

Saving Lives Together

# CDR REPORT FORM

Version 6.0

## National Fatality Review Case Reporting System

Data Entry Website: data.ncfrp.org Phone: 800-656-2434 Email: info@ncfrp.org ncfrp.org



## SAVING LIVES TOGETHER

### Instructions:

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

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

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin to understand the importance of data collection and bring the necessary information to the meeting. The percentage of cases marked "unknown" and unanswered questions decreases as the team becomes more familiar with the form. **The NFR-CRS Data Dictionary is available** as a PDF in the Help menu or as individual help icons in the online data entry system. 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 <u>one</u> response as represented by a circle; (2) select <u>multiple</u> 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.

Throughout the form, a plus sign (+) beside a question indicates that the question is skipped for fetal deaths.

#### **Reminder:**

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

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

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CASE NUMBER											
			Case Ty	pe: O Death		Death C	ertificate Number:				
1			_	◯ Near dea	ath/serious injury	Birth Cer	rtificate Number:				
/ State / County or Team Num		ence of Review		_	alive (fetal/stillborn)		oner Number:				
				never left hospita	· /		am Notified of Death:				
A. CHILD INFORMATI						Bato Pot					
A1. CHILD INFORMATI					$A^{+}$ symbol means that the qu	oction is skin	and for fotal deaths				
					A symbol means that the qu	estion is skip					
1. Child's name: First:		Middle:		Last:			□ U/K				
2. Date of birth: D U/K	3. Date of death:□ U/K	5. Race, check a	all that ap	ply:		6. Hispanio	c or 7. Sex:				
1 1		🛛 🛛 Alaska Nati	ive, Tribe		Native Hawaiian	Latino	/a O Male				
//					Pacific Islander, specify:	origin?	e i emaie				
mm dd yyyy	mm dd yyyy	American II									
4. Age⁺: O Years	O Hours		□ White O No								
O Months	O Minutes	□ Asian, spec	cify:		U/K	O U/K					
O Days	○ U/K										
8. Residence address:	□ U/K	Black	0 Childle	s weight at death <sup>+</sup> :		11. State	of death:				
Street:		Apt.	~	nds/ounces	/						
		/pt.	-	ns/kilograms							
City:				l's height at death	*: □ U/K	12. Count	ty of death:				
State:	Zip: Co	ounty:		/inches/							
			O Cm								
13. Child had disability or o	chronic illness⁺?		14. Were	e any siblings plac	ed outside of the home price	or to this chi	ild's death?				
○ Yes ○ No ○ U/K ○ N/A ○ Yes, # ○ No ○ U/K											
If yes, check all that a			15. Chilo	5. Child's health insurance, check all that apply <sup>+</sup> :							
Physical/orthoped					Medicaid Indian H		ce 🛛 U/K				
	stance abuse, specify:				State plan Other, s	. ,					
	ual, specify:				te with the Centers for Dise	ase Control	and Prevention (CDC)				
□ Sensory, specify: □ U/K				unization schedule NA OYes O		Οu					
	g Children's Special Health	Care Needs		sehold income:	no, specity.	00	//N				
	Yes $\bigcirc$ No $\bigcirc$ U/K	Care Needs		_	Medium O Low	Οι	J/K				
If the child never left the ho		A2.									
18. Type of residence:			19. New	residence	20. Residence overcrowde	ed? 2	2. Number of other				
OParental home	ORelative home O J	ail/detention	in pa	st 30 days?	○ Yes ○ No ○ U/K	c cl	hildren living with child:				
OLicensed group home	OLiving on own O C	Other, specify:	0	Yes			U/K				
OLicensed foster home	OShelter		0 1	No	21. Child ever homeless?						
ORelative foster home		I/K	0 1	J/K	○ Yes ○ No ○ U/K						
23. Child had history of chil					24. Was there an open CF						
○ Yes ○ No		16			O Yes						
If yes, check all th □ Physical				story identified:	25. Was child ever placed death? O Yes		•				
☐ Physical □ Neglect			Through Other so		dealine O yes		U/K				
		If throug		urces	26. How many months pri	or to death	did child last have				
	al/psychological	e e	# CPS r	eferrals	contact with a health						
□ U/K	. , ,			antiations							
A2. COMPLETE FOR C		EAR OLD			·						
27. Child's highest education	on level:	28. Child's work	status:		e problems in school?	30. Child h	nad history of intimate				
	$\bigcirc$ Home schooled, 9-12	○ N/A		$O_{N/A}$ O	Yes O No O U/K	partne	er violence?				
	⊖ Drop out			If yes, check	all that apply:		all that apply:				
	⊖HS graduate/GED	O Not work	ting	☐ Academ	•						
	⊖ College	⊖ и/к		□ Truancy _			′es, as victim				
	Оu/к						es, as perpetrator				
O Home schooled, K-	-8			Behavio	ral 🛛 U/K						
I		1				🗆 U	//r\				

31. Child had received prior mental health services?	33. Child on medications	for mental health illness?	35. Child was hospitalized for mental health care				
$\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	◯ N/A ◯ Yes	O <sub>No</sub> OU/K	within the previous 12 months?				
If yes, check all that apply:			$\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K				
Outpatient			If yes, did the child have a follow-up mental				
Day treatment/partial hospitalization	34. Child had emergency	department visit for mental	health appointment within 30 days of				
Residential	health care within the	e previous 12 months?	discharge from the hospital?				
32. Child was receiving mental health services?	O N/A O Yes	O <sub>No</sub> OU/K	○ Yes ○ No ○ U/K				
$\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	If yes, did the child h	ave a follow-up mental	36. Issues prevented child from receiving mental				
If yes, check all that apply:	health appointment v	vithin 30 days of	health services?				
Outpatient Residential	emergency departme	ent visit?	◯ N/A ◯ Yes ◯ No ◯ U/K				
Day treatment/partial hospitalization	⊖ Yes ⊖ No	О и/к	If yes, specify:				
37. Child had history of substance use or abuse?	elinquent or criminal history?	41. What was child's gender identity?					
○N/A ○Yes ○No ○U/K	⊖ n/a	⊖Yes ⊖No ⊖U/K	◯ No identity expressed				
If yes, check all that apply:	If yes, chec	k all that apply:	◯ Male, not transgender				
□ Alcohol □ Prescription drugs, spec	ify: 🛛 Assau	t 🛛 Weapon	○ Female, not transgender				
□ Cocaine □Over-the-counter drugs,	-	ry/theft offense	◯ Transgender male				
□ Marijuana □Tobacco/nicotine, specif		alcohol 🛛 Other, specify:	◯ Transgender female				
☐ Methamphetamine Other, specify:		navior 🗆 U/K	◯ Non-binary				
□ Opioids □ U/K	(truand	y, destruction	O Other, specify:				
If yes, did the child receive treatment?		perty, trespassing)	Оu/к				
O Yes O № OU/K	· · · ·	time in juvenile detention?	42. What was child's sexual orientation?				
If yes, type? Check all that apply:		$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	O No orientation expressed				
□ Outpatient □ Day treatment/partial hosp		y ill in the two weeks	O Straight/heterosexual OQuestioning				
□ Inpatient/detox □ Residential	before deat		O Gay/lesbian O Other, specify:				
If yes, age at first use: $\Box U/K$	O Yes	○ No ○ U/K	O Bisexual OU/K				
A3. COMPLETE FOR ALL FETAL/INFANTS UN			estion is skipped for fetal deaths.				
43. Was this case reviewed by both a Fetal/Infant Mo							
44. Gestational age: 45. Birth weight: U/		tation pregnancy?	47. Including the deceased infant,				
U/K Grams/kilograms _		of fetuses	how many pregnancies did the				
		~	abilithe anima a second bases 0.44				
		•					
48. Including the deceased infant, how many live birth	is did the childbearing par	ent have? # U/	K				
48. Including the deceased infant, how many live birth	s did the childbearing par 50. Prenatal care provide	ent have? # U/	K Ised infant? O Yes O No O U/K				
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48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Mult         Lack of transportation       Cou         Cultural differences       Lack         52. During pregnancy, did the childbearing parent hav         Cardiovascular       Neurologic/P:         Hypertension - gestational       Add         Pre-eclampsia       Anx         Eclampsia       Seiz         Clotting disorder       Sexually Trar	<ul> <li>as did the childbearing par</li> <li>50. Prenatal care provide If yes, number of pre If yes, what month of natal care? O Yes</li> <li>Idn't get provider to take a tiple providers, not coordir</li> <li>Idn't get an earlier appoint k of child care</li> <li>k of family/social support</li> <li>re any medical conditions/ sychiatric Gy</li> <li>iction disorder</li> <li>ression</li> <li>iety disorder</li> </ul>	ent have? # U/ ed during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No U/K If yes, cl s patient Services not hated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't think th complications? Yes C necologic Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios	K Ised infant? O Yes O No O U/K U/K Visit kept. Specify 1-9: U/K Neck all that apply: available Other, specify: alth care system btain care U/K Vhere to go No O U/K If yes, check all that apply: Gynecologic (continued) Ng Placental problems Abruption Previa Other placental, specify:				
48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Mult         Lack of transportation       Cou         Cultural differences       Lact         Language barriers       Lact         52. During pregnancy, did the childbearing parent hav         Cardiovascular       Neurologic/Present and	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of If yes, what month of If yes, what month of If yes, what month of Inatal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder ture disorder mamitted Infection (STI)	ent have? # U/ ed during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No U/K If yes, cl is patient Services not nated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't think th complications? Yes C necologic Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios Polyhydramnios Intrauterine growth res	K         Ised infant?       Yes       No       U/K         Ised infant?       Yes       U/K         Ised infant?       Other, specify:         available       Other, specify:         alth care system       U/K         btain care       U/K         //rere to go       U/K         here to go       Gynecologic (continued)         Isey were pregnant       O/K         Isey were pregnant       Isey, check all that apply:         Gynecologic (continued)       Isey         Ing       Placental problems         Image:       Abruption         Image:       Other placental, specify:         Itriction       Other Condition/Complication				
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48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Mult         Lack of transportation       Cou         Cultural differences       Lact         Language barriers       Lact         52. During pregnancy, did the childbearing parent hav <u>Cardiovascular</u> Neurologic/Present         Hypertension - gestational       Add         Hypertension - chronic       Dep         Pre-eclampsia       Anx         Eclampsia       Seiz         Clotting disorder       Sexually Trar         Hematologic       Bac         Sickle cell disease       Chal	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of inatal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder ture disorder ture disorder ture disorder ture disorder ture any medical (STI) terial vaginosis (BV) amydia torrhea	ent have? # U/ end during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No U/K If yes, cl is patient Services not hated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't think th complications? Yes Con necologic Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios Polyhydramnios Intrauterine growth res (IUGR) Premature rupture of	K         Ised infant?       Yes       No       U/K         Image: system       Image: U/K       Image: system         btain care       U/K       U/K         where to go       U/K       U/K         Image: No       U/K       U/K         where to go       Image: System       Image: System         Image: Dot of the problem				
48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Mult         Lack of transportation       Cou         Cultural differences       Lact         52. During pregnancy, did the childbearing parent hav         Cardiovascular       Neurologic/P:         Hypertension - gestational       Add         Hypertension - chronic       Dep         Pre-eclampsia       Anxi         Eclampsia       Seiz         Clotting disorder       Sexually Trar         Hematologic       Bac         Sickle cell disease       Chila	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of natal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder sure disorder smitted Infection (STI) terial vaginosis (BV) amydia pes	ent have? # U/ end during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No OU/K If yes, cl is patient Services not hated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't know w Didn't think th complications? OYes C necologic Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios Polyhydramnios Intrauterine growth ress (IUGR) Premature rupture of membranes (PROM)	K         ised infant?       Yes       No       U/K         ised infant?       Yes       U/K         ised infant?       U/K       U/K         ised infant?       O Yes       U/K         incare       U/K       U/K         incare       U/K       U/K         incare       U/K       U/K         where to go       O       U/K         iney were pregnant       O       U/K         No       U/K       If yes, check all that apply:         Gynecologic (continued)       O         ing       Placental problems				
48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of natal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder ture disorder ture disorder ture disorder ture any medical (STI) terial vaginosis (BV) amydia torrhea pess /	ent have? # U/ ed during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No U/K If yes, cl s patient Services not hated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't know w Complications? Yes Complications? Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios Polyhydramnios Intrauterine growth ress (IUGR) Premature rupture of membranes (PROM) Preterm premature rup	K         Ised infant?       Yes       No       U/K         Ised infant?       Yes       U/K         Ised infant?       U/K       U/K         Ised infant?       O Yes       U/K         Ineck all that apply:       Other, specify:       U/K         available       O Other, specify:       Other         Istin care       U/K       U/K         where to go       Other       Other         Istin care       U/K       U/K         where to go       Other       Other         Istin care       U/K       U/K         where to go       Other       Other         Istin care       U/K       U/K         Where to go       Other problems       Other         Image: Continued       Previa       Other placental, specify:         Itriction       Other Condition/Complication       Other         Image: Other Condition/Complication       Image: Other       Other         Image: Other Condition       Image: Other       Other         Image: Other<				
48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Multi         Lack of transportation       Cou         Cultural differences       Lack         Language barriers       Lack         52. During pregnancy, did the childbearing parent hav         Cardiovascular       Neurologic/Parent         Hypertension - gestational       Add         Hypertension - chronic       Dep         Pre-eclampsia       Anxi         Eclampsia       Seiz         Clotting disorder       Sexually Trar         Hematologic       Bac         Anemia (iron deficiency)       Gon         Respiratory       Herp         Asthma       HPV         Endocrine/Metabolic       Syp	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of natal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder ture disorder ture disorder ture disorder ture any medical (STI) terial vaginosis (BV) amydia torrhea pess /	ent have? # U/ end during pregnancy of decear natal visits kept: # pregnancy for first prenatal visits kept: # pregnancy for first prenatal visits kept: # pregnancy for first prenatal visits kept: # No OU/K If yes, cl is patient Distrust of he ment Distrust of he ment Didn't know visit Didn't know visit Didn't know visit Didn't know visit Didn't know visit Complications? Yes Come recologic Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios Polyhydramnios Intrauterine growth ress (IUGR) Premature rupture of membranes (PROM) Preterm premature rup membranes (PPROM)	K         Ised infant?       Yes       No       U/K         Ised infant?       Yes       U/K         Ised infant?       Other, specify:         available       Other, specify:         available       U/K         Ised infant care       U/K				
48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Mult         Lack of transportation       Cou         Cultural differences       Lact         Language barriers       Lact         52. During pregnancy, did the childbearing parent hav         Cardiovascular       Neurologic/Presention         Hypertension - gestational       Add         Hypertension - gestational       Add         Pre-eclampsia       Seiz         Clotting disorder       Sexually Trar         Hematologic       Bacc         Sickle cell disease       Chila         Anemia (iron deficiency)       Gon         Respiratory       Herp         Asthma       HPV         Endocrine/Metabolic       Sypi         Diabetes, type 1 chronic       Group	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of natal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder sumitted Infection (STI) terial vaginosis (BV) amydia torrhea pes / hillis	ent have? # U/ ed during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No U/K If yes, cl is patient Services not nated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't think th complications? Yes C recologic Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios Polyhydramnios Intrauterine growth res (IUGR) Premature rupture of membranes (PROM) Preterm premature rup membranes (PROM)	K         ised infant?       Yes       No       U/K         ised infant?       Yes       U/K         ised infant?       U/K       U/K         ised infant?       O Yes       U/K         ised infant?       Yes       U/K         ised infant?       U/K       U/K         inceck all that apply:       U/K         available       Other, specify:         alth care system       U/K         btain care       U/K         where to go       U/K         here to go       Gynecologic (continued)         ney were pregnant       O/K         No       U/K       If yes, check all that apply:         Gynecologic (continued)       Gynecologic (continued)         ing       Placental problems				
48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Mult         Lack of transportation       Cou         Cultural differences       Lact         Language barriers       Lact         52. During pregnancy, did the childbearing parent hav         Cardiovascular       Neurologic/P?         Hypertension - gestational       Add         Hypertension - chronic       Dep         Pre-eclampsia       Seiz         Clotting disorder       Sexually Trar         Hematologic       Bacc         Sickle cell disease       Chila         Anemia (iron deficiency)       Gon         Respiratory       Herp         Diabetes, type 1 chronic       Group         Diabetes, type 2 chronic       HIV/	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of inatal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder ture disor	ent have? # U/ ed during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No U/K If yes, cl is patient Services not nated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't know w Didn't think th complications? Yes C necologic Uterine/vaginal bleedir Chorioamnionitis Oligohydramnios Polyhydramnios Intrauterine growth res (IUGR) Premature rupture of membranes (PROM) Preterm premature rup membranes (PROM) Cervical Insufficiency Umbilical cord complication	K         ised infant?       Yes       No       U/K         Ised infant?       Yes       U/K         Ised infant?       U/K         Interval       U/K         Interval       U/K         interval       U/K         Interval       U/K         Interval       Interval         Interva				
48. Including the deceased infant, how many live birth         49. Not including the deceased infant, number of children childbearing parent still has living?         #       U/K         51. Were there access or barrier issues related to pre         Lack of money for care       Cou         Limitations of health insurance coverage       Mult         Lack of transportation       Cou         Cultural differences       Lact         Language barriers       Lact         52. During pregnancy, did the childbearing parent hav         Cardiovascular       Neurologic/P?         Hypertension - gestational       Add         Hypertension - chronic       Dep         Pre-eclampsia       Seiz         Clotting disorder       Sexually Trar         Hematologic       Bacc         Sickle cell disease       Chila         Anemia (iron deficiency)       Gon         Respiratory       Herp         Diabetes, type 1 chronic       Group         Diabetes, type 2 chronic       HIV/	s did the childbearing par 50. Prenatal care provide If yes, number of pre- If yes, what month of inatal care? O Yes Idn't get provider to take a tiple providers, not coordir Idn't get an earlier appoint k of child care k of family/social support re any medical conditions/ sychiatric Gy iction disorder ression iety disorder ture disor	ent have? # U/ ed during pregnancy of decear natal visits kept: # pregnancy for first prenatal v No OU/K If yes, cl is patient Services not nated Distrust of he ment Unwilling to o Didn't know w Didn't know w Didn't know w Didn't think th complications? OYes O necologic Uterine/vaginal bleedir Oligohydramnios Dolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Polyhydramnios Nolyhydramnios Polyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios Nolyhydramnios	K         ised infant?       Yes       No       U/K         ised infant?       Yes       U/K         ised infant?       U/K       U/K         ised infant?       U/K       U/K         ised infant?       Other, specify:       U/K         ineck all that apply:       U/K       U/K         available       Other, specify:       U/K         atth care system       U/K       U/K         btain care       U/K       U/K         where to go       Other, specify:       Other         into care       U/K       U/K         where to go       Other option:       Other         into care       U/K       U/K         where to go       Other problems       Other         into Cologic (continued)       Previa       Other placental, specify:         intriction       Other Condition/Complication       Other placental, specify:         thriction       Other placental delay       Oral hea				

