of breastfeeding  
- Other, specify:  
- Kicking counts  
- Preparing to breastfeed  
- Safe sleep education  

97. Were any health education topics discussed at any time between mother's admission and discharge from the birth hospital?  
- Yes  
- No  
- U/K  
If yes, which topic(s)?  
- Maternal signs/symptoms that warrant medical attention  
- Illicit/recreational drugs  
- Postpartum family planning/tubal sterilization  
- Where to go for care in case of maternal emergency  
- Choosing how to feed infant/benefits of breastfeeding  
- Interconception care  
- Current medications  
- Breastfeeding education  
- Other, specify:  
- Maternal nutrition  
- Bottle feeding education  
- Postpartum (perinatal) depression  
- Eating disorders such as anorexia or bulimia  
- Safe sleep education  
- Family planning (spacing, interconception care, etc.)  
- Exercise  
- Importance of keeping postpartum visits  
- Tobacco (Ask, Advise, Assess, Assist, and Arrange)  
- HIV testing  
- Postpartum (perinatal) depression  
- Mother's vaccinations  
- Family planning (spacing, interconception care, etc.)  
- Other, specify:  

98. Were any infant safety topics discussed at any time between the first prenatal care visit and mother's discharge from the birth hospital?  
- Yes  
- No  
- U/K  
If yes, which topic(s)?  
- Maternal signs/symptoms that warrant medical attention  
- Illicit/recreational drugs  
- Postpartum family planning/tubal sterilization  
- Where to go for care in case of infant emergency  
- Choosing how to feed infant/benefits of breastfeeding  
- Other, specify:  
- Current medications  
- Breastfeeding education  
- Postpartum (perinatal) depression  
- Maternal nutrition  
- Bottle feeding education  
- Family planning (spacing, interconception care, etc.)  
- Eating disorders such as anorexia or bulimia  
- Safe sleep education  
- Other, specify:  
- Exercise  
- Importance of keeping postpartum visits  
- Tobacco (Ask, Advise, Assess, Assist, and Arrange)  
- HIV testing  
- Postpartum (perinatal) depression  
- Mother's vaccinations  
- Family planning (spacing, interconception care, etc.)  
- Choosing how to feed infant/benefits of breastfeeding  
- Other, specify:  

99. Were any infant safety topics discussed at any time between the first prenatal care visit and mother's discharge from the birth hospital?  
- Yes  
- No  
- U/K  
If yes, which topic(s)?  
- Bath safety  
- Maternal signs/symptoms that warrant medical attention  
- Abusive Head Trauma/Shaken Baby Syndrome  
- Use of infant car seat  
- Infant care  
- Parenting skills  
- SUID/Safe Sleep education  
- Use of home smoke detector  
- Infant signs/symptoms that warrant medical attention  
- Protection from falls  
- Small object avoidance  
- Other, specify:  

Page 7 of 28
99. Did the mother experience any stressors during her pregnancy?  
☐ Yes  ☐ No  ☐ U/K
If yes, which one(s)?
☐ A close family member was very sick
☐ Separated or divorced from her husband/partner
☐ Husband/partner lost his job
☐ She and her husband/partner argued more than usual
☐ Her husband/partner said he did not want her to be pregnant
☐ Financial problems
☐ Involved in a physical fight
☐ Physical abuse
☐ Other, specify:

100. Was the mother a victim of intimate partner violence?  
* Referral key:
☐ Yes  ☐ No  ☐ U/K
Referral:  
1 - No referral, not needed  
2 - No referral, already in service  
3 - No referral, needed  
4 - Referral made, no follow up by mother  
5 - Referral made, mother followed through  
9 - U/K

101. Was the family referred to any health or human services program during or after the pregnancy?  
☐ Yes  ☐ No  ☐ U/K
If any of these are checked, note whether a referral was made using the following responses:

Referral options: 1 - Referral made, no follow through by mother  
2 - Referral made, mother followed through  
9 - U/K
☐ Case management  
☐ Infant/child health program  
☐ Child Protection Services  
☐ Legal aid  
☐ Evidence-based home visiting  
☐ Family planning  
☐ Mental health service  
☐ Infant mental health program  
☐ Genetic evaluation/counseling  
☐ GED programs  
☐ Children's Special Health Care Needs services

102. At any time before or during pregnancy or until the infant's death, did the family experience any difficulties in obtaining, communicating, processing, or understanding basic health information and services in order to make informed health decisions?  
☐ Yes  ☐ No  ☐ U/K
If this was a fetal death, go to Section A5.

103. Apgar:  
1 min:  
☐ Yes  ☐ No  ☐ U/K
5 min:  
☐ Yes  ☐ No  ☐ U/K

104. Were neonatal resuscitation measures required or attempted in delivery room?  
☐ Yes  ☐ No  ☐ U/K
If yes, which measure(s)?
☐ Physical stimulation  
☐ Intubation  
☐ Respiratory or cardiac meds for resuscitation  
☐ Oxygen  
☐ Other, specify:

105. Disposition from delivery room, did the infant go to:  
☐ Normal newborn nursery  
☐ Rooming in  
☐ Observation/special care nursery (NICU, intensive care or premature nursery)  
If yes, admitting diagnosis:
☐ Transferred to another hospital  
☐ Other, specify:
☐ U/K

106. Were there morbidities noted during the nursery stay?  
☐ N/A  ☐ Yes  ☐ No  ☐ U/K
If yes, what were they?
☐ Perinatal asphyxia  
☐ Respiratory distress syndrome  
☐ Convulsion  
☐ Hypoglycemia (<40)  
☐ Neonatal sepsis  
If yes, specify:
☐ Anemia due to fetal hemorrhage  
☐ Perinatal STI infection  
☐ Hemolysis  
☐ If yes, due to:
☐ Rh  ☐ ABO  ☐ Other  
If other, specify:
☐ Temperature instability  
☐ Delayed feeding adequacy  
☐ Jaundice  
☐ Other, specify:
☐ Bilirubin level:

107. Was a urine or meconium toxicology done on the infant?  
☐ Yes  ☐ No  ☐ U/K
If yes, were the results positive or negative?  
☐ Positive  ☐ Negative  ☐ U/K
If positive, for what?
☐ Alcohol, including ethanol and methanol  
☐ Benzodiazepines  
☐ Cocaine  
☐ Phencyclidine (PCP)  
☐ Amphetamines  
☐ Marijuana/THC  
☐ Opiates, codeine, oxycodone  
☐ Other, specify:
☐ Barbiturates  
☐ Methadone  
☐ Heroin  
☐ U/K
108. Date of infant's last discharge from any hospital: ____/____/______ U/K
109. Total number of days infant hospitalized: ____ U/K
110. Infant's disposition (after birth, from any hospital):
   ○ Home with parents ○ Other, specify: ○ U/K
111. Did the infant have a primary care provider? ○ Yes ○ No ○ U/K
112. Were any medications prescribed for the infant at any discharge?
   ○ Yes ○ No ○ U/K
   If yes, specify:
   If yes, were parents instructed in medication administration?
   ○ Yes ○ No ○ U/K
113. Was the infant technologically dependent on discharge from any hospital visit?
   ○ Yes ○ No ○ U/K
   If yes, describe:
114. After the infant came home from the hospital after delivery, did s/he have to go back into the hospital overnight for any reason?
   ○ Yes ○ No ○ U/K
   If yes, how many nights was the infant in this hospital?
   Number of nights: ___ U/K
   If yes, how old was the infant when admitted to this hospital for the last time?
   Number of weeks: ___ U/K
115. Number of outpatient/ambulatory infant encounters: _____ Of these, how many were well child visits?: _____

List encounters. One line per visit. Maximum 12 encounters. Enter those encounters closest to the death if greater than 12.

Who saw infant: Primary Care Physician; Urgent Care; Emergency Department; Other
Age in months: Enter 0 for infants under 30 days. For reviews of children greater than 12 months old, enter "> 12 m"

<table>
<thead>
<tr>
<th>Who saw infant</th>
<th>Age in months</th>
<th>Why</th>
<th>Recommended treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

A5. FIMR MATERNAL INTERVIEW

116. Was a home interview conducted? ○ Yes ○ No, go to Section B

117. Does the mother expect to have any more children?
   ○ Yes ○ No ○ U/K
   If yes, how many? ___ U/K
   When: ___ U/K

118. Was the mother currently pregnant at time of maternal interview?
   ○ Yes ○ No ○ U/K
   If no, is she currently using birth control?
   ○ Yes ○ No ○ U/K
   If yes, describe type of birth control:

119. How does the mother remember feeling about becoming pregnant?
   ○ Wanted to be pregnant sooner
   ○ Wanted to be pregnant later
   ○ Wanted to be pregnant then
   ○ Didn't want to be pregnant then or at any time in the future
   ○ U/K

120. How does the mother describe the time just before her pregnancy?
   ○ One of the happiest times of her life
   ○ A happy time with a few problems
   ○ A moderately hard time
   ○ A very hard time
   ○ One of the worst times of her life
   ○ U/K

121. Did the mother feel she had family or friends who could help with the infant at home?
   ○ Yes ○ No ○ U/K
   If yes, specify who:

122. In the months prior to the infant's death, how often did the mother feel that daily activities were overwhelming?
   ○ Never ○ Sometimes ○ Very often
   ○ Almost never ○ Fairly often ○ U/K

123. In the months prior to the infant's death, how often did the mother say that she felt very sad?
   ○ Never ○ Fairly often
   ○ Almost never ○ Very often
   ○ Sometimes ○ U/K

124. According to the mother, was the infant in the same room with someone who was smoking?
   ○ Yes ○ No ○ U/K
   If yes, number of hours per day, maximum 24:
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>125. According to the mother, did she have a crib, Pack 'n Play, bassinet, bed side sleeper or baby box for the infant?</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, how often did the infant sleep in it?</td>
<td>Always</td>
<td>Usually</td>
<td>Half the time</td>
<td>Occasionally</td>
</tr>
<tr>
<td>If anything other than “always,” describe where else the infant slept:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>126. Did the mother feel that her infant was ever treated differently or unfairly in getting services?</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, for what reasons?</td>
<td>Race</td>
<td>Marital status</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Culture/ethnic background</td>
<td>Type of insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citizenship status</td>
<td>Ability to pay</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>127. How supportive was the father toward the mother during the pregnancy?</td>
<td>Not involved</td>
<td>Supportive</td>
<td>Unsupportive</td>
<td>U/K</td>
</tr>
<tr>
<td>128. How satisfied was the mother with the father's contribution(s) toward her or the infant's financial support?</td>
<td>Very satisfied</td>
<td>Somewhat satisfied</td>
<td>Not satisfied</td>
<td>U/K</td>
</tr>
<tr>
<td>129. Were any of the following identified as psychosocial or lifestyle problems experienced by the mother AT ANY TIME in her life, as a child herself, before or during pregnancy or while the infant was still alive?</td>
<td>Mother as a child: Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Current (during pregnancy or after the birth):</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, which one(s):</td>
<td>Housing inadequate/homeless</td>
<td>Food insecurity</td>
<td>Mother treated violently</td>
<td></td>
</tr>
<tr>
<td>Parents or caregiver with substance abuse problem</td>
<td>Parents or caregiver problem drinkers</td>
<td>Parents or caregiver with mental health problems</td>
<td>Parental separation or divorce</td>
<td></td>
</tr>
<tr>
<td>Inadequate support system</td>
<td>Disturbed mother/infant relationship</td>
<td>Mother-physical/developmental disability</td>
<td>Husband/partner-physical/developmental disability</td>
<td></td>
</tr>
<tr>
<td>Inadequate support system</td>
<td>Mother or husband/partner felt “stereotyped” or profiled due to race, gender, class, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>130. Did the mother feel that she was ever treated differently or unfairly in getting services?</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, for what reasons?</td>
<td>Race</td>
<td>Type of insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Culture/ethnic background</td>
<td>Ability to pay</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citizenship status</td>
<td>Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marital status</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>131. During the mother's recent pregnancy, did the mother have others who would have helped her if a problem had come up? (For example, needed a ride to the clinic or needed to borrow money.)</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, describe who would have helped (husband/partner, friend, mother/in-laws, other family, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>132. Did the father experience any stressors during mother's pregnancy?</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, which one(s)?</td>
<td>Work or employment problems</td>
<td>Housing problems</td>
<td>Problems with children or other relatives</td>
<td></td>
</tr>
<tr>
<td>Problems with drugs or alcohol</td>
<td>Emotional problems</td>
<td>Problems with the law</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Money problems</td>
<td>A death in the family</td>
<td>Health problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>133. Did the infant ever have an illness for which they weren't seen or treated?</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>If yes, what were the barriers?</td>
<td>Lack of money for care</td>
<td>Couldn't get provider to take as a patient</td>
<td>Distrust of health care system</td>
<td></td>
</tr>
<tr>
<td>Limitations of health insurance coverage</td>
<td>Multiple providers, not coordinated</td>
<td>Unwilling to obtain care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>Couldn't get an earlier appointment</td>
<td>Didn't know where to go</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No phone</td>
<td>Lack of child care (other children)</td>
<td>Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural differences</td>
<td>Lack of family/social support</td>
<td>Services not available</td>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td>Language barriers</td>
<td></td>
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</tr>
</tbody>
</table>
B. BIOLOGICAL PARENT INFORMATION

<table>
<thead>
<tr>
<th>1. Parents' race, check all that apply:</th>
<th>2. Parents' Hispanic or Latino origin?</th>
<th>3. Parents' age in years at death:</th>
<th>4. Parents' employment status:</th>
<th>5. Parents' income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>□ White</td>
<td>□ Black</td>
<td>□ Native Hawaiian</td>
<td>□ Pacific Islander, specify:</td>
<td>□ Yes, specify origin:</td>
</tr>
<tr>
<td>□ Asian, specify:</td>
<td>□ American Indian, Tribe:</td>
<td>□</td>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td>□ Alaskan Native, Tribe:</td>
<td></td>
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<td></td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>□ &lt; High school</td>
<td>□ High school</td>
<td>□ College</td>
<td>□ Post graduate</td>
<td>□</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>□ No</td>
<td>□ U/K</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

If no, language spoken:

If yes, check all that apply:
- □ Alcohol
- □ Cocaine
- □ Marijuana
- □ Methamphetamine
- □ Opiates
- □ Prescription drugs
- □ Over-the-counter
- □ Other, specify:
- □ U/K

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

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

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

<table>
<thead>
<tr>
<th>15. Parents have prior child deaths?</th>
<th>16. Parents have history of intimate partner violence?</th>
<th>17. Parents have delinquent/criminal history?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ U/K</td>
</tr>
</tbody>
</table>

If yes, cause(s): Check all that apply:
- □ Child abuse # _____
- □ Child neglect # _____
- □ Accident # _____
- □ Ever in foster care or adopted
- □ Suicide # _____
- □ SIDS # _____
- □ Undetermined cause # _____
- □ U/K

If yes, check all that apply:
- □ Assults
- □ Robbery
- □ Drugs
- □ Other, specify:
- □ U/K
## 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, go to Section D</td>
<td>Foster parent</td>
</tr>
<tr>
<td>Biological mother, go to Section D</td>
<td>Mother's partner</td>
</tr>
<tr>
<td>Biological father, go to Section D</td>
<td>Father's partner</td>
</tr>
<tr>
<td>Adoptive parent</td>
<td>Grandparent</td>
</tr>
<tr>
<td>Stepparent</td>
<td>Sibling</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3. Caregiver(s) sex:

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

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

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

### 5. Caregiver(s) Hispanic or Latino origin?

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

### 6. Caregiver(s) employment status:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>Unemployed</td>
</tr>
<tr>
<td>On disability</td>
<td>Stay-at-home</td>
</tr>
<tr>
<td>Retired</td>
<td>U/K</td>
</tr>
</tbody>
</table>

### 7. Caregiver(s) income:

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Low</td>
<td>U/K</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>No</td>
</tr>
<tr>
<td>College</td>
<td>U/K</td>
</tr>
<tr>
<td>Post graduate</td>
<td>U/K</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>U/K</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, country of origin:</td>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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>Home visiting</td>
</tr>
<tr>
<td>TANF</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Food stamps/SNAP/EBT</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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</td>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</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>Yes, as perpetrator</td>
</tr>
<tr>
<td>No</td>
<td>U/K</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>No</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</td>
</tr>
</tbody>
</table>
### D. SUPERVISOR INFORMATION

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did child have supervision at time of incident leading to death?</td>
<td>Yes, answer D2-16&lt;br&gt;No, not needed given developmental age or circumstances, go to Sec. E&lt;br&gt;No, but needed, answer D3-16&lt;br&gt;Unable to determine, try to answer D3-16</td>
</tr>
<tr>
<td>2. How long before incident did supervisor last see child?</td>
<td>Child in sight of supervisor&lt;br&gt;Minutes _____&lt;br&gt;Days _____&lt;br&gt;Hours _____&lt;br&gt;U/K</td>
</tr>
<tr>
<td>3. Is supervisor listed in a previous section?</td>
<td>Yes, biological mother, go to D15&lt;br&gt;Yes, biological father, go to D15&lt;br&gt;Yes, caregiver one, go to D15&lt;br&gt;Yes, caregiver two, go to D15&lt;br&gt;No</td>
</tr>
<tr>
<td>4. Primary person responsible for supervision at the time of incident?</td>
<td>Adoptive parent&lt;br&gt;Grandparent&lt;br&gt;Institutional staff, go to D15&lt;br&gt;Stepparent&lt;br&gt;Sibling&lt;br&gt;Babysitter&lt;br&gt;Foster parent&lt;br&gt;Other relative&lt;br&gt;Licensed child care worker&lt;br&gt;Mother's partner&lt;br&gt;Friend&lt;br&gt;Other, specify: Father's partner&lt;br&gt;Acquaintance&lt;br&gt;U/K&lt;br&gt;Hospital staff, go to D15</td>
</tr>
<tr>
<td>5. Supervisor's age in years:</td>
<td>1-99&lt;br&gt;U/K</td>
</tr>
<tr>
<td>6. Supervisor's sex:</td>
<td>Male&lt;br&gt;Female&lt;br&gt;U/K</td>
</tr>
<tr>
<td>7. Supervisor speaks and understands English?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>8. Supervisor on active military duty?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>9. Supervisor has substance abuse history?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>10. Supervisor has history of child maltreatment?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>11. Supervisor has disability or chronic illness?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>12. Supervisor has prior child deaths?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>13. Supervisor has history of intimate partner violence?</td>
<td>Yes, as victim&lt;br&gt;Yes, as perpetrator&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>14. Supervisor has delinquent or criminal history?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>15. At the time of the incident, was the supervisor asleep?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
<tr>
<td>16. At time of incident was supervisor impaired?</td>
<td>Yes&lt;br&gt;No&lt;br&gt;U/K</td>
</tr>
</tbody>
</table>

### E. INCIDENT INFORMATION

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the date of the incident the same as the date of death?</td>
<td>Yes, same as date of death&lt;br&gt;No, different than date of death. Enter date of incident: mm / dd / yyyy&lt;br&gt;U/K</td>
</tr>
<tr>
<td>2. Approximate time of day that incident occurred?</td>
<td>AM&lt;br&gt;Hour, specify 1-12 PM&lt;br&gt;U/K</td>
</tr>
<tr>
<td>3. Place of incident, check all that apply:</td>
<td>Child's home&lt;br&gt;Licensed child care center&lt;br&gt;Indian reservation/&lt;br&gt;Driveway&lt;br&gt;Other, specify:&lt;br&gt;Relative's home&lt;br&gt;Licensed child care center&lt;br&gt;trust lands&lt;br&gt;Other parking area&lt;br&gt;Friend's home&lt;br&gt;Unlicensed child care home&lt;br&gt;Military installation&lt;br&gt;State or county park&lt;br&gt;Licensed foster care home&lt;br&gt;Farm/ranch&lt;br&gt;Jail/detention facility&lt;br&gt;Sports area&lt;br&gt;Relative foster care home&lt;br&gt;Other, specify:&lt;br&gt;Licensed group home&lt;br&gt;Place of work&lt;br&gt;Roadway&lt;br&gt;Other recreation area&lt;br&gt;Other, specify:</td>
</tr>
<tr>
<td>4. Type of area:</td>
<td>Urban&lt;br&gt;Suburban&lt;br&gt;Rural&lt;br&gt;Frontier&lt;br&gt;U/K</td>
</tr>
</tbody>
</table>
5. Incident state:  
6. Incident county:  
7. Did the death occur due to a natural disaster or mass fatality?  
8. Was the incident witnessed?  
9. Was 911 or local emergency called?  
10. Was resuscitation attempted?  
11. At time of incident leading to death, had child used drugs or alcohol?  
12. Child's activity at time of incident, check all that apply:  
13. Total number of deaths at incident event, including child:  

### F. INVESTIGATION INFORMATION

1. Was a death investigation conducted?  
2. Death referred to:  
3. Person declaring official cause and manner of death:  
4. Autopsy performed?  
5. Were the following assessed either through the autopsy or through information collected prior to the autopsy?  
6. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F9.  
7. Was any toxicology testing performed?  
8. Was the child's medical history reviewed as part of the autopsy?  
9. Describe any abnormalities or other significant findings noted in the autopsy:  
10. What additional information would the team like to have known about the autopsy?  
11. Was there agreement between the cause of death listed on the pathology report and on the death certificate?  
12. Was a death scene investigation conducted at the place of the incident?  
13. What additional information would the team like to have known about the death scene investigation?
Was a CPS record check conducted as a result of death? Yes  No  U/K
 Did any investigation find evidence of prior abuse? Yes  No  U/K
 If yes, from what source? Check all that apply:
  - X-rays
  - Autopsy
  - CPS review
  - Law enforcement
  - CPS record check conducted as a result of death

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 services provided
  - Voluntary out of home placement
  - Court-ordered out of home placement
  - Children removed
  - Parental rights terminated
  - U/K

Did any investigation find evidence of prior abuse? N/A  Yes  No  U/K
 If yes, from what source? Check all that apply:
  - X-rays
  - Autopsy
  - CPS review
  - Law enforcement

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

Official manner and primary cause of death

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

2. Enter the following information exactly as written on the death certificate:
   - Immediate cause (final disease or condition resulting in death):
     a. Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:
     b.
     c.
     d.

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

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

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

6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.
   - From an injury (external cause). Select one and answer G4:
     - Motor vehicle and other transport, go to H1
     - Fire, burn, or electrocution, go to H2
     - Drowning, go to H3
     - Unintentional asphyxia, go to H4
     - Assault, weapon or person's body part, go to H5
     - Fall or crush, go to H6
     - Poisoning, overdose or acute intoxication, go to H7
     - Undetermined injury, go to I2
     - Other cause, go to H9
     - U/K, go to I2
   - From a medical cause. Select one:
     - Asthma/respiratory, specify and go to H8
     - Cancer, specify and go to H8
     - Cardiovascular, specify and go to H8
     - Congenital anomaly, specify and go to H8
     - Diabetes, go to H8
     - HIV/AIDS, go to H8
     - Influenza, go to H8
     - Low birth weight, go to H8
     - Malnutrition/dehydration, go to H8
     - Neurological/seizure disorder, go to H8
     - Pneumonia, specify and go to H8
     - Prematurity, go to H8
     - SIDS, go to H8
     - Other infection, specify and go to H8
     - Other perinatal condition, specify and go to H8
     - Other medical condition, specify and go to H8
     - Undetermined medical cause, go to H8
     - U/K, go to H8
### H1. MOTOR VEHICLE AND OTHER TRANSPORT

#### a. Vehicles involved in incident:
- **Total number of vehicles:**
  - Child's vehicle: [ ] None [ ] Car [ ] Van [ ] Sport utility vehicle [ ] Truck [ ] Semi/tractor trailer [ ] RV [ ] School bus [ ] Other bus [ ] Motorcycle [ ] Tractor [ ] Other farm vehicle [ ] All terrain vehicle [ ] Snowmobile [ ] Bicycle [ ] Train [ ] Subway [ ] Trolley [ ] Other, specify: [ ] UK

#### b. Position of child:
- Driver
- Passenger
- If passenger, relationship of driver to child:
  - Front seat
  - Back seat
  - Truck bed
  - Other, specify: [ ] UK
  - On bicycle
  - Pedestrian
  - Boarding/blading
  - U/K
  - On foot
  - Other, specify: [ ] UK

#### c. Causes of incident, check all that apply:
- Speeding over limit [ ]
- Back/front over [ ]
- Unsafe speed for conditions [ ]
- Flipover [ ]
- Recklessness [ ]
- Poor sight line [ ]
- Ran stop sign or red light [ ]
- Car changing lanes [ ]
- Driver distraction [ ]
- Road hazard [ ]
- Driver inexperience [ ]
- Animal in road [ ]
- Mechanical failure [ ]
- Cell phone use while driving [ ]
- Poor tires [ ]
- Racing, not authorized [ ]
- Poor weather [ ]
- Other driver error, specify: [ ]
- Poor visibility [ ]
- Drugs or alcohol use [ ]
- Other, specify: [ ]
- Fatigue/sleeping [ ]
- Medical event, specify: [ ] U/K

#### d. Collision type:
- Child not in/on a vehicle, but struck by vehicle [ ]
- Child in/on a vehicle, struck by vehicle [ ]
- Child in/on a vehicle, struck by other vehicle [ ]
- U/K

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

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

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

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

#### i. Protective measures for child, select one option per row:
- **Not Needed, none present**
- **Present, used correctly**
- **Present, used incorrectly**
- **Present, not used**
- **U/K**

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

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

**a. Ignition, heat or electrocution source:**
- Matches
- Cigarette lighter
- Utility lighter
- Cigarette or cigar
- Cooking stove
- Space heater
- Furnace
- Appliance in water
- Hot cooking water
- Other hot liquid
d. Material first ignited:

<table>
<thead>
<tr>
<th>Upholstery</th>
<th>Mattress</th>
<th>Clothing</th>
<th>Curtain</th>
<th>Other, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
</tr>
</tbody>
</table>

**b. Type of incident:**
- Fire, go to c
- Scald, go to r
- Other, specify:

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

**d. Ignition, heat or electrocution source:**

<table>
<thead>
<tr>
<th>Matches</th>
<th>Heating stove</th>
<th>Lightning</th>
<th>Other explosives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
<td>Yes / No</td>
<td>Yes / No</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**e. Type of building on fire:**

<table>
<thead>
<tr>
<th>Upholstery</th>
<th>Mattress</th>
<th>Christmas tree</th>
<th>Clothing</th>
<th>Curtain</th>
<th>Other, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
<td>Yes / No</td>
<td>Yes / No</td>
<td>Yes / No</td>
<td>Yes / No</td>
<td>U/K</td>
</tr>
</tbody>
</table>

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

**g. Fire started by a person?**
- Yes
- No
- U/K

**h. Did anyone attempt to put out fire?**
- Yes
- No
- U/K

**i. Did escape or rescue efforts worsen fire?**
- Yes
- No
- U/K

**j. Did escape or rescue efforts worsen fire?**
- Yes
- No
- U/K

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

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

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

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

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

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

**q. Suspected arson?**
- Yes
- No
- U/K

**r. For scald, was hot water heater set too high?**
- Yes
- No
- U/K

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

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

### H3. DROWNING

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

**b. What was child last seen doing before drowning?**
- Playing
- Boating
- Swimming
- Bathing
- Fishing
- Surfing

**c. Was child forcibly submerged?**
- Yes
- No
- U/K

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

**e. For open water, place:**
- Lake
- River
- Pond
- Creek
- Ocean

**f. For open water, contributing environmental factors:**
- Weather
- Temperature
- Current
- Rip tide/under tow

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

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

**i. For pool, type of pool:**
- Above ground
- In-ground
- Hot tub, spa
- Wading

**j. For pool, child found:**
- In the pool/hot tub/spa
- On or under the cover

**k. For pool, ownership is:**
- Private
- Public
- U/K

**l. Length of time owners had pool/hot tub/spa:**
- N/A
- >1yr
- 6m-1yr
### m. Flotation device used?
- If yes, check all that apply:
  - Yes: Coast Guard approved
  - No: Not Coast Guard approved
  - U/K: Jacket
  - U/K: Cushion
  - U/K: Lifesaving ring
  - U/K: Swim rings
  - U/K: Inner tube
  - U/K: Air mattress
  - U/K: Other, specify:

### n. What barriers/layers of protection existed to prevent access to water?
- Check all that apply:
  - None
  - Alarm, go to r
  - Fence, go to o
  - Cover, go to s
  - Gate, go to p
  - Door, go to q

### o. Fence:
- Describe type:
  - Local ordinance(s) regulating access to water?
  - Yes
  - No
  - U/K

### p. Gate, check all that apply:
- Has self-closing latch
- Has lock
- Is a double gate
- Opens to water
- U/K

### q. Door, check all that apply:
- Has self-closing latch
- Has lock
- Barrier between door and water

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

### u. How were layers of protection breached? Check all that apply:
- No layers breached
- Damaged fence
- Door self-closer failed
- Cover left off
- Gate left open
- Fence too short
- Window left open
- Other, specify:

### v. Child able to swim?
- No
- Yes
- U/K

### w. For bathtub, child in a bathing aid?
- Yes
- No
- U/K

### x. Warning sign or label posted?
- Yes
- No
- U/K

### y. Lifeguard present?
- Yes
- No
- U/K

### z. Rescue attempt made?
- Yes
- No
- U/K

### aa. Did rescuer(s) also drown?
- Yes
- No
- U/K

### bb. Appropriate rescue equipment present?
- Yes
- No
- U/K

### H4. UNINTENTIONAL ASPHYXIA

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

#### b. If suffocation/asphyxia, action causing event:
- Sleep-related (e.g. bedding, overlay, wedged)
- Covered in or fell into object, but not sleep-related
- Confined in tight space
- Swaddled in tight blanket, but not sleep-related
- Wedged into tight space, but not sleep-related

#### c. If strangulation, object causing event:
- Clothing
- Blind cord
- Car seat
- Stroller
- High chair
- Belt
- Rope/string

#### d. If choking, object causing choking:
- Food, specify:
- Toy, specify:
- Balloon
- Other, specify:

#### e. Was asphyxia an autoerotic event?
- Yes
- No
- U/K

#### f. Was child participating in 'choking game' or 'pass out game'?
- Yes
- No
- U/K

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

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

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

<table>
<thead>
<tr>
<th>a. Type of weapon:</th>
<th>b. For firearms, type:</th>
<th>c. Firearm licensed?</th>
<th>d. Firearm safety features, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm, go to b</td>
<td>Handgun</td>
<td>Yes</td>
<td>Trigger lock</td>
</tr>
<tr>
<td>Sharp instrument, go to j</td>
<td>Shotgun</td>
<td>No</td>
<td>Magazine disconnect</td>
</tr>
<tr>
<td>Blunt instrument, go to k</td>
<td>BB gun</td>
<td>U/K</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>
<tr>
<td>U/K, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>h. Owner of fatal firearm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparent</td>
</tr>
<tr>
<td>Sibling</td>
</tr>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Other relative</td>
</tr>
<tr>
<td>Friend</td>
</tr>
<tr>
<td>Acquaintance</td>
</tr>
<tr>
<td>Child’s boyfriend or girlfriend</td>
</tr>
<tr>
<td>Classmate</td>
</tr>
<tr>
<td>U/K</td>
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</tbody>
</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>p. Sex of person(s) handling weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
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<tr>
<td>Female</td>
</tr>
<tr>
<td>U/K</td>
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</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>Child was a bystander</td>
</tr>
<tr>
<td>Argument</td>
</tr>
<tr>
<td>Jealousy</td>
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<tr>
<td>Intimate partner violence</td>
</tr>
<tr>
<td>Hate crime</td>
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<tr>
<td>Bullying</td>
</tr>
<tr>
<td>Hunting</td>
</tr>
<tr>
<td>Target shooting</td>
</tr>
<tr>
<td>Playing with weapon</td>
</tr>
<tr>
<td>Weapon mistaken for toy</td>
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<tr>
<td>Showing gun to others</td>
</tr>
<tr>
<td>Loading weapon</td>
</tr>
<tr>
<td>Russian roulette</td>
</tr>
<tr>
<td>Gang-related activity</td>
</tr>
<tr>
<td>Self-defense</td>
</tr>
<tr>
<td>Cleaning weapon</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>U/K</td>
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</tbody>
</table>

### H6. FALL OR CRUSH

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

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

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

#### a. Type of substance involved, check all that apply:

<table>
<thead>
<tr>
<th>Prescription drug</th>
<th>Over-the-counter drug</th>
<th>Illicit drugs</th>
<th>Other substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>Pain medication</td>
<td>Pain medication (opiate)</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Pain medication (opiate)</td>
<td>Cold medicine</td>
<td>Pain medication (non-opiate)</td>
<td>Carbon monoxide, go to e</td>
</tr>
<tr>
<td>Pain medication (non-opiate)</td>
<td>Other OTC, specify:</td>
<td>Methadone</td>
<td>U/K</td>
</tr>
<tr>
<td>Methadone</td>
<td>Other illicit drug, specify:</td>
<td>Cocaine</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>Other Rx, specify:</td>
<td>Other Rx, specify:</td>
<td>Heroin</td>
<td></td>
</tr>
<tr>
<td>If prescription, was it child's?</td>
<td>Yes No U/K</td>
<td>Other illicit drug, specify:</td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] Open area
- [ ] Open cabinet
- [ ] Closed cabinet, unlocked
- [ ] Closed cabinet, locked
- [ ] Other, specify: U/K

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

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

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

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

#### e. Was the incident the result of?

- [ ] Accidental overdose
- [ ] Medical treatment mishap
- [ ] Adverse effect, but not overdose
- [ ] Deliberate poisoning
- [ ] Acute intoxication
- [ ] Other, specify: U/K

#### f. Was Poison Control called?

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

#### g. For CO poisoning, was a CO detector present?

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

### H8. MEDICAL CONDITION

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

- [ ] In utero
- [ ] Weeks
- [ ] Months
- [ ] Years
- [ ] Days

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

- [ ] N/A, not previously diagnosed
- [ ] Yes
- [ ] But at a later date
- [ ] No

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

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

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

- [ ] N/A
- [ ] Yes
- [ ] No, specify: U/K

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

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

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

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

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

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

### H9. OTHER KNOWN INJURY CAUSE

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Incident sleep place:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Crib</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Adult bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Waterbed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Car seat</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Rock 'n Play</td>
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<tr>
<td>☐ Stroller</td>
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<td>☐ Swing</td>
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<tr>
<td>☐ Bouncy chair</td>
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<tr>
<td>☐ Other, specify:</td>
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<tr>
<td>☐ If futon,</td>
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<tr>
<td>☐ Bed position</td>
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<tr>
<td>☐ Other, specify:</td>
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<tr>
<td>☐ If crib, type:</td>
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<tr>
<td>☐ Not portable</td>
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<td>☐ Portable, e.g. Pack 'n Play</td>
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<tr>
<td>☐ Unknown crib type</td>
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<tr>
<td>☐ Bassinet</td>
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<tr>
<td>☐ Bed side sleeper</td>
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<tr>
<td>☐ Baby box</td>
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<tr>
<td>☐ If adult bed, what type?</td>
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<tr>
<td>☐ Twin</td>
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<tr>
<td>☐ Queen</td>
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<td>☐ King</td>
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<td>☐ If futon,</td>
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</table>
### Objects in Child's Sleep Environment and Relation to Airway Obstruction:

If present, describe position of object:

<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>
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<tr>
<td>Adult(s)</td>
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<td>Other child(ren)</td>
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<tr>
<td>Animal(s)</td>
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<td>Mattress</td>
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<td>Comforter, quilt, or other</td>
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<tr>
<td>Fitted sheet</td>
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<tr>
<td>Thin blanket/flat sheet</td>
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<td>Pillow(s)</td>
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<td>Cushion</td>
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<td>Boppy or U shaped pillow</td>
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<td>Sleep positioner (wedge)</td>
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<td>Bumper pads</td>
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<td>Clothing</td>
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<td>Crib railing/side</td>
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<td>Wall</td>
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<td>Toy(s)</td>
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<td>Other(s), specify:</td>
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If present, did object obstruct airway?

- Yes
- No
- U/K

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

<table>
<thead>
<tr>
<th>Present?</th>
<th>On top of child</th>
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### Caregiver/Supervisor Felt Asleep While Feeding Child?

- Yes
- No
- U/K

If yes, check all related to why:

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

### Child Sleeping in the Same Room as Caregiver/Supervisor at Time of Death?

- Yes
- No
- U/K

### Was Death a Consequence of a Problem with a Consumer Product?

- Yes
- No
- U/K

#### Describe product and circumstances:

- a. Describe product and circumstances:
- b. Was product used properly?
- c. Is a recall in place?
- d. Did product have safety label?
- e. Was Consumer Product Safety Commission (CPSC) notified?

### Did Death Occur During Commission of Another Crime?

- Yes
- No
- U/K

#### 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:

---

Note: This is a partial view of a document related to child safety and medical history, focusing on items that may obstruct airways and the conditions under which such obstructions might occur. Further details are available in the complete document.
# I5. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS

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

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

## b. Type of child abuse, check all that apply:
- [ ] Abusive head trauma, go to I5c
- [ ] Chronic Battered Child Syndrome, go to I5e
- [ ] Beating/kicking, go to I5e
- [ ] Scalding or burning, go to I5e
- [ ] Munchausen Syndrome by Proxy, go to I5e
- [ ] Sexual assault, go to I15h
- [ ] Other, specify and go to I15h
- [ ] U/K, go to I5e

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

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

## e. Events(s) triggering child abuse, check all that apply:
- [ ] None
- [ ] Crying
- [ ] Toilet training
- [ ] Disobedience
- [ ] Feeding problems
- [ ] Domestic argument
- [ ] Other, specify:
- [ ] U/K

## f. Child neglect, check all that apply:
- [ ] Failure to provide necessities
  - [ ] Food
  - [ ] Shelter
  - [ ] Other, specify:
- [ ] 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 co-sleeping
  - [ ] Fire hazard
  - [ ] Unsecured medication/poison
  - [ ] Firearm hazard
  - [ ] Water hazard
  - [ ] Motor vehicle hazard
  - [ ] Other hazard, specify:

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

## J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

### 1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?
- [ ] Yes/probable
- [ ] No, go to Section K
- [ ] U/K, go to Section K

### 2. What act(s)?
Check only one per column and describe in narrative.

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
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<tbody>
<tr>
<td>Child abuse</td>
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<tr>
<td>Child neglect</td>
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<tr>
<td>Poor/absent supervision</td>
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<tr>
<td>Exposure to hazards</td>
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</table>

### 3. Did the team have information about the person(s)?

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<th>One</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No, go to Section K</td>
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### 4. Is person listed in a previous section?

<table>
<thead>
<tr>
<th>One</th>
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<tbody>
<tr>
<td>Yes, biological mother, go to J17</td>
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<tr>
<td>Yes, biological father, go to J17</td>
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<tr>
<td>Yes, caregiver one, go to J17</td>
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<tr>
<td>Yes, caregiver two, go to J17</td>
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<tr>
<td>Yes, supervisor, go to J19</td>
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<td>No</td>
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### 5. Primary person(s) responsible for action(s):
Select one for each person responsible.

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<td>Adoptive parent</td>
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<td>Stepparent</td>
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<td>Foster parent</td>
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<td>Mother's partner</td>
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<td>Father's partner</td>
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<td>Grandparent</td>
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<td>Sibling</td>
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<td>Other relative</td>
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<td>Friend</td>
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<tr>
<td>Acquaintance</td>
<td></td>
</tr>
<tr>
<td>Child's boyfriend or girlfriend</td>
<td></td>
</tr>
<tr>
<td>Stranger</td>
<td></td>
</tr>
<tr>
<td>Medical provider</td>
<td></td>
</tr>
<tr>
<td>Institutional staff</td>
<td></td>
</tr>
<tr>
<td>Babysitter</td>
<td></td>
</tr>
<tr>
<td>Licensed child care worker</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Person's age in years:

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

### 7. Person'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>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

### 8. Person speaks and understands 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>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

If no, language spoken:

### 9. Person on active military duty?

<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>

If yes, specify branch:
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Person(s) have history of substance abuse?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Person(s) have history of child maltreatment as victim?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Person(s) have history of child maltreatment as a perpetrator?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Person(s) have disability or chronic illness?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Person(s) have prior child deaths?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Person(s) have history of intimate partner violence?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Person(s) have delinquent/criminal history?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. At the time of the incident, was the person asleep?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. At time of incident was person impaired?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Person(s) have, check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Legal outcomes in this death, check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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?  Yes No U/K

If yes, select one option per row:

<table>
<thead>
<tr>
<th>Service</th>
<th>Referred for service before review</th>
<th>Review led to referral</th>
<th>Referral needed, not available</th>
<th>N/A</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debriefing for professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funeral arrangements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency shelter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home visiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

1. Were new or revised agency services, policies or practices recommended or implemented as a result of the review?  Yes No U/K

If yes, select all that apply and describe:

<table>
<thead>
<tr>
<th>Level of Action</th>
<th>Education</th>
<th>Law</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Education</td>
<td>Law</td>
<td>Environment</td>
</tr>
<tr>
<td>Implementation</td>
<td>Education</td>
<td>Law</td>
<td>Environment</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Current Action Stage</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Local</td>
</tr>
<tr>
<td>Education</td>
<td>Local</td>
</tr>
<tr>
<td>Law</td>
<td>Local</td>
</tr>
<tr>
<td>Environment</td>
<td>Local</td>
</tr>
</tbody>
</table>

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

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

6. Briefly describe recommendations and/or initiatives that will be or have been implemented as a result of the death:

7. Who was given the recommendation(s) and/or initiative(s) to implement? Check all that apply:

<table>
<thead>
<tr>
<th>N/A, no strategies</th>
<th>Social services</th>
<th>Other health care providers</th>
<th>Elected official</th>
<th>Youth group</th>
<th>No one</th>
<th>Mental health</th>
<th>Law enforcement</th>
<th>Advocacy organization</th>
<th>Other, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Action Team</td>
<td>Schools</td>
<td>Medical examiner</td>
<td>Local community group</td>
<td></td>
<td>Health department</td>
<td>Hospital</td>
<td>Coroner</td>
<td>New coalition/task force</td>
<td>U/K</td>
</tr>
<tr>
<td>Health department</td>
<td>Hospital</td>
<td>Coroner</td>
<td>New coalition/task force</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

M. THE REVIEW MEETING PROCESS

1. Date of first review meeting:

2. Number of review meetings for this case: _________

3. Is review complete?  N/A Yes No

4. Agencies and individuals at review meeting, check all that apply:

<table>
<thead>
<tr>
<th>Agency/Individual</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical examiner/coroner</td>
<td></td>
</tr>
<tr>
<td>CPS</td>
<td></td>
</tr>
<tr>
<td>Other health care providers</td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
</tr>
<tr>
<td>Child advocate</td>
<td></td>
</tr>
<tr>
<td>Law enforcement</td>
<td></td>
</tr>
<tr>
<td>Other social services</td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
</tr>
<tr>
<td>Military</td>
<td></td>
</tr>
<tr>
<td>Prosecutor/district attorney</td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td></td>
</tr>
<tr>
<td>EMS</td>
<td></td>
</tr>
<tr>
<td>Home visiting</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
</tr>
<tr>
<td>Public health</td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
</tr>
<tr>
<td>Faith based organization</td>
<td></td>
</tr>
<tr>
<td>Healthy Start</td>
<td></td>
</tr>
<tr>
<td>Others, list:</td>
<td></td>
</tr>
<tr>
<td>HMO/managed care</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Court</td>
<td></td>
</tr>
</tbody>
</table>
5. Were the following data sources available at the review meeting? Check all that apply:

- CDC's SUIDI Reporting Form
- Jurisdictional equivalent of the CDC SUIDI Reporting Form
- Birth certificate - full form
- Death certificate
- Child's medical records or clinical history, including vaccinations
- Biological mother's obstetric and prenatal information
- Newborn screening results
- Law enforcement records
- Social service records
- Child protection agency records
- EMS run sheet
- Hospital records
- Autopsy/pathology reports
- Home visiting
- Mental health records
- School records
- Substance abuse treatment records

6. Did any of the following factors reduce meeting effectiveness, check all that apply:

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

7. Review meeting outcomes, check all that apply:

- Review led to additional investigation
- Review led to the delivery of services
- Team disagreed with official manner of death. What did team believe manner should be?
- 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
- Review led to changes in agency policies or practices
- Review led to prevention initiatives being implemented

O. 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/INCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.
### O2. FIMR Issues Summary (Ps/Cs)

**P = Present / C = Contributing**

1. **Pre-/Inter-/Post-conception Care**
   - Y N U Preconception care
   - Y N U Postpartum visit kept
   - Y N U Pregnancy planning/BC education
   - Y N U Dental/oral care
   - Y N U Chronic disease control education
   - Y N U Weight mgmt/dietician
   - Y N U Bereavement referral

2. **Medical: Mother**
   - P C Early teen (17 and under) pregnancy
   - P C Late teen (18 & 19) pregnancy
   - P C Pregnancy >35 yrs
   - P C Cord problem
   - P C Placental abruption
   - P C Placenta Previa
   - P C Chorioamnionitis
   - P C Pre-existing diabetes
   - P C Gestational diabetes
   - P C Incompetent cervix
   - P C Infection: BV
   - P C STI - ___________
   - P C Other source of infection: ___
   - P C Multiple gestation #
   - P C Mother’s weight BMI:
   - P C Insufficient/excess weight gain
   - P C Poor nutrition
   - P C Pre-existing hypertension
   - P C Preeclampsia
   - P C Eclampsia
   - P C Preterm labor
   - P C Pregnancy <18 m apart
   - P C PROM
   - P C PPROM
   - P C Prolonged Rupture of Membrane
   - P C Pre-existing dental/oral issues
   - P C Oligo-/Polyhydramnios
   - P C Previous SABs or miscarriages
   - P C Previous ectopic pregnancy
   - P C First pregnancy <18 yrs old
   - P C >4 Live births
   - P C Assist reprod tech:
   - P C Other, specify:

3. **Family Planning**
   - P C Intended pregnancy
   - P C Unintended pregnancy
   - P C Unwanted pregnancy
   - P C No birth control

4. **Substance Use**
   - P C Positive drug test
   - P C Tobacco use: hx, not current
   - P C Tobacco use: current
   - P C Alcohol use: hx, not current
   - P C Alcohol use: current
   - P C Illicit drug use/hx, not current
   - P C Other, specify:

5. **Prenatal Care/Delivery**
   - P C Standard of care not met
   - P C Inadequate assessment
   - P C No prenatal care
   - P C Late entry to prenatal care
   - P C Lack of referrals
   - P C Illicit drugs: current: type:____
   - P C Use of un-pres meds: type:___
   - P C Other, specify:

6. **Medical: Fetal/Infant**
   - P C Miscued appointments
   - P C Multiple providers/sites
   - P C Lack of dental assessment
   - P C Lack of dental care
   - P C Inappropriate use of ER
   - P C Other, specify:
   - P C Non-viable fetus
   - P C LBV (<2500 grams)
   - P C ELBW (<1500 grams)
   - P C Intrauterine Growth Restriction
   - P C Congenital anomaly
   - P C Prematurity
   - P C Infection/sepsis
   - P C Therap ab #
   - P C Vol ab #
   - P C Inappropriate level of care
   - P C Positive drug test
   - P C Other, specify:

7. **Pediatric Care**
   - P C Standard of care not met
   - P C Inadequate assessment
   - P C No pediatric care
   - P C Lack of referrals
   - P C Missed aptmnt/immunizations during pregnancy
   - P C Multiple providers/sites
   - P C Inappropriate use of ER
   - P C Other, specify:

8. **Environment**
   - P C Unsafe neighborhood
   - P C Substandard housing
   - P C Overcrowding
   - P C Second-hand smoke
   - P C Little/no breastfeeding
   - P C Improper formula prep/feeding
   - P C Improper/no car seat use
   - P C Unsafe sleep location
   - P C Infant overheating
   - P C Not back sleep position
   - P C Apnea monitor, misuse
   - P C Lack of adult supervision
   - P C Other, specify:

9. **Injuries**
   - P C Suffocation/strangulation
   - P C Abusive head trauma
   - P C General trauma
   - P C Hx child abuse: this infant
   - P C Hx child abuse: other child
   - P C Current child abuse: this infant
   - P C Current child abuse: other child
   - P C Hx child neglect: this infant
   - P C Hx child neglect: other child

10. **Social Support**
    - P C Lack of family support
    - P C Lack of neighbors/community support
    - P C Other, specify:
    - P C CPS referrals
    - P C Private
    - P C Medicare

11. **Partner/Father of Baby/Caregiver**
    - P C Employment: Yes
    - P C Employment: No
    - P C Hx of mental illness
    - P C Other, specify:

12. **Family Transition**
    - P C Hx of mental illness
    - P C Other, specify:
    - P C Major illness/death in family
    - P C Lack of child care

13. **Mental Health/Stress**
    - P C Hx of mental illness (mom)
    - P C Hx of mental illness during pregnancy
    - P C Depression/mental illness in postpartum period
    - P C Major illness/death in family
    - P C Other, specify:

14. **Family Violence/Neglect**
    - P C Difficulty of abuse (mom), specify:
    - P C Current abuse (mom), specify:
    - P C Current abuse (other child), specify:
    - P C Other, specify:

15. **Culture**
    - P C Language barriers
    - P C Other, specify:

16. **Payment for Care**
    - P C Medicare
    - P C Private
    - P C Other, specify:

17. **Services Provided**
    - P C Inadequate information
    - P C Lack of WIC (eligible)
    - P C Mother/child not eligible
    - P C Other, specify:

18. **Transportation**
    - P C No public transportation
    - P C Inadequate/unsafe
    - P C Other, specify:

19. **Documentation**
    - P C Inconsistent/unclear information
    - P C Missing data
    - P C No death scene investigation
    - P C Other, specify:

20. **Other**
    - P C Other, specify: