NATIONAL CFRP
Center for Fatality Review & Prevention

Saving Lives Together

Child Death Review Case Reporting System

Case Report - Version 4.1

Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National CDR Case Reporting System. This system is available to states from the National Center for Fatality Review & Prevention and requires a data use agreement for state and local data entry. System functions include data entry, case report, editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review. The form 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 CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form 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. The form can be partially filled out before a meeting.

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. They find that the percentage of unknowns and unanswered questions decreases as the team becomes more familiar with the form.

The form contains three types of questions: (1) Those that users should only select <u>one</u> response as represented by a circle; (2) Those in which users can select <u>multiple</u> responses as represented by a square; and (3) Those in which users enter text. This last type is indicated by the words 'specify' or 'describe'.

Most questions have a selection for unknown (U/K). 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 is not applicable.

This edition is Version 4.1, effective June 2016. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Fatality Review & Prevention. This latest version incorporates the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.

Data entry website: https://cdrdata.org

Phone: 1-800-656-2434 Email: info@childdeathreview.org Website: www.childdeathreview.org

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CASE NUMBER

_____ /_____/_____/_____

State / County or Team Number / Year of Review / Sequence of Review

Case Type: ○ Death ○ Near death/serious injury ○ Not born alive

Death Certificate Number:

Birth Certificate Number:

ME/Coroner Number:

Date CDRT Notified of Death:

A. CHILD INFORMATION

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

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

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

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

5. Race, check all that apply: ☐ U/K
☐ White ☐ Native Hawaiian
☐ Black ☐ Pacific Islander, specify:
☐ Asian, 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: ☐ U/K
Street: Apt.
City:
State: Zip: County:

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

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

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

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

13. Number of other children living with child: _____ ☐ U/K

14. Child's weight: ☐ U/K
○ Pounds/ounces _____/_____
○ Grams/kilograms _____

15. Child's height: ☐ U/K
○ Feet/inches _____/_____
○ Cm _____

16. 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

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

18. Did child have problems in school?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Academic ☐ Behavioral
☐ Truancy ☐ Expulsion
☐ Suspensions ☐ U/K
☐ Other, specify:

19. Child's health insurance, check all that apply:
☐ None
☐ Private
☐ Medicaid
☐ [illegible]lan
☐ Indian Health Service
☐ Other, specify:
☐ U/K

20. Child had disability or chronic illness?
○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Physical/orthopedic, specify:
☐ Mental health/substance abuse, specify:
☐ Cognitive/intellectual, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's Special Health Care Needs services?
○ Yes ○ No ○ U/K

21. 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
If yes, specify:

22. Child had history of substance abuse?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Alcohol ☐ Other, specify:
☐ Cocaine
☐ Marijuana ☐ U/K
☐ Methamphetamine
☐ Opiates
☐ Prescription drugs
☐ Over-the-counter drugs

23. Child had history of child maltreatment? If yes, check all that apply:

As Victim	As Perpetrator		As Victim	As Perpetrator	
	○	N/A	☐	☐	Physical
○	○	Yes	☐	☐	Neglect
○	○	No	☐	☐	Sexual
○	○	U/K	☐	☐	Emotional/psychological
			☐	☐	U/K
○	○	Through CPS	_____	_____	# CPS referrals
○	○	Other sources	_____	_____	# Substantiations

If yes, how was history identified:

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

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

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

27. Child had history of intimate partner violence? Check all that apply:
☐ N/A
☐ Yes, as victim
☐ Yes, as perpetrator
☐ No
☐ U/K

28. 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

29. Child spent time in juvenile detention?
○ N/A ○ Yes ○ No ○ U/K

30. Child acutely ill during the two weeks before death?
○ Yes ○ No ○ U/K

31. Was any parent a first generation immigrant?
○ Yes ○ No ○ U/K
If yes, country of origin:

32. If child over age 12, what was child's gender identity?
○ Male
○ Female
○ U/K

33. If child over age 12, what was child's sexual orientation?
○ Heterosexual ○ Lesbian ○ Questioning
○ Gay ○ Bisexual ○ U/K

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: ☐ U/K
_____ # weeks

35. Birth weight: ☐ U/K
○ Grams/kilograms _____
○ Pounds/ounces _____/_____

36. Multiple birth?
○ Yes, # _____
○ No ○ U/K

37. Including the deceased infant, how many pregnancies did the birth mother have? # ___ ☐ U/K

38. Including the deceased infant, how many live births did the birth mother have? # ___ ☐ U/K

39. Not including the deceased infant, number of children birth mother still has living? #_____ ☐ U/K

40. Prenatal care provided during pregnancy of deceased infant? ○ Yes ○ No ○ U/K
If yes, number of prenatal visits: #_____ ☐ U/K If yes, month of first prenatal visit: Specify 1-9 __ ☐ U/K

41. During pregnancy, did mother (check all that apply):

Yes	No	U/K	
○	○	○	Have medical complications/infections?
○	○	○	Experience intimate partner violence?
○	○	○	Use illicit drugs?
			☐ Infant born drug exposed?
○	○	○	Misuse OTC or prescription drugs?
○	○	○	Have heavy alcohol use?
			☐ Infant born with fetal alcohol effects or syndrome?

If yes, medical complications/infections, check all that apply:

- ☐ Acute/chronic lung disease
- ☐ Anemia
- ☐ Cardiac disease
- ☐ Chorioamnionitis
- ☐ Chronic hypertension
- ☐ Diabetes
- ☐ Eclampsia
- ☐ Genital herpes
- ☐ Hemoglobinopathy
- ☐ High MSAFP
- ☐ Hydramnios/oligohydramnios
- ☐ Incompetent cervix
- ☐ Low MSAFP
- ☐ Other infectious disease
- ☐ Pregnancy-related hypertension
- ☐ Preterm labor
- ☐ Previous infant 4000+ grams
- ☐ Previous infant preterm/ small for gestation
- ☐ PROM
- ☐ Renal disease
- ☐ Rh sensitization
- ☐ Uterine bleeding
- ☐ Other, specify:

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
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care
- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family/social support
- ☐ Services not available
- ☐ Distrust of health care system
- ☐ Unwilling to obtain care
- ☐ Intimate partner would not allow care
- ☐ Other, specify:
- ☐ U/K

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

44. Did mother smoke at any time during pregnancy?
○ Yes ○ No ○ U/K
If yes,

Trimester 1	Trimester 2	Trimester 3	
_____	_____	_____	Avg # cigarettes/day (20 cigarettes in pack)
☐	☐	☐	U/K quantity

45. Infant ever breastfed?
○ Yes ○ No ○ U/K

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

47. Did infant have abnormal metabolic newborn screening results? ○ Yes ○ No ○ U/K
If yes, was abnormality a fatty acid oxidation error, such as MCAD? ○ Yes ○ No ○ U/K
If yes, describe: If other abnormalities, describe:

48. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):

- ☐ Infection
- ☐ Allergies
- ☐ Abnormal growth, weight gain/loss
- ☐ Apnea
- ☐ Cyanosis
- ☐ Seizures or convulsions
- ☐ Cardiac abnormalities
- ☐ Metabolic disorders
- ☐ Other, specify:

49. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:

- ☐ Fever
- ☐ Excessive sweating
- ☐ Lethargy/sleeping more than usual
- ☐ Fussiness/excessive crying
- ☐ Decrease in appetite
- ☐ Vomiting
- ☐ Choking
- ☐ Diarrhea
- ☐ Stool changes
- ☐ Difficulty breathing
- ☐ Apnea
- ☐ Cyanosis
- ☐ Seizures or convulsions
- ☐ Other, specify:

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

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

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

53. 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

B. PRIMARY CAREGIVER(S) INFORMATION

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

One	Two	One	Two
○	Self, go to Section C	○	○ Grandparent
○	○ Biological parent	○	○ Sibling
○	○ Adoptive parent	○	○ Other relative
○	○ Stepparent	○	○ Friend
○	○ Foster parent	○	○ Institutional staff
○	○ Mother's partner	○	○ Other, specify:
○	○ Father's partner	○	○ U/K

2. Caregiver(s) age in years:

One	Two	
_____	_____	# Years
☐	☐	U/K

3. Caregiver(s) sex:

One	Two
○	○ Male
○	○ Female
○	○ U/K

4. Caregiver(s) employment status:

One	Two
○	○ Employed
○	○ Unemployed
○	○ On disability
○	○ Stay-at-home
○	○ Retired
○	○ U/K

5. Caregiver(s) income:

One	Two
○	○ High
○	○ Medium
○	○ Low
○	○ U/K

6. Caregiver(s) education:

One	Two
○	○ < High school
○	○ High school
○	○ College
○	○ Post graduate
○	○ U/K

7. Do caregiver(s) speak English?

One	Two
○	○ Yes
○	○ No
○	○ U/K

If no, language spoken:

8. Caregiver(s) on active military duty?

One	Two
○	○ Yes
○	○ No
○	○ U/K

If yes, specify branch:

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

One	Two
○	○ Yes
○	○ No
○	○ U/K

If yes, check all that apply

One	Two	
☐	☐	WIC
☐	☐	TANF
☐	☐	Medicaid
☐	☐	Food stamps
☐	☐	Other, specify:
☐	☐	U/K

10. Caregiver(s) have substance abuse history?

One Two
○ ○ 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. Caregiver(s) ever victim of child maltreatment?

One Two
○ ○ Yes
○ ○ No
○ ○ U/K

If yes, check all that apply:
☐ ☐ Physical
☐ ☐ Neglect
☐ ☐ Sexual
☐ ☐ Emotional/psychological
☐ ☐ U/K
_____ _____ # CPS referrals
_____ _____ # Substantiations
☐ ☐ Ever in foster care or adopted

12. Caregiver(s) ever perpetrator of maltreatment?

One Two
○ ○ Yes
○ ○ No
○ ○ U/K

If yes, check all that apply:
☐ ☐ Physical
☐ ☐ Neglect
☐ ☐ Sexual
☐ ☐ Emotional/psychological
☐ ☐ U/K
_____ _____ # CPS referrals
_____ _____ # Substantiations
☐ ☐ CPS prevention services
☐ ☐ Family preservation services
☐ ☐ Children ever removed

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

One Two
○ ○ Yes
○ ○ No
○ ○ U/K

If yes, check all that apply:
☐ ☐ Physical, specify:
☐ ☐ Mental, specify:
☐ ☐ Sensory, specify:
☐ ☐ U/K

If mental illness, was caregiver receiving MH services?
○ ○ Yes
○ ○ No
○ ○ U/K

14. Caregiver(s) have prior child deaths?

One Two
○ ○ Yes
○ ○ No
○ ○ U/K

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

One Two
☐ ☐ Child abuse # _____
☐ ☐ Child neglect # _____
☐ ☐ Accident # _____
☐ ☐ Suicide # _____
☐ ☐ SIDS # _____
☐ ☐ Other # _____
Other, specify:
☐ ☐ U/K

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

One Two
☐ ☐ Yes, as victim
☐ ☐ Yes, as perpetrator
☐ ☐ No
☐ ☐ U/K

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

One Two
○ ○ Yes
○ ○ No
○ ○ U/K

If yes, check all that apply:
☐ ☐ Assaults
☐ ☐ Robbery
☐ ☐ Drugs
☐ ☐ Other, specify:
☐ ☐ U/K

C. SUPERVISOR INFORMATION

1. Did child have supervision at time of incident leading to death?
○ Yes, answer 2-15
○ No, not needed given developmental age or circumstances, go to Sect. D
○ No, but needed, answer 3-15
○ Unable to determine, try to answer 3-15

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

3. Is person a primary caregiver as listed in previous section?
○ Yes, caregiver one, go to 15
○ Yes, caregiver two, go to 15
○ No

4. Primary person responsible for supervision? Select only one:
○ Biological parent ○ Foster parent ○ Grandparent ○ Friend ○ Institutional staff, go to 15 ○ Other, specify:
○ Adoptive parent ○ Mother's partner ○ Sibling ○ Acquaintance ○ Babysitter
○ Stepparent ○ Father's partner ○ Other relative ○ Hospital staff, go to 15 ○ Licensed child care worker ○ U/K

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

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

7. Does supervisor speak English?
○ Yes ○ No ○ U/K
If no, language spoken:

8. Supervisor on active military duty?
○ Yes ○ No ○ U/K
If yes, specify branch:

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

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

10. Supervisor has history of child maltreatment?

As Victim As Perpetrator
○ ○ Yes
○ ○ No
○ ○ U/K

If yes, check all that apply:
☐ ☐ Physical
☐ ☐ Neglect
☐ ☐ Sexual
☐ ☐ Emotional/psychological
☐ ☐ U/K
_____ _____# CPS referrals
_____ _____# Substantiations
☐ Ever in foster care/adopted
☐ CPS prevention services
☐ Family preservation services
☐ Children ever removed

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

If yes, check all that apply:
☐ Physical, specify:
☐ Mental, specify:
☐ Sensory, specify:
☐ U/K

If mental illness, was supervisor receiving MH services?
○ Yes
○ No
○ 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 # _____
☐ Other # _____
Other, specify:
☐ U/K

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

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

If yes, check all that apply:
- ☐ Assaults ☐ Drugs ☐ U/K
- ☐ Robbery ☐ Other, specify:

15. At time of incident was supervisor impaired? ○ Yes ○ No ○ U/K

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

D. INCIDENT INFORMATION

1. Date of incident event:
- ○ Same as date of death
- ○ If different than date of death: ____/____/____ (mm/dd/yyyy)
- ○ U/K

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

3. Interval between incident and death: ☐ U/K
- ☐ Minutes ____ ☐ Weeks ____
- ☐ Hours ____ ☐ Months ____
- ☐ Days ____ ☐ Years ____

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

5. Type of area:
- ○ Urban
- ○ Suburban
- ○ Rural
- ○ Frontier
- ○ U/K

6. Incident state:

7. Incident county:

8. Death state:

9. Death county:

10. Was the incident witnessed? ○ Yes ○ No ○ UK

If yes, by whom?
- ☐ Parent/relative
- ☐ Other caretaker/babysitter
- ☐ Teacher/coach/athletic trainer
- ☐ Other acquaintance
- ☐ Health care professional, if death occurred in a hospital setting
- ☐ Stranger
- ☐ Other, specify:

11. Was 911 or local emergency called?
○ N/A ○ Yes ○ No ○ U/K

12. Was resuscitation attempted? ○ N/A ○ Yes ○ No ○ U/K

If yes, by whom?
- ☐ EMS
- ☐ Parent/relative
- ☐ Other caretaker/babysitter
- ☐ Teacher/coach/athletic trainer
- ☐ Other acquaintance
- ☐ Health care professional, if death occurred in a hospital setting
- ☐ Stranger
- ☐ Other, specify:

If yes, type of resuscitation:
- ☐ CPR
- ☐ Automated External Defibrillator (AED)
  - If no AED, was AED available/accessible? ○ Yes ○ No ○ U/K
  - If AED, was shock administered? ○ Yes ○ No ○ U/K
    - If yes, how many shocks were administered? _____
- ☐ Rescue medications, specify type:
- ☐ Other, specify:

If yes, was a rhythm recorded?
○ Yes ○ No ○ U/K

If yes, what was the rhythm?
_____

13. At time of incident leading to death, had child used drugs or alcohol?
○ N/A ○ Yes ○ No ○ U/K

14. Child's activity at time of incident, check all that apply:
- ☐ Sleeping ☐ Working ☐ Driving/vehicle occupant ☐ U/K
- ☐ Playing ☐ Eating ☐ Other, specify:

15. Total number of deaths at incident event:
- ____ Children, ages 0-18 ○ U/K
- ____ Adults

E. INVESTIGATION INFORMATION

1. Death referred to:
- ○ Medical examiner
- ○ Coroner
- ○ Not referred
- ○ U/K

2. Person declaring official cause and manner of death:
- ○ Medical examiner
- ○ Coroner
- ○ Hospital physician
- ○ Other physician
- ○ Mortician
- ○ Other, specify:
- ○ U/K

3. Autopsy performed? ○ Yes ○ No ○ U/K

If yes, conducted by:
- ○ Forensic pathologist
- ○ Pediatric pathologist
- ○ General pathologist
- ○ Unknown pathologist
- ○ Other physician
- ○ Other, specify:
- ○ U/K

If no, why not (e.g. parent or caregiver objected)?

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

4. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in E8.

Yes	No	U/K	Imaging:
○	○	○	X-ray - single
○	○	○	X-ray - multiple views
○	○	○	X-ray - complete skeletal series
○	○	○	Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):

Yes	No	U/K	External Exam:
○	○	○	Exam of general appearance
○	○	○	Head circumference
			Other Autopsy Procedures:
○	○	○	Was a gross examination of organs done?
○	○	○	Were weights of any organs taken?

5. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in E8.

Yes	No	U/K	
○	○	○	Cultures for infectious disease
○	○	○	Microscopic/histologic exam
○	○	○	Postmortem metabolic screen
○	○	○	Vitreous testing
○	○	○	Genetic testing

6. Was any toxicology testing performed? ○ Yes ○ No ○ U/K If yes, check all that apply:

☐ Negative ☐ Opiates ☐ Too high Rx drug, specify:
☐ Alcohol ☐ Marijuana ☐ Too high OTC drug, specify:
☐ Cocaine ☐ Methamphetamine ☐ Other, specify:
☐ U/K

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

If yes, did this include:

Review of the newborn metabolic screen results? ○ Yes ○ No ○ U/K ○ Not Performed

Review of neonatal CCHD screen results? ○ Yes ○ No ○ U/K ○ Not Performed

8. Describe any abnormalities checked in E4 or E5 or other significant findings noted in the autopsy:

9. Was there agreement between the cause of death listed on the pathology report and on the death certificate? ○ N/A ○ Yes ○ No ○ U/K

If no, describe the differences:

10. Was a death scene investigation performed? ○ Yes ○ No ○ U/K

If yes, which of the following death scene investigation components were completed?

Yes	No	U/K		If yes, shared with CDR team?
○	○	○	CDC's SUIDI Reporting Form or jurisdictional equivalent	○ Yes ○ No
○	○	○	Narrative description of circumstances	○ Yes ○ No
○	○	○	Scene photos	○ Yes ○ No
○	○	○	Scene recreation with doll	○ Yes ○ No
○	○	○	Scene recreation without doll	○ Yes ○ No
○	○	○	Witness interviews	○ Yes ○ No

11. Agencies that conducted a scene investigation, check all that apply:

☐ Medical examiner
☐ Coroner
☐ ME investigator
☐ Coroner investigator
☐ Law enforcement
☐ Fire investigator
☐ EMS
☐ Child Protective Services
☐ Other, specify:

☐ U/K

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

13. Did any investigation find evidence of prior abuse?

○ N/A ○ Yes ○ No ○ U/K

If yes, from what source?

Check all that apply:

☐ From x-rays ☐ U/K
☐ From autopsy
☐ From CPS review
☐ From law enforcement

14. 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, services or actions resulting, 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

15. If death occurred in licensed setting (see D4), indicate action taken:

○ No action
○ License suspended
○ License revoked
○ Investigation ongoing
○ Other, specify:
○ U/K

F. 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.

Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:

b.

c.

d.

3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate: ☐ U/K

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

5. Official manner of death from the death certificate:

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

If Homicide: Yes
Child abuse? ☐
Child neglect? ☐
Complete Section I, Acts of Omission or Commission

If Suicide: Complete Section I, Acts of Omission or Commission

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 F4:
- ◯ Motor vehicle and other transport, go to G1
- ◯ Fire, burn, or electrocution, go to G2
- ◯ Drowning, go to G3
- ◯ Asphyxia, go to G4
- ◯ Weapon, including body part, go to G5
- ◯ Animal bite or attack, go to G6
- ◯ Fall or crush, go to G7
- ◯ Poisoning, overdose or acute intoxication, go to G8
- ◯ Exposure, go to G9
- ◯ Undetermined, go to H1
- ◯ Other cause, go to G11
- ◯ U/K, go to H1

◯ From a medical cause. Select one:
- ◯ Asthma, go to G10
- ◯ Cancer, specify and go to G10
- ◯ Cardiovascular, specify and go to G10
- ◯ Congenital anomaly, specify and go to G10
- ◯ Diabetes, go to G10
- ◯ HIV/AIDS, go to G10
- ◯ Influenza, go to G10
- ◯ Low birth weight, go to G10
- ◯ Malnutrition/dehydration, go to G10
- ◯ Neurological/seizure disorder, go to G10
- ◯ Pneumonia, specify and go to G10
- ◯ Prematurity, go to G10
- ◯ SIDS, go to G10
- ◯ Other infection, specify and go to G10
- ◯ Other perinatal condition, specify and go to G10
- ◯ Other medical condition, specify and go to G10
- ◯ Undetermined, go to G10
- ◯ U/K, go to G10

◯ Undetermined if injury or medical cause, go to H1

◯ U/K go to H1

G. DETAILED INFORMATION BY *CAUSE* OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:

Total number of vehicles: _____

Child's	Other primary vehicle	
◯	◯	None
◯	◯	Car
◯	◯	Van
◯	◯	Sport utility vehicle
◯	◯	Truck
◯	◯	Semi/tractor trailer
◯	◯	RV
◯	◯	School bus
◯	◯	Other bus
◯	◯	Motorcycle
◯	◯	Tractor
◯	◯	Other farm vehicle
◯	◯	All terrain vehicle
◯	◯	Snowmobile
◯	◯	Bicycle
◯	◯	Train
◯	◯	Subway
◯	◯	Trolley
◯	◯	Other, specify:
◯	◯	U/K

b. Position of child:
- ◯ Driver
- ◯ Passenger
  - ◯ Front seat
  - ◯ Back seat
  - ◯ Truck bed
  - ◯ Other, specify:
  - ◯ U/K
- ◯ On bicycle
- ◯ Pedestrian
  - ◯ Walking
  - ◯ Boarding/blading
  - ◯ Other, specify:
  - ◯ U/K
- ◯ U/K

If passenger, relationship of driver to child:
- ◯ Biological parent
- ◯ Adoptive parent
- ◯ Stepparent
- ◯ Foster parent
- ◯ Mother's partner
- ◯ Father's partner
- ◯ Grandparent
- ◯ Sibling
- ◯ Other relative
- ◯ Friend
- ◯ Other, specify:
- ◯ U/K

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

d. Collision type:
- ◯ Child *not* in/on a vehicle, but struck by vehicle
- ◯ Child in/on a vehicle, struck by other vehicle
- ◯ Child in/on a vehicle that struck other vehicle
- ◯ Child in/on a vehicle that struck person/object
- ◯ Other event, specify:
- ◯ U/K

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

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

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

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

h. Total number of occupants in vehicles:

In child's vehicle, including child:

☐ N/A, child was not in a vehicle

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

In other primary vehicle involved in incident:

☐ N/A, incident was a single vehicle crash

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

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

	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present, not used	U/K
Airbag	○	○	○	○	○	○
Lap belt	○	○	○	○	○	○
Shoulder belt	○	○	○	○	○	○
Child seat*	○	○	○	○	○	○
Belt positioning booster seat	○	○	○	○	○	○
Helmet	○	○	○	○	○	○
Other, specify:	○	○	○	○	○	○

*If child seat, type:
○ Rear facing
○ Front facing
○ U/K

2. FIRE, BURN, OR ELECTROCUTION

a. Ignition, heat or electrocution source:

○ Matches
○ Cigarette lighter
○ Utility lighter
○ Cigarette or cigar
○ Candles
○ Cooking stove
○ Heating stove
○ Space heater
○ Furnace
○ Power line
○ Electrical outlet
○ Electrical wiring
○ Lightning
○ Oxygen tank
○ Hot cooking water
○ Hot bath water
○ Other hot liquid, specify:
○ Fireworks
○ Other explosives
○ Appliance in water
○ Other, specify:
○ U/K

b. Type of incident:

○ Fire, go to c
○ Scald, go to r
○ Other burn, go to t
○ Electrocution, go to s
○ Other, specify and go to t
○ U/K, go to t

c. For fire, child died from:

○ Burns
○ Smoke inhalation
○ Other, specify:
○ U/K

d. Material first ignited:

○ Upholstery
○ Mattress
○ Christmas tree
○ Clothing
○ Curtain
○ Other, specify:
○ U/K

e. Type of building on fire:

○ N/A
○ Single home
○ Duplex
○ Apartment
○ Trailer/mobile home
○ Other, specify:
○ U/K

f. Building's primary construction material:

○ Wood
○ Steel
○ Brick/stone
○ Aluminum
○ Other, specify:
○ U/K

g. Fire started by a person?

○ Yes ○ No ○ U/K

If yes, person's age _____

Does person have a history of setting fires?

○ 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

If yes, specify:

k. Were barriers preventing safe exit?

○ Yes ○ No ○ U/K

If yes, check all that apply:

☐ Locked door
☐ Window grate
☐ Locked window
☐ Blocked stairway
☐ Other, specify:
☐ U/K

l. Was building a rental property?

○ Yes ○ No ○ U/K

m. Were building/rental codes violated?

○ Yes ○ No ○ U/K

If yes, describe in narrative.

n. Were proper working fire extinguishers present?

○ Yes ○ No ○ U/K

o. Was sprinkler system present?

○ Yes ○ No ○ U/K

If yes, was it working?

○ Yes ○ No ○ U/K

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

If yes, what type?	If yes, functioning properly?			If not functioning properly, reason: Missing batteries	Other	U/K
☐ Removable batteries	○ Yes	○ No	○ U/K	☐	☐	☐
☐ Non-removable batteries	○ Yes	○ No	○ U/K		☐	☐
☐ Hardwired	○ Yes	○ No	○ U/K	☐	☐	☐
☐ U/K	○ Yes	○ No	○ U/K	☐	☐	☐

Other, specify: _____

If yes, was there an adequate number present? ○ Yes ○ No ○ U/K

q. Suspected arson?
○ Yes ○ No ○ U/K

r. For scald, was hot water heater set too high?
○ N/A
○ Yes, temp. setting: _____
○ 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:

3. DROWNING

a. Where was child last seen before drowning? Check 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 ○ U/K, go to n
○ 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 ○ U/K
○ Ocean

f. For open water, contributing environmental factors:
○ Weather ○ Drop off
○ Temperature ○ Rough waves
○ Current ○ Other, specify:
○ Riptide/ 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 ○ U/K
○ 6m-1 yr

m. Flotation device used?
○ N/A
○ Yes
○ No
○ U/K

If yes, check all that apply:
☐ Coast Guard approved
☐ Jacket ☐ Cushion ☐ Lifesaving ring
If jacket:
Correct size? ○ Yes ○ No ○ U/K
Worn correctly? ○ Yes ○ No ○ U/K

☐ Not Coast Guard approved ☐ U/K
☐ 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 ☐ Opens to water
☐ Screen door ☐ Barrier between door and water
☐ Steel door
☐ Self-closing ☐ U/K
☐ Has lock

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?
○ Yes ○ No ○ U/K

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

u. How were layers of protection breached? Check all that apply:
☐ No layers breached ☐ Gap in fence ☐ Door screen torn ☐ Cover left off
☐ Gate left open ☐ Damaged fence ☐ Door self-closer failed ☐ Cover not locked
☐ Gate unlocked ☐ Fence too short ☐ Window left open ☐ Other, specify:
☐ Gate latch failed ☐ Door left open ☐ Window screen torn
☐ Gap in gate ☐ Door unlocked ☐ Alarm not working
☐ Climbed fence ☐ Door broken ☐ Alarm not answered ☐ U/K

v. Child able to swim?
○ N/A ○ No
○ Yes ○ U/K

w. For bathtub, child in a bathing aid?
○ Yes ○ No ○ U/K
If yes, specify type:

x. Warning sign or label posted?
○ N/A ○ No
○ Yes ○ U/K

y. Lifeguard present?
○ N/A ○ No
○ Yes ○ U/K

z. Rescue attempt made?
○ N/A
○ Yes
○ No
○ U/K

If yes, who? Check all that apply:
☐ Parent ☐ Bystander
☐ Other child ☐ Other, specify:
☐ Lifeguard ☐ U/K

aa. Did rescuer(s) also drown?
○ N/A ○ No
○ Yes ○ U/K
If yes, number of rescuers that drowned: _____

bb. Appropriate rescue equipment present?
○ N/A ○ No
○ Yes ○ U/K

4. 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)
- ○ Covered in or fell into object, but not sleep-related
  - ○ Plastic bag
  - ○ Dirt/sand
  - ○ Other, specify:
  - ○ U/K
- ○ Confined in tight space
  - ○ Refrigerator/freezer
  - ○ Toy chest
  - ○ Automobile
    - ○ Trunk
    - ○ Other, specify:
    - ○ U/K
  - ○ Other, specify:
  - ○ U/K
- ○ Swaddled in tight blanket, but not sleep-related
- ○ Wedged into tight space, but not sleep-related
- ○ Asphyxia by gas, go to G8h
- ○ Other, specify:
- ○ U/K

c. If strangulation, object causing event:
- ○ Clothing
- ○ Blind cord
- ○ Car seat
- ○ Stroller
- ○ High chair
- ○ Belt
- ○ Rope/string
- ○ Leash
- ○ Electrical cord
- ○ Person, go to G5q
- ○ Automobile power window or sunroof
- ○ Other, specify:
- ○ U/K

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

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

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

g. History of seizures?
○ Yes ○ No ○ U/K If yes, #_____
If yes, witnessed? ○ Yes ○ No ○ U/K

h. History of apnea?
○ Yes ○ No ○ U/K If yes, #_____
If yes, witnessed? ○ Yes ○ No ○ U/K

i. Was Heimlich Maneuver attempted?
○ Yes ○ No ○ U/K

5. WEAPON, INCLUDING PERSON'S BODY PART

a. Type of weapon:
- ○ Firearm, go to b
- ○ Sharp instrument, go to j
- ○ Blunt instrument, go to k
- ○ Person's body part, go to l
- ○ Explosive, go to m
- ○ Rope, go to m
- ○ Pipe, go to m
- ○ Biological, go to m
- ○ Other, specify and go to m
- ○ U/K, go to m

b. For firearms, type:
- ○ Handgun
- ○ Shotgun
- ○ BB gun
- ○ Hunting rifle
- ○ Assault rifle
- ○ Air rifle
- ○ Sawed off shotgun
- ○ Other, specify:
- ○ U/K

c. Firearm licensed?
○ Yes ○ No ○ U/K

d. Firearm safety features, check all that apply:
- ☐ Trigger lock
- ☐ Personalization device
- ☐ External safety/drop safety
- ☐ Loaded chamber indicator
- ☐ Magazine disconnect
- ☐ Minimum trigger pull
- ☐ Other, specify:
- ☐ U/K

e. Where was firearm stored?
- ○ Not stored
- ○ Locked cabinet
- ○ Unlocked cabinet
- ○ Glove compartment
- ○ Under mattress/pillow
- ○ Other, specify:
- ○ U/K

f. Firearm stored with ammunition?
○ Yes ○ No ○ U/K

g. Firearm stored loaded?
○ Yes ○ No ○ U/K

h. Owner of fatal firearm:
- ○ U/K, weapon stolen
- ○ U/K, weapon found
- ○ Self
- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Mother's partner
- ○ Father's partner
- ○ Grandparent
- ○ Sibling
- ○ Spouse
- ○ Other relative
- ○ Friend
- ○ Acquaintance
- ○ Child's boyfriend or girlfriend
- ○ Classmate
- ○ Co-worker
- ○ Institutional staff
- ○ Neighbor
- ○ Rival gang member
- ○ Stranger
- ○ Law enforcement
- ○ Other, specify:
- ○ U/K

i. Sex of fatal firearm owner:
- ○ Male
- ○ Female
- ○ U/K

j. Type of sharp object:
- ○ Kitchen knife
- ○ Switchblade
- ○ Pocketknife
- ○ Razor
- ○ Hunting knife
- ○ Scissors
- ○ Other, specify:
- ○ U/K

k. Type of blunt object:
- ○ Bat
- ○ Club
- ○ Stick
- ○ Hammer
- ○ Rock
- ○ Household item
- ○ Other, specify:
- ○ U/K

l. What did person's body part do? Check all that apply:
- ☐ Beat, kick or punch
- ☐ Drop
- ☐ Push
- ☐ Bite
- ☐ Shake
- ☐ Strangle
- ☐ Throw
- ☐ Drown
- ☐ Burn
- ☐ Other, specify:
- ☐ U/K

m. Did person using weapon have history of weapon-related offenses?
- ○ Yes
- ○ No
- ○ U/K

n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?
- ○ Yes, describe circumstances:
- ○ No
- ○ U/K

o. Persons handling weapons at time of incident, check all that apply:

Fatal	Other weapon		Fatal	Other weapon	
☐	☐	Self	☐	☐	Friend
☐	☐	Biological parent	☐	☐	Acquaintance
☐	☐	Adoptive parent	☐	☐	Child's boyfriend or girlfriend
☐	☐	Stepparent	☐	