CDR Report Form

National Fatality Review

Case Reporting System

Version 5.0

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

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

SAVING LIVES TOGETHER
Instructions:

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

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

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

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

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

HIPAA Reminder:

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

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

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

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

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

2. **Date of birth:**
   - mm/dd/yyyy

3. **Date of death:**
   - mm/dd/yyyy

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

5. **Race, check all that apply:**
   - White
   - Black
   - Native Hawaiian
   - Pacific Islander, specify: 
   - American Indian, Tribe: 
   - Alaskan Native, Tribe: 

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

7. **Sex:**
   - Male
   - Female
   - U/K

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

9. **Child's weight at death:**
   - Pounds/ounces /
   - Grams/kilograms

10. **Child's height at death:**
    - Feet/inches /
    - cm

11. **State of death:**

12. **County of death:**

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

   **If yes, check all that apply:**
   - Physical/Orthopedic, specify: 
   - Mental Health/Substance Abuse, specify: 
   - Cognitive/Intellectual, specify: 
   - Sensory, specify: 
   - Other, specify: 

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

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

15. **Child's health insurance, check all that apply:**
   - None
   - Indian Health Service
   - Medicaid
   - Other, specify:
   - State plan

16. **Was the child up to date with Academy of Pediatrics Immunization Schedule?**
   - Yes
   - No
   - U/K
   - U/K

17. **Type of residence:**
   - Parental home
   - Relative home
   - Jail/Detention
   - Licensed Group Home
   - Shelter
   - Licensed Foster Home
   - Relative Foster Home
   - Homeless
   - U/K

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

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

20. **Child ever homeless?**
   - Yes
   - No
   - U/K

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

22. **Child had history of child maltreatment?**
   - Yes
   - No
   - U/K

   **If yes, check all that apply:**
   - N/A
   - Physical
   - Neglect
   - Sexual
   - Emotional/Psychological

   **If through CPS:**
   - Yes
   - No
   - U/K

   **# CPS referrals**
   - U/K

   **# Substantiations**
   - U/K

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

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

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

25. **Child's highest education level:**
   - N/A
   - Drop out
   - None
   - HS Graduate
   - Preschool
   - College
   - Grade K-8
   - Other, specify:
   - Grade 9-12
   - U/K
   - Home schooled, K-8
   - Home schooled, 9-12

26. **Child's work status:**
   - Yes
   - No
   - U/K
   - Full time
   - Part time
   - U/K
   - Not working
   - U/K

27. **Did child have problems in school?**
   - Yes
   - No
   - U/K
   - Academic
   - Behavioral
   - Truancy
   - Expulsion
   - Suspensions
   - Other, specify:

28. **Child had history of intimate partner violence?**
   - Yes
   - No
   - U/K

   **Check all that apply:**
   - N/A
   - Yes, as victim
   - Yes, as perpetrator
   - No
   - U/K
29. Child's mental health (MH):
   - Child had received prior MH services?
     - N/A
     - Yes
     - No
     - U/K
   - Child was receiving MH services?
     - N/A
     - Yes
     - No
     - U/K
   - Child on medications for MH illness?
     - N/A
     - Yes
     - No
     - U/K
   - Issues prevented child from receiving MH services?
     - N/A
     - Yes
     - No
     - U/K
   - Child was receiving MH services?
     - Alcohol
     - Other, specify:
   - Child on medications for MH illness?
     - Cocaine
     - Other, specify:
 30. Child had history of substance abuse?
   - N/A
   - Yes
   - No
   - U/K
   - If yes, check all that apply:
     - Alcohol
     - Cocaine
     - Other, specify:
     - Marijuana
     - U/K
     - Methamphetamine
     - Opiates
     - Prescription drugs
     - Over-the-counter drugs
 31. Child had delinquent or criminal history?
   - N/A
   - Yes
   - No
   - U/K
   - If yes, check all that apply:
     - Assaults
     - Other, specify:
     - Robbery
     - Drugs
     - U/K
 32. Child spent time in juvenile detention?
   - N/A
   - Yes
   - No
   - U/K
 33. Child acutely ill in the two weeks before death?
   - N/A
   - Yes
   - No
   - U/K

A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR

35. Gestational age:
   - U/K
   - Grams/kg
   - # weeks
   - Pounds/ounces

36. Birth weight:
   - U/K

37. Multiple gestation:
   - Yes, #
   - No
   - U/K

38. Including the deceased infant, how many pregnancies did the birth mother have?
   - U/K

39. Including the deceased infant, how many live births did the birth mother have?
   - U/K

40. Not including the deceased infant, number of children birth mother still has living:
   - U/K

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

42. Were there access or compliance issues related to prenatal care?
   - Yes
   - No
   - U/K
   - If yes, check all that apply:
     - Lack of money for care
     - Language barriers
     - Lack of family/social support
     - Didn't think she was pregnant
     - Limitations of health insurance coverage
     - Couldn't get provider to take as patient
     - Services not available
     - Other, specify:
     - Lack of transportation
     - Multiple providers, not coordinated
     - Distrust of health care system
     - No phone
     - Couldn't get an earlier appointment
     - unwilling to obtain care
     - Unable to find time
     - Cultural differences
     - Lack of child care
     - Didn't know where to go

43. During pregnancy, did mother have any medical conditions/complications?
   - Yes
   - No
   - U/K
   - If yes, check all that apply:
     - Cardiovascular
     - Endocrine/Metabolic
     - STI (continued)
     - Gynecologic (continued)
     - Placental problems
     - Abortion
     - Other, specify:
     - Hematologic
     - Neurologic/Psychiatric
     - Other Condition/Complication
     - Other placental, specify:
     - Anemia (iron deficiency)
     - Folic acid deficiency
     - Sickle cell disease
     - Pre-eclampsia
     - Eclampsia
     - Clotting disorder
     - Polycystic ovarian disease
     - Other, specify:
     - Respiratory
     - Asthma
     - Pulmonary embolism
     - Sexual Transmission Infection (STI)
     - Bacterial vaginosis (BV)
     - Chlamydia
     - Gonorrhea
     - Herpes
     - HPV
     - Syphilis
     - Other, specify:
     - Cardiovascular
     - Folic acid deficiency
     - Sickle cell disease
     - Pre-eclampsia
     - Eclampsia
     - Clotting disorder
     - Anemia (iron deficiency)
     - Respiratory
     - Asthma
     - Pulmonary embolism
     - Sexual Transmission Infection (STI)
     - Bacterial vaginosis (BV)
     - Chlamydia
     - Gonorrhea
     - Herpes
     - HPV
     - Syphilis
     - Other, specify:

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

45. Did the mother use any medications, drugs or other substances during pregnancy?
   - Yes
   - No
   - U/K
   - If yes, check all that apply:
     - Over-the-counter meds
     - Anti-epileptic
     - Anti-epileptic
     - Nausea/vomiting medications
     - Cocaine
     - Methamphetamine
     - Other pain meds
     - Allergy medications
     - Anti-hypertensives
     - Cholesterol medications
     - Heroin
     - Methamphetamine
     - Other, specify:
     - Antibiotics
     - Anti-hypothyroidism
     - Sleeping pills
     - Opiates
     - Antibiotics
     - Anti-hypothyroidism
     - Sleeping pills
     - Opiates
     - Anti-flu/antivirals
     - Arthritis medications
     - Meds to treat preterm labor
     - Methamphetamine
     - Other, specify:
     - Anti-depressants/anti-anxiety/anti-psychotics
     - Diabetes medications
     - Meds used during delivery
     - Alcohol
     - Other, specify:
     - Medical conditions/complications
     - Other medications
     - If alcohol, infant born with fetal effects or syndrome?

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

47. Did the infant have neonatal abstinence syndrome (NAS)?
   - Yes
   - No
   - U/K
48. Level of birth hospital:
- 1° Free-standing birth hospital
- 2° Home birth
- 3° Other, specify: U/K

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

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

51. Did the infant have a NICU stay of more than one day?
If yes, for what reason(s)? Check all that apply:
- Prematurity
- Apnea
- Hypothermia
- Meconium aspiration
- Low birth weight
- Sepsis
- Jaundice
- Congenital anomalies
- Tachypnea
- Feeding difficulties
- Anemia
- Other, specify:
- Drug/alcohol exposure
- U/K

52. Did mother smoke in the 3 months before pregnancy?
- Yes
- No
- U/K

53. Did the mother smoke at any time during pregnancy?
- Trimester 1
- Trimester 2
- Trimester 3

54. Was mother injured during pregnancy?
- Yes
- No
- U/K

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

56. Infant ever breastfed?
- Yes
- No
- U/K

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

58. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):
- None
- Cyanosis
- Infection
- Seizures or convulsions
- Allergies
- Cardiac abnormalities
- Abnormal growth, weight gain/loss
- Other, specify:
- Apnea
- U/K

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

60. In the 72 hours prior to death, was the infant injured?
- Yes
- No
- U/K

61. In the 72 hours prior to death, was the infant given any vaccines?
- Yes
- No
- U/K

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

63. What did the infant have for his/her last meal? Check all that apply:
- Breast milk
- Formula, type:
- Baby food, type:
- Cereal, type:
- Other, specify:
- U/K

This space left intentionally blank.
B. BIOLOGICAL PARENT INFORMATION

No information available, go to Section C

1. Parents' race, check all that apply:
   - Female
   - Male
   - White
   - Black
   - Asian
   - American Indian
   - Alaskan Native

2. Parents' Hispanic or Latino origin?
   - Female
   - Male
   - Yes, specify origin:
   - No
   - U/K

3. Parents' age in years at death:
   - Female
   - Male
   - # Years

4. Parents' employment status:
   - Female
   - Male
   - Employed
   - Unemployed
   - On disability
   - Stay-at-home
   - Retired
   - U/K

5. Parents' income:
   - Female
   - Male
   - High
   - Medium
   - Low
   - U/K

6. Parents' education:
   - Female
   - Male
   - < High school
   - High school
   - College
   - Post graduate
   - U/K

7. Parents speak and understand English?
   - Female
   - Male
   - Yes
   - No
   - U/K

8. Parents first generation immigrant?
   - Female
   - Male
   - Yes, country of origin:
   - No
   - U/K

9. Parents on active military duty?
   - Female
   - Male
   - Yes, specify branch:
   - No
   - U/K

10. Parents receive social services in the past twelve months?
    - Female
    - Male
    - WIC
    - Home visiting, specify:
    - TANF
    - Medicaid
    - Food stamps/SNAP/EBT
    - Other, specify:
    - U/K

11. Parents have substance abuse history?
    - Female
    - Male
    - Yes
    - No
    - U/K

12. Parents ever victim of child maltreatment?
    - Female
    - Male
    - Yes
    - No
    - U/K

13. Parents ever perpetrator of maltreatment?
    - Female
    - Male
    - Yes
    - No
    - U/K

14. Parents have disability or chronic illness?
    - Female
    - Male
    - Yes
    - No
    - U/K

15. Parents have prior child deaths?
    - Female
    - Male
    - Yes
    - No
    - U/K

16. Parents have history of intimate partner violence?
    - Female
    - Male
    - Yes, as victim
    - Yes, as perpetrator
    - No
    - U/K

17. Parents have delinquent/criminal history?
    - Female
    - Male
    - Yes
    - No
    - U/K

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

# CPS referrals
# Substantiations

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

Other, specify:

If yes, as victim:
- Assaults
- Robbery
- Drugs
- Other, specify:
- U/K

Other, specify:
### C. PRIMARY CAREGIVER(S) INFORMATION

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

2. Caregiver(s) age in years:
   - [ ] One
   - [ ] Two
   - [ ] One
   - [ ] Two
   - [ ] One
   - [ ] Two
   - [ ] One
   - [ ] Two
   - [ ] Self, go to Section D
   - [ ] Foster parent
   - [ ] Other relative
   - [ ] Biological mother
   - [ ] Mother's partner
   - [ ] Friend
   - [ ] Biological father
   - [ ] Father's partner
   - [ ] Institutional staff
   - [ ] Other, specify:

3. Caregiver(s) sex:
   - [ ] Male
   - [ ] Female
   - [ ] Other, specify:

4. Caregiver(s) race, check all that apply:
   - [ ] White
   - [ ] Black
   - [ ] Asian, specify:
   - [ ] American Indian, Tribe:
   - [ ] Alaskan Native, Tribe:
   - [ ] Native Hawaiian
   - [ ] Pacific Islander, specify:
   - [ ] U/K
   - [ ] No
   - [ ] Yes
   - [ ] U/K
   - [ ] Yes, country of origin:
   - [ ] No
   - [ ] U/K
   - [ ] Yes, specify origin:

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

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

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

8. Caregiver(s) education:
   - [ ] College
   - [ ] Post graduate
   - [ ] U/K
   - [ ] High school
   - [ ] Yes, specify branch:
   - [ ] No
   - [ ] U/K
   - [ ] Yes
   - [ ] No
   - [ ] U/K
   - [ ] High school
   - [ ] Yes, country of origin:
   - [ ] No
   - [ ] U/K
   - [ ] Yes, specify origin:

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

10. Caregiver(s) first generation immigrant?
    - [ ] Yes
    - [ ] No
    - [ ] U/K
    - [ ] Yes, country of origin:
    - [ ] No
    - [ ] U/K
    - [ ] Yes, specify origin:

11. Caregiver(s) on active military duty?
    - [ ] Yes
    - [ ] No
    - [ ] U/K
    - [ ] Yes, specify branch:
    - [ ] No
    - [ ] U/K
    - [ ] Yes
    - [ ] No
    - [ ] U/K

12. Caregiver(s) receive social services in the past twelve months?
    - [ ] WIC
    - [ ] TANF
    - [ ] Medicaid
    - [ ] Food stamps/SNAP/EBT
    - [ ] Other, specify:
    - [ ] U/K

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

14. Caregiver(s) ever victim of child maltreatment?
    - [ ] Physical
    - [ ] Neglect
    - [ ] Sexual
    - [ ] Emotional/psychological
    - [ ] U/K
    - [ ] Yes, country of origin:
    - [ ] No
    - [ ] U/K
    - [ ] Yes, specify origin:
    - [ ] Yes
    - [ ] No
    - [ ] U/K

15. Caregiver(s) ever perpetrator of maltreatment?
    - [ ] Physical
    - [ ] Neglect
    - [ ] Sexual
    - [ ] Emotional/psychological
    - [ ] U/K
    - [ ] Yes
    - [ ] No
    - [ ] U/K
    - [ ] Yes
    - [ ] No
    - [ ] U/K

16. Caregiver(s) have disability or chronic illness?
    - [ ] Physical/orthopedic
    - [ ] Mental health/substance abuse
    - [ ] Cognitive/intellectual
    - [ ] Sensory
    - [ ] U/K
    - [ ] Yes
    - [ ] No
    - [ ] U/K
    - [ ] Yes
    - [ ] No
    - [ ] U/K

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

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

19. Caregiver(s) have delinquent/criminal history?
    - [ ] Assults
    - [ ] Robbery
    - [ ] Drugs
    - [ ] Other, specify:
    - [ ] U/K
    - [ ] Yes
    - [ ] No
    - [ ] U/K
    - [ ] Yes
    - [ ] No
    - [ ] U/K
### D. SUPERVISOR INFORMATION

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

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

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

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

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

5. Supervisor's age in years: _____  U/K

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

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

8. Supervisor on active military duty?
   - Yes  No  U/K

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

10. Supervisor has history of child maltreatment?
    - As Victim
      - Yes  No  U/K
      - If yes, check all that apply:
        - Alcohol
        - Cocaine
        - Marijuana
        - Methamphetamine
        - Opiates
        - Prescription drugs
        - Over-the-counter
        - Other, specify:
        - U/K
    - As Perpetrator
      - Yes  No  U/K
      - If yes, check all that apply:
        - Physical
        - Neglect
        - Sexual
        - Emotional/psychological
        # Substantiations
        # CPS referrals

11. Supervisor has disability or chronic illness?
    - Yes  No  U/K
    - If yes, check all that apply:
      - Physical/orthopedic, specify:
      - Mental health/substance abuse, specify:
      - Cognitive/intellectual, specify:
      - Sensory, specify:
      - U/K

12. Supervisor has prior child deaths?
    - Yes  No  U/K
    - If yes, check all that apply:
      - Child abuse # _____
      - Child neglect # _____
      - Accident # _____
      - Suicide # _____
      - SIDS # _____
      - Undetermined cause # _____
      - Other # _____
      - Other, specify:

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

14. Supervisor has delinquent or criminal history?
    - Yes  No  U/K
    - If yes, check all that apply:
      - Assault
      - Robbery
      - Drugs
      - Other, specify:
      - U/K

15. At the time of the incident, was the supervisor asleep?
    - Yes  No  U/K
    - If yes, select the most appropriate description of the supervisor's sleeping period at incident:
      - Night time sleep
      - Day time nap, describe:
      - Day time sleep (for example, supervisor is night shift worker), describe:
      - Other, describe:

16. At time of incident was supervisor impaired?
    - Yes  No  U/K
    - If yes, check all that apply:
      - Drug impaired, specify:
      - Alcohol impaired
      - Distracted
      - Absent
      - Impaired by illness, specify:
      - Impaired by disability, specify:
      - Other, specify:

### E. INCIDENT INFORMATION

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

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

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

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

4. Type of area:
   - Urban
   - Suburban
   - Rural
   - Frontier
   - U/K
<table>
<thead>
<tr>
<th>5. Incident state:</th>
<th>7. Did the death occur due to a natural disaster or mass fatality?</th>
<th>8. Was the incident witnessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Incident county:</th>
<th>9. Was the death occurred in a hospital setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Was 911 or local emergency called?</th>
<th>10. Was resuscitation attempted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. If yes, by whom?</th>
<th>11. If yes, type of resuscitation:</th>
<th>12. If yes, was a rhythm recorded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS</td>
<td>Stranger</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. At time of incident leading to death, had child used drugs or alcohol?</th>
<th>12. Child's activity at time of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. If yes, check all that apply:</th>
<th>13. Total number of deaths at incident event, including child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping</td>
<td>Working</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. If yes, describe:</th>
<th>14. Was any toxicology testing performed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. If yes, what were the results?</th>
<th>15. Was the child's medical history reviewed as part of the autopsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Opiate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. If yes, did this include:</th>
<th>16. What additional information would the team like to have known about the autopsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical examiner</td>
<td>Law enforcement</td>
</tr>
<tr>
<td>Crime scene investigator</td>
<td>17. What additional information would the team like to have known about the death scene investigation?</td>
</tr>
<tr>
<td>Medical examiner</td>
<td>Medical examiner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)?</th>
<th>18. Were any of these additional tests performed at or prior to the autopsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. If yes, what were the results?</th>
<th>19. Was the child's medical history reviewed as part of the death scene investigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. If yes, describe the differences:</th>
<th>20. What additional information would the team like to have known about the death scene investigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC's SUIDI Reporting Form or jurisdictional equivalent</td>
<td>Narrative description of circumstances</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. If yes, shared with review team?</th>
<th>21. Was the cause of death listed on the pathology report and on the death certificate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. If no, describe the differences:</th>
<th>22. Describe any abnormalities or other significant findings noted in the autopsy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. If yes, did this include:</th>
<th>23. What additional information would the team like to have known about the death scene investigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical examiner</td>
<td>Law enforcement</td>
</tr>
<tr>
<td>Crime scene investigator</td>
<td>24. Were any of these additional tests performed at or prior to the autopsy?</td>
</tr>
<tr>
<td>Medical examiner</td>
<td>Medical examiner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. If yes, what were the results?</th>
<th>25. Was the death investigation conducted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. If yes, check all that apply:</th>
<th>26. Was a death investigation conducted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical examiner</td>
<td>Law enforcement</td>
</tr>
<tr>
<td>Crime scene investigator</td>
<td>27. Were any of these additional tests performed at or prior to the autopsy?</td>
</tr>
<tr>
<td>Medical examiner</td>
<td>Medical examiner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27. If yes, what were the results?</th>
<th>28. Was a death investigation conducted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>28. If yes, check all that apply:</th>
<th>29. Was any toxicology testing performed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical examiner</td>
<td>Law enforcement</td>
</tr>
<tr>
<td>Crime scene investigator</td>
<td>29. If yes, what were the results?</td>
</tr>
<tr>
<td>Medical examiner</td>
<td>Medical examiner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29. If yes, what were the results?</th>
<th>30. Was the child's medical history reviewed as part of the death scene investigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>30. If yes, describe the differences:</th>
<th>31. Describe any abnormalities on the death scene investigation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>31. If yes, what were the results?</th>
<th>32. What additional information would the team like to have known about the death scene investigation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
14. Was a CPS record check conducted as a result of death?  Yes  No  U/K

15. Did any investigation find evidence of prior abuse?  N/A  Yes  No  U/K
Check all that apply:
- X-rays
- Autopsy
- CPS review
- Law enforcement

16. CPS action taken because of death?  N/A  Yes  No  U/K
If yes, highest level of action taken because of death:
- Report screened out and not investigated
- Unsubstantiated
- Inconclusive
- Substantiated

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

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

G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

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

2. Enter the following information exactly as written on the death certificate:  U/K
Immediate cause (final disease or condition resulting in death):
- a.
- b.
- c.
- d.

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

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

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

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

- Undetermined if injury or medical cause, go to H11

Page 10 of 24
### H1. MOTOR VEHICLE AND OTHER TRANSPORT

#### a. Vehicles involved in incident:

<table>
<thead>
<tr>
<th>Child's vehicle</th>
<th>Other primary vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ None</td>
<td>○</td>
</tr>
<tr>
<td>○ Car</td>
<td>○</td>
</tr>
<tr>
<td>○ Van</td>
<td>○</td>
</tr>
<tr>
<td>○ Sport utility vehicle</td>
<td>○</td>
</tr>
<tr>
<td>○ Truck</td>
<td>○</td>
</tr>
<tr>
<td>○ Semi/tractor trailer</td>
<td>○</td>
</tr>
<tr>
<td>○ RV</td>
<td>○</td>
</tr>
<tr>
<td>○ School bus</td>
<td>○</td>
</tr>
<tr>
<td>○ Other bus</td>
<td>○</td>
</tr>
<tr>
<td>○ Motorcycle</td>
<td>○</td>
</tr>
<tr>
<td>○ Tractor</td>
<td>○</td>
</tr>
<tr>
<td>○ Other farm vehicle</td>
<td>○</td>
</tr>
<tr>
<td>○ All terrain vehicle</td>
<td>○</td>
</tr>
<tr>
<td>○ Snowmobile</td>
<td>○</td>
</tr>
<tr>
<td>○ Bicycle</td>
<td>○</td>
</tr>
<tr>
<td>○ Train</td>
<td>○</td>
</tr>
<tr>
<td>○ Subway</td>
<td>○</td>
</tr>
<tr>
<td>○ Trolley</td>
<td>○</td>
</tr>
<tr>
<td>○ Other, specify:</td>
<td>○</td>
</tr>
</tbody>
</table>

#### b. Position of child:

<table>
<thead>
<tr>
<th>Driver</th>
<th>Passenger</th>
<th>If passenger, relationship of driver to child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front</td>
<td>Front</td>
<td>Biological parent</td>
</tr>
<tr>
<td>Back</td>
<td>Back</td>
<td>Adoptive parent</td>
</tr>
<tr>
<td>Truck bed</td>
<td>Truck bed</td>
<td>Stepparent</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Other, specify:</td>
<td>Foster parent</td>
</tr>
<tr>
<td>On bicycle</td>
<td>On bicycle</td>
<td>Father's partner</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>Pedestrian</td>
<td>Grandparent</td>
</tr>
<tr>
<td>Walking</td>
<td>Walking</td>
<td>Sibling</td>
</tr>
<tr>
<td>Boarding/blading</td>
<td>Boarding/blading</td>
<td>Other relative</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Other, specify:</td>
<td>Friend</td>
</tr>
<tr>
<td>UK</td>
<td>UK</td>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

#### c. Causes of incident, check all that apply:

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

#### d. Collision type:

<table>
<thead>
<tr>
<th>Child not in/on a vehicle, but struck by vehicle</th>
<th>Other event, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child in/on a vehicle, struck by other vehicle</td>
<td>U/K</td>
</tr>
<tr>
<td>Child in/on a vehicle that struck other vehicle</td>
<td>U/K</td>
</tr>
<tr>
<td>Child in/on a vehicle that struck person/object</td>
<td>U/K</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Normal</th>
<th>Inadequate lighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose gravel</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>Muddy</td>
<td>Ice/snow</td>
</tr>
<tr>
<td>Fog</td>
<td>U/K</td>
</tr>
<tr>
<td>Wet</td>
<td>Construction zone</td>
</tr>
</tbody>
</table>

#### f. Location of incident, check all that apply:

<table>
<thead>
<tr>
<th>City street</th>
<th>Driveway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential street</td>
<td>Parking area</td>
</tr>
<tr>
<td>Rural road</td>
<td>Highway</td>
</tr>
<tr>
<td>Off road</td>
<td>RR xing/tracks</td>
</tr>
<tr>
<td>Intersection</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>Shoulder</td>
<td>Sidewalk</td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Child as driver</th>
<th>Child's driver</th>
<th>Driver of other primary vehicle</th>
<th>Child as driver</th>
<th>Child's driver</th>
<th>Driver of other primary vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Age of Driver</td>
</tr>
<tr>
<td>○ &lt;16 years</td>
<td>○ &lt;16 years</td>
<td>○ &lt;16 years</td>
<td>○ &lt;16 years</td>
<td>○ &lt;16 years</td>
<td>○ &lt;16 years</td>
</tr>
<tr>
<td>○ 16 to 18 years old</td>
<td>○ 16 to 18 years old</td>
<td>○ 16 to 18 years old</td>
<td>○ 16 to 18 years old</td>
<td>○ 16 to 18 years old</td>
<td>○ 16 to 18 years old</td>
</tr>
<tr>
<td>○ 19 to 21 years old</td>
<td>○ 19 to 21 years old</td>
<td>○ 19 to 21 years old</td>
<td>○ 19 to 21 years old</td>
<td>○ 19 to 21 years old</td>
<td>○ 19 to 21 years old</td>
</tr>
<tr>
<td>○ 22 to 29 years old</td>
<td>○ 22 to 29 years old</td>
<td>○ 22 to 29 years old</td>
<td>○ 22 to 29 years old</td>
<td>○ 22 to 29 years old</td>
<td>○ 22 to 29 years old</td>
</tr>
<tr>
<td>○ 30 to 65 years old</td>
<td>○ 30 to 65 years old</td>
<td>○ 30 to 65 years old</td>
<td>○ 30 to 65 years old</td>
<td>○ 30 to 65 years old</td>
<td>○ 30 to 65 years old</td>
</tr>
<tr>
<td>○ &gt;65 years old</td>
<td>○ &gt;65 years old</td>
<td>○ &gt;65 years old</td>
<td>○ &gt;65 years old</td>
<td>○ &gt;65 years old</td>
<td>○ &gt;65 years old</td>
</tr>
</tbody>
</table>

#### h. Total number of occupants in vehicles:

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

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

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

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

**a. Ignition, heat or electrocution source:**
- Matches
- Cigarette lighter
- Utility lighter
- Cigarette or cigar
- Cooking stove
- Other explosives
- Lightning
- Other hot liquid, specify:
- Oven
- Hot cooking water
- Other, specify:
- Other, specify:
- Spilled/leaking
- Fires

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

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

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

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

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

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

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

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

**j. Did any factors delay fire department arrival?**
- Yes
- No
- U/K

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

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

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

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

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

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

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

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

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

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

### H3. DROWNING

**a. Where was child last seen before drowning?**
- Checking all that apply:
- In water
- In yard
- On shore
- In bathroom
- On dock
- In house
- Poolside
- Other, specify:
- U/K

**b. What was child last seen doing before drowning?**
- Playing
- Tubing
- Boating
- Waterskiing
- Swimming
- Sleeping
- Bathing
- Other, specify:
- Fishing
- Surfing
- U/K

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

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

**e. For open water, place:**
- Lake
- Quarry
- River
- Gravel pit
- Pond
- Canal
- Creek
- Ocean
- Other, specify:
- U/K

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

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

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

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

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

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

**l. Length of time owners had pool/hot tub/spa:**
- N/A
- >1yr
- <6 months
- 6m-1yr
### m. Flotation device used?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If yes, check all that apply:
  - Coast Guard approved
  - Not Coast Guard approved
  - Jacket
  - Cushion
  - Lifesaving ring
  - Swim rings
  - Inner tube
  - Air mattress
  - Other, specify:

### n. What barriers/layers of protection existed to prevent access to water?

- Check all that apply:
  - None
  - Alarm, go to r
  - Fence, go to o
  - Cover, go to s
  - Gate, go to p
  - U/K
  - Door, go to q

### o. Fence:

- Describe type:
- Fence height in ft ______
- Fence surrounds water on:
  - Four sides
  - Two or less sides
  - Three sides
  - U/K

### p. Gate, check all that apply:

- Has self-closing latch
- Has lock
- Is a double gate
- Opens to water
- U/K

### q. Door, check all that apply:

- Patio door
- Screen door
- Barrier between door and water
- U/K

### r. Alarm, check all that apply:

- Door
- Window
- Pool
- Laser
- U/K

### s. Type of cover:

- Hard
- Soft
- U/K

### t. Local ordinance(s) regulating access to water?

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

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

### u. How were layers of protection breached? Check all that apply:

- No layers breached
- Gate left open
- Gate unlocked
- Gate latch failed
- Gap in gate
- Climbed fence
- U/K

### v. Child able to swim?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

### w. For bathtub, child in a bathing aid?

- Yes
- No
- U/K

### x. Warning sign or label posted?

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

### y. Lifeguard present?

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

### z. Rescue attempt made?

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

### aa. Did rescuer(s) also drown?

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

### bb. Appropriate rescue equipment present?

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

### H4. UNINTENTIONAL ASPHYXIA

#### a. Type of event:

- Suffocation, go to b
- Strangulation, go to c
- Choking, go to d
- Other, specify and go to e
- U/K, go to e

#### b. If suffocation/asphyxia, action causing event:

- Sleep-related (e.g. bedding, overlay, wedged)
- Confined in tight space
- Swaddled in tight blanket, but not sleep-related
- Refrigerator/freezer
- Wedged into tight space, but not sleep-related, specify:
- Toy chest
- Automobile
- Asphyxia by gas, go to H7g
- Trunk
- Other, specify:
- U/K

#### c. If strangulation, object causing event:

- Clothing
- Blind cord
- Car seat
- Stroller
- High chair
- Belt
- Rope/string
- U/K

#### d. If choking, object causing choking:

- Food, specify:
- Toy, specify:
- Balloon
- Other, specify:
- U/K

#### e. Was asphyxia an autoerotic event?

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

#### f. History of seizures?

- Yes
- No
- U/K

#### g. History of apnea?

- Yes
- No
- U/K

#### h. Was Heimlich Maneuver attempted?

- Yes
- No
- U/K
### H5. ASSAULT, WEAPON OR PERSON'S BODY PART

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

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

<table>
<thead>
<tr>
<th>h. Owner of fatal firearm:</th>
<th>i. Sex of fatal firearm owner:</th>
<th>j. Type of sharp object:</th>
<th>k. Type of blunt object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparent</td>
<td>Male</td>
<td>Kitchen knife</td>
<td>Bat</td>
</tr>
<tr>
<td>Sibling</td>
<td>Female</td>
<td>Switchblade</td>
<td>Club</td>
</tr>
<tr>
<td>Spouse</td>
<td>Co-worker</td>
<td>Pocketknife</td>
<td>Stick</td>
</tr>
<tr>
<td>Other relative</td>
<td>Institutional staff</td>
<td>Razor</td>
<td>Rock</td>
</tr>
<tr>
<td>Friend</td>
<td>Neighbor</td>
<td>Hunting knife</td>
<td>Household item</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>Rival gang member</td>
<td>Scissors</td>
<td></td>
</tr>
<tr>
<td>Child's boyfriend</td>
<td>Stranger</td>
<td>Other, specify:</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>or girlfriend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classmate</td>
<td>U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. What did person's body part do?</th>
<th>m. Did person using weapon have history of weapon-related offenses?</th>
<th>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?</th>
<th>o. Persons handling weapons at time of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beat, kick or punch</td>
<td>Yes</td>
<td>Yes, describe circumstances:</td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Drop</td>
<td>No</td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Push</td>
<td>U/K</td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Bite</td>
<td></td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Shake</td>
<td></td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Strangle/choke</td>
<td></td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Throw</td>
<td></td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Drown</td>
<td></td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Burn</td>
<td></td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>No</td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
<td></td>
<td>Fatal and/or Other weapon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. Use of weapon at time, check all that apply:</th>
<th>r. Sex of person(s) handling weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self injury</td>
<td>Male</td>
</tr>
<tr>
<td>Commission of crime</td>
<td>Female</td>
</tr>
<tr>
<td>Drug dealing/trading</td>
<td>U/K</td>
</tr>
<tr>
<td>Drive-by shooting</td>
<td></td>
</tr>
<tr>
<td>Random violence</td>
<td></td>
</tr>
<tr>
<td>Screen</td>
<td></td>
</tr>
<tr>
<td>No screen</td>
<td></td>
</tr>
<tr>
<td>U/K screen</td>
<td></td>
</tr>
</tbody>
</table>

### H6. FALL OR CRUSH

<table>
<thead>
<tr>
<th>a. Type:</th>
<th>b. Height of fall:</th>
<th>c. Child fell from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall, go to b</td>
<td>_______ feet</td>
<td>Open window</td>
</tr>
<tr>
<td>Crush, go to h</td>
<td>_______ inches</td>
<td>Screen</td>
</tr>
<tr>
<td>Screen</td>
<td>No screen</td>
<td>Open window</td>
</tr>
<tr>
<td>U/K if screen</td>
<td></td>
<td>Screen</td>
</tr>
<tr>
<td>Natural elevation</td>
<td></td>
<td>Man-made elevation</td>
</tr>
<tr>
<td>Stairs/steps</td>
<td></td>
<td>Moving object, specify:</td>
</tr>
<tr>
<td>Moving object, specify:</td>
<td></td>
<td>Animal, specify:</td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td>Other, specify:</td>
</tr>
</tbody>
</table>
d. Surface child fell onto:  
- Cement/concrete
- Grass
- Gravel
- Wood floor
- Carpeted floor
- Linoleum/vinyl
- Marble/tile
- Other, specify: UK
- U/K

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

f. Child in a baby walker?  
- N/A
- Yes
- No
- U/K

h. For crush, did child:  
- N/A
- Pull object down
- Hide behind object
- Go behind object
- Fall out of object
- Other, specify: UK
- U/K

i. For crush, object causing crush:  
- Appliance
- Dirt/sand
- Television
- Person, go to H5q
- Furniture
- Commercial equipment
- Walls
- Farm equipment
- Playground equipment
- Other, specify: Animal
- Tree branch
- Boulders/rocks

H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

- Antidepressant
- Pain medication
- Pain medication (opiate)
- Pain medication (non-opiate)
- Methadone
- Other, specify:
- Other Rx, specify:
- Alcohol
- Carbon monoxide, go to e
- Fume/gas/vapor
- Other, specify:

If prescription, was it child’s?  
- Yes
- No
- U/K

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

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

d. Did container have a child safety cap?  
- N/A
- Yes
- No
- U/K

e. Was the incident the result of?  
- Accidental overdose
- Medical treatment mishap
- Adverse effect, but not overdose
- Deliberate poisoning
- Acute intoxication
- Other, specify: UK

f. Was Poison Control called?  
- Yes
- No
- U/K
If yes, who called:  
- Child
- Parent
- Other caregiver
- First responder
- Medical person
- Other, specify: U/K

H8. MEDICAL CONDITION

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

b. Was death expected as a result of the medical condition?  
- N/A, not previously diagnosed
- Yes
- No
- U/K, But at a later date

If yes, within 48 hours of the death?  
- Yes
- No
- U/K

c. Was child receiving health care for the medical condition?  
- Yes
- No
- U/K

f. Was the medical condition associated with an outbreak?  
- Yes
- No
- U/K

H9. OTHER KNOWN INJURY CAUSE

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

11. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

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

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

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

a. Was this death:
   - A homicide?
   - A suicide?
   - An overdose?
   - A result of an external cause that was the obvious and only reason for the fatal injury?
   - Expected within 6 months due to terminal illness?
   - None of the above, go to I1b THIS IS AN SDY CASE
   - Unknown, go to I1b

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

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

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

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms?
   - U/K for all

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present more than 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>U/K</td>
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<tr>
<td>Chest pain</td>
<td></td>
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<tr>
<td>Dizziness/lightheadedness</td>
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<td>Fainting</td>
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</tr>
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<td>Confusion</td>
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<td>Convulsions/seizure</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Head injury</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

   Slurred speech
   Other, specify:

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood disease</td>
<td></td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td>Yes</td>
</tr>
<tr>
<td>Sickle cell trait</td>
<td>No</td>
</tr>
<tr>
<td>Thorbophila (clotting disorder)</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>Abnormal electrocardiogram</td>
<td>Yes</td>
</tr>
<tr>
<td>(EKG or ECG)</td>
<td>No</td>
</tr>
<tr>
<td>Aneurysm or aortic dilatation</td>
<td></td>
</tr>
<tr>
<td>Arrhythmia/arrhythmia syndrome</td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td></td>
</tr>
<tr>
<td>Commotio cordis</td>
<td></td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td></td>
</tr>
<tr>
<td>Coronary artery abnormality</td>
<td></td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td></td>
</tr>
<tr>
<td>(atherosclerosis)</td>
<td></td>
</tr>
<tr>
<td>Endocarditis</td>
<td></td>
</tr>
<tr>
<td>Heart failure</td>
<td></td>
</tr>
<tr>
<td>Heart murmur</td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>Myocarditis (heart infection)</td>
<td></td>
</tr>
<tr>
<td>Pulmonary hypertension</td>
<td></td>
</tr>
<tr>
<td>Sudden cardiac arrest</td>
<td></td>
</tr>
</tbody>
</table>

   | Neurologic                    | Diagnosed |
   | Anoxic brain injury           | Yes       |
   | Traumatic brain injury/       | No        |
   | head injury/concussion        |           |
   | Brain tumor                   |           |
   | Brain aneurysm                |           |
   | Brain hemorrhage              |           |
   | Developmental brain disorder  |           |
   | Epilepsy/seizure disorder     |           |
   | Febrile seizure               |           |
   | Mesiial temporal sclerosis    |           |
   | Neurodegenerative disease     |           |
   | Stroke/mini stroke/           |           |
   | Central nervous system infection |       |
   | (meningitis or encephalitis)  |           |

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

Page 16 of 24
If a more specific diagnosis is known, provide any additional information:

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply:
- Cardiac ablation
- Cardiac device placement
  - (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
- None
- Heart surgery
- Heart transplant
- Interventional cardiac catheterization
- Other, specify:

f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms? Check all that apply:
- Y/N/U/K for all

<table>
<thead>
<tr>
<th>Deaths</th>
<th>Y/N/U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden unexpected death before age 50</td>
<td>Y/N/U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Disease</th>
<th>Y/N/U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart condition/heart attack or stroke before age 50</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Aortic aneurysm or aortic rupture</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Arhythmia (fast or irregular heart rhythm)</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td>Y/N/U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic Disease</th>
<th>Y/N/U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy or convulsions/seizure</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Other neurologic disease</td>
<td>Y/N/U/K</td>
</tr>
</tbody>
</table>

If sudden unexpected death before age 50, describe the type of event, which relative, and relative’s age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Y/N/U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Febrile seizures</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Unexplained fainting</td>
<td>Y/N/U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Diagnoses</th>
<th>Y/N/U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital deafness</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Connective tissue disease</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Mitochondrial disease</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Muscle disorder or muscular dystrophy</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Thrombophilia (clotting disorder)</td>
<td>Y/N/U/K</td>
</tr>
<tr>
<td>Other diseases that are genetic or run in families, specify:</td>
<td>Y/N/U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N/U/K</td>
</tr>
</tbody>
</table>

If yes, describe the test/gene tested, reason for testing, family member tested, and results:

Was a gene mutation found?
- Y/N/U/K

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

If yes, describe:

i. Within 2 weeks prior to death had the child:
- N/A/Yes/No/U/K

Taken extra doses of prescribed medications
Missed doses of prescribed medications
Changed prescribed medications, describe:

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

If not compliant, describe why and how often:

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

If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?
- U/K for all at time of incident

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

If yes to physical activity, describe type of activity:
- At incident
- Within 24 hours of incident

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

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

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

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

- Chest pain
- Headache
- Confusion
- Palpitations
- Convulsions/seizure
- Shortness of breath/difficulty breathing
- Dizziness/lightheadedness
- Other, specify:
- Fainting
- U/K

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

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

If yes:
- Was it done within a year prior to death?
- Y/N/U/K

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

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

<table>
<thead>
<tr>
<th>p. How old was the child when diagnosed with epilepsy/seizure disorder?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 (infant) through 20 years: ________</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. What were the underlying cause(s) of the child’s seizures?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain injury/trauma, specify:</td>
</tr>
<tr>
<td>Genetic/chromosomal</td>
</tr>
<tr>
<td>Brain tumor</td>
</tr>
<tr>
<td>Cerebrovascular</td>
</tr>
<tr>
<td>Central nervous system infection</td>
</tr>
<tr>
<td>Degenerative process</td>
</tr>
<tr>
<td>Developmental brain disorder</td>
</tr>
<tr>
<td>Inborn error of metabolism</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>t. How many seizures did the child have in the year preceding death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O/never</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>u. Did treatment for seizures include anti-epileptic drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>v. Was night surveillance used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

---

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

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

<table>
<thead>
<tr>
<th>a. Incident sleep place:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Adult bed</td>
</tr>
<tr>
<td>○ Car seat</td>
</tr>
<tr>
<td>If adult bed, what type?</td>
</tr>
<tr>
<td>○ Twin</td>
</tr>
<tr>
<td>○ Bed position</td>
</tr>
<tr>
<td>If futon,</td>
</tr>
<tr>
<td>○ Full</td>
</tr>
<tr>
<td>○ Couch position</td>
</tr>
<tr>
<td>If car seat, was car seat secured in seat of car?</td>
</tr>
<tr>
<td>○ Queen</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
<tr>
<td>If yes, go to I2a</td>
</tr>
<tr>
<td>If no, go to I2s</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Child put to sleep:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ On back</td>
</tr>
<tr>
<td>○ On stomach</td>
</tr>
<tr>
<td>○ On side</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ On back</td>
</tr>
<tr>
<td>○ On stomach</td>
</tr>
<tr>
<td>○ On side</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Usual sleep place:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Baby box</td>
</tr>
<tr>
<td>○ Floor</td>
</tr>
<tr>
<td>If adult bed, what type?</td>
</tr>
<tr>
<td>○ Twin</td>
</tr>
<tr>
<td>○ Bed position</td>
</tr>
<tr>
<td>If futon,</td>
</tr>
<tr>
<td>○ Full</td>
</tr>
<tr>
<td>○ Couch position</td>
</tr>
<tr>
<td>If car seat, was car seat secured in seat of car?</td>
</tr>
<tr>
<td>○ Queen</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Usual sleep position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ On back</td>
</tr>
<tr>
<td>○ On stomach</td>
</tr>
<tr>
<td>○ On side</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Was there any type of crib, Pack ‘n Play, bassinet, bed side sleeper or baby box in home for child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Child in a new or different environment than usual?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Child last placed to sleep with a pacifier?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Child wrapped or swaddled in blanket?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Child overheated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. Child exposed to second hand smoke?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Child's face when found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Down</td>
</tr>
<tr>
<td>○ Up</td>
</tr>
<tr>
<td>○ Turned</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>m. Child's neck when found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Hypere extended (head back)</td>
</tr>
<tr>
<td>○ Hypoextended (chin to chest)</td>
</tr>
<tr>
<td>○ Neutral</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. Child's airway (includes nose, mouth, neck and/or chest):</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Unobstructed by person or object</td>
</tr>
<tr>
<td>○ Fully obstructed by person or object</td>
</tr>
<tr>
<td>○ Partially obstructed by person or object</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>o. If fully or partially obstructed, what was obstructed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Nose</td>
</tr>
<tr>
<td>○ Chest compressed</td>
</tr>
<tr>
<td>○ Mouth</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
<tr>
<td>○ Neck compressed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p. If fully or partially obstructed, describe obstruction in detail:</th>
</tr>
</thead>
</table>
### Objects in Child's Sleep Environment and Relation to Airway Obstruction:

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

If present, describe position of object:
- Adult(s) of child: [ ]
- Comforter, quilt, or other under child: [ ]
- Fitted sheet under adult: [ ]
- Thin blanket/flat sheet on top of adult: [ ]
- Pillow(s) on top of child: [ ]
- Comforter, quilt, or other under next adult: [ ]
- Fitted sheet under child: [ ]
- Thin blanket/flat sheet on top of child: [ ]
- Pillow(s) on top of next adult: [ ]
- Comforter, quilt, or other around child: [ ]
- Fitted sheet around adult: [ ]
- Thin blanket/flat sheet around child: [ ]
- Pillow(s) around next adult: [ ]
- Comforter, quilt, or other tangled: [ ]
- Fitted sheet tangled: [ ]
- Thin blanket/flat sheet tangled: [ ]
- Pillow(s) tangled: [ ]

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

---

### Caregiver/Supervisor Fell Asleep While Feeding Child?

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

If yes, type of feeding:
- Bottle [ ]
- Breast [ ]
- U/K [ ]

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

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

If yes, check all that apply:
- With adult(s): [ ]
- # [ ]
- # U/K [ ]
- Adult obese: [ ]
- Yes [ ]
- No [ ]
- U/K [ ]
- With other children: [ ]
- # [ ]
- # U/K [ ]
- Children's ages: [ ]
- With animal(s): [ ]
- # [ ]
- # U/K [ ]
- Type(s) of animal: [ ]

### Is There a Scene Recreation Photo Available for Upload?

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

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

---

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

- Yes [ ]
- No, go to I4 [ ]
- U/K, go to I4 [ ]

a. Describe product and circumstances:

b. Was product used properly?

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

c. Is a recall in place?

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

d. Did product have safety label?

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

e. Was Consumer Product Safety Commission (CPSC) notified?

- Yes [ ]
- No, go to www.saferproducts.gov to report [ ]
- U/K [ ]

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

- Yes [ ]
- No, go to I5 [ ]
- U/K, go to I5 [ ]

a. Type of crime, check all that apply:

- Robbery/burglary [ ]
- Other assault [ ]
- Arson [ ]
- Illegal border crossing [ ]
- U/K [ ]
- Interpersonal violence [ ]
- Gang conflict [ ]
- Prostitution [ ]
- Auto theft [ ]
- Sexual assault [ ]
- Drug trade [ ]
- Witness intimidation [ ]
- Other, specify: [ ]
### I5. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS

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

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

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

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

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

If yes, was there impact?
- Yes
- No
- U/K

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

**f.** Child neglect, check all that apply:
- Failure to provide necessities
  - Food
  - Shelter
  - Other, specify:
- Failure to provide supervision
- Emotional neglect, specify:
- Abandonment, specify:
- Failure to seek/follow treatment, specify:
- If yes, was this due to religious or cultural practices?
  - Yes
  - No
  - U/K

**g.** Exposure to hazards:
- Do not include child’s own behavior.
  - Hazard(s) in sleep environment (including sleep position and co-sleeping)
- Fire hazard
- Unsecured medication/poison
- Firearm hazard
- Water hazard
- Motor vehicle hazard
- Other hazard, specify:

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

If yes, explain in Narrative

### I6. SUICIDE

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

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

- A note was left
- Child talked about suicide
- Prior suicide threats were made
- Prior attempts were made
- Suicide was completely unexpected
- Child had a history of running away

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

- Child had a history of self mutilation
- There is a family history of suicide
- Suicide was part of a murder-suicide
- Suicide was part of a suicide pact
- Suicide was part of a suicide cluster

**b.** For suicide, was there a history of acute or cumulative personal crises that may have contributed to the child's despondency? Check all that apply:
- None known
- Family discord
- Parents' divorce/separation
- Argument with parents/caregivers
- Argument with boyfriend/girlfriend
- Breakup with boyfriend/girlfriend
- Argument with other friends
- Emotional neglect/abuse
- Rumor mongering
- Suicide by friend or relative
- Other death of friend or relative
- Bullying as victim
- Bullying as perpetrator
- School failure
- Move/new school
- Other serious school problems
- Pregnancy
- Physical abuse/assault
- Rape/sexual abuse
- Problems with the law
- Drugs/alcohol
- Sexual orientation/gender identity
- Job problems
- Money problems
- Involvement in computer or video games
- Involvement with the Internet, specify: U/K
- Other, specify: U/K
### J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

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

2. What act(s)?
   - Check only one per column and describe in narrative.
   
<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
   | ☐   | ☐   | Child abuse
   | ☐   | ☐   | Child neglect
   | ☐   | ☐   | Poor/absent supervision
   | ☐   | ☐   | Exposure to hazards
   | ☐   | ☐   | Assault, not child abuse
   | ☐   | ☐   | Other, specify:

3. Did the team have information about the person(s)?
   - Select one for each person responsible.
   
<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
   | ☐   | ☐   | Medical provider
   | ☐   | ☐   | Institutional staff
   | ☐   | ☐   | Babysitter
   | ☐   | ☐   | Licensed child care worker
   | ☐   | ☐   | Other, specify:

4. Is person listed in a previous section?
   - Yes, biological mother, go to J17
   - Yes, biological father, go to J17
   - Yes, caregiver one, go to J17
   - Yes, caregiver two, go to J17
   - Yes, supervisor, go to J19
   - No

5. Primary person(s) responsible for action(s):
   - Select one for each person responsible.
   
<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
</table>
   | ☐   | ☐   | Adoptive parent
   | ☐   | ☐   | Stepparent
   | ☐   | ☐   | Foster parent
   | ☐   | ☐   | Mother's partner
   | ☐   | ☐   | Father's partner
   | ☐   | ☐   | Grandparent
   | ☐   | ☐   | Sibling
   | ☐   | ☐   | Other relative
   | ☐   | ☐   | Friend
   | ☐   | ☐   | Acquaintance
   | ☐   | ☐   | Child's boyfriend or girlfriend
   | ☐   | ☐   | Stranger

6. Person's age in years:
   - ☐ Yes
   - ☐ No
   - ☐ U/K

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

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

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

10. Person(s) have history of substance abuse?
    - ☐ Yes
    - ☐ No
    - ☐ U/K
    - If yes, check all that apply:
      - ☐ Alcohol
      - ☐ Cocaine
      - ☐ Marijuana
      - ☐ Methamphetamine
      - ☐ Opiates
      - ☐ Prescription drugs
      - ☐ Over-the-counter
      - ☐ Other, specify:
      - ☐ U/K

11. Person(s) have history of child maltreatment as victim?
    - ☐ Yes
    - ☐ No
    - ☐ U/K
    - If yes, check all that apply:
      - ☐ Physical
      - ☐ Neglect
      - ☐ Sexual
      - ☐ Emotional/psychological
      - ☐ U/K

12. Person(s) have history of child maltreatment as a perpetrator?
    - ☐ Yes
    - ☐ No
    - ☐ U/K
    - If yes, check all that apply:
      - ☐ Physical
      - ☐ Neglect
      - ☐ Sexual
      - ☐ Emotional/psychological
      - ☐ U/K

13. Person(s) have disability or chronic illness?
    - ☐ Yes
    - ☐ No
    - ☐ U/K
    - If yes, check all that apply:
      - ☐ Physical/orthopedic, specify:
      - ☐ Mental health/substance abuse, specify:
      - ☐ Sensory/Intellectual, specify:
      - ☐ U/K

14. Person(s) have prior child deaths?
    - ☐ Yes
    - ☐ No
    - ☐ U/K
    - If yes, check all that apply:
      - ☐ Child abuse #_______
      - ☐ Child neglect #_______
      - ☐ Accident #_______
      - ☐ Suicide #_______
      - ☐ SIDS #_______
      - ☐ Undetermined cause #_______
      - ☐ Other #_______
      - ☐ Ever in foster care or adopted

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

16. Person(s) have delinquent/criminal history?
    - ☐ Yes
    - ☐ No
    - ☐ U/K
    - If yes, check all that apply:
      - ☐ Assaults
      - ☐ Robbery
      - ☐ Drugs
      - ☐ Other, specify:
      - ☐ U/K

17. At the time of the incident, was the person asleep?
    - ☐ Yes
    - ☐ No
    - ☐ U/K
    - If yes, select the most appropriate description of the person's sleeping period at incident:
      - ☐ Night time sleep
      - ☐ Day time nap
      - ☐ Day time sleep: describe:
      - ☐ Other, describe:
18. At time of incident was person impaired?
   - Yes
   - No
   - U/K

If yes, check all that apply:
   - Drug impaired, specify: [ ]
   - Alcohol impaired
   - Distracted
   - Absent
   - Impaired by illness
   - Impaired by disability
   - Other, specify: [ ]

19. Person(s) have, check all that apply:
   - One
   - Two
   - Yes
   - No
   - U/K

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

20. Legal outcomes in this death, check all that apply:
   - One
   - Two
   - No charges filed
   - Charges pending
   - Charges filed, specify:
   - Charges dismissed
   - Confession
   - Plead, specify:
   - Not guilty verdict
   - Guilty verdict, specify:
   - Tort charges, specify:
   - U/K

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

1. Were new or revised services recommended or implemented as a result of the death?
   - Yes
   - No
   - U/K

If yes, select one option per row:
- Bereavement counseling
- Debriefing for professionals
- Economic support
- Funeral arrangements
- Emergency shelter
- Mental health services
- Foster care
- Health services
- Legal services
- Genetic counseling
- Home visiting
- Substance abuse
- Other, specify:

Review led to referral
- N/A
- Not available
- Referral needed
- U/K

Referral for service before review
- U/K

L. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

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

If yes, select all that apply and describe:
   - Child welfare
   - Law enforcement
   - Public health
   - Coroner/medical examiner
   - Courts
   - Health care systems
   - Education
   - Mental health
   - EMS
   - Substance abuse
   - Other, specify:

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

3. What recommendations and/or initiatives resulted from the review? Check all that apply:
   - No recommendations and/or initiatives made, go to L7

   Current Action Stage
   - Recommendation
   - Implementation
   - Local
   - State
   - National

   Education
   - Media campaign
   - School program
   - Community safety project
   - Provider education
   - Parent education
   - Public forum
   - Other education

   Law
   - New law/ordinance
   - Amended law/ordinance
   - Enforcement of law/ordinance
   - Modify a consumer product
   - Recall a consumer product
   - Modify a public space
   - Modify a private space(s)
   - Other, specify:

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

5. Briefly describe recommendations and/or initiatives that will be or have been implemented as a result of the death:
6. Who was given the recommendation(s) or initiative(s) to implement? Check all that apply:

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

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

M. THE REVIEW MEETING PROCESS

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

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

- Medical examiner/coroner
- CPS
- Other health care
- Mental health
- Child advocate
- Law enforcement
- Other social services
- Fire
- Substance abuse
- Military
- Prosecutor/district attorney
- Physician
- EMS
- Home visiting
- Domestic violence
- Public health
- Nurse
- Faith based organization
- Healthy Start
- Others, list:
- HMO/managed care
- Hospital
- Education
- Court

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

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

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

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

7. Review meeting outcomes, check all that apply:

- Review led to additional investigation
- Review led to the delivery of services
- Review led to changes in agency policies or practices
- Review led to prevention initiatives being implemented
- Because of the review, the official cause or manner of death was changed

N. SUID AND SDY CASE REGISTRY

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

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

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

3. Notes from Advanced Review meeting, including case details that helped determine SDY categorization and any ways to improve the review:

4. Professionals at the Advanced Review meeting, check all that apply:

- Cardiologist
- Death investigator
- Geneticist or genetic counselor
- Pediatrician
- CDR representative
- Epileptologist
- Mental health professional
- Public health representative
- Coroner
- Forensic pathologist/medical examiner
- Neonatologist
- Others, specify:

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

6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary?  
   - N/A
   - Yes
   - No
   - U/K
7. Was a specimen sent to the SDY Case Registry biorepository?
- N/A
- Yes
- No
- U/K

8. Did the family consent to have DNA saved as part of the SDY Case Registry?
- N/A
- Yes
- No
- U/K
- Consent was not attempted
- Consent was attempted but follow up was unsuccessful
- Consent was attempted but family declined
- Other, specify:

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

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

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

O. NARRATIVE

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

P. FORM COMPLETED BY:

Person: 
Title: 
Agency: 
Phone: 
Email: 
Date completed: 
Data entry completed for this case? 

For State Program Use Only: 
Data quality assurance completed by state? 

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Data Entry: https://data.ncfrp.org
www.ncfrp.org info@ncfrp.org 1-800-656-2434 Facebook and Twitter: NationalCFRP