53. Did the childbearing parent exp	erience any medical complications ir	n previous pregnancies?							
○ N/A ○ Yes ○ No	O U/K □ Previous preterm	birth	nall for gestational age						
If yes, check all th	nat apply:	weight birth 🛛 Previous la	rge for gestational age (o	reater than 4000 grams)					
	any medications, drugs or other sub			<b>č</b> /					
	If yes, check all that apply:								
□ Over-the-counter meds□		ausea/vomiting medications	□ Cocaine	Meds to treat drug addiction					
		nolesterol medications		<ul> <li>Opioids</li> </ul>					
•••		eds to treat preterm labor	Marijuana	$\Box$ Other pain meds					
		•							
	_	eds used during delivery	Methamphetamin						
anti-anxiety/		ogesterone/P17		□ U/K					
	Asthma medications		□ If alcohol, infant	born with fetal effects or syndrome?					
	indicate the generic or brand name	-							
	exposed? O Yes O No OU/K								
57. Level of birth hospital:	58. At discharge from the birth hosp		-	parent?					
0 1	○ N/A, childbearing parent di	d not go to a birth hospital	O Yes O No	Э u/k					
○ 2	59. Did the childbearing parent hav	e contact with their care provid	der within the first 3 week	s postpartum?					
○ 3	$\bigcirc$ Yes $\bigcirc$ No	O U/K							
○ 4	60. Did the infant have a NICU stay	/ of more than one day⁺?	○Yes ○ No	Э и/к					
O Freestanding birth center	If yes, for what reason(s)? Cl								
O Home birth	Prematurity Apple		a 🗌 Meconiu	m aspiration					
O Other, specify:	Low birth weight Seps	sis 🗌 Jaundice	🗆 Congeni	al anomalies					
0 U/K	•	ding difficulties 🔲 Anemia	☐ Other, s						
	Drug/alcohol exposure		□ U/K						
61. Did the childbearing parent smo	· · · · · · · · · · · · · · · · · · ·	earing parent Tri	imester 1 Trimester 2	2 Trimester 3					
months before pregnancy?				<u>Innester 5</u>					
	# cigarettes/day pregnancy?	•		Arrest the sime method of the second					
_		If yes,		Avg # cigarettes/day					
	<b>o</b> 1 <i>i i i</i>	No O U/K -		(20 cigarettes in pack)					
				U/K quantity					
If yes, on average how often?	○ More than once a day ○	Once a day O 2-6 days a v	week 🔿 1 day a week or	less 🔿 U/K					
If yes, on average how often? 64. Was the childbearing parent inju	O More than once a day O ured during pregnancy?	Once a day O 2-6 days a v	week 🔿 1 day a week or						
If yes, on average how often?	O More than once a day O ured during pregnancy?	Once a day O 2-6 days a 65. Did the	week 🔿 1 day a week or	less 🔿 U/K					
If yes, on average how often? 64. Was the childbearing parent inju	<ul> <li>More than once a day</li> <li>ured during pregnancy?</li> <li>If yes, describe:</li> </ul>	Once a day O 2-6 days a 65. Did the	week () 1 day a week or childbearing parent hav	less 🔿 U/K					
If yes, on average how often? 64. Was the childbearing parent inju O Yes O No O U/K	O More than once a day O ured during pregnancy? If yes, describe: on B.	Once a day O 2-6 days a v 65. Did the Ve	week () 1 day a week or childbearing parent hav es () No () U/K	less 🔿 U/K					
If yes, on average how often? 64. Was the childbearing parent inju O Yes O No O U/K If this was a fetal death, go to Section	<ul> <li>More than once a day</li> <li>Ired during pregnancy?</li> <li>If yes, describe:</li> <li>On B.</li> <li>O No O U/K</li> </ul>	Once a day O 2-6 days a v 65. Did the Ye 67. Did infa	week () 1 day a week or childbearing parent hav es () No () U/K	e postpartum depression?					
If yes, on average how often? 64. Was the childbearing parent inju O Yes O No O U/K If this was a fetal death, go to Section 66. Infant ever breastfed? OYes	<ul> <li>○ More than once a day</li> <li>○ More than once a day</li> <li>○ If yes, describe:</li> <li>on B.</li> <li>○ No ○ U/K</li> <li>s? ○ N/A ○ Yes ○ No ○</li> </ul>	Once a day O 2-6 days a v 65. Did the O Ye U/K 67. Did infa O N/	week () 1 day a week or childbearing parent hav es () No () U/K ant have abnormal metal A () Yes () No ()	e postpartum depression?					
If yes, on average how often? 64. Was the childbearing parent inju O Yes O No O U/K If this was a fetal death, go to Section 66. Infant ever breastfed? OYes If yes, any breast milk at 3 month	<ul> <li>○ More than once a day</li> <li>○ Ired during pregnancy?</li> <li>If yes, describe:</li> <li>on B.</li> <li>○ No ○ U/K</li> <li>s? ○ N/A ○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> </ul>	Once a day O 2-6 days a v 65. Did the O Ye U/K 67. Did infa O N/	week $\bigcirc$ 1 day a week of childbearing parent hav as $\bigcirc$ No $\bigcirc$ U/K ant have abnormal metal A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ c, describe any abnormal	e postpartum depression?					
If yes, on average how often? 64. Was the childbearing parent inju O Yes O No O U/K If this was a fetal death, go to Section 66. Infant ever breastfed? OYes If yes, any breast milk at 3 month If yes, exclusively?	<ul> <li>○ More than once a day</li> <li>○ More than once a day</li> <li>○ If yes, describe:</li> <li>○ No</li> <li>○ U/K</li> <li>S?</li> <li>○ N/A</li> <li>○ Yes</li> <li>○ No</li> <li>○ Yes</li> <li>○ No</li> <li>○ S?</li> <li>○ N/A</li> <li>○ Yes</li> <li>○ No</li> <li>○ S?</li> </ul>	Once a day O 2-6 days a V 65. Did the Ve 67. Did infa U/K O N/, If yes	week $\bigcirc$ 1 day a week of childbearing parent hav as $\bigcirc$ No $\bigcirc$ U/K ant have abnormal metal A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ c, describe any abnormal	e postpartum depression?					
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If yes, on average how often? 64. Was the childbearing parent inju Yes No U/K If this was a fetal death, go to Section 66. Infant ever breastfed? Yes If yes, any breast milk at 3 month If yes, exclusively? If yes, any breast milk at 6 month If yes, exclusively? If ever, was infant receiving breas If the infant never left the hospital for 68. At any time prior to the infant's history of (check all that apply): None Infection Allergies Abnormal growth, weight gain/loss Apnea 70. In the 72 hours prior to death, was the infant injured?	<ul> <li>More than once a day ○</li> <li>Ired during pregnancy?</li> <li>If yes, describe:</li> <li>on B.</li> <li>○ No ○ U/K</li> <li>S? ○ N/A ○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>It milk at time of death? ○ Yes ○</li> <li>Illowing birth, go to Section B.</li> <li>Ilast 72 hours, did the infant have a</li> <li>□ Cyanosis</li> <li>□ Seizures or convulsions</li> <li>□ Cardiac abnormalities</li> <li>□ Other, specify:</li> </ul>	Once a day       2-6 days a v         65. Did the         Ye         67. Did infa         U/K       67. Did infa         U/K       1f yes         U/K       error:         U/K       error:         U/K       67. Did infa         U/K       error:         U/K       error:         U/K       error:         U/K       error:         O       U/K         69. In the 72 hours prior to de         Check all that apply:         Excessive sweating         Excessive sweating         Lethargy/sleeping me         than usual         Fussiness/excessive	week () 1 day a week or childbearing parent hav es () No () U/K ant have abnormal metal A () Yes () No () c, describe any abnormal c, describe any	e less O U/K         e postpartum depression?         polic newborn screening results?         U/K         ty such as a fatty acid oxidation         any of the following?         ppetite       Difficulty breathing         Apnea         Cyanosis         Seizures or convulsions         s       Other, specify:         U/K					
If yes, on average how often? 64. Was the childbearing parent inju Yes No U/K If this was a fetal death, go to Section 66. Infant ever breastfed? Yes If yes, any breast milk at 3 month If yes, exclusively? If yes, any breast milk at 6 month If yes, exclusively? If ever, was infant receiving breas If the infant never left the hospital for 68. At any time prior to the infant's history of (check all that apply): None Infection Allergies Abnormal growth, weight gain/loss Apnea 70. In the 72 hours prior to death,	<ul> <li>More than once a day ○</li> <li>ured during pregnancy?</li> <li>If yes, describe:</li> <li>on B.</li> <li>○ No ○ U/K</li> <li>s? ○ N/A ○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>1 time of death? ○ Yes ○</li> <li>No ○ Yes ○ No ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>No ○ Yes ○ No ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>No ○ Yes ○ No ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>No ○ Yes ○ No ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>Cyanosis</li> <li>□ Seizures or convulsions</li> <li>□ Cardiac abnormalities</li> <li>□ Other, specify:</li> <li>□ U/K</li> <li>T1. In the 72 hours prior to death,</li> </ul>	Once a day       2-6 days a weak         65. Did the         0 Yea         67. Did infa         U/K       error:         U/K       error:         U/K       error:         U/K       error:         O       U/K         69. In the 72 hours prior to de         Check all that apply:         Excessive sweating         Excessive sweating         Lethargy/sleeping mode         than usual         Fussiness/excessive         72. In the 72 hours prior to de	week () 1 day a week or childbearing parent hav as No U/K ant have abnormal metal A Yes No O a, describe any abnormal choking Decrease in a Vomiting Choking ore Diarrhea Stool changes e crying wath, was the infant remedies? Include	e postpartum depression? polic newborn screening results? U/K ty such as a fatty acid oxidation any of the following? ppetite Difficulty breathing Apnea Cyanosis Seizures or convulsions s. Other, specify: U/K 73. What did the infant have for					
If yes, on average how often? 64. Was the childbearing parent inju Yes No U/K If this was a fetal death, go to Section 66. Infant ever breastfed? Yes If yes, any breast milk at 3 month If yes, exclusively? If yes, any breast milk at 6 month If yes, exclusively? If ever, was infant receiving breas If the infant never left the hospital for 68. At any time prior to the infant's history of (check all that apply): None Infection Allergies Abnormal growth, weight gain/loss Apnea 70. In the 72 hours prior to death, was the infant injured?	<ul> <li>More than once a day</li> <li>Ired during pregnancy?</li> <li>If yes, describe:</li> <li>Dn B.</li> <li>No U/K</li> <li>S? N/A Yes No</li> <li>Yes Ono</li> <li>Yes No</li> <li>Yes Ono</li> <li>Yes Ono</li> <li>Yes Ono</li> <li>Yes No</li> <li>Yes Ono</li> <li>Yes Ono<td>Once a day 2-6 days a v 65. Did the 7 ye 67. Did infa 7 w 67. Did infa 8 w 7 w 67. Did infa 8 w 67. Did infa 8 w 67. Did infa 8 w 67. Did infa 8 w 67. Did infa 9 w 77. In the 72 hours prior to de 10 w 77. Did infa 9 w 77. Did i</td><td>week () 1 day a week or childbearing parent hav as No U/K ant have abnormal metal A Yes No O a, describe any abnormal choking Decrease in a Vomiting Choking ore Diarrhea Stool changes e crying wath, was the infant remedies? Include</td><td>e postpartum depression? polic newborn screening results? U/K ty such as a fatty acid oxidation any of the following? ppetite Difficulty breathing Apnea Cyanosis Seizures or convulsions s. Other, specify: U/K 73. What did the infant have for his/her last meal?</td></li></ul>	Once a day 2-6 days a v 65. Did the 7 ye 67. Did infa 7 w 67. Did infa 8 w 7 w 67. Did infa 8 w 67. Did infa 8 w 67. Did infa 8 w 67. Did infa 8 w 67. Did infa 9 w 77. In the 72 hours prior to de 10 w 77. Did infa 9 w 77. Did i	week () 1 day a week or childbearing parent hav as No U/K ant have abnormal metal A Yes No O a, describe any abnormal choking Decrease in a Vomiting Choking ore Diarrhea Stool changes e crying wath, was the infant remedies? Include	e postpartum depression? polic newborn screening results? U/K ty such as a fatty acid oxidation any of the following? ppetite Difficulty breathing Apnea Cyanosis Seizures or convulsions s. Other, specify: U/K 73. What did the infant have for his/her last meal?					
If yes, on average how often? 64. Was the childbearing parent inju Yes No U/K If this was a fetal death, go to Section 66. Infant ever breastfed? Yes If yes, any breast milk at 3 month If yes, exclusively? If yes, any breast milk at 6 month If yes, exclusively? If ever, was infant receiving breas If the infant never left the hospital for 68. At any time prior to the infant's history of (check all that apply): None Infection Allergies Abnormal growth, weight gain/loss Apnea 70. In the 72 hours prior to death, was the infant injured?	<ul> <li>More than once a day ○</li> <li>Ired during pregnancy?</li> <li>If yes, describe:</li> <li>on B.</li> <li>○ No ○ U/K</li> <li>S? ○ N/A ○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>It milk at time of death? ○ Yes ○</li> <li>Ilowing birth, go to Section B.</li> <li>Iast 72 hours, did the infant have a</li> <li>□ Cyanosis</li> <li>□ Seizures or convulsions</li> <li>□ Cardiac abnormalities</li> <li>□ Other, specify:</li> <li>□ U/K</li> <li>71. In the 72 hours prior to death, was the infant given any vaccines?</li> <li>○ Yes ○ No ○ U/K</li> </ul>	Once a day 2-6 days a v 65. Did the 7 ye 67. Did infa 7 w 67. Did infa 7 w 67. Did infa 8 w 7 w 69. In the 72 hours prior to de 7 w 72. In the 72 hours prior to de 1 w 73. In the 72 hours prior to de 1 w 74. In the 72 hours prior to de 1 w 75. In the 74 hours prior to de 1 w 75. In the 75 hours prior to de 1 w 75. In	week () 1 day a week or childbearing parent hav as No U/K ant have abnormal metal A Yes No O a, describe any abnormal choking Decrease in a Vomiting Choking ore Diarrhea Stool changes e crying wath, was the infant remedies? Include	e less O U/K         e postpartum depression?         polic newborn screening results?         U/K         ty such as a fatty acid oxidation         any of the following?         ppetite       Difficulty breathing         Apnea         Cyanosis         Seizures or convulsions         s       Other, specify:         U/K         73. What did the infant have for         his/her last meal?         Check all that apply:					
If yes, on average how often?         64. Was the childbearing parent inju         ○ Yes ○ No ○ U/K         If this was a fetal death, go to Section         66. Infant ever breastfed? ○Yes         If yes, any breast milk at 3 monther         If yes, any breast milk at 3 monther         If yes, any breast milk at 3 monther         If yes, any breast milk at 6 monther         If yes, any breast milk at 6 monther         If yes, exclusively?         If the infant never left the hospital for         68. At any time prior to the infant's history of (check all that apply):         □ None         □ Infection         □ Allergies         □ Abnormal growth, weight gain/loss         □ Apnea         70. In the 72 hours prior to death, was the infant injured?         ○ Yes ○ No ○ U/K	<ul> <li>More than once a day ○</li> <li>Irred during pregnancy?</li> <li>If yes, describe:</li> <li>on B.</li> <li>○ No ○ U/K</li> <li>S? ○ N/A ○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>Yes ○ No ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>Nowing birth, go to Section B.</li> <li>Iast 72 hours, did the infant have a</li> <li>□ Cyanosis</li> <li>□ Seizures or convulsions</li> <li>□ Cardiac abnormalities</li> <li>□ Other, specify:</li> <li>□ U/K</li> <li>71. In the 72 hours prior to death, was the infant given any vaccines?</li> <li>○ Yes ○ No ○ U/K</li> </ul>	Once a day 2-6 days a v 65. Did the 7 ye 67. Did infa 7 w 67. Did infa 7 w 67. Did infa 8 w 7 w 69. In the 72 hours prior to de 7 w 72. In the 72 hours prior to de 1 w 73. In the 72 hours prior to de 1 w 74. In the 72 hours prior to de 1 w 75. In the 74 hours prior to de 1 w 75. In the 75 hours prior to de 1 w 75. In	week () 1 day a week or childbearing parent hav so No U/K ant have abnormal metal A Yes No C c, describe any abnormal eath, did the infant have Decrease in a Vomiting Choking ore Diarrhea Stool changes e crying math, was the infant remedies? Include the-counter medications	iless U/K   e postpartum depression?   polic newborn screening results?   U/K   ty such as a fatty acid oxidation   any of the following?   ppetite   Difficulty breathing   Apnea   Cyanosis   Seizures or convulsions   s   Other, specify:   U/K   73. What did the infant have for    his/her last meal?   Check all that apply:					
If yes, on average how often?         64. Was the childbearing parent inju         ○ Yes ○ No ○ U/K         If this was a fetal death, go to Section         66. Infant ever breastfed? ○Yes         If yes, any breast milk at 3 monther         If yes, any breast milk at 3 monther         If yes, any breast milk at 3 monther         If yes, any breast milk at 6 monther         If yes, any breast milk at 6 monther         If yes, exclusively?         If the infant never left the hospital for         68. At any time prior to the infant's history of (check all that apply):         □ None         □ Infection         □ Allergies         □ Abnormal growth, weight gain/loss         □ Apnea         70. In the 72 hours prior to death, was the infant injured?         ○ Yes ○ No ○ U/K	<ul> <li>More than once a day ○</li> <li>Irred during pregnancy?</li> <li>If yes, describe:</li> <li>on B.</li> <li>○ No ○ U/K</li> <li>S? ○ N/A ○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>Yes ○ No ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>Nowing birth, go to Section B.</li> <li>Iast 72 hours, did the infant have a</li> <li>□ Cyanosis</li> <li>□ Seizures or convulsions</li> <li>□ Cardiac abnormalities</li> <li>□ Other, specify:</li> <li>□ U/K</li> <li>71. In the 72 hours prior to death, was the infant given any vaccines?</li> <li>○ Yes ○ No ○ U/K</li> </ul>	Once a day       2-6 days a v         65. Did the          Yee          U/K       67. Did infa         U/K       If yes         U/K       error:         OU/K       Excessive prior to de         Check all that apply:       Excessive sweating         Excessive sweating       Lethargy/sleeping mode         than usual       Fussiness/excessive         72. In the 72 hours prior to de       given any medications or         herbal, prescription, over-       and home remedies.         Yes       No	week () 1 day a week or childbearing parent hav as No U/K ant have abnormal metal A Yes No () c, describe any abnormal eath, did the infant have Decrease in a Vomiting Choking ore Diarrhea Stool changes e crying rath, was the infant remedies? Include the-counter medications	iless () U/K         e postpartum depression?         polic newborn screening results?         U/K         ty such as a fatty acid oxidation         any of the following?         ppetite       Difficulty breathing         Apnea         Cyanosis         Seizures or convulsions         s       Other, specify:         U/K         73. What did the infant have for         his/her last meal?         Check all that apply:         Breast milk         Formula         Baby food					
If yes, on average how often?         64. Was the childbearing parent inju         ○ Yes ○ No ○ U/K         If this was a fetal death, go to Section         66. Infant ever breastfed? ○Yes         If yes, any breast milk at 3 monther         If yes, any breast milk at 3 monther         If yes, any breast milk at 3 monther         If yes, any breast milk at 6 monther         If yes, any breast milk at 6 monther         If yes, exclusively?         If the infant never left the hospital for         68. At any time prior to the infant's history of (check all that apply):         □ None         □ Infection         □ Allergies         □ Abnormal growth, weight gain/loss         □ Apnea         70. In the 72 hours prior to death, was the infant injured?         ○ Yes ○ No ○ U/K	<ul> <li>More than once a day ○</li> <li>Irred during pregnancy?</li> <li>If yes, describe:</li> <li>on B.</li> <li>No ○ U/K</li> <li>S? ○ N/A ○ Yes ○ No ○</li> <li>○ Yes ○ No ○</li> <li>Yes ○ No ○</li> <li>Yes ○ No ○</li> <li>Yes ○ No ○</li> <li>t milk at time of death? ○ Yes ○</li> <li>Noving birth, go to Section B.</li> <li>Iast 72 hours, did the infant have a</li> <li>○ Cyanosis</li> <li>○ Seizures or convulsions</li> <li>□ Cardiac abnormalities</li> <li>□ Other, specify:</li> <li>□ U/K</li> <li>71. In the 72 hours prior to death, was the infant given any vaccines?</li> <li>○ Yes ○ No ○ U/K</li> </ul>	Once a day 2-6 days a v 65. Did the 7 ye 67. Did infa 7 w 67. Did infa 7 w 67. Did infa 8 w 7 w 69. In the 72 hours prior to de 7 w 72. In the 72 hours prior to de 1 w 73. In the 72 hours prior to de 1 w 74. W 75. W 76. W 77. W 77. W 78. W 79. W 70. W 71. W 72. W 72. W 73. W 74. W 74. W 75. W	week () 1 day a week or childbearing parent hav as No U/K ant have abnormal metal A Yes No () c, describe any abnormal eath, did the infant have Decrease in a Vomiting Choking ore Diarrhea Stool changes e crying rath, was the infant remedies? Include the-counter medications	iless () U/K         e postpartum depression?         polic newborn screening results?         U/K         ty such as a fatty acid oxidation         any of the following?         ppetite       Difficulty breathing         Apnea         Cyanosis         Seizures or convulsions         s       Other, specify:         U/K         73. What did the infant have for         his/her last meal?         Check all that apply:         Breast milk         Formula         Baby food					

B. BIOLOGICAL PAREN	B. BIOLOGICAL PARENT INFORMATION On information available, go to Section C									
1. Parents alive on date of ch	nild's death? Even if pare	ent(s) are de	eceased at ti	ime of	child's	death, p	olease f	fill out the	remaining	questions.
Childbearing Biologi	ical Parent (CBP) alive:		⊖ Yes	0	No (	с С U/K				
Non-Childbearing Bi	iological Parent (Non-CB	P) alive:	⊖ Yes	0	No (	О и/к				
2. Parents' race, check all that	at apply:	3. Parents	s' Hispanic or	Latin	o/a	5. Pare	nts' em	ployment	status:	6. Parents' education:
CBP Non-CBP		origin?	?			<u>CBP</u>	Non-0	CBP		<u>CBP</u> <u>Non-CBP</u>
Alaska Native	, Tribe:	<u>CBP</u> N	Non-CBP			0	0	Employe	ed	○ ○ < High school
American India	, , , , , , , , , , , , , , , , , , , ,					0	0	Unempl	oyed	O O High school/GED
□ □ Asian, specify	<i>/</i> :		O No			0	0	On disa	bility	O O College
🗆 🗆 Black		0 (	0 и/к			0	0	Stay-at-	home	O O Post graduate
Native Hawaiia		4. Parents	s' age in years	s at tir	me	0	0	Retired		○ ○ и/к
Pacific Islande	er, specify:	of child	d's death:			0	0	U/K		
□ □ White			<u>CBP</u> <u>No</u>	on-CB	<u>P</u>					
□ □ U/K					Years					
				<b>Q</b> .						
7. Parents speak and 8.	. Parents first generation	1	0. Parents re	eceive	social	services	in the	past twel	ve months?	
understand English?	immigrant?		<u>CB</u>		lon-CBF	_				
	CBP Non-CBP		С		O Ye	s lfye	es, che	ck all that	t apply belo	w:
O O Yes	O O Yes, country	of origin:	C		O No					
			С	) (	) U/I	<				
0 О и/к	0 0 и/к		<u>CB</u>		Ion-CBF	-		CB		
	. Parents on active milita	y duty?			⊐ wi			_		Section 8/housing
spoken:	CBP Non-CBP				_	me visit	ting, sp	ecify: I		Social Security Disability
	O Ves, specify	oranch:				NF			- <u> </u>	Insurance (SSI/SSDI)
	○ ○ No					edicaid				Other, specify:
	0 0 и/к						·	AP/EBT		U/K
11. Parents have substance			ctim of child	1				trator of		ents have disability or chronic
abuse history?		treatment?				reatmen				ess?
CBP Non-CBP	CBP	Non-CBP			<u>CBP</u>	Non-0			CBP	Non-CBP
		O Yes			0	0	Yes		0	O Yes
	0				0	0	No		0	
	0	<u> </u>			0	0	U/K		0	О U/К
15. Parents have prior child d	Jeaths? 16. Pare		istory of intim	nate p	artner v	iolence	?			ents have delinquent/criminal
<u>CBP</u> <u>Non-CBP</u> O O Yes		<u>CBP</u> □	Non-CBP							ory?
-			□ Yes,						<u>CBP</u>	Non-CBP
				as pe	erpetrato	or			0	O Yes
0 О и/к									0	O № O U/K
			□ U/K							<b>U</b>
C. PRIMARY CAREGIVE									lf fetal de	eath, skip to Section D.
1. Primary caregiver(s): Sele	ect only one each in colu	mns one ar	nd two.							2. Caregiver(s) age in years:
<u>One</u> <u>Two</u>		<u>One</u>	<u>Two</u>			<u>One</u>	Two	_		<u>One</u> <u>Two</u>
O Self, go to Sec			O Foster p			0		Other re	lative	# Years
	parent, go to Section D	0	O Parent's	•	ner	0	0	Friend		
O O Non-childbear		0	O Grandp	arent		0	0	Institutio		3. Caregiver(s) sex:
parent, go to S		0	O Sibling			0	0	Other, s	pecify:	One <u>Two</u>
O O Adoptive pare	nt					~	~			
O O Stepparent						0	0	U/K		○ ○ Female
										<u>о</u> О и/к
4. Caregiver(s) race, check a				5	-	iver(s) ⊦		c or		giver(s) employment status:
One <u>Two</u>	<u>One</u> <u>T</u>				Latino	/a origin	1?		<u>One</u>	
□ □ Alaska Native, T		Pacific Isla	ander, specif	y:	<u>One</u>				0	O Employed
American Indian					0	_	'es		0	
□ □ Asian, specify:		White			0	_	lo		0	O On disability
Black		U/K			0		I/K		0	O Stay-at-home
Native Hawaiian	١				If yes	s, specif	fy origin	1:		<ul> <li>○ Retired</li> <li>○ U/K</li> </ul>

7. Caregiver(s) education:	8. Do caregiver(s) speak and	9. (	Caregiver(s) fi	rst generation		10. Care	egiver(s) on active military duty?
<u>One Two</u>	understand English?		immigrant?	-		One	Two
○ ○ < High school	<u>One Two</u>	C	Dne <u>Two</u>			0	○ Yes, specify branch:
O O High school/GED	O O Yes	(	0 0 Ye	es, country of origin	ו:	0	O No
	0 0 No					0	0 и/к
<ul> <li>O Post graduate</li> </ul>	0 0 U/K		0 0 U/			-	
O O U/K	If no, language spoken:		0 0 0,				
11. Caregiver(s) receive social serv		\$?					
<u>One Two</u>	loco in the past twelve months	-	<u>Dne Two</u>		One T	wo	
	neck all services that apply:						amps/SNAP/EBT
$\bigcirc$ $\bigcirc$ $No$	leek all services that apply.			, ne visiting			8/housing
0 0 U/K			spec	0			Disability (SSI/SSDI)
						] Other, s	• • • •
						] U/K	pecny.
12. Caregiver(s) have substance	13. Caregiver(s) ever victim o			ever perpetrator of			giver(s) have disability or chronic
abuse history?	child maltreatment?	14.	maltreatment			illne	,
· ·				f		-	_
One <u>Two</u> O O Yes	One <u>Two</u> O O Yes		One Two	Vaa		<u>One</u>	O Yes
				Yes			
O O № O U/K	O O № O O U/K			No			
				U/K	40 0-	_	O U/K
16. Caregiver(s) have prior child de	violen		e history of inti	imate partner	_	,	have delinquent/criminal history?
One <u>Two</u>	VIOLEI	100 !	One Two		<u>One</u>		Ma a
				es, as victim	0		Yes
				es, as perpetrator	0		No
0 0 и/к					0	0	U/K
			□ □ U/	К			
D. SUPERVISOR INFORMATIO				Answer this sectio	n only if	the child e	ever left the hospital following birth
1. Did child have supervision at tim	e of incident leading to death?	•	2. How	long before incider	nt did su	pervisor la	ast see child?
○ Yes, answer D2-16			Sele	ect one:			
O No, not needed given developmental age or circumstances, go to Sec. E O Child in sight of supervisor							
$\bigcirc$ No, not needed given develop	omental age or circumstances,	go to Sec	.E Cr		ervisor		
<ul> <li>No, not needed given develop</li> <li>No, but needed, answer D3-1</li> </ul>	-	go to Sec	E O CH	nild in sight of supe		/s	
, ,	6	go to Sec		nild in sight of supe			
O No, but needed, answer D3-1	6 Iswer D3-16		c. E O Ch O Mi O Ho	nild in sight of supe inutes purs	O Day O U/K	K	cident? Select only one:
<ul> <li>No, but needed, answer D3-1</li> <li>Unable to determine, try to an</li> </ul>	6 iswer D3-16 section? 4.	Primary p	c. E O Ch O Mi O Ho	nild in sight of supe inutes purs	O Day O U/K	K	cident? Select only one: O Institutional staff, go to D15
<ul> <li>No, but needed, answer D3-1</li> <li>Unable to determine, try to an</li> <li>Is supervisor listed in a previous</li> </ul>	6 Iswer D3-16 section? 4. p to D15	Primary p	E. E O Ch O Mi O Ho Derson response	nild in sight of supe inutes purs sible for supervisio OSibling	O Day O U/K n at the	K	
<ul> <li>No, but needed, answer D3-1</li> <li>Unable to determine, try to an</li> <li>Is supervisor listed in a previous</li> <li>Yes, childbearing parent, go</li> </ul>	6 iswer D3-16 section? 4. o to D15 gical parent, go to D15	Primary p O Adoj O Step	E. E O CH O Mi O Ho Derson response ptive parent	hild in sight of supe inutes purs sible for supervisio OSibling	O Day O U/K n at the	K	O Institutional staff, go to D15
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<ul> <li>No, but needed, answer D3-1</li> <li>Unable to determine, try to an</li> <li>Is supervisor listed in a previous</li> <li>Yes, childbearing parent, go</li> <li>Yes, non-childbearing biolog</li> <li>Yes, caregiver one, go to D</li> <li>Yes, caregiver two, go to D</li> </ul>	6 iswer D3-16 section? 4. o to D15 gical parent, go to D15 15 15	Primary p O Adop O Step O Fost O Pare O Gran	C. E O Cł O Mi O Ho person respons ptive parent oparent ter parent ent's partner ndparent	hild in sight of supe inutes sible for supervisio OSibling OOther rel OFriend OAcquaint	O Day O U/K n at the lative tance staff, gc	time of ind	<ul> <li>Institutional staff, go to D15</li> <li>Babysitter</li> <li>Licensed child care worker</li> <li>Other, specify:</li> </ul>
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<ul> <li>No, but needed, answer D3-1</li> <li>Unable to determine, try to an</li> <li>Is supervisor listed in a previous</li> <li>Yes, childbearing parent, go</li> <li>Yes, non-childbearing biolog</li> <li>Yes, caregiver one, go to D</li> <li>Yes, caregiver two, go to D</li> <li>No</li> <li>Supervisor's age in years:</li> </ul>	6 section? 4. b to D15 gical parent, go to D15 15 15 6. Supervisor's sex:	Primary p O Adop O Step O Fost O Pare O Gran 7. 5	C. E O Cł O Mi O Ho operson respons ptive parent oparent ter parent ent's partner ndparent Supervisor spo	hild in sight of super inutes sible for supervision OSibling OOther rel OFriend OAcquaint OHospital eaks and understar	O Day O U/K n at the lative tance staff, gc	time of ind	<ul> <li>Institutional staff, go to D15</li> <li>Babysitter</li> <li>Licensed child care worker</li> <li>Other, specify:</li> <li>U/K</li> <li>8. Supervisor on active military</li> </ul>
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<ul> <li>No, but needed, answer D3-1</li> <li>Unable to determine, try to an</li> <li>Is supervisor listed in a previous</li> <li>Yes, childbearing parent, go</li> <li>Yes, caregiver one, go to D</li> <li>Yes, caregiver two, go to D</li> <li>No</li> <li>Supervisor's age in years:</li> <li>U/K</li> <li>9. Supervisor has substance</li> </ul>	6 section? 4. o to D15 gical parent, go to D15 15 6. Supervisor's sex: O Male O Female O 10. Supervisor has history of	Primary p O Ado O Step O Fost O Pare O Grar 7. 3 0 U/K	c. E O Cł O Mi O Ho person respons ptive parent oparent ter parent ent's partner ndparent Supervisor spo O Yes O If no, languag	hild in sight of super inutes burs sible for supervisio OSibling OOther rel OFriend OAcquaint OHospital eaks and understar O No O U/K ge spoken: 11. Supervisor ha	Day     Day     O U/K n at the lative tance staff, gc nds Eng s disabi ess?	time of ind to D15 lish?	<ul> <li>Institutional staff, go to D15</li> <li>Babysitter</li> <li>Licensed child care worker</li> <li>Other, specify:</li> <li>U/K</li> <li>8. Supervisor on active military duty?</li> <li>Yes O No OU/K If yes, specify branch:</li> <li>12. Supervisor has prior child</li> </ul>
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1. Was a death investigation conducted*?       Yes       No       U/K       If yes, check all that apply:         Image: Medical examiner       Medical examiner       Image: Medica	No. different than date of death.	E. INCIDENT INFORMATION	Answer only E7 if the child never left the hospital following birth								
○ Yes, same as date of death       ○ AM         ○ No, different than date of death.       ○ AM         ○ UK       · · · · · · · · · · · · · · · · · · ·	○ Yes, same as date of leads       ○ AM         ○ No, Officient than date of leads.       ////////////////////////////////////	1. Was the date of the incident the same as the date of death?	2. Approximate time of day that incident occurred?								
UK     mm / dd / yyyy     UK       3. Pluce of incident, check all that apply:     □ UK       3. Pluce of incident, check all that apply:     □ Child's home     □ Elemeted child care home     □ Military installation     □ State or county park, other       □ Relative's home     □ Licensed child care home     □ All/distemion facility     □ Creation area       □ Elemeted graph home     □ Inclean care home     □ State or county park, other       □ Licensed otater care home     □ Statuton     □ Roadway     □ UK       1. Licensed otater care home     □ Statuton     □ Rural     ○ Statuton       2. Type of area:     ○ Uthan     ○ Statuton     ○ Rural     ○ Thode matcantre       3. Incident tauting     □. Incident county     □     □     □       7. Was the death attributed (either directly to an extreme weather event, emergency medical situation, natural disaster or mass shooting?     ○ Vik       11 Yes, specify the tops of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:     If yes, specify the tops of event (e.g., tornado, heat wave, flood, medical crisis, etc.)     If was the indivert threase professional. If death       12 Was the indivert threase     ○ Other caretaker/babysiter     □ Other caretaker/babysiter     0 Other caretaker/babysiter     0 Was a Phylone/Phillipee       13. Total number of datasta stringer     ○ Other caretaker/babysiter     □ Other caretaker/baby	∪ µK       mm / ds / yyyy       C UK         3       Place of Incident, check all that apply:       C Ukit's tome       C Ukit's tome       C Ukit's tome         Chit's home       Licensed child care conter       Military installation       C State or county park, other         Friend it home       Licensed child care home       BidVetention facility       Posptal         Licensed child care home       G Wax       Physic home       Home (GidVeter Care home)         Licensed prop home       G Indian reservation/trust lands       Other specify:       Home (GidVeter Care home)         S Incident data:       © Indian reservation/trust lands       Other specify:       Home (GidVeter Care home)         S Incident data:       © Indian reservation/trust lands       Other specify:       Home (GidVeter Care home)         S Incident data:       © Indian reservation/trust lands       Frontile:       UK         S Incident data:       © Indian reservation/trust lands       Frontile:       UK         Was the indian's thread water processonal, flash wave, food, medical criss, etc) and general orcumstances surrounding the death:       If yes, specify the anary of the event if applicable file, Jurnace marketsonal, If death       Other appaintance         10: Was the indiade transport (GidVeter data file)       Parent/relative       Other appaintance       No       No <t< td=""><td>○ Yes, same as date of death</td><td>○ AM</td></t<>	○ Yes, same as date of death	○ AM								
Billing installation   Billing installation <	Build of Indiant, check all that apply:     Deprint and the apply:     Deprint apply:     Deprint	O No, different than date of death. Enter date of incident:	/ Hour, specify 1-12: O PM								
3. Place of incident, check all that apply:  Childra's home  Relative's home  Lecensed child care center  Ketative's home  Ketative's home  Lecensed child care center  Ketative's home  Lecensed child care center  Ketative's home  Ketative's ho											
□ Outlish home       □ Uncensed thild care home       □ Milliag installation       □ State or county park, other         □ Relative's home       □ Uncensed thild care home       □ Sidewalk       □ Hospital         □ Licensed toxid care home       □ Sidewalk       □ Hospital         □ Licensed toxid care home       □ Sidewalk       □ Hospital         □ Licensed orbid care home       □ Sidewalk       □ Hospital         □ Licensed group home       □ Indian reservation/thost lands       □ Other parking area         4 Type of area:       0. Incident table:       0. Incident table:       0. Incident table:         0 Nee death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       ∨         0 Yes       No       ∪ K       □ Untercare taker howe, emergency medical situation, natural disaster or mass shooting?         0 Yes       No       ∪ K       □ Other arealisker/babysiter       □ Vest in hospital setting         0 Yes       No       ∪ K       □ Other arealisker/babysiter       □ NA       ∨ Yes         11 Yes, how and that apply:       □ Yes       No       ∪ K       □ Vest in coided diate/bab (acce child care home)         0 Other arealisker/babysiter       □ Other arealisker/babysiter       □ Other arealisker/babysiter       □ No       ○ No       ∪	Child's home Licensed child care konter Military installation Care county park, other    Relative's home Unincensed child care konter Sidewalk Hospital    Elicensed prop home Balavio's home Other, specify:    Relative forse care home Care konter Relative forse care home Care konter    Correct Uthan Suburban Relative forse care home Care konter    Correct Uthan Suburban Relative forse care home Care konter    Correct Uthan Suburban Relative forse care home Care konter    Correct Uthan Suburban Relative forse care home Care konter    Correct Other Care konter Care konter    Correct Other Care konter Care konter    S. Incident state:  C. Incident care konter Care konter    Yes, Specify he hange of the vent (e.g., Danado, whellcal crisis, etc.) and general care konterspecify the same of the vent if applicative (e.g., Paradice Will Fe, Hurricane Inc. 2002P1.9, etc.):    8. Was the incident withressed? O K NA O Yes     O ther careative/suburiter Care konter Care konter    If yes, by whon?  Careative/suburkiter Statewalcareative/suburkiter    Other careative/suburkiter If yes, how any shocks were administered? NA O Yes    Other careative/suburkiter If yes, how a light was the dynkiter NA O Yes    Correct If yes, how a	3. Place of incident, check all that apply:									
Friend's home Getter Geter care care care care care care care care c	Friend's home   Image: Priend's home Parm'anch Redatke obster care home Parm'anch Redatke obster care home   Image: Priend's constraints Parm'anch Redatke obster care home   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's constraints Image: Priend's constraints   Image: Priend's constraints Image: Priend's cons		☐ Military installation ☐ State or county park, other								
Licensed foster care home    Familyanch     Roadway    Other, specify:     Licensed foster care home         <	Licensed fostor care home Parm/ranch Roadway Other; specify:   Relative fostor care home School Other; specify:   Licensed group home Indian reservation/hust lands Other; specify:   Yes Uthan Suburban Rural Frontier   V was the dath athrbudde (ether directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooling? Vik   Yes Nas the dath athrbudde (ether directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooling? Vik   Yes Nas the dath athrbudde (ether directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooling? Vik   Yes Nas the indert vitressed? Paradite Wild File, Hurricane Ima, COVID-19, etc.): 8. Was the indert vitressed?   8. Was the indert vitressed? Other careataker/babysiter occurred in a hospital setting 0. Wik   0. Was resuscitation attempted? If yes, hype of resuscitation: If yes, hype of resuscitation: If yes, hype of resuscitation:   10. Was resuscitation attempted? If yes, how anny shocks administered? Yes No Ulk   11. At time of incident leading to death, had duig or alcohor? If yes, how anny shocks administered? If yes, how as the right?   11. At time of incident leading to death, had addig or alcohor? If yes, how anny shocks administered? If yes, how as the right?   12. Other specify: If yes, how anny shocks administered? Yes No   13. Total number of deaths a	□ Relative's home □ Licensed child care home	☐ Jail/detention facility recreation area								
Licensed foster care home     Belative foster care home     Cheekative foster care home     Cheekative foster care home     Shool     Cheekative foster care home     Shool     Shool<	I buenesed faster care home I farm/ranch Radway Other; specify:   I buenesed graph home I finite reservation/trust lands Driveway UK   4. Type of area: Is. Indetent source WK   5. Indetent status: Is. Indetent source WK   7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting? VK   7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting? VK   8. Was the indivert threesed? Paradise Wild File, Hurriance Ima, COVID-19, etc.): 8. Was short three event if applicable (e.g., Paradise Wild File, Hurriance Ima, COVID-19, etc.):   8. Was the indet threesed? Vres NA Vres   0. Yres NR UK Other caretakerbabysiter occurred in a hospital setting   10. Was resultation attempted? If Ves. No UK   11. At time of indetent leading to death, had child used drugs or alcoho? If ves. New as the rhythm?   11. At time of indetent leading to death, had child used drugs or alcoho? If ves. New CUK   13. Was a death indetent control Other, specify:   14. New a death indetent control Other, specify:   15. Nak control UK   16. Mash control Other aniable/itelior (AED)   17. Was the indetent leading to death, had child used drugs or alcoho? If ves. New Culk   19. Nak Ves ONO   19. Nak Other, specify:   11. A time of indetent	Friend's home     Unlicensed child care home	e 🗆 Sidewalk 🛛 Hospital								
Relative foster care home   Belative foster care home Indiar reservation/trust lands Other parking area   4. Type of area UK   5. Incident state: 6. Incident county:   7. Was the death attributed (alther directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?   0 Yes No   0 Yes No   0 Was the indidn twitnessed? Image: Country of the event of the event family count	<ul> <li>Beaking foster care home</li> <li>Indian reservation/hust lands</li> <li>Other parking area</li> </ul> <ul> <li>4. Type of area</li> <li>UKan</li> <li>Stundan</li> <li>Rural</li> <li>Prontier</li> <li>UK</li> </ul> <ul> <li>6. Incident state:</li> <li>6. Incident county:</li> </ul> <ul> <li>7. Was the dash attibuted (either directly to narchere weather event, emergency medical stuaton, natural disaster or mass shooting?</li> <li>Yes. Shot Outk</li> <li>If yes, specify the hype of event (f applicable (e.g., Paradek Wid Fire, Hurinea Ima, COWD-10, etc.):</li> </ul> <ul> <li>8. Was the incident witnessed?</li> <li>Parent/relative</li> <li>Other acquaintance</li> <li>If yes, by end resuscitation:</li> <li>If yes, by end resuscitation:</li> <li>If yes, hype of resuscitation:</li> <li>If yes, hype of</li></ul>	□ Licensed foster care home □ Farm/ranch	□ Roadway □ Other, specify:								
4. Type of area:       Utban       Suburban       Rural       Frontier       UK         5. Incident state:       6. Incident county:       Image: County (County)       Image: County (County)       Image: County (County)         7. Was the deak attributed (tellware) indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Image: County (County)         7. Was the deak attributed (tellware) indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Image: County (County)         7. Was the deak attributed (tellware) indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Image: County (County)         8. Was the incident witnessed?       Image: County (County)       Image: County (County)       Image: County (County)         8. Was the incident witnessed?       Image: County (County)       Image: County (County)       Image: County (County)       Image: County (County)         8. Was the incident witnessed?       Image: County (County)         10. Was resultation attempted?       If yes, by whon?	4. Type of area:       Uthan       Suburban       Rural       Frontier       UK         5. Incident state:       6. Incident county:       6. Incident county:       10.         7. Was the death attributed (ether directly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Yes         7. Was the death attributed (ether the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):       8. Was the incident witnesset?       Incident care professional, if death       9. Was 911 or local emergency         0. Yes       No       UK       Other caretaken/babysiter       Incident care professional, if death       9. Was 911 or local emergency         10. Was resuscitation attempted?       INA (Yes (No (UK))       If yes, type of fexicoach/abilistic trainer       Gather aceptaininate       Other aceptaininate       If yes, type of mass and the professional, if death       9. Was a hythm recorded?         If yes, type of fexicoach/abilist trainer       If yes, type of fexicoach/abilistor (AED)       If yes, was a hythm recorded?       Yes (No (UK)         If yes, theored attribute of incident, specify:       If Automated External Defibrillator (AED)       If yes, what was the rhythm?         If cacher acquaintance       If yes, the acquaintance       Yes (No (UK)       If yes, the acquaintance       Yes (No (UK)         If yes, the acquaintance       If yes, the acquaintance       Yes (No (UK)	□ Relative foster care home □ School									
4. Type of area:       Utban       Suburban       Rural       Frontier       UK         5. Incident state:       6. Incident county:       Image: County (County)       Image: County (County)       Image: County (County)         7. Was the deak attributed (tellware) indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Image: County (County)         7. Was the deak attributed (tellware) indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Image: County (County)         7. Was the deak attributed (tellware) indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Image: County (County)         8. Was the incident witnessed?       Image: County (County)       Image: County (County)       Image: County (County)         8. Was the incident witnessed?       Image: County (County)       Image: County (County)       Image: County (County)       Image: County (County)         8. Was the incident witnessed?       Image: County (County)         10. Was resultation attempted?       If yes, by whon?	4. Type of area:       Uthan       Suburban       Rural       Frontier       UK         5. Incident state:       6. Incident county:       6. Incident county:       10.         7. Was the death attributed (ether directly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       Yes         7. Was the death attributed (ether the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):       8. Was the incident witnesset?       Incident care professional, if death       9. Was 911 or local emergency         0. Yes       No       UK       Other caretaken/babysiter       Incident care professional, if death       9. Was 911 or local emergency         10. Was resuscitation attempted?       INA (Yes (No (UK))       If yes, type of fexicoach/abilistic trainer       Gather aceptaininate       Other aceptaininate       If yes, type of mass and the professional, if death       9. Was a hythm recorded?         If yes, type of fexicoach/abilist trainer       If yes, type of fexicoach/abilistor (AED)       If yes, was a hythm recorded?       Yes (No (UK)         If yes, theored attribute of incident, specify:       If Automated External Defibrillator (AED)       If yes, what was the rhythm?         If cacher acquaintance       If yes, the acquaintance       Yes (No (UK)       If yes, the acquaintance       Yes (No (UK)         If yes, the acquaintance       If yes, the acquaintance       Yes (No (UK)	□ Licensed group home □ Indian reservation/trust land	ds 🛛 Other parking area								
7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?       \overline Yes	7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?         9. Was by 0. O UK         11 yes, specify the type of event (a.g., tornado, heat wave, food, medical crisis, etc.) and general circumstances surrounding the death:         11 yes, specify the type of event (a.g., tornado, heat wave, food, medical crisis, etc.) and general circumstances surrounding the death:         12 yes, specify the mame of the event (1 applicable (a.g., Paradise Wid File, Hurricane Irma, COVID-19, etc.);         8. Was the incident witnessed?         0 Yes O NO         12 Wes by whom?         13 Urb a capatitation:         14 yes, by whom?         14 yes, by whom?         15 Urb a capatitation:         16 Urb acqualitation:         17 yes, by whom?         18 was the death attempted?         19 Was A value of the event if applicable accessible?         10 Was resultation attempted?         11 Was a the death attempted?         12 Was A value of the acqualitation:         13 was the death attempted?         14 yes, was a thythm recorded?         15 Was anger         0 Other, specify:         14 Automated External Defibriliator (AED)         15 Was attaing the applicable accessible?         16 Other, specify:         17 A turne of incident i	4. Type of area: O Urban O Suburban O Rural (									
○ Yes       No       ○ UK         If yes, specify the type of event (e.g., tormado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:       If yes, specify the name of the event if applicable (e.g., tormado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:         8. Was the incident witnessed?          Parent/relative	○ Yes       No       Ourk         If yes, specify the same of the event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:       If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):         8. Was the incident witnessed?       □ Parent/relative       □ Heath care professional, if death occurred in a hospital setting       ○. Was 911 or local emergency called?         ○ Was       ○ Other caretaker/habysitter       □ Curred in a hospital setting       ○. NA       ○. Yes         10. Was resuscitation attempted?       □ NA       ○. Yes       No       ○. U/K         If yes, by whom?       □ Use suscitation:       □ Use       If yes, by whom?       □ Uses, type dof resuscitation:       □ Use         □ Parent/relative       □ Other caretaker/habysitter       □ CPR       □ Addministered?       ○ Yes       No       ○ U/K         □ Parent/relative       □ Other, specify:       □ Other, specify:       □ Other, specify:       □ Yes, town any shock were administered?       ○ Yes       No       ○ U/K         □ Stranger       ○ Other, specify:       □ Other, specify:       □ Children, ages 0:18       □ U/K       □ Stranger       ○ Other, specify:       □ Children, ages 0:18       □ U/K         □ Hadent leading to death, had child used drugs or alcohol?       □ K       □ Stranger	5. Incident state: 6. Incident county:									
If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:         If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):       8. Was the incident witnessed?       Parentirelative       Heath care professional, if death       9. Was 911 or local emergency called?         If yes, by whom?       Called?       N/A       Yes         If yes, by whom?       Catecher/coach/athelie trainer       Stranger       N/A       Yes         10. Was resuscitation attempted?       N/A       Yes       No       U/K         If yes, by whom?       If yes, type of resuscitation:       If yes, was a rhythm recorded?       N/A       Yes         If yes, by whom?       If yes, type of resuscitation:       If yes, was a rhythm recorded?       Yes ON O U/K       If yes, was a thythm recorded?         If yes, by whom?       If yes, type of resuscitation:       If yes, type of resuscitation; including naloxone, specify type:       Yes ON O U/K       If yes, what was the rhythm?         Cober caretaker/rbapstifer       If AED, was shock administered?       Yes ON O U/K       If yes, what was the rhythm?         If accher/coach/athetic trainer       Other, specify:       12. Child's activity at time of incident, check all that apply:       If yes, what was the rhythm?         If accher/coach/athetic trainer       Other, spe	If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:       If yes, specify the type of event (f applicable (e.g., Paradelse Wild Fire, Huricane tima, COVD-19, etc.):         8. Was the incident witnessed?       Parent/relative       Health care professional, if death       9. Was 91 or local emergency called?         If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:       9. Was 91 or local emergency called?         If yes, specify the type of event (f e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:       9. Was 91 or local emergency called?         If yes, system of resuscitation:       Other caretaker/babysiter       NA O Yes         10. Was resuscitation:       If yes, type of resuscitation:       If yes, was a flythm recorded?         If yes, type of resuscitation:       If yes, was a flythm recorded?       Ves O No O U/K         If yes, type of resuscitation:       If yes, type of resuscitation:       If yes, was a flythm recorded?         Other caretaker/babysiter       If on AED, was AED available/accessible?       Yes O No O U/K       If yes, what was the rhythm?         If acchoridocarbathetic trainer       If AED, was abcA administered?       Yes O No O U/K       If yes, what was the rhythm?         If acchoridocarbathetic trainer       Other, specify:       Stanger       Other, specify										
If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurrkane Irma, COVID-19, etc.): <ul> <li>Was the incident Witnessed?</li> <li>Parent/relative</li> <li>Other caretaker/babysiter</li> <li>Cocurred in a hospital setting</li> <li>ViA 3 911 or local emergency called?</li> <li>N/A Yes</li> <li>N/A Attime of incident section attempted?</li> <li>Yes, hwo many shock were administered?</li> <li>Yes No U/K</li> <li>If yes, hwo many shocks were administered?</li> <li>Yes No Yes</li> <li>N/A Yes No Yes</li> <li>Other, specify:</li> <li>Other, specify:</li> <li>Other, specify:</li> <li>Other, specify:</li> <li>Other, specify:</li> <li>Stranger</li> <li>Other, specify:</li> <li>Aduits</li> <li>Other, specify:</li>             &lt;</ul>	If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Ima, COVID-19, etc.): <ul> <li>Was the incident witnessed?</li> <li>O'res O No O</li> <li>UK</li> <li>O'res O No O</li> <li>UK</li> <li>O'res O No O</li> <li>O'res O No O</li></ul>										
8. Was the incident witnessed?       Parent/relative       Health care professional, if death of the caretaker/babysitter       9. Was 911 or local emergency called?         0. Yes       No       UK       Other caretaker/babysitter       occurred in a hospital setting       9. Was 911 or local emergency called?         10. Was resuscitation attempted?       N/A       Yes       NA       Yes         10. Was resuscitation attempted?       N/A       Yes       No       U/K         11 fyes, by whom?       If yes, by of resuscitation:       If yes, was a rhythm recorded?       Ves       No       U/K         12 EMS       OPR       Automated External Defibrillator (AED)       If yes, what was the rhythm?       If yes, what was the rhythm?         12 tacher/coach/athletic trainer       If AED, was AED available/accessible?       Yes       No       U/K         13 transper       Other caretaker/babysitter       If on AED, was AED available/accessible?       Yes       No       U/K         14 trans of incident leading to death, had child used drugs or alcohol?       If yes, check all that apply:       If yes, check all that apply:       U/K         14 transper       Opoids       U/K       Playing       Eating       Driving/vehicle occupant       U/K         14 Yes, by ed (resulted transper)       Opoids       U/K       If yes, check	8. Was the incident witnessed?  9. Was 911 or local emergency called?  9. Was 911 or local emergency C. N/A 0 Yes No U/K  19. Yes, byeo fressional, if death 0. Cocarine 10. If AED, was AED available/caccssible? 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 including child: 24. Children, ages 0-18 24. Adults 24. Children, ages 0-18 24. Adults 24	If yes, specify the type of event (e.g., tornado, heat wave, flood, medical	crisis, etc.) and general circumstances surrounding the death:								
\Pres ON0 OUK         If yes, by whom?         If zescher/coach/athletic trainer         If yes, by whom?         If zescher/coach/athletic trainer         Other acquaintance         If no AED, was AED available/accessible?         Ores ON OU/K         If yes, how any shocks were administered?         Ores ON OU/K         If yes, how any shocks were administered?         Ores ON OU/K         If yes, other acquaintance         Other, specify:         The AED, was shock administered?         Ores ON OU/K         Other, specify:         Oploids         U/K         If yes, check all that apply:         Oploids         U/K         Oploids         U/K         Oploids         U/K         If yes, check all that apply:         Oploids         U/K         If yes, which of the following death investigation         Cononer investigation         Cononer investigation         Conon	O'Yes       No       UK       Other caretaker/babysitter       occurred in a hospital setting       called?         If yes, by whom?       Teecher/coach/athielite trainer       Stranger       N/A       O Yes         10. Was resuscitation attempted?       N/A       Yes       N/A       Yes         10. Was resuscitation attempted?       If yes, type of resuscitation:         IP Parent/roteative/babysitter       If yes, type of resuscitation:       If yes, was a rhythm recorded?       Yes       Yes       No       OU/K         If yes, and a thick the acquaintance       If yes, was a shock administered?       OYes       No       OU/K       If yes, what was the rhythm?         If eacher/coach/athielic trainer       If yes, bow anny shocks were administered?       OYes       No       U/K         If yes, check all that apply:       If yes, how anny shocks were administered?       If yes, what was the rhythm?         If yes, check all that apply:       Other, specify:       If yes, check all that apply:       If yes, what was the rhythm?         If yes, check a	If yes, specify the name of the event if applicable (e.g., Paradise Wild Fir	e, Hurricane Irma, COVID-19, etc.):								
If yes, by whom?       □ Teacher/coach/athletic trainer       □ Stranger       ○ N/A       ○ Yes         10. Was resuscitation attempted?       ○ N/A       ○ Yes       ○ No       ○ U/K         If yes, by whom?       If yes, type of resuscitation:       If yes, type of nesuscitation:       If yes, ty	If yes, by whom?          Teacher/coach/athletic trainer         Stranger         Other acquaintance         Other, specify:         Other acquaintance         Other, specify:         Other acquaintance         Other, specify:         Stranger         Other acquaintance         Other, specify:         Other acquaintance         Other, specify:         Other acquaintance         Other, specify:         Other	8. Was the incident witnessed?   Parent/relative	□ Health care professional, if death 9. Was 911 or local emergency								
Other acquaintance Other, specify: No U/K   10. Was resuscitation attempted? NA \ Yes \ No \ U/K If yes, by ohom? If yes, type of resuscitation: \\ Yes \ No \ U/K   If yes, by whom? If yes, type of resuscitation: \\ Yes \ No \ U/K \\ Yes \ No \ U/K   If wes, type of resuscitation: If yes, type of resuscitation: \\ Yes \ No \ U/K   If wes, was a rhythm recorded? \ Yes \ No \ U/K \\ Yes \ No \ U/K   If acchar/coach/athletic trainer If AED, was AbcD available/accessible? \ Yes \ No \ U/K   If death cace professional, if death occurred in a hospital setting Other, specify: If yes, how many shocks were administered?   Other, specify: If yes, how on U/K If yes, how on U/K If yes, how on U/K   If yes, check all that apply: Other, specify: If yes, check all that apply:   Other, specify: If yes, check all that apply: If yes, check all that apply:   If yes, check all that apply: If yes, check all that apply: If yes, check all that apply:   If yes, check all that apply: If yes, check all that apply: If yes, check all that apply:   If yes, which of the following death, near thigs If yes, check all that apply: If yes, check all that apply:   If yes, check all that apply: If yes, check all that apply: If yes, and that apply:   If yes, check all that apply: If yes, check all that apply: If yes, check all that apply:   If wethamphetamine Other, specify: If yes, check all that apply:   If wethamphetamine	Other acquaintance     10. Was resuscitation attempted?     10. Was resuscitation attempted?    11. Attime of incident leading to death, had child used drugs or alcohol?     11. Attime of incident leading to death, had child used drugs or alcohol?     11. Attime of incident leading to death, had child used drugs or alcohol?     12. NA O Yes O No     13. Total mumber of death at apply:     14. Alconate or conservation:     15. Was a death investigation conducted '?O'res ONo     16. INVESTIGATION INFORMATION     17. Was a death investigation conducted '?O'res ONo     18. Was a death investigation conducted '?O'res ONo     19. Was a death investigation conducted '?O'res ONo     10. Was a death investigation conducted '?O'res ONo     11. Was a death investigation conducted '?O'res ONo     12. Other, specify:	O Yes O No O UK □ Other caretaker/babysitter	occurred in a hospital setting called?								
10. Was resuscitation attempted?       NA O Yes O No O U/K         If yes, by whom?       If yes, type of resuscitation:       If yes, type of resuscitation:         If Maintain the state of the state state of the state of the state of the state	10. Was resuscitation attempted?       NA O Yes O No O U/K       If yes, by whom?       If yes, by eof resuscitation:         If Wes, by whom?       If yes, type of resuscitation:       O Yes O No O U/K       If yes, type of resuscitation:         Dearent/relative       Automated External Defibrillator (AED)       If yes, type of resuscitation:       If yes, type of resuscitation:         Dearent/relative       Automated External Defibrillator (AED)       If yes, type of resuscitation:       If yes, type of resuscitation:         Other caretaker/babysitter       Reacher/coach/athletic trainer       If AED, was AED available/accessible?       Yes O No O U/K         Heath care professional, if death       rescue medications, including naloxone, specify type:       Other, specify:         11. At time of incident leading to death, had child used drugs or alcohol?       I2. Child's activity at time of incident, check all that apply:         NA O Yes O NO U/K       If yes, check all that apply:       I3. Total number of deaths at incident event, including child:         Occaine       Prescription drugs       Adults         Marijuana       Over-the-counter drugs       U/K         If yes, which of the following death investigation conducted '?OYes O No O U/K       If yes, shared with review team?         O COC's SUDI Reporting Form or jurisdictional equivalent       Yes O No         Yes No       Marijuana       Other, specify:	If yes, by whom?	ner 🗆 Stranger 🛛 🔿 N/A 🔿 Yes								
If yes, by whom?       If yes, type of resuscitation:       If yes, was a thythm recorded?         Parent/relative       Q Yes       No       U/K         Parent/relative       If no AED, was AED available/accessible?       Yes       No       U/K         If eacher/coach/ath/athletic trainer       If no AED, was AED available/accessible?       Yes       No       U/K         If eacher/coach/athletic trainer       If oes, how many shocks were administered?       Yes       No       U/K         Other acquaintance       If yes, how many shocks were administered?       Yes       No       U/K         Other, specify:       Other, specify:       If yes, how many shocks were administered?       If yes, what was the rhythm?         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:       If yes, check all that apply:       Playing       Driving/vehicle occupant       U/K         If yes, check all that apply:       If yes, check all that apply:       Playing       Driving/vehicle occupant       U/K         Cocaine       Prescription drugs	If yes, by whom?       If yes, type of resuscitation:       If yes, type of resuscitation:       If yes, was a thythm recorded?         Image: BMS       Image: Construction of the construction	□ Other acquaintance	□ Other, specify: ○ No ○ U/K								
Image: Service of the constraint of	EMS       CPR       Yes ON OUK         Parent/relative       Automated External Defibrillator (AED)       If no AED, was AED available/accessible? Yes ON OU/K       If yes, what was the rhythm?         Check relater/babysiter       If AED, was AED available/accessible? Yes ON OU/K       If yes, what was the rhythm?         Health care professional, if death occurred in a hospital setting       Other, specify:       If 2. Child's activity at time of incident, check all that apply:         Other, specify:       Other, specify:       It. At time of incident leading to death, had child used drugs or alcohol?       It. Child's activity at time of incident, check all that apply:         Alcohol       Opioids       U/K       Playing       Eating       Other, specify:         It. Attime of incident leading to death, had child used drugs or alcohol?       It. Child's activity at time of incident, check all that apply:       Playing       Eating       Other, specify:         Alcohol       Opioids       U/K       It. Total number of deaths at incident event, including child:       Coconer       Other, specify:       U/K         It. Wes a death investigation conducted?       Yes       No       U/K       It yes, check all that apply:       Other, specify:         Mariyuana       Over-the-counter drugs       U/K       It yes, check all that apply:       Other, specify:       Other, specify:         It yes, which	10. Was resuscitation attempted? $\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	· · ·								
□       Parent/relative       □       Automated External Defibrillator (AED)         □       Other caretaker/babysitter       If no AED, was AED available/accessible?       Yes       No       U/K         □       Teacher/coach/athletic trainer       If AED, was shock administered?       Yes       No       U/K         □       Other acquaintance       If yes, how many shocks were administered?       Yes       No       U/K         □       Other acquaintance       If yes, how many shocks were administered?       Yes       No       U/K         □       Other acquaintance       If yes, how many shocks were administered?       Yes       No       U/K         □       Other, specify:       □       Other, specify:       □       Other, specify:         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:       □         □       Other, specify:       13. Total number of deaths at incident event, including child:       □       □         □       Alcohol       □       Opioids       □ U/K       □       □         □       Alcohol       □       Opioids       □ U/K       □       □         □       Alcohol       □       Opioids       □ U/K	□       Parent/relative       □       Automated External Defibrillator (AED)       If yes, No       U/K         □       Other caretaker/babysitter       If no AED, was AED available/accessible?       Yes       No       U/K         □       Other acetua/intance       If AED, was shock administered?       Yes       No       U/K         □       Heath care professional, if death occurred in a hospital setting       □       Other, specify:       If yes, how many shocks were administered?       If yes, one weid/attrace       If yes, how many shocks were administered?       If yes, one weid/attrace         □       Heath care professional, if death occurred in a hospital setting       □       Other, specify:       If yes, how many shocks were administered?       If yes, one weid/attrace         □       Ntd or yes       No       ∪t/K       □       Rescue medications, including naloxone, specify type:       □         □       Other, specify:       12.       Child's activity at time of incident, check all that apply:       □       Sleeping       □       Other, specify:         11.       At time of incident feading to death, had child used drugs or alcohol?       □       Sleeping       □       Other, specify:       13.         12.       Alcohol       □       Opoids       □//K       If yes, shared with reverse an incident event, including c	If yes, by whom? If yes, type of resuscitation:	If yes, was a rhythm recorded?								
□       Other caretaker/babysitter       If no AED, was AED available/accessible?       Yes       No       OU/K       If yes, what was the rhythm?         □       Teacher/coach/athletic trainer       If AED, was shock administered?       Yes       No       OU/K       If yes, what was the rhythm?         □       Other acquaintance       If AED, was shock administered?       Yes       No       OU/K       If yes, what was the rhythm?         □       Other acquaintance       If yes, how many shocks were administered?       Yes       No       OU/K       If yes, what was the rhythm?         □       Other, acquaintance       If yes, how many shocks were administered?       Yes       No       OU/K       If yes, what was the rhythm?         □       Other, acquaintance       If yes, how many shocks were administered?       Yes       No       OU/K       If yes, what was the rhythm?         □       Other, specify:       □       Other, specify:       It child's activity at time of incident, check all that apply:       □       Other, specify:       It is to check all that apply:       □       It is to check all that apply:       □       Playing       Eating       Other, specify:       It is to childen, ages 0-18       □       Aduits       □       Aduits       □       Aduits       □       Other, specify:       It is to c	□       Other caretaker/babysitter       If no AED, was AED available/accessible?       Yes       No       U/K       If yes, what was the rhythm?         □       Teacher/coach/athletic trainer       If AED, was AED available/accessible?       Yes       No       U/K       If yes, what was the rhythm?         □       Other acquaintance       If AED, was shock administered?       Yes       No       U/K       If yes, what was the rhythm?         □       Health care professional, if death occurred in a hospital setting       □       Other, specify:       If no.excurred in a hospital setting       □       Other, specify:         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:       □       Steaping       Other, specify:         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:       □       Steaping       Other, specify:       13. Total number of deaths at incident event, including child:       □       Adults         □       Alcohol       □       Opioids       □ U/K       □       Yes       No       U/K         If yes, what was the rhythm?       □       Adults       □       Children, ages 0-18       □       U/K         If yes, check all that apply: <t< td=""><td>EMS     CPR</td><td>○ Yes ○ No ○ U/K</td></t<>	EMS     CPR	○ Yes ○ No ○ U/K								
<pre>             Teacher/coach/athletic trainer</pre>	Teacher/coach/athletic trainer        If AED, was shock administered?       Yes       No       U/K            Other acquaintance        If yes, how many shocks were administered?        Yes       No       U/K            Other acquaintance        If yes, how many shocks were administered?        Yes       No       U/K            Other specify:        If AED, was shock administered?       Yes       No       U/K            Other, specify:        Other, specify:       Other, specify:       It were of incident, check all that apply:       It were of incident, ages 0-18       It were of incident, ages 0-18       It were of incident, check all that apply:       It were of incident event, including child:	Parent/relative     Automated External Defibrillator	(AED)								
□ Other acquaintance       If yes, how many shocks were administered?         □ Health care professional, if death       □ Rescue medications, including naloxone, specify type:         □ Other, specify:       □ Other, specify:         □ Other, specify:       □ Other, specify:         11. At time of incident leading to death, had child used drugs or alcohol?       □ 2. Child's activity at time of incident, check all that apply:         □ Other, specify:       □ Other, specify:         11. At time of incident leading to death, had child used drugs or alcohol?       □ 2. Child's activity at time of incident, check all that apply:         □ Other, specify:       □ Opioids       □ V/K         □ Alcohol       □ Opioids       □ V/K         □ Alcohol       □ Opioids       □ V/K         □ Marijuana       □ Over-the-counter drugs       Adults         □ Methamphetamine       □ Other, specify:       □ U/K         1. Was a death investigation conducted*? Otes       No       ○ V/K       If yes, check all that apply:         □ Medical examiner       □ ME investigator       □ Law enforcement       □ EMS       □ Other, specify:         □ Coroner       □ Coroner investigator       □ Child Protective Services □ U/K       If yes, shared with review team?         1. Was a death investigation components were completed?       Yes       No	□       Other acquaintance       If yes, how many shocks were administered?         □       Health care professional, if death       □         □       Correct in a hospital setting       □         □       Other, specify:       □         □       Other, specify:       □         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:       □         □       N/A ○ Yes ○ No ○ U/K       □       Steeping □       Working □       Other, specify:         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:       □         □       N/A ○ Yes ○ No ○ U/K       □       Playing □       Eating □       Other, specify:         □       Alcohol       □       Opioids       U/K       □       13. Total number of deaths at including child:         □       Cocaine       □       Prescription drugs       □       Children, ages 0-18         □       Marijuana       □       ○       V/K       If yes, check all that apply:         □       □       Medical examiner       □       Me investigator       □       A werthorecent medicators         1. Was a death investigation components w	Other caretaker/babysitter     If no AED, was AED available/ac	ccessible? OYes ONo OU/K If yes, what was the rhythm?								
□       Health care professional, if death       □       Rescue medications, including naloxone, specify type:         □       cocurred in a hospital setting       □       Other, specify:         □       Other, specify:       □       Other, specify:         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:         □       Other, specify:       □       Sleeping □       Working □       Driving/vehicle occupant □       U/K         □       Alcohol       □       Opioids       U/K       □       Playing □       Eating □       Other, specify:         13. Total number of deaths at incident event, including child:       □       Children, ages 0-18       □       Adults         □       Marijuana       Over-the-counter drugs       □       Adults       □       U/K         F.       INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted'?       Yes<	□       Health care professional, if death       □       Rescue medications, including naloxone, specify type:         □       Other, specify:       □       Other, specify:         □       Other, specify:       □       Other, specify:         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:         □       N/A ○ Yes ○ No ○ U/K       □       Steeping □ Working □ Driving/vehicle occupant □ U/K         If yes, check all that apply:       □       Playing □ Eating □ Other, specify:         □       Alcohol □ ○ploids □ U/K       □         □       Prescription drugs       □         □       Adouts       □         □       Adouts       □         □       Metinamphetamine       Other, specify:         □       U/K       If yes, check all that apply:         □       Wedical examiner       □ ME investigator         □       Medical examiner       □ ME investigator         □       Medical examiner       □ ME investigator         □	Teacher/coach/athletic trainer     If AED, was shock administered?	? OYes ONo OU/K								
occurred in a hospital setting       Other, specify:         Stranger       Other, specify:         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:         N/A       Yes       No         U/K       Bleeping       Working       Driving/vehicle occupant       U/K         If yes, check all that apply:       Playing       Eating       Other, specify:         Alcohol       Opioids       U/K       13. Total number of deaths at incident event, including child:         Cocaine       Prescription drugs       —       Children, ages 0-18         Marijuana       Over-the-counter drugs       —       Adults         Methamphetamine       Other, specify:       U/K       IVK         1. Was a death investigation conducted*?O'Yes       No       U/K       If yes, check all that apply:         Medical examiner       ME investigator       Law enforcement       EMS       Other, specify:         Medical examiner       ME investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       O'CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes O'No       No	occurred in a hospital setting       Other, specify:         Stranger       Other, specify:         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:         N/A O Yes O No O U/K       Isseeping Other, specify:       12. Child's activity at time of incident, check all that apply:         Alcohol       Opioids       U/K         Accohol       Opioids       U/K         Marijuana       Over-the-counter drugs       Adults         Methamphetamine       Other, specify:       13. Total number of deaths at incident event, including child:         Methamphetamine       Other, specify:       14. Children, ages 0-18         Methamphetamine       Other, specify:       14. Children, ages 0-18         Methamphetamine       Other, specify:       15. Total number of deaths at hird event, including child:         Medical examiner       Other, specify:       14. Children, ages 0-18         Medical examiner       Other, specify:       15. Total number of deaths at the question is skipped for fetal deaths.         1. Was a death investigator       IME investigator       Law enforcement       EMS       Other, specify:         1. We s, which of the following death investigator or portradictional equivalent       Yes       No       Other, specify:         Yes	□ Other acquaintance If yes, how many shocks we	ere administered?								
Stranger       Other, specify:         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:         N/A       Yes       No       U/K         If yes, check all that apply:       Bleeping       Driving/vehicle occupant       U/K         Alcohol       Opioids       U/K       Playing       Eating       Other, specify:         Alcohol       Opioids       U/K       Intersection drugs       — Children, ages 0-18         Marijuana       Over-the-counter drugs       — Adults       — Children, ages 0-18         Methamphetamine       Other, specify:       I. U/K         F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted '? Ores       No       O U/K         If yes, check all that apply:       Coroner       Image: Coroner investigator         If yes, which of the following death investigation components were completed?       EMS       O ther, specify:         Yes       No       U/K       If yes, shared with review team?       O is Coroner investigator or jurisdictional equivalent       Yes       No         0       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No       No      <	□ Stranger         □ Other, specify:         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:         □ N/A ○ Yes ○ No ○ U/K       □ Sleeping □ Working □ Driving/vehicle occupant □ U/K         If yes, check all that apply:       □ Playing □ Eating □ Other, specify:         □ Alcohol       □ Opioids       □ U/K         □ Cocaine       □ Prescription drugs       □ Alcohol         □ Marijuana       □ Over-the-counter drugs       □ Alcohol         □ Methamphetamine       Other, specify:       13. Total number of deaths at incident event, including child:         1. Was a death investigation conducted '? O'Yes ○ No ○ U/K       If yes, check all that apply:       □ Adults         □ Medical examiner       □ ME investigator       □ Law enforcement       EMS       ○ Other, specify:         1. Was a death investigation components were completed?       Yes No       ○ WK       If yes, shared with review team?       ○ Other, specify:         If yes, which of the following death investigation components were completed?       Yes ○ No       ○ Other, specify:         Yes No       ○ WK       If yes, shared with review team?       ○ Other, specify:         0 ○ Scene photos       ○ Yes ○ No       ○ No       ○ Scene photos       ○ Yes ○ No       ○ Other, specify: </td <td>□ Health care professional, if death □ Rescue medications, including n</td> <td>aloxone, specify type:</td>	□ Health care professional, if death □ Rescue medications, including n	aloxone, specify type:								
Other, specify:     11. At time of incident leading to death, had child used drugs or alcohol?     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:     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:     14. Cocaine   15. Cocaine   16. Marijuana   16. Other, specify:     17. NVESTIGATION INFORMATION     18. Was a death investigation conducted*?   19. Wethich of the following death investigation components were completed?   Yes   Yes   No   11. Was a death investigation components were completed?   Yes   Yes   No   11. Was a death investigation components were completed?     Yes   No   U/K         If yes, shared with review team?   O   O   CDC's SUIDI Reporting Form or jurisdictional equivalent   Yes   No   O   O   O   O   O   O   O   Distribution of circumstances   O   O   O   O   O   O    O   O	□ Other, specify:         11. At time of incident leading to death, had child used drugs or alcohol?         □ N/A       Yes         ○ Yes       No         ○ N/A       ○ Yes         ○ Alcohol       ○ Opiolds         □ Cocaine       ○ Prescription drugs         □ Marijuana       ○ Over-the-counter drugs         □ Methamphetamine       ○ Other, specify:         13. Total number of deaths at incident event, including child:         □ Cocaine       ○ Prescription drugs         □ Methamphetamine       ○ Other, specify:         14. Wes a death investigation conducted*?       Yes         ○ Methamphetamine       ○ Other, specify:         □ Medical examiner       ○ ME investigator         □ Law enforcement       □ EMS         ○ Coroner       ○ Coroner investigator         ○ Coroner investigator       □ Fire investigator         ○ ○ Narrative description of circumstances       ○ Yes         ○ ○ Narrative description of circumstances       ○ Yes         ○ ○ Scene recreation with doll       ○ Yes       No										
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:            \[             N/A \circs Yes \circs No \circs U/K             If yes, check all that apply:             Alcohol             Prescription drugs             Marijuana             Over-the-counter drugs             Methamphetamine             Other, specify:             13. Total number of deaths at incident event, including child:            Children, ages 0-18            Children, ages 0-18            Children, ages 0-18            Children, ages 0-18	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:	□ Stranger									
N/A Yes No U/K   If yes, check all that apply: Opioids   Alcohol Opioids   Marijuana Over-the-counter drugs   Marijuana Over-the-counter drugs   Methamphetamine Other, specify:     1. Was a death investigation conducted ?? Yes   Medical examiner   Medical examiner   Metion of the following death investigation components were completed?   Yes   Yes   Yes   No   UK   If yes, shared with review team?   O   O   Narrative description of circumstances   Yes   No	N/A       Yes       No       U/K       Image: Stepping       Driving/vehicle occupant       U/K         If yes, check all that apply:       Image: Opioids       U/K       Image: Opioids       U/K       Image: Opioids       U/K         Image: Opioids       Image: Opioids       U/K       Image: Opioids       U/K       Image: Opioids       U/K         Image: Opioids       Image: Opioids       U/K       Image: Opioids       U/K       Image: Opioids       Image:	□ Other, specify:	1								
If yes, check all that apply:     Alcohol Opioids   Alcohol Opioids   Alcohol Prescription drugs   Marijuana Over-the-counter drugs   Methamphetamine Other, specify:     INVESTIGATION INFORMATION     At symbol means that the question is skipped for fetal deaths.     1. Was a death investigation conducted*?Over ONO   I. Was a death investigation conducted*?Over ONO   I. Was a death investigation conducted*?Over ONO   I. Was a death investigation conducted the investigator   I. Wedical examiner   I. Medical examiner   I. Maritive deacting form or jurisdictional equivalent   If yes, shared with review team?   Yes   No   I. Static order of the following death investigation of circumstances   Yes   No   I. Static order of the death of the collid reporting form or jurisdictional equivalent   I. Yes   No   I. Yes   No   I. Was a death investigation of circumstances   I. Yes   I. We so the following death investigation components   I. Yes   No   I. Yes   No   I. Yes   No	If yes, check all that apply: <ul> <li>Playing</li> <li>Eating</li> <li>Other, specify:</li> </ul> Alcohol <ul> <li>Opioids</li> <li>U/K</li> </ul> Marijuana              Over-the-counter drugs <ul> <li>Adults</li> <li>Adults</li> <li>Adults</li> <li>Methamphetamine</li> <li>Other, specify:</li> <li>U/K</li> </ul> 1. Was a death investigation conducted'?       Yes       No       U/K       If yes, check all that apply:         1. Was a death investigation conducted'?       Yes       No       U/K       If yes, check all that apply:         1. Was a death investigation conducted'?       Yes       No       U/K       If yes, check all that apply:         1. Was a death investigation conducted'?       Over on points were completed? <ul> <li>Coroner</li> <li>Coroner investigator components were completed?</li> <li>Yes</li> <li>Mol U/K</li> <li>If yes, shared with review team?</li> <li>O</li> <li>CDC's SUIDI Reporting Form or jurisdictional equivalent</li> <li>Yes</li> <li>No</li> <li>Scene photos</li> <li>Scene recreation with doll</li> <li>Yes</li> <li>No</li> <li>Scene recreation with doll</li> <li>Yes</li> <li>No</li> <li>Scene recreation without doll</li> <li>Yes</li> <li>No</li></ul>	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:								
□ Alcohol       □ Opioids       □ U/K         □ Cocaine       □ Prescription drugs       □ Children, ages 0-18         □ Marijuana       □ Over-the-counter drugs       □ Adults         □ Methamphetamine       □ Other, specify:       □ U/K         F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*?       ○ Yes       ○ No       ○ U/K         If yes, which of the following death investigation components were completed?       □ Child Protective Services       ∪/K         If yes, which of the following death investigation components were completed?       □ Yes       No       ○ Narrative description of circumstances       ○ Yes       No         ○ ○       Scene photos       ○ Yes       No       ○ Yes       No	□ Alcohol       □ Opioids       □ U/K         □ Cocaine       □ Prescription drugs       □         □ Marijuana       □ Over-the-counter drugs       □         □ Methamphetamine       □ Other, specify:       □         F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*?       Yes       No         □ Medical examiner       □ ME investigator       □ Law enforcement       □ EMS         □ Coroner       □ Coroner investigator       □ Ems       □ Other, specify:         □ Keys, which of the following death investigation components were completed?       If yes, shared with review team?         ○ ○       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes ○ No         ○ ○       Scene photos       ○ Yes ○ No         ○ ○       Scene recreation with doll       ○ Yes ○ No         ○ ○       Witness interviews       ○ Yes ○ No         ○ ○       Witness interviews       ○ Yes ○ No         ○ ○       Witness interviews       ○ Yes ○ No	$\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	□ Sleeping □ Working □ Driving/vehicle occupant □ U/K								
□ Cocaine       □ Prescription drugs       □ Children, ages 0-18         □ Marijuana       □ Over-the-counter drugs       □ Adults         □ Methamphetamine       □ Other, specify:       □ U/K         F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*?○Yes       No       ○ U/K       If yes, check all that apply:         □ Medical examiner       □ ME investigator       □ Law enforcement       □ EMS       □ Other, specify:         □ Coroner       □ Coroner investigator       □ Fire investigator       □ Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       Yes       No       U/K       If yes, shared with review team?         ○ ○ CDC's SUIDI Reporting Form or jurisdictional equivalent       ○ Yes ○ No       ○ Yes ○ No       ○ Yes ○ No         ○ ○ Narrative description of circumstances       ○ Yes ○ No       ○ Yes ○ No       ○ Yes ○ No       ○ Yes ○ No	□ Cocaine       □ Prescription drugs       □ Children, ages 0-18         □ Marijuana       □ Over-the-counter drugs       □ Adults         □ Methamphetamine       □ Other, specify:       □ U/K         F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*? O'Yes       No       OU/K       If yes, check all that apply:         □ Medical examiner       □ ME investigator       □ Law enforcement       □ EMS       □ Other, specify:         □ Coroner       □ Coroner investigator       □ Fire investigator       □ Child Protective Services □       U/K         If yes, which of the following death investigation components were completed?       Yes       No       O/K         ○ ○ CDC's SUIDI Reporting Form or jurisdictional equivalent       ○ Yes ○       No         ○ ○ CDC's SUIDI Reporting Form or jurisdictional equivalent       ○ Yes ○       No         ○ ○ Scene photos       ○ Yes ○       No         ○ ○ Scene recreation with doll       ○ Yes ○       No         ○ ○ Witness interviews       ○ Yes ○       No	If yes, check all that apply:	□ Playing □ Eating □ Other, specify:								
□ Marijuana       □ Over-the-counter drugs      Adults         □ Methamphetamine       □ Other, specify:       □ U/K         F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*?       Yes       No       U/K         Image: Medical examiner       Image: ME investigator       Image: Law enforcement       Image: EMS       Other, specify:         □ Coroner       □ Coroner investigator       □ Fire investigator       □ Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No       O       Yes       No         O       O       Scene photos       O Yes       No       Yes       No	☐ Marijuana       ○ Over-the-counter drugs	□ Alcohol □ Opioids □ U/K	13. Total number of deaths at incident event, including child:								
☐ Methamphetamine       Other, specify:       ☐ U/K         F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*?       Yes       No       U/K         Image: Medical examiner       ME investigator       Law enforcement       EMS       Other, specify:         Image: Goroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       Yes       No       V/K       If yes, shared with review team?         If yes, shared with review team?       If yes, Shared with review team?       Yes       No         If yes, shared with review team?       Yes       No       Yes       No         If yes, shared with review team?       Yes       No       Yes       No         If yes, shared with review team?       Yes       No       Yes       No         If yes, shared with review team?       Yes       No       Yes       No         If yes, shared with review team?       Yes       No       Yes       No         If yes, shared with review team?       Yes       No       Yes       No	Image: Construction of the construction of circumstances       Image: Construction of the construction of circumstances         Yes       No       U/K       If yes, shared with review team?         Yes       No       U/K       If yes, shared with review team?         Yes       No       U/K       If yes, shared with review team?         Yes       No       Yes       No         Yes       Scene photos       Yes       No         Yes       No       Yes       No         Yes<	□ Cocaine □ Prescription drugs	——— Children, ages 0-18								
F. INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*?OYes       No       U/K       If yes, check all that apply:	F.       INVESTIGATION INFORMATION       A + symbol means that the question is skipped for fetal deaths.         1. Was a death investigation conducted*?       Yes       No       U/K       If yes, check all that apply:	☐ Marijuana ☐ Over-the-counter drugs	Adults								
1. Was a death investigation conducted*?       Yes       No       U/K       If yes, check all that apply:         Image: Medical examiner       Image:	1. Was a death investigation conducted*? Yes       No       U/K       If yes, check all that apply:         Image: Medical examiner       ME investigator       Law enforcement       EMS       Other, specify:         Image: Coroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       Yes       No       U/K       If yes, shared with review team?         Image: Open construction of the collowing death investigation of circumstances       If yes, shared with review team?       No         Image: Open construction of the collowing death investigation of circumstances       Yes       No         Image: Open construction of the collowing death investigation of circumstances       Yes       No         Image: Open construction of circumstances       Yes       No         Image: Open construction of the construction of the doll       Yes       No         Image: Open construction of the construction of the doll       Yes       No         Image: Open construction of the constructi	☐ Methamphetamine ☐ Other, specify:	□ U/K								
Medical examiner       ME investigator       Law enforcement       EMS       Other, specify:         Coroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       V/K       If yes, shared with review team?         O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       O       Narrative description of circumstances       Yes       No         O       Scene photos       Yes       No	Medical examiner       ME investigator       Law enforcement       EMS       Other, specify:         Coroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       U/K       If yes, shared with review team?         O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       Narrative description of circumstances       Yes       No         O       Scene photos       Yes       No         O       Scene recreation with doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Witness interviews       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No	F. INVESTIGATION INFORMATION	A + symbol means that the question is skipped for fetal deaths.								
Medical examiner       ME investigator       Law enforcement       EMS       Other, specify:         Coroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       V/K       If yes, shared with review team?         O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       O       Narrative description of circumstances       Yes       No         O       Scene photos       Yes       No	Medical examiner       ME investigator       Law enforcement       EMS       Other, specify:         Coroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       U/K       If yes, shared with review team?         O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       Narrative description of circumstances       Yes       No         O       Scene photos       Yes       No         O       Scene recreation with doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Witness interviews       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No	1. Was a death investigation conducted <sup>+</sup> ?◯Yes ◯No ◯U/K	If yes, check all that apply:								
Coroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       If yes, shared with review team?         O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       O       Narrative description of circumstances       Yes       No         O       O       Scene photos       Yes       No	Coroner       Coroner investigator       Fire investigator       Child Protective Services       U/K         If yes, which of the following death investigation components were completed?       If yes, shared with review team?       If yes, shared with review team?         O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       O       Narrative description of circumstances       Yes       No         O       O       Scene photos       Yes       No         O       Scene recreation with doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Witness interviews       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No	-									
If yes, which of the following death investigation components were completed?         Yes       No         O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       O       Narrative description of circumstances       Yes       No         O       O       Scene photos       Yes       No	If yes, which of the following death investigation components were completed?         Yes       No         O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       Narrative description of circumstances       Yes       No         O       Scene photos       Yes       No         O       Scene recreation with doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Witness interviews       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No	-									
Yes       No       U/K       If yes, shared with review team?         O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       O Yes       No         O       O       Narrative description of circumstances       O Yes       No         O       O       Scene photos       O Yes       No	Yes       No       U/K       If yes, shared with review team?         O       CDC's SUIDI Reporting Form or jurisdictional equivalent       Yes       No         O       Narrative description of circumstances       Yes       No         O       Scene photos       Yes       No         O       Scene recreation with doll       Yes       No         O       Scene recreation with doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Witness interviews       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No	-	leted?								
<ul> <li>CDC's SUIDI Reporting Form or jurisdictional equivalent</li> <li>Narrative description of circumstances</li> <li>Yes</li> <li>No</li> <li>Scene photos</li> <li>Yes</li> <li>No</li> </ul>	O       O       CDC's SUIDI Reporting Form or jurisdictional equivalent       O       Yes       No         O       O       Narrative description of circumstances       O       Yes       No         O       O       Scene photos       O       Yes       No         O       O       Scene recreation with doll       O       Yes       No         O       O       Scene recreation without doll       O       Yes       No         O       O       Scene recreation without doll       O       Yes       No         O       O       Witness interviews       O       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No       O										
O     O     Narrative description of circumstances     O     Yes     No       O     O     Scene photos     O     Yes     No	O       Narrative description of circumstances       O       Yes       No         O       Scene photos       O       Yes       No         O       Scene recreation with doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Scene recreation without doll       Yes       No         O       Witness interviews       O       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No       U/K										
O O O Scene photos O Yes O No	O       O       Scene photos       O       Yes       No         O       O       Scene recreation with doll       O       Yes       No         O       O       Scene recreation without doll       O       Yes       No         O       O       Scene recreation without doll       O       Yes       No         O       O       Witness interviews       O       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       O       Yes       No       U/K		•								
	O       Scene recreation with doll       O       Yes       No         O       O       Scene recreation without doll       O       Yes       No         O       O       Witness interviews       O       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       Yes       No       U/K		$\bigcirc$ Yes $\bigcirc$ No								
○ ○ ○ Scene recreation with doil ○ ○ Yes ○ No	O       O       Scene recreation without doll       O       Yes       No         O       O       Witness interviews       O       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       O       Yes       No		$\bigcirc$ Yes $\bigcirc$ No								
	O       O       Witness interviews       O       Yes       No         If yes, was a death scene investigation conducted at the place of incident?       O       Yes       No       U/K										
	If yes, was a death scene investigation conducted at the place of incident? O Yes O No O U/K										
		If yes, was a death scene investigation conducted at the place of inciden									
If yes, was a death scene investigation conducted at the place of incident? O Yes O No O U/K		2. What additional information would the team like to have known about the death									
If we was a death scene investigation conducted at the place of incident? $\sim$ $O$ Yes $O$ No $O$ U/K											

<ol> <li>Death referred to<sup>+</sup>:</li> </ol>		4. Person declarir	ng official caus	e and mann	er of dea	ath⁺:			
O Medical examiner	○ Not referred	◯ Medical e	xaminer	⊖ Hospital	physicia	an O	) Mortician	0	U/K
	) u/k	○ Coroner		O Other pl	nysician	0	Other, specify:	:	
	s○No ○U/K								
If yes, conducted by: O Forens						-			etc.)?
	ric pathologist O Other ph			O No C			ecify specialist:		
⊖Genera	al pathologist O Other, s	pecify:	If no, why not	(e.g. parent	or careg	iver objec	ted)?		
6. Ware the following appaared citl	O U/K	rough information	allocted prior	to the	7 Wor	o onv of th	hese additional	tooto porfo	rmod
<ol><li>Were the following assessed eith autopsy? Please list any abno</li></ol>		-	collected prior				the autopsy? P		
							s/significant find		•
<u>Yes No U/K</u> Imaging:		<u>No</u> U/K nal Exam:					-	ingo interes	
O O O X-ray - single			eneral appear	ance		$\frac{100}{0}$	Cultures for inf	fectious dis	sease
○ ○ ○ X-ray - multiple v	views O (	) O Head circu			0	0 0	Microscopic/hi	stologic ex	am
OOOX-ray - complete	skeletal series Other	Autopsy Procedu	res:		0	0 0	Postmortem m	netabolic so	creen
$\bigcirc$ $\bigcirc$ $\bigcirc$ Other imaging, s	pecify (includes MRI, $\bigcirc$ (		mination of or	gans done?	0	0 0	Vitreous testin	g	
CT scan, photos	of the brain, etc):		hts of any org	ans taken?	0	0 0	Genetic testing	g	
8. Was any toxicology testing perfe		○ Yes○ No (							
If yes, what were the results?	-	•	hetamine		-	rug, specif	•	r, specify:	
Check all that apply:	🗆 Alcohol 🛛 Marijuar			🗆 Too hi	igh OTC	drug, spe	cify: 🛛 U/K		
9. Was the child's medical history			~			<u> </u>	0		
If yes, did this include:	Review of the newborn me				No	O U/K		erformed	
	Review of neonatal CCHD			′es O	No	О U/К		erformed	
<ol> <li>Describe any abnormalities or</li> <li>What additional information we</li> </ol>		there agreement b		use of death	listed o	n the auto	onsy report and	on the dea	th
like to have known about the a		•	N/A O Yes						
			lf no, describe						
13. Was a CPS record check cond	ducted as a result of death <sup>+</sup> ?	O Yes O No	О и/к						
14. Did the child ever have any inju	uries that were suspicious of	child abuse⁺?	15. Did any ir	vestigation f	find evid	ence of pr	ior abuse⁺?		
$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	If yes, what injurie	es were found?	ON	I/A 🔿 Yes	$\bigcirc$ No	Ο U/K	If yes, from	n what sou	rce?
🗆 Skin injury 🗆 Bro	ken bones 🛛 Abd	ominal injury		From x-ra	ays		From law enfor	cement	
	ad injury 🛛 U/K						U/K		
Burns				From CP	S review	/			
16. CPS action taken because of o							17. If death oc		
If yes, highest level of action taken because of death:	If yes, what services or ac			•		1		etting (see	,
<ul> <li>Report screened out</li> </ul>	<ul> <li>Voluntary services of</li> <li>Voluntary services p</li> </ul>		_	dered out of removed	nome p	lacement		ction taken¹	:
and not investigated	Court-ordered service		_	l rights termi	nated			"' suspended	4
O Unsubstantiated	□ Voluntary out of hom	•		r ngino torrin	natoa		O License		4
		e piecement	0,11				~	ation ongoi	na
<ul> <li>Substantiated</li> </ul>							O Other, s	-	0
							0 и/к		
G. OFFICIAL MANNER AND I	PRIMARY CAUSE OF DE	ATH							
1. Enter the cause of death code (	ICD-10) assigned to this cas	e by Vital Records	using a capita	al letter and o	correspo	nding num	nber (e.g., W75	or V94.4) ;	and
include up to one decimal place	. , -		□ U/K			Ū		,	
2. Enter the following information e	exactly as written on the dea	th certificate:	U/K						
Immediate cause (final dis	sease or condition resulting i	n death):							
a.									
Sequentially list any cond	itions leading to immediate o	ause of death. In c	other words, lis	st underlying	disease	or injury	that initiated eve	ents resulti	ing in death
b.									
C.									
d.	o contributing to death by (	ot the underly in a	Nuco(c)   -+!	n 00 avr		00 00 4	dooth continue	<u> </u>	
3. Enter other significant condition	is contributing to death but n	or the underlying ca	iuse(s) listed i	n G2 exactly	/ as writt	en on the	ueatn certificate	e: ∐ (	J/K
4. If injury, describe how injury occ	curred exactly as written on t	he death certificate							J/K
	saling as written of t								-,

5. Official manner of death	6. Prim	ary cause	e of death	n: Choose	1 of the	4 major categories, the	n a specific	cause. For pending, choose most likely cause.			
from the death certificate:	$\bigcirc$	From an	external	cause of i	njury. S	elect one:					
◯ Natural		O Mo	tor vehicl	le and othe	er transp	ort, go to H1	O Fall o	r crush, go to H6			
O Accident		O Fire	e, burn, o	r electrocu	ition, go	to H2	O Poiso	ning, overdose or acute intoxication, go to H7			
⊖ Suicide		O Dro	wning, g	o to H3			O Unde	termined injury, go to I1			
O Homicide		O As	ohyxia, go	o to H4			O Other	cause, go to H9			
O Undetermined		О Во	dily force	or weapor	i, go to l	45	O U/K,	go to I1			
O Pending	$\bigcirc$	From a	medical c	ause. Sel	ect one	and <u>go to H8</u> :					
О и/к		O Ast	hma/resp	oiratory, sp	ecify:		O Neur	blogical/seizure disorder			
		O Ca	ncer, spe	cify:			O Pneu	monia, specify:			
□ If manner of death was not		O Ca	rdiovascu	ılar, specif	y:		O Prem	aturity			
Natural or Suicide, check		O Co	ngenital a	anomaly, s	pecify:		O SIDS				
this box if it is possible that		О со	VID-19				O Other	infection, specify:			
the child intended to hurt		O Dia	betes				O Other	perinatal condition, specify:			
him/herself. If checked,		Оні	//AIDS				O Other	medical condition, specify:			
complete the Suicide		O Infl	uenza				O Unde	termined medical cause			
Section (I6) to note other		O Lov	v birth we	eight			O U/K				
risk factors in the child's		O Ma	Inutrition/	dehydratic	n						
life.	$\bigcirc$	<u>Undeter</u>	mined if i	njury or me							
	$\bigcirc$	<u>U/K, go</u>	to I1								
H. DETAILED INFORMATION	BY CA	AUSE O	F DEATI	н: снос	SE TH	E ONE SECTION TH	AT IS SAI	ME AS THE CAUSE SELECTED ABOVE			
H1. MOTOR VEHICLE AND O											
a. Vehicles involved in incident:			••••		b. Pos	ition of child:					
Total number of vehicles:					0	Driver					
Child's Other primary vehicle					0	Passenger	If passe	nger, relationship of driver to child:			
						O Front seat		Biological parent			
⊖ ⊖ Car						O Back seat	0	Adoptive parent			
○ ○ Van						O Truck bed	0	Stepparent			
O O Sport utility vehic	le					O Other, specify:	0	Foster parent			
						O u/k	0	Parent's partner			
O O Semi/tractor traile	er				0	On bicycle	0	O Grandparent			
O O RV/bus/school bu	IS				0	Pedestrian	0				
O O Motorcycle						◯ Walking	Other relative				
O O Tractor/farm vehi	cle					O Boarding/blading	0				
O O All terrain vehicle						Other, specify:	0	Other, specify:			
						O u/k	0	U/K			
					0	U/K					
O O Train/subway/trol	ley										
O O Other, specify:						If bicycle, boarding/bl	ading or oth	ner, was the child riding something electric?			
О О и/к		Autono	mous?			⊖ <sub>Yes</sub> ⊖ <sub>No</sub>	Оu/к				
	N/A	Yes	No	U/K							
Child's vehicle	0	0	$\circ$	0							
Other vehicle	0	0	0	0							
c. Did any of the following contribute	e to the	incident?	Check a	all that appl	y:	d. Location of incider	nt, check al	e. Did driving conditions factor into this			
None listed below		Poor si	ght line			that apply:		incident?			
□ Speeding over limit	Ľ	□ Road h	azard			City street		⊖Yes ⊖No ⊖U/K			
Unsafe speed for conditions	Ľ	Car cha	anging lai	nes		Residential :	street	If yes, check all that apply:			
			nexperie			□ Rural road		□ Loose gravel			
Carelessness	Ľ	Electro	nic use e	.g., cell ph	one,	🗆 Highway		□ Ice/snow			
Racing, not authorized		_		ar navigat	ion	□ Intersection		□ Wet			
Drug use	E	Driver o				Driveway		Inadequate lighting			
Alcohol use	E			r red light		Parking area	a	□ Other, specify:			
Vehicle ran over child	E	Other o	lriver erro	or, specify:		□ Off road		□ u/k			
□ Vehicle flipped over	C	Other,	specify:			□ RR xing/trac	ks				
Poor weather	C	∃ U/K				□ Other, speci	fy:				
Poor visibility						□ u/ĸ					

		<b>D</b> · · · ·								
f. Incident type:		0	ho was responsible for the incident. Vehicles include motorized vehicles (cars, SUVs,							
O Child <i>not</i> in/on a vehicle, but struck by			es, etc) but also bicycles, skates, scooters, and other wheeled conveyances,							
$\bigcirc$ Child in/on a vehicle, struck by the othe		_	er motorized or not.							
$\bigcirc$ Child in/on a vehicle that struck the other		<u> </u>	hild was responsible as driver of vehicle, including single vehicle incidents							
O Child in/on a vehicle that struck person/	/					sible, including single vehicle i				
object/ran off the road		O Driver c	of the oth	er vehicle	was resp	oonsible, including child as ped	estrian hit by vehicle			
O Other event, specify:		$\bigcirc$ Multiple	drivers	were respo	onsible, g	jo to j				
0 и/к		$\bigcirc$ Unable	to deterr	nine driver	respons	sible, go to j				
		$\bigcirc$ Other, s	O Other, specify:							
		Оu/к								
h. Age and license type of driver responsible	for incident, check	all that apply:	i. Tota	l number c	f occupa	ants in vehicle responsible for in	ncident:			
				] N/A						
Age of Driver (if not child) License t	ype/violation:			Total nu	mber of o	occupants:	🗆 и/к			
O <16 years □ Has no lie	cense			Number	of teens	, ages 14-21:	🗆 U/К			
O 16 to 18 years old □ Has a lea	arner's permit		i Was			y measure used by the child?				
·	aduated license			O Yes C						
$\bigcirc$ 22 to 29 years old $\square$ Has a full						straint or safety measures used	4.			
	l license that has	been restricted		Lap/sho		2				
	spended license			Child se						
	ating graduated lic	ensing rules				pooster seat				
□ Other, sp				Bell pos	nioning c					
	eony.									
				f yes, desc	ribe:					
H2. FIRE, BURN, OR ELECTROCUTIC	)N		-							
a. Ignition, heat or electrocution source:			b. Type	e of incider	nt:	c. Type of building on fire:				
O Matches O Heating stove	C Lightni	ng	0	Fire, go t	ос	_				
○ Cigarette lighter ○ Space heater	<ul> <li>Hot ba</li> </ul>	th water	0	Scald, go	to I1	O Single home	home			
○ Cigarette or cigar ○ Power line	<ul> <li>Other,</li> </ul>	specify:	0	Electrocu	tion,					
O Candles O Electrical outle	et O U/K			go to o		O Multi-unit (duplex, OU/K				
○ Cooking stove ○ Electrical wirin	g		0	U/K, go t	o I1	apartment, condo)				
d. Fire started by a person?	e. Did any factors	delay fire depart	tment arr	rival?	f. Were	e barriers preventing safe exit?				
Oyes ONo OU/K					C	Yes ONo OU/K				
If yes, person's age:	OYes ○	No OU/K			If yes,	, check all that apply:				
If yes, did the person have a history of	If yes, specify	/:				Locked/blocked door	□ Smoke/fire			
starting fires?						Window security bars	Household items/			
OYes ONo OU/K						Locked/blocked window	hoarding			
If yes, suspected arson?						Blocked stairway	Other, specify:			
OYes ONo OU/K						Trapped above first floor	□ U/K			
g. Was the child found in the same location	h. Was building a	rental property?				building/rental codes violated?	•,			
as where the fire started?	-	No OU/K				Yes O No O U/K				
OYes ONo OU/K						es, describe in narrative.				
	k. Was fire sprink	ler system prese	nt?		,	fire sprinkler system required?				
present?		No OU/K				) Yes $\bigcirc$ No $\bigcirc$ U/K				
	⊖ Yes ⊖					$res \bigcirc No \bigcirc 0/K$				
		fourily (also also all	41	I).						
	n. Did the child or		that app	• /						
○ Yes ○ No ○ U/K	None list					vo or more possible exits from t	ine location as			
Were they functioning properly?		ire escape plan		_		he child was found				
$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	☐ Practice	a home fire drill			-	to put out the fire				
					U/K					
o. For electrocution, what cause:										
	Wire/product in w		) U/K							
	Child playing with	outlet								
O Contact with power line O	Other, specify:									

H3. DROWNING							
a. Where was child last seen	b. Drowning location:	c. For open v	vater, place:	e. Select	all contributing environmental		
before drowning? Select one.	O Open water/pond,	gotoc 🛛 🔿 Lake	O Ocean	factor	factors. Check all that apply.		
O In water	O Pool, hot tub, spa,	go to f O River	○ Quarry or gra	vel pit 🛛 🗅 N	Ione 🛛 Dropoff		
O Near water	O Bathtub, go to I1	O Pond	O Canal/drainag	ge ditch 🛛 🛛 V	Veather		
◯ In yard	<ul> <li>Other, specify and</li> </ul>	go to h O Creel	к ○ и/к	L 1	emperature 🛛 Flash flood		
O In bathroom/tub		d. Was child I	poating?		Current   Water clarity		
O In house	O U/K, go to h		Yes O No O U/K		Riptide/undertow 🛛 U/K		
◯ In car	-						
O Other, specify:							
О и/к							
f. For pool, type of pool:	g. For pool, ownership is:	h. Flotation device use	ed at time of the incide	ent? i. Did the	child depend on a life jacket, swim		
<ul> <li>Above-ground</li> </ul>	O Private	⊖ N/A	O No	vest c	r swim aid while in or around water?		
○ In-ground ○ Hot tub, spa	O Public	O Yes, specify:	O U/K		$\bigcirc$ N/A $\bigcirc$ No		
◯ Wading ◯ U/K	0 и/к				○ Yes ○ U/K		
j. Did barriers/layers of protection e	exist to prevent access to wa	ater? OYes C	No OU/K				
If yes, check all that apply:							
Fence	Gate	Door	□Alarm		Cover		
Was it breached?	Was it breached?	Was it breached?	Was it b	reached?	Was it breached?		
○Yes ○No ○U/K	$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K	⊖Yes ⊖No	O U/K O Yes	O № O U/K	OYes ONo OU/K		
If yes, check all that apply:	If yes, check all that apply:	If yes, check all that	at apply: If yes, cl	neck all that apply:	If yes, check all that apply:		
□ Climbed fence	Gate left open	Door left oper	n 🗆 .	Alarm not working	Cover left off		
□ Gap in fence	□ Gate unlocked	Door unlocke	d 🗆 ,	Alarm not answered	Cover not locked		
□ Damaged fence	□ Gate latch failed	Door broken					
□ Fence too short	Gap in gate	Door screen t	orn				
Fence surrounds water on:		Door self-clos	er failed				
⊖ Four sides							
⊖ Three sides							
$\bigcirc$ Two or one side		I	I				
O U/K							
k. Local ordinance(s) regulating	I. Select all of the child's wa	ater safety skills (withou	it assistance or flotatio	on m. Child a	ble to swim?		
access to water?	device):			0	I/A () No		
OYes ○No ○U/K	None of these	□ Tread water for 1 r	ninute 🛛 Swim 25	iyards O Y	′es ○ U/K		
	Float on their back	☐ Find a safe exit	□ Exit the	water			
If yes, rules violated?	independently	from the water	🗆 Had swir	mming n. Warnin	g sign or label posted?		
OYes ○No ○U/K	Step or jump into	□ Control breathing	lessons	0	I/A 🔿 No		
	water over their head	□ Return to surface	□ U/K	01	′es ○ U/K		
o. Lifeguard present?	p. Rescue attempt made?	ON/A OYes C	No OU/K	q. Approp	iate rescue equipment		
○ N/A	If yes, who? Check all	that apply:	If yes, did rescue	r(s) prese	nt?		
⊖ Yes	□ Parent/relative □	EMS/first responder	also drown?	0	I/A ○Yes ○No ○U/K		
○ No	□ Other child □	Bystander	⊖ Yes	If yes,	was it used?		
О и/к	□ Lifeguard □	Other, specify:	O No	01	′es ○No ○U/K		
	□ Other adult □	U/K	0 и/к	ľ	no, describe:		
H4. ASPHYXIA							
a. Type of event:		b. If not sleep-related	d, was the event:	c. If suffocation, w	as the child:		
O Sleep-related, go to I1		<ul> <li>Suffocation, go</li> </ul>	o to c	O Covered i	n or fell into object		
O Not sleep-related, go to b		O Strangulation,	go to d	○ Confined	n tight space		
O U/K, go to b		<ul> <li>Choking, go to</li> </ul>	е	◯ Wedged i	nto tight space, specify:		
		O Other, go to I1		◯ Other, spe	ecify:		
d. If strangulation, object causing e	event:	e. If choking, object ca	ausing choking:	f. If choking, was H	eimlich Maneuver attempted?		
O Clothing O Electrical core	d	O Food, specify:		OYes ONo OU/K			
O Blind cord O Person, go to	H5I	O Toy, specify:					
○ Car seat ○ Automobile p	ower window or sunroof	O Vomit/gastric o	contents				
O Belt O Other, specify	y:	<ul> <li>Other, specify:</li> </ul>					
O Rope/string		О U/К					
◯ Leash ◯ U/K							

H5. BODILY FORCE C	R WEA	PON						
a. Was the death a result	b. Type	of weapon:	c. For firearm	ns, type:	d. Was the firearm consid	dered a	e. Was firearr	n kept loaded?
of a weapon?	0	Firearm, go to c	O Hand	gun	smart firearm, e.g., us	ses a	O Yes	
O Yes, go to b	0	Knife or sharp instrument,	⊖ Shoto	gun	fingerprint lock, RFID	watch?	O No	
O No, death due to		go to l	O Rifle,	specify:	O Yes		<u>О</u> U/К	
bodily force, go to I	0	Rope, go to I	O 3D gu		O No		0	
O U/K, go to b		Other, specify and go to I	-	, specify:	0 U/K		If no was	the ammunition
0 0/K, go to b	-	U/K, go to I		, specity.	0 U/K		stored loc	
	$\bigcirc$	U/K, go to i	U/K				O Yes	Keu ?
							O No	
							О U/К	
		Г		- 1				
f. Was the firearm kept loo	ked?	i. Was the person handlir	-		f weapon at time, check al			
O Yes			O No O		Self injury		] Hunting	
O No		j. Owner of fatal firearm:			Commission of crime		] Target shootir	ng
○ и/к		○ Caregiver			Drug dealing/trading		Playing with w	
		O Other family mer			Drive-by shooting		Showing gun	to others
g. Did the shooter of the fir	earm	○ Child's significant	t other		Random violence		Russian roule	tte
have permission to use	e the	O Friend/acquainta	nce		Child abuse		] Gang-related	activity
firearm at the time of ir	ncident?	◯ Stranger			Child was a bystander		] Self-defense	
$\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K		O Other, specify:			Argument		Cleaning wea	pon
h. Did the caregiver or		O U/K			Jealousy		] Loading weap	on
supervisor know a firea	arm was	k. Was the firearm stolen'	?		Intimate partner violence		Other, specify	:
present at the time of		⊖ Yes			Hate crime			
incident?		() No			Bullying		] U/K	
○Yes ○No ○U/K		О U/К			, ,			
<b>-</b>								
m. Type of bodily force us	ed. Cheo	k all that apply:						
Beat, kick or pund	⊳h 🗆	Bite		w 🗆	Other, specify:			
		Shake	Drov	vn				
⊓ Push		Strangle/choke	Burr		U/K			
		e li di igio, eriene			0/11			
H6. FALL OR CRUSH								
a. Type:	r	nt of fall: c. Child fell from	:					
O Fall, go to b	-	feet Open window	v I O Na	atural elevatio	on O Stairs/steps		a obiect. speci	fy: <sup>O</sup> Animal, specify:
O Crush, go to g				an-made elev		O Bridge	• • •	O Other, specify:
			en O Pla		_	O Overp		• · · · · , • · · · · · · · · · ·
		inches C: ○ Screen O No screen U/K ○ U/K if s	creen O Tr			O Balco		O U/K
					0 1.001	0 24.000	,	
d. Surface child fell onto:	1	e. Barrier in plac	e check all tha	t apply	g. For crush, did child:	h For c	rush, object ca	using crush:
O Cement/concrete C	) l inclei	um/vinyl		airway	$\bigcirc$ Climb up on object	-	Appliance	OBoulders/rocks
O Grass	Marble	-	□Ga		O Pull object down	-	Television	O Dirt/sand
O Gravel C		-	low guard ⊡Ot		$\bigcirc$ Hide behind object	-	Furniture	$\bigcirc$ Person, go to H5l
	otner,		•			-		$\bigcirc$ Person, go to H5i $\bigcirc$ Commercial
	11/12		□U/	r.	Go behind object	_	Walls	-
O Carpeted floor ⊂	U/K	Railing	had at 2		○ Fall out of object		Playground	equipment
		f. Was child pus		or thrown?	O Other, specify:	~	equipment	O Farm equipment
		○ Yes ○ No				-	Animal	Other, specify:
		If yes, go to H	DI		○ и/к	0	Tree branch	Оu/к
					1	1		

17. POISONING, OVERDOSE OR ACUTE INTOXICATION										
a. Type of substance involved, check all that	apply and note source, stor	rage, and route of	administr	ation of s	ubstance:		U/K			
Source of Substance	5 = Own prescription (Pres	cription only)		Stored in	locked cabinet?	How subs	stance was <u>tal</u>	<u>(en</u>		
1 = Bought from dealer or stranger	6 = Bought from store/phar	macy		Yes		1 = In ute		hrough skin		
(Prescription or illicit only)	(OTC or other substand	ces only)		No		2 = Orally	y 9 = L	I/K		
2 = Bought from friend or relative	7 = Other			U/K		3 = Nasal	lly			
3 = From friend or relative for free	9 = U/K					4 = Intrav	•			
4 = Took from friend or relative without asking	a						,			
Prescription drug	5	Source Stored	Taken	<u></u>	/er-the-counter dru	1 <u>d</u>	Source Stor	ed Taken		
Antidepressant/antianxiety		YNU			Antihistamine		ΥN	U		
Anticonvulsant		YNU		Cold medicine			ΥN	U		
Antipsychotic		YNU		□ Pain medication Y N U						
Benzodiazepines		YNU			Other OTC, speci	fy:	ΥN	U		
Medications for substance use disor	rder (e.g. Methadone,	YNU								
buprenorphine, naltrexone)										
□ Non-opioid pain medication		YNU								
Opioid pain medication (including fe	ntanyl)	YNU								
□ Stimulants		YNU								
□ Other Rx, specify:		YNU								
Was it child's prescription?	Yes 🔿 No 🔿 U/K									
Illicit drugs		Source Stored	Taken	Othe	er substances		Source Stor	ed Taken		
		YNU			Alcohol		ΥN	U		
Heroin		YNU			Battery		ΥN	U		
Illicitly manufactured fentanyl/fentan	yl analogs	YNU			Carbon monoxide	;	ΥN	U		
□ Marijuana/THC		YNU			Other fume/gas/v	apor	ΥN	U		
Methamphetamine		YNU			Other, specify:		ΥN	U		
□ Other, specify:		YNU								
b. Was the incident the result of?	c. Did the child have a	d. Did child have	a non-fat	al	e. Was Poison Co	ontrol	f. For CO pois	oning, was a		
<ul> <li>Accidental overdose/acute intoxication</li> </ul>	prescription for a	overdose within	the prev	evious 12 contacted? CO alarm present?						
<ul> <li>Medical treatment mishap</li> </ul>	controlled substance	months?			⊖ Yes		○ Yes			
<ul> <li>Deliberate poisoning</li> </ul>	within the previous	⊖ Yes			⊖ No		O No			
O Other, specify:	24 months?	⊖ No			○ ∪/к		O U/K			
О и/к	○ Yes○ No ○ U/K	0 и/к								
H8. MEDICAL CONDITION			-	This secti	on is skipped for feta	al deaths⁺				
a. How long did the child have the	b. Was the death expected	l as a	c. Was c		iving health care fo		dical condition	?		
medical condition?	result of the medical cond	dition?		0	Yes O No O	U/K				
O In utero O 1-11 months	□ N/A, not previousI		If ye	s, within 4	48 hours of the dea	ath?				
$\bigcirc$ Since birth $\bigcirc$ >= 1 year	○Yes ○ No ○	U/K		0	Yes O No O	U/K				
◯ <1 day	$\Box$ But at a later date	•	If ye	s, was the	e care plan approp	oriate for th	he medical co	ndition?		
◯ 1-6 days ◯ U/K				0	N/A $\bigcirc$ Yes $\bigcirc$	No O	U/K			
○ 7-30 Days					If no, specify:					
d. Did the family experience barriers that prol	nibited following the care pla	an?			e. In the week prid	or to the d	eath, did the o	hild		
$\bigcirc$ N/A $\parallel$ If yes, what treatment $\square$	Appointments	Other, specify:			experience ar	ny change	s to medical c	are?		
O Yes components were □	Medications, specify: $\Box$	U/K			O Yes, desc	cribe:				
O No not completed? □	Medical equipment use, sp	ecify:			O No					
$\bigcirc$ U/K $\square$ Check all that apply. $\square$	Therapies, specify:				О U/К					
f. Was the medical condition associated with	ı an outbreak? g. Was f	the death potentia	lly cause	d by a me	dical error?					
O Yes, specify:		$\bigcirc$ Yes $\bigcirc$	No O	U/K						
O No	h. Was t	he medical conditi	on that ca	aused the	e death a result of	a complica	ation or side e	ffect of a		
О и/к	prev	ious illness, injury,	conditio	n, or med	ical treatment?					
If yes, was the child vaccinated?		⊖ Yes ⊖	No O	U/K						
◯Yes ◯ No ◯U/K										
H9. OTHER KNOWN INJURY CAUSE	+ 									
Specify cause, describe in detail:										

I1. SUDDEN AND	UNEXPECT	red de	EATH	IN THE YOUNG (SDY)	This section displays	This section displays online based on your state's settings.						
maintaining the data neede unless it displays a current	this collection of ed, and completin tly valid OMB con	information ng and rev ntrol numb	on is esti viewing tl ber. Sen	he collection of information. An a d comments regarding this burde	r response, including the time for reviewing instr gency may not conduct or sponsor, and a perso en estimate or any other aspect of this collection , Georgia 30333; ATTN: PRA (0920-1092)	n is not requi	red to res	pond to a colle	ction of information			
a. Was this death:	O A homi	cide?										
	O A suicio	de?										
	○ An over						y of the	se apply, go	to Section I2,			
					ous and only reason for the fatal injury	THIS	IS NO	T AN SDY C	ASE.			
	-			onths due to terminal illnes								
	O None o	of the ab	ove, g	o to I1b THIS IS AN SDY	CASE							
	○ U/K, go	o to I1b										
b. Did the child have	a history of a	any of th	ne follo	wing acute conditions	c. At any time more than 72 ho	ours prece	ding de	ath did the c	hild have a persor			
or symptoms with	hin 72 hours p	prior to c	leath?		history of any of the followi	ng chronic	conditi	ons or symp	ioms?			
Symptom	Pr	resent v	w/in 72	hours of death	Symptom Present mor	re than 72	hours	of death				
<u>Cardiac</u>		Yes	No		<u>Cardiac</u>	Yes	No	<u>U/K</u>				
Chest pain		0	0	0	Chest pain	0	0	0				
Dizziness/liç	ghtheadednes	s O	0	0	Dizziness/lightheadedness	0	0	0				
Fainting		0	0	0	Fainting	0	0	0				
Palpitations		0	0	0	Palpitations	0	$\circ$	0				
<u>Neurologic</u>	<u> </u>				Neurologic_							
Concussion	I	0	0	0	Concussion	0	0	0				
Confusion		0	0	0	Confusion	0	0	0				
Convulsions	s/seizure	0	0	0	Convulsions/seizure	0	0	0				
Headache		0	0	0	Head injury	0	0	0				
Head injury		0	0	0	<b>Respiratory</b>							
<u>Respiratory</u>	Y				Difficulty breathing	0	0	0				
Asthma		0	0	0	<u>Other</u>							
Pneumonia		0	0	0	Other, specify:	0						
Difficulty bre	eathing	0	0	0			_	_				
Other Acut	e Symptoms				d. Did the child have any prior	serious inji	uries (e	.g. near drov	vning, car			
Fever		$\circ$	0	0	accident, brain injury)?							
Muscle ache	es/cramping	$\circ$	0	0	○Yes ○ No ○U/K	ζ.						
Vomiting		0	0	0	If yes, describe:							
Other, speci	ify:	0										
e. Had the child in th	e past ever be	een diad	anosed	by a medical professional	l for the following?							
Condition	- F.		nosed	Condition	Diagnosed	Cond	dition		Diagnosed			
Blood disease		YN	<u>u v</u>	Cardiac (continued		Neur	ologic	(continued)	<u>Y N U</u>			
Sickle cell disease		ŌC		High cholesterol		Neur	odegen	erative disea				
Sickle cell trait		ОC	) ()	Hypertension	$\circ \circ \circ$	Strok	ke/mini :	stroke/	000			

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Y<u>N</u>U OOO

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**TIA-Transient Ischemic** 

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<u>Y N U</u>

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0 0 0

0 0 0

Central nervous system

or encephalitis)

Pulmonary embolism

Respiratory arrest

Pulmonary hemorrhage

infection (meningitis

Attack

Respiratory

Apnea

Asthma

Myocarditis (heart infection)

Pulmonary hypertension

Sudden cardiac arrest

Traumatic brain injury/

head injury/concussion

Developmental brain disorder

Epilepsy/seizure disorder

Anoxic brain Injury

Brain hemorrhage

Febrile seizure

Neurologic

Brain tumor

Thrombophilia (clotting disorder)

Abnormal electrocardiogram

Aneurysm or aortic dilatation

Congenital heart disease

Coronary artery abnormality

Arrhythmia/arrhythmia syndrome

(EKG or ECG)

Cardiomyopathy

Endocarditis

Heart failure

Heart murmur

**Cardiac** 

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 $\stackrel{\underline{\mathsf{Y}}}{\bigcirc}\stackrel{\underline{\mathsf{N}}}{\bigcirc}\stackrel{\underline{\mathsf{U}}}{\bigcirc}\stackrel{\underline{\mathsf{U}}}{\bigcirc}$ 

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Condition (continued)	Diagnose	d				Diagnosed				Diagnosed	
Other	<u>Y N L</u>					<u>Y N U</u>	0 I I I			<u>Y N U</u>	
Connective tissue disease	0 0 C	, 	ey disease			000	Oncologic dis		-	000	
Diabetes	0 0 C	) Men	tal illness/ps	sychiatric d	isease	000	chemoth	erap	y or radiation		
Endocrine disorder, other:	0 0 C	) Meta	abolic disea	se		000	Prematurity			0 0 0	
thyroid, adrenal, pituitary		Mus	cle disorder	or muscula	ar	000	Congenital di	isord	ler/	000	
Hearing problems or deafness	000	) (	dystrophy		genetic syndror			ome			
					Other, specify:			y:		0 0 0	
If a more specific diagn	osis is known	nrovide anv	additional i	nformation							
	0010 10 10100011,	provide any	additional in	mormation.							
If any cardiac conditions	s above are se	elected what	t cardiac tre	atments die	d the ch	ild have? Check al	I that apply:		□ None		
·	ac ablation	,							Heart transplant		
	ac device plac	omont				Interventional ca	rdiac	_	Other, specify:		
	•			<b>`</b>							
	nplanted cardi		•			catheterizatior	1		U/K		
or	pacemaker o	r Ventricular	Assist Devi	ce (VAD))							
									1		
f. Did the child have any blood re	elatives (brothe	ers, sisters, p	parents, aun	nts, uncles,	cousins	, grandparents or	other more dis	tant		•	-
relatives) with the following d	liseases, conc	litions or syn	nptoms?						parents, aun	ts, uncles, co	ousins,
<u>Y</u> <u>N</u> U <u>Deaths</u>									grandparents	s) had genetion	С
○ ○ ○ Sudden unexp	ected death b	efore age 50	)						testing?		
If yes, the type of	event, which	relative, and	relative's a	ge at death	(for exa	ample, brother at a	ge 30 who die	d	⊖ Yes	O No O	U/K
in an unexplained	l motor vehicle	e accident (d	river of car)	):			-				
Heart Dise		,	,	<u>Y N U</u>	Svi	nptoms			If ves, descri	be the test/ge	ene
OOO Heart condition		or stroke bet	fore age 50			e seizures			-	on for testing,	
If yes, describe			5	000		plained fainting				ed, and resul	-
$\bigcirc \bigcirc \bigcirc \bigcirc$ Aortic aneurys		oturo		000		· ·			member test	eu, and resul	its.
				$\sim \sim \sim$		<u>er Diagnoses</u>					
	-	neart mythm	)	000	-	enital deafness					
○ ○ ○ Cardiomyopath	•			000		ective tissue disea	se				
○ ○ ○ Congenital heat	art disease			000	Mitoc	hondrial disease					
<u>Neurologi</u>	<u>c Disease</u>			000	Musc	le disorder or mus	cular dystrophy	у	Was a gene	mutation four	nd?
○ ○ ○ Epilepsy or con	nvulsions/seiz	ure		000	Thror	nbophilia (clotting	disorder)		⊖ Yes	O No O	U/K
$\bigcirc \bigcirc \bigcirc \bigcirc$ Other neurolog	gic disease			0	Other	diseases that are	genetic or				
					run	in families, specify	/:				
h. In the 72 hours prior to death	was the child t	aking any pr	escribed		k. Was	the child taking an	v of the followi	ina s	ubstance(s) withir	24 hours of	death?
medication(s)?	OYes O	• • • •				ck all that apply:	5	5	( )		
If yes, describe:	0.00					Over-the-counter	medicine		Alcohol		
i. Within 2 weeks prior to death I	had the shild:	NI/A	Voc No			Energy drinks			□ Illegal d		
Taken extra doses of prese		-		<u>) //C</u>					•	ed marijuana	
Missed doses of prescribe		-		) )					□ Cegaiize		
		_		-			lancers			specity.	
Changed prescribed medic				0							
j. Was the child compliant with	•	ed medication	ns?			Tobacco			🗆 U/К		
$\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No	o O U/K										
If not compliant, desc	ribe why and I	now often:				If yes to any item	is above, desc	ribe:			
I. Did the child experience any o	f the following	stimuli at tin	ne of incider	nt or within	24 hour	s of the incident?					
	At incide	nt V	Vithin 24 hr	s of incide	ent						
Stimuli	<u>Yes No</u>	<u>U/K</u>	<u>Yes</u> <u>No</u>	<u>U/K</u>							
Physical activity	0 0	0	0 0	0		If yes to physical	activity, descr	ribe t	ype of activity:		
Sleep deprivation	0 0	0	0 0	0		At incident	With	hin 2	4 hours of incider	ıt	
Driving	0 0	0	0 0	0							
Visual/video game stim		0	0 0	0							
Emotional stimuli	0 0	0	0 0	0							
Auditory stimuli/startle	0 0	0	0 0	0							
-						Other and 'f					
Physical trauma	0 0	0	0 0	0		Other specify:					
Other, specify:	0		0			At incident	With	nın 2	4 hours of incider	IT	

If yes, type of sport:       O Competitive       Recreational       U/K         If competitive, did the child participate in the 6 months prior to death?       O Yes       No       U/K         n. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity? Check all that apply:       o. For child age 12 or older, did the child receive a pre-participation exam for a sport?       O NA       Yes       No       U/K         Chest pain       Palpitations       If yes:       If yes:       If yes:								
n. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity? Check all that apply:       o. For child age 12 or older, did the child receive a pre-participation exam for a sport?         O N/A       Yes       No								
during or within 24 hours after physical activity? Check all that apply: for a sport? O N/A O Yes O No O U/K								
□ Chest pain □ Palpitations If yes:	$\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ U/K							
Convulsions/seizure Shortness of breath/difficulty breathing Was it done within a year prior to death? OYes ONo OU/								
□ Dizziness/lightheadedness □ Other, specify: Did the exam lead to restrictions for sports or otherwise? □ Fainting □ U/K ○ Yes ○ No ○ U/K								
If yes to any item, describe type of physical activity and extent of symptoms: If yes, specify restrictions:	Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)							
p. How old was the child when diagnosed with r. What type(s) of seizures did the child have? Check all t. How many seizures did the child have?	, ,							
epilepsy/seizure disorder? that apply: the year preceding death?								
	han 3							
U/K Convulsive (grand mal seizure or O 1 O 3 O U/K								
q. What were the underlying cause(s) of the child's       generalized tonic-clonic seizure)       u. Did treatment for seizures include								
seizures? Check all that apply:								
□ Brain injury/trauma, □ Other acute illness or video game, or flickering light (reflex seizure) ○ Yes○ No ○U/K								
specify: injury other than U/K If yes, how many different types								
Brain tumor epilepsy s. Describe the child's epilepsy/seizures (not including epileptic drugs did the child take								
	han 6							
□ Central nervous system □ Last less than 30 minutes ○ 2 ○ 5 ○ U/K								
infection DV/K Last more than 30 minutes (status epilepticus) O 3 O 6								
Developmental brain disorder Occur in the presence of fever (febrile seizure) v. Was night surveillance used?								
□ Genetic/chromosomal □ Occur in the absence of fever ○ Yes ○ No ○ U/K								
□ Idiopathic or cryptogenic □ Occur when exposed to strobe lights, video								
game, or flickering light (reflex seizure)								
WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT <sup>*</sup> ?								
a. Incident sleep place:								
Crib O Adult bed O Rocking-inclined If adult bed, what type? If car seat, was car seat								
If crib, type: O Waterbed sleeper O Twin secured in seat of car?								
○ Not portable         ○ Futon         ○ Stroller         ○ Full         ○ Yes ○ No         ○ U/K								
O Portable O Couch O Swing O Queen								
O Unknown crib type     O Chair     O Bouncy chair     O King								
O     Bassinet     O     Floor     O     Other, specify:     O     Other, specify:       O     Bed side sleeper     O     Car seat     O     U/K     O     U/K								
O     Bed side sleeper     O     Car seat     O     U/K       O     Baby box								
b. Child put to sleep: c. Child found: e. Usual sleep position: f. Was there any type of crib, portable crib or ba	ssinet							
O On back O On back I in home for child?								
○ On stomach ○ On stomach ○ Yes ○ No ○ U/K								
On side On side								
d. Usual sleep place:								
O     Crib     O     Adult bed     O     Rocking-inclined     If adult bed, what type?								
If crib, type: O Waterbed sleeper O Twin O King								
O Not portable     O Futon     O Stroller     O Full     O Other, specify:								
○ Portable     ○ Couch     ○ Swing     ○ Queen     ○ U/K								
O Unknown crib type     O Chair     O Bouncy chair       O Bassinet     O Floor     O Other, specify:								
O Bed side sleeper O Car seat O U/K								
O Baby box								
	t T							
g. Child in a new or different environment than usual? h. Child last placed to sleep with a pacifier?	;t							
g. Child in a new or different environment than usual? h. Child last placed to sleep with a pacifier? i. Child wrapped or swaddled in blanket when la	t							

j. Child overheated?	○ Yes ○ No ○ U/K k. Child exposed to second hand smoke?											
	Check all t	hat app	ly: 🗆	Room to	o hot, ten	np	degrees F		O Ye	es O No	5 O U/ł	<
				Too muc	h bedding	g	<b>U</b>	lf y	If yes, how often: $\bigcirc$ Frequently $\bigcirc$ U/K			
				Too muc	h clothing	9				(	) Occasi	ionally
					-							
I. Child's face when found:	m. Child's neck when found: n. Child's airway when found (includes If fully or partially obstructed, what was obstructed									ted, what was obstructed?		
O Down	О Нуре	erextend	ded (hea	ad back)	nose	, mouth,	neck and/or che	st):				
O Up	_			to chest)	O Un	obstruct	ed by person or	object		□ Mouth	[	⊐ u/ĸ
O To left or right side	O Neut			,	~	lly obstru	ucted by person	or object				
О и/к	O Turn	ed			~		structed by pers					
	0 и/к					ject	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		detail:	-	,	,
o. Objects in child's sleep environment and relation to airway obstruction:												
				If pre	sent, des	scribe po	sition of object:		If pres	sent, did o	object	
Objects:	Prese	nt?		On top	Under	Next	Tangled		•	ruct airwa		
	Yes	No	<u>U/K</u>	of child	child	to child	around child	<u>U/K</u>	Yes	No	<u>UK</u>	
Adult(s)	0	0	0						0	0	<u> </u>	If adult(s) obstructed
Other child(ren)	0	0	0					- L	0	0	0	airway, describe relation-
Animal(s)	0	0	0					- L	Õ	Õ	Õ	ship of adult to child (for
Mattress	Õ	Õ	Õ						0	0	0	example, childbearing
Comforter, quilt, or other	Ō	Ō	0					- L	Ō	0	0	parent):
Fitted sheet	Õ	Õ	Õ						0	Õ	0	parony
Thin blanket/flat sheet	Õ	Ō	0						Ō	0	0	
Pillow(s)	0	0	0						0	0	0	
Cushion	Õ	Õ	Õ						0	0	0	
Nursing or U shaped pillow	_	0	0						0	0	0	
Sleep positioner (wedge)	Õ	Õ	Õ						Õ	Õ	0	
Bumper pads	0	0	0				_		0	0	0	
Clothing	0	0	0				-		0	0	0	
Bottle	0	0	0						0	0	0	
Wearable monitor	0	0	0						0	0	0	
Crib railing/side	0	0	0						0	0	0	
Wall	0	0	0						0	0	0	
Toy(s)	0	0	0						0	0	0	
Other(s), specify:	Ŭ	0	0					-	$\bigcirc$	$\bigcirc$	$\bigcirc$	
other(3), speeny.	0								0	0	0	
	Õ								0	0	0	
	-								0	0	C	
p. Was there a reliable, no	n-conflictin	a witne	ss accol	unt of how	the child	was fou	nd? OYes	ONO	Ο υ/	κ		
q. Caregiver/supervisor fel		-									egiver/sup	ervisor at time of death?
OYes ONo	-		2					-	Ο υ/		- '	
If yes, type of feed		ottle	0	Breast	0	U/K						
	-											
s. Child sleeping on same	If yes,	reasons	s stated	for sleepir	ng on	I	If yes, check all	that app	oly:			
surface with person(s) or	same	surface,	check a	all that app	oly:		With adult(s)	s): #		🗆 # U/	к	
animal(s)?	🛛 🗆 т	o feed					Adult o	bese:	Oyes	$O_{No}$	Оu/к	
○ Yes ○ No ○ U/K	🛛 🗆 т	o sooth	е				□ With other	children:	#	🗆 # U/	K Childre	en's ages:
	U 🗆 U	sual sle	ep patte	ern								) of animal:
			bed ava				🗆 U/К					
	н	ome/livi	ing spac	e overcro	wded							
		ther, sp										
	I		-			I						
	Πu	/K										
t. Is there a scene re-creat	ion photo a	available	e for upl	oad?	O Yes	O No	If yes, uplo	ad here.	. Only on	e photo a	allowed.	
Select photo that demo	onstrates po	osition a	and loca	tion of chil	d's body	and airw	ay (nose, mouth	, neck, a	ind chest)	. Size mu	ust be less	s than 6 mb and in .jpg
or .gif format.												

13. WAS DEATH A COM	NSEQUENCE OF A PR	OBLEM WITH A CONS		τ⁺? Ο	Yes	No, go to I4	OU/K, go to I4
a. Describe product and circ	cumstances:						
b. Was product used proper			ave safety label?	e. Was Consu	mer Proc	luct Safety Comr	nission (CPSC) notified?
○ Yes ○ No ○ U/K	⊖ Yes ⊖ No		о О U/К	0	Yes		
				0	No, go	o to www.saferpro	oducts.gov to report
				0	U/K		
I4. DID DEATH OCCU	R DURING COMMISSIO	ON OF ANOTHER CRI	ME⁺?	$\bigcirc$	Yes	No, go to I5	OU/K, go to I5
a. Type of crime,	Robbery/burglary	□ Other assault □	∃ Arson	🗆 Illega	l border o	crossing 🛛 U/K	[
check all that apply:	Interpersonal viole	ence 🛛 Gang conflict 🛛	☐ Prostitution	□ Auto	theft		
	Sexual assault	Drug trade	□ Witness intimidati	ion 🛛 Other	r, specify	:	
15. CHILD ABUSE, NEC	GLECT, POOR SUPER	VISION AND EXPOSU	RE TO HAZARDS	;			
a. Did child abuse, neglect,	poor or absent	b. Type of child abuse, c	heck all that apply:			c. For abusi	ve head trauma, were
supervision or exposure	to hazards cause	Abusive head traur	na, go to I5c			there retin	nal hemorrhages?
or contribute to the child	l's death?	Chronic Battered C	hild Syndrome, go t	to I5e		OYes (	⊃No ⊖U/K
<ul> <li>Yes/probable</li> </ul>	9	Beating/kicking, go	to I5e				
O No, go to nex	xt section	Scalding or burning	, go to I5e			d. For abusiv	/e head trauma, was
O U/K, go to ne	ext section	Munchausen Synde	rome by Proxy, go to	o 15e		the child s	haken?
If yes/probable, choos	e primary reason:	Sexual assault, go	to I5h			OYes (	⊃No ⊖U/K
O Child abuse, go to	I5b	Other, specify and	go to I5h			lf yes, wa	s there impact?
<ul> <li>Child neglect, go to</li> </ul>	o 15f	U/K, go to I5e				OYes (	⊃No OU/K
O Poor/absent superv	vision, go to I5h						
<ul> <li>Exposure to hazard</li> </ul>	ds, go to I5g						
e. Events(s) triggering f.	. Child neglect, check all t	hat apply:			g. Ex	xposure to hazar	ds:
child abuse.	Failure to provide r	necessities 🛛 🗆 Exposu	ire to hazards:		0	Do not include ch	ild's own behavior.
check all that apply:	Food	Do not	include child's own	behavior.	0	Hazard(s) in s	sleep environment
□ None	□ Shelter	0	Hazard(s) in sleep	environment		(including sle	ep position and surface
Crying	Other, specify:		(including sleep po	osition and surfa	ace	sharing)	
Toilet training	Failure to provide s	supervision	sharing)		0	Fire hazard	
Disobedience	Emotional neglect,	specify:	Fire hazard		0	Unsecured m	edication/poison
Feeding problems	Abandonment, spe	ecify:	Unsecured medica	ation/poison	0	Firearm haza	rd
Domestic argument	☐ Failure to seek/foll	ow treatment, O	Firearm hazard		0	Water hazard	
Other, specify:	specify:	0	Water hazard		0	Motor vehicle	hazard
🗆 U/К	If yes, was this due	-	Motor vehicle haza	ard	0	Childbearing	parent substance use
	cultural practices?	0	Other hazard, spec	cify:		during pregna	ancy
	○Yes ○No ○	U/K			0	Other hazard	, specify:
h. Was poverty a factor?	OYes ○No	OU/K	lf yes, expla	ain in Narrative			
I6. SUICIDE				1			
a. Child's history. Check all	that have <u>ever</u> applied:	b. Was the child ever dia	• ,				s that ever applied:
□ None listed below		of the following? Che	ck all that apply.	None liste			Interrupted attempt #
□ Involved in sports		□ None listed below		Preparator			Non-fatal attempt #
□ Involved in activities (no	- ,	Anxiety spectrum dis		□ Aborted at			U/K
□ Viewed, posted or intera		Depressive spectrum				ommunicate any	suicidal thoughts,
If yes, specify platform(s	5):	Bipolar spectrum disc		actions or			
History of running away		Disruptive, impulse c	ontrol or	OYes		O U/K	
☐ History of fearfulness, w		conduct disorder			, with wh		
☐ History of explosive ang	er, yelling or disobeying	Eating disorder				the death was pl	anned or
History of head injury	t bood inium O	Substance-related or	addictive disorders		_	$\bigcirc$ UV	
If yes, when was the last		Other, specify:		OYes		O U/K	noon whom it
Death of a peer, friend of If year apacity relationship	-	U/K	la asfaturian (a	° .		under circumsta	
If yes, specify relationsh		c. Did child have a suicio	<b>3</b> · · · ·		y de obs	erved and interve	ened by
When did death occur:		document that helps experiencing thought		others?	$\frown$	$\bigcirc$ unit	
Was death a suicide? 🤇		them avoid intense s	-	⊖Yes	ONo	∪ U/K	
		OYes ONo	,				
h. Did the shild over have a	history of non-outsidal and			OYes	ONo	O U/K	
h. Did the child ever have a	-	-	-				
If yes,	Reported to others	Noted on autops	sy L	Other, specify:			

i. Warning signs (https://youthsuicidew	arningsigns.org) w/in 30 days	of dea	ath:		j. Child experienced a known crisis within			
Check all that apply:					30 days of the death?			
□ None listed below		□ E>	xpressed perceived burden o	n others	OYes ONo OU/K			
Talked about or made plans for	or suicide	🗆 Sł	howed worrisome behavioral	cues	If yes, explain:			
□ Expressed hopelessness about		or	r marked changes in behavior	r	· · ·			
☐ Displayed severe/overwhelmin	Ŋ	□ U/	Ũ					
emotional pain or distress	°							
	cluster		suicide pact					
,	ase indicate all stressors that wer		·	nd the time of dea	ath.			
a. Life stressors - Social/economic								
_	Neighborhood discord		No phone	□ Lack of t	ransportation 🔲 Lack of child care			
$\square \text{ Racism} \qquad \square$	•		<sup>]</sup> Housing instability	Cultural o				
□ Discrimination □	· · · · · · · · · · · · · · · · · · ·		Witnessed violence		8 ,			
□ Poverty □			] Tobacco exposure					
b. Life stressors - Medical			· · ·					
None listed below	Caregiver unskilled in	ı provi	iding care 🛛 Multiple prov	viders, not coor	dinated 🛛 Felt dismissed by provider			
□ Lack of family or social support for			□ Limitations o					
□ Caregiver distrust of health care sys			Provider bias		compatibility			
c. Life Stressors- Relationships					· · · · · · · · · · · · · · · · · · ·			
□ None listed below □	Parents' incarceration		Argument with friends Cyt	perbullying as v	victim   Stress due to gender			
□ Family discord □	Breakup	_	с ,	perbullying as a	_ 0			
☐ Argument w/ parents/caregivers □	•			er violence as a				
_ • • •	Social discord		Bullying as perpetrator					
d. Life stressors - School (age 5 and o		1	. Technology (age 5 and over		1 1			
	, tracurricular activities			/ Restriction of	technology			
	w school		_	Social media				
	her school problems		☐ Texting					
f. Life stressors - Transitions (age 5 an	•	I			g. Life stressors - Trauma (age 5 and over)			
□ None listed below	,	🗆 R(	elease from juvenile justice fa		□ None listed below			
<ul> <li>Release from hospital</li> </ul>			nd of school year/school brea	-	□ Rape/sexual assault			
□ Transition from any level of mental	health care to another (e.g.		ransition to/from child welfare		<ul> <li>Previous abuse (emotional/physical)</li> </ul>			
inpatient to outpatient, inpatient to r			elease from immigrant detent	-	□ Family/domestic violence			
h. Life stressors - Describe any other li	. ,		-					
18. DEATHS DURING THE COVID	-19 PANDEMIC (complete	for a	all ages)					
a. For the 12 months before the child's	· · ·		<b>C</b> <i>i</i>	nanges to the f	ollowing? Check all that apply:			
$\Box$ None listed below	· • •		☐ Mental health or subs	0	0			
□ School			Home-based services					
Daycare			Child welfare services		,			
Employment			Legal proceedings wit		vil, or family courts			
☐ Social services (like unemploy	ment assistance, TANF, WIC	)	□ Other, specify:		· · ·			
Living environment								
☐ Medical care			□ U/K					
b. For the 12 months before the child's	death, did the child's family li	ve in a	an area with an official stay a	t home order?	○Yes ○No ○U/K			
If yes, was the stay at home order i	n place at the time of the child	l's dea	ath?		○Yes ○No ○U/K			
c. Was the child exposed to COVID-19	within 14 days of death?		○Yes ○No ○U/K	If yes, de	escribe:			
d. Did the child have medical evidence	of a significant inflammatory s	syndro	ome (including for example, fe	ever, laboratory	vevidence of inflammation, and involvement			
of two or more organs) requiring ho								
If yes, was the child diagnosed			OYes ONo OU/K	ζ.				
e. Was the child eligible to receive a C			OYes ONo OU/K					
If eligible, did they receive their first			OYes ONo OU/K	lf yes, ap	prox. number of weeks before death:			
If eligible and received their first do		nts the		• •	·			
f. For infants or fetal deaths only, did th				OYes O				
If yes, when did they receive the	•		<ul> <li>Before pregnancy</li> </ul>	○ 3rd trime				
			$\bigcirc$ 1st trimester	O After deli				
			$\bigcirc$ 2nd trimester		very			
If yes, which option best repre-	sents their vaccination status'	?	O Partially vac	_	Fully vaccinated 🔘 U/K			

g. Select the	Select the one option that best describes the impact of COVID-19 on this child's d							i: h. Did (	COVID-19 impact the	ne team's	s ability to	o condu	uct this fatality review?
$\bigcirc$ co	VID-19 was the immedia	ate or und	derlying c	ause of	death			○Yes ○No ○U/K					
○ co <sup>v</sup>	VID-19 was diagnosed a	at autops	y or child	was sus	spected to	have CO	VID-19	If yes, check all that apply:					
⊖ <sup>CO,</sup>	VID-19 indirectly contrib	outed to th	ne death	but was	not the im	nmediate o	or		Unable to obtain r	ecords			
	derlying cause of death								☐ Team members unable to attend review				
◯ The	e childbearing parent co	ntracted (	COVID-1	9, specif	y:				□ Remote reviews negatively impacted review process				
	O Before pregnancy		3rd trime						☐ Team leaders redirected to COVID-19 response				
	$\bigcirc$ 1st trimester		After deli										
	$\bigcirc$ 2nd trimester		U/K	VCry									
◯ Oth	ner, specify:	~	0/1										
	VID-19 had no impact o	on this chi	ild's deat <sup>r</sup>	h									
0 U/k		in the or	100 000										
	Υ.												
L PERSO	N RESPONSIBLE (			CEDE						This sect	ion is skin	mod for f	fetal deaths <sup>⁺</sup>
<ul> <li>J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)</li> <li>1. Did a person or persons other than the</li> <li>2. What act(s)? Enter information for the fir</li> </ul>					ret persou	o under "One" and i				n have information			
	something or fail to do	alluic		• • •				•	scribe acts in narra				person(s)?
	8	butod			Jong per-	011, 400 2				uvc.		-	.,
	ng that caused or contril	Duleu	One O	<u>Two</u> O	Child ob		<u>One</u>	<u>two</u>	Everence to boto	<b>  _</b>			
to the de		ļ	_		Child ab		_	-	Exposure to haza			_	
-	/probable	ļ	0	0	Child ne	0	0	0	Assault, not child	abuse	0	0	No, go to K
	go to K	ļ	0	0	Poor/abs		0	0	Other, specify:				
	, go to K		<u>i                                    </u>		supervis		0	0	U/K		<u> </u>		
	n listed in a previous sec	:tion?	ļ			n(s) respo	onsible f		(s): Select one for	each per	rson resp		).
One Two			ļ	<u>One</u>	<u>Two</u>						One	Two	
0 0	Yes, childbearing par	rent, go to	з J17	0		doptive pa	irent		O Sibling		0		Medical provider
0 0	Yes, non-childbearin	g biologic	al	0	O St	epparent			<ul> <li>Other relative</li> </ul>		0		Institutional staff
	parent, go to J17		ļ	0	O Fo	oster parer	nt		○ Friend		0	0	Babysitter
0 0	Yes, caregiver one, g	go to J17	ļ	0	O Pa	arent's par	rtner		O Acquaintance		0	0	Licensed child care
0 0	Yes, caregiver two, g	egiver two, go to J17 O O Grandparent			0								
0 0	Yes, supervisor, go t	io J19	ļ	l				girlfriend O O Other, specify:				Other, specify:	
0 0	No		ļ	l				0	⊖ Stranger		0	0	U/K
6. Person's	age in years:	7. Perso	on's sex:			8. Perso	on speak	s and understands English? 9. Person on active military duty?					
	<u>Two</u>	One	Two			One	Two			One	Two		
		0	0	Male		0	0	Yes		0	0	Yes	
	— # Years	0	O F	Female		0	0	No		0	0	No	
	□ U/K	0		U/K		0	Õ	U/K		0	Õ	U/K	
			0	57				ge spoker	۰.		es, specif		•h·
						,	langess	JO 000		·· ,-	0, opee	ly 614.12	11.
10 Person(;	(s) have history of	11 Pers	son(s) ha	ve histor	v of child	12. Pers	on(s) h	ave histor	ry of child	13 Pers	son(s) ha	we disa	bility or chronic
	ce abuse?		reatment						rpetrator?	illne		100 0.00	bility of official
						_		• •	· • • • • • • • • • • • • • • • • • • •				
One <u>Two</u>		One O	<u>Two</u> ()	Vea		One O	<u>Two</u> ()	Vee		<u>One</u>	<u>Two</u>	Vac	
				Yes		_		Yes				Yes	
0 0		0	-	No		0	0	No		0	0	No	
0 0		0	-	U/K		0	0	U/K		0	0	U/K	
	(s) have prior			ve histor	y of intima	ate partne	r violen	ce?	16. Person(s) hav	ve delinq	juent/crin	ninal his	story?
child dea		<u>One</u>	<u>Two</u>						One <u>Two</u>				
	wo			Yes, as v					0 0	Yes			
0 0	Yes			Ƴes, as p	perpetrato	r			0 0	No			
0 0			1 🗆	No					0 0	U/K			
0 0	U/K		□ ι	U/K									
17. At the tir	me of the incident, was	the perso	on asleep	?	_	One	Two						
<u>One</u> <u>Two</u>		elect the n	nost appr	ropriate		0	$\circ$	Night tir	me sleep				
0 0	Yes description	ion of the	person's	sleeping	,	- 0	0	Day tim	e nap, describe:				
0 0	No period at	t incident:				0	0	Day tim	e sleep (for exampl	le, persoi	n is night	t shift w	orker), describe:
0 0	U/K					0	$\circ$	Other, a	describe:				

18. At time of incident was person impaired?	19. Person(s) have, check all	20. Legal outcomes in this death, check all that apply:					
<u>One</u> <u>Two</u>	that apply:	One Two					
OYes ONo OU/K OYes ONo OU/K	<u>One Two</u>	□ □ No charges filed					
If yes, check all that apply:	Prior history of	Charges pending					
	-	<b>3</b> . <b>3</b>					
<u>One Two</u> <u>One Two</u>	similar acts	<b>0</b> / <b>1 3</b>					
Drug impaired, specify: I Impaired by illness,	Prior arrests	Charges dismissed					
Alcohol impaired specify:	Prior convictions						
Distracted Impaired by disability,		Plead, specify:					
□ □ Absent specify:		□ □ Not guilty verdict					
□ □ Other, specify:		Guilty verdict, specify:					
		□ □ Tort charges, specify:					
K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH							
1. Were new or revised services recommended or implemented as a result of the death OYes ONo OU/K							
If yes, select one option per row: Referred for service	Review led to Referral nee	eded,					
before review	<u>referral</u> <u>not availa</u>	ble <u>N/A</u> <u>U/K</u>					
Bereavement counseling	0 0	0 0					
Debriefing for professionals	0 0	0 0					
Economic support O	0 0	0 0					
Funeral arrangements	0 0	0 0					
Emergency shelter	0 0	0 0					
Mental health services	0 0	0 0					
Foster care O	0 0	0 0					
Health services	0 0	0 0					
	0 0	0 0					
	0 0	0 0					
	0 0	0 0					
		0 0					
Other, specify:	0 0	0 0					
L. FINDINGS IDENTIFIED DURING THE REVIEW		s case to edit/add findings at a later date					
1. Describe any significant challenges faced by the child, the family, the							
related to demographics, overt or inadvertent actions, the way system	ns functioned, or other environmental	I characteristics. (See Data Dictionary for examples.)					
2. Describe any notable positive elements in this case. They could be c	demographic, behavioral, or environn	nental characteristics that may have promoted					
resiliency in the child or family, the systems with which they interacted	d or the response to the incident. (Se	e Data Dictionary for examples).					
3. List any recommendations and/or initiatives that could be implemented	ed to prevent deaths from similar cau	uses or circumstances in the future:					
4. Were new or revised agency services, policies or practices recomme	ended or implemented as a result of	the review OYes ○No ○U/K					
If yes, select all that apply and describe:							
□ Child welfare Describe: □	Education Describ	e:					
□ Law enforcement Describe: □	Mental health Describ	e:					
Public health Describe:	EMS Describ	e:					
	Substance abuse Describ						
□ Courts □ Describe: □	Other, specify: Describ						
□ Health care systems Describe:	,						
· · · · · · · · · · · · · · · · · · ·		ould not determine					
5. Could the death have been prevented? Yes, probably	No, probably not O Team c	ould not determine					

M. THE REVIEW MEETING PROCESS										
1. Date of first review meeting:	2. Number of rev	/iew me	etings for this case:	3. Is review com	plete? O	N/A O Yes C	) No			
4. Agencies and individuals at review meeting	g, check all that apply:									
Medical examiner/coroner/pathologist	CPS		Fire	Indian Heal	Ith Services/	/ 🛛 Military				
Death investigator	□ Other social services		EMS	Tribal Heal	th	Domestic vie	olence			
□ Law enforcement	🗆 Physician		Faith based organization	Home visiti	ng	Others, list:				
Prosecutor/district attorney	□ Nurse		Education	Healthy Sta	art					
□ Public health	□ Hospital		Mental health	Court						
□ HMO/managed care	Other health care		Substance abuse	Child advort	cate					
5. Were the following data sources available a	at the review meeting?	6. Did	any of the following factors r	reduce meeting eff	ectiveness,	check all				
Check all that apply:	-		at apply:	-						
Vital statistics			None							
□ Birth certificate - full form			Confidentiality issues amor	ng members preve	nted full exc	hange of informatio	on			
Death certificate			HIPAA regulations prevente	ed access to or ex	change of in	formation				
Health records			Inadequate investigation pr		-					
□ Child's medical records or clinical his	story, including vaccinatior		Team members did not brir	-	-					
□ Hospital records	····;, ································		Necessary team members							
$\Box$ Childbearing parent's obstetric and p	prenatal information		Meeting was held too soon							
<ul> <li>Newborn screening results</li> </ul>			Meeting was held too long							
Mental health records					other locality	(in state				
□ Substance abuse treatment records										
Investigation records			Team disagreement on circ		Siller State					
			Ũ	unistances						
Autopsy/pathology reports			Other factors, specify:							
CDC's SUIDI Reporting Form										
□ Jurisdictional equivalent of the CDC										
Law enforcement records										
Social service records										
□ Child protection agency records										
EMS run sheet										
Other										
☐ Home visiting										
□ School records										
7. Review meeting outcomes, check all that a										
Team disagreed with official manner of	of death. What did team be	elieve m	anner should be?							
Team disagreed with official cause of	death. What did team beli	ieve cau	use should be?							
$\Box$ Because of the review, the official cau	use or manner of death wa	s chang	jed							
N. SUID AND SDY CASE REGISTRY			This section display	ys online based on yc	our state's sett	tings.				
Section N: OMB No. 0920-1092, Exp. Date: 5/31/2022										
Public reporting burden of this collection of information is maintaining the data needed, and completing and reviewi	-		-	-						
unless it displays a currently valid OMB control number.	-						1			
burden to: CDC/ATSDR Reports Clearance Officer; 1600	Clifton Road NE, MS D-74, Atla	inta, Geor	gia 30333; ATTN: PRA (0920-1092	?)						
1. Is this an SDY or SUID case? O Yes	O No If no, (	go to Se	ection O							
2. Did this case go to Advanced Review for the			dvanced Review meeting (in		•					
Registry?	catego	orizatior	n and any ways to improve th	e review) or reaso	n why case o	lid not go to Advan	ced			
$\bigcirc$ N/A $\bigcirc$ Yes $\bigcirc$ No	Review	W:								
If yes, date of first Advanced Review	<i>w</i> meeting:									
4. Professionals at the Advanced Review mee	eting, check all that apply:									
Cardiologist Dea	ath investigator		Geneticist or gene	etic counselor	🗆 Pe	diatrician				
□ CDR representative □ Epi	ileptologist		Neurologist		🗆 Pul	blic health represer	ntative			
Coroner     For	rensic pathologist/medical	examin	er 🛛 Neonatologist		□ Oth	hers, specify:				
5. Did the Advanced Review team believe the	autopsy was 6. If aut	opsy pe	rformed, did the ME/coroner/	pathologist use the	e SDY Autop	osy Guidance or				
comprehensive? OYes ONo O		nmarv?	ON/A OYes C	-		-				

7. Was a specimen saved for the SDY Case Registry?	9. Did the family cons	sent to have DNA saved as part of the SD	Y Case Registry?				
ON/A OYes ON₀ OU/K	O N/A	A ○Yes ○No ○U/K					
	If no, why no	ot? O Consent was not attempted					
8. Was a specimen sent to the SDY Case Registry		O Consent was attempted but follow u	ıp was unsuccessful				
biorepository?		O Consent was attempted but family declined					
ON/A OYes ONo OU/K		Other, specify:					
10. Categorization for SDY Case Registry (choose only one):							
	ed neurological, specify	/: O Explained other, specify:	O Unexplained, SUDEP				
O Unexplained, incomplete case information O Explained		$\bigcirc$ Unexplained, possible cardiac	O Unexplained death				
	er age 1)	$\bigcirc$ Unexplained, possible cardiac	·				
	0 /	and SUDEP					
11.Categorization for SUID Case Registry (choose only one):							
O Excluded (other explained causes, not suffocation)		If possible suffocation or explained	suffocation, select the primary				
O Unexplained: No autopsy or death scene investigation	n	mechanism(s) leading to the death,	check all that apply:				
O Unexplained: Incomplete case information		□ Soft bedding					
$\bigcirc$ Unexplained: No unsafe sleep factors		□ Wedging					
O Unexplained: Unsafe sleep factors		□ Overlay					
O Unexplained: Possible suffocation with unsafe sleep f	actors	□ Other, specify:					
$\bigcirc$ Explained: Suffocation with unsafe sleep factors							
O. NARRATIVE							
O1. NARRATIVE							
Use this space to provide more detail on the circumst	ances of the death	and to describe any other relevant i	nformation.				
P. FORM COMPLETED BY:							
Person:	Em	ail:					
Title:							
The.		te completed:					
Agency:	Dat	ta entry completed for this case?					
Phone:	For	State Program Use Only:					
	Dat	ta quality assurance completed by state?					
Ce The development of this report tool was si	Inter for Fatality Review 8	<b>RP</b> a Prevention	nal and Child Health				
		d Services Administration, Departmen					
Human Services and with additional funding from		· ·					
	Data Entry: https://						
www.ncfrp.org info@ncfr		-2434 Facebook and Twitter: Nation	onalCFRP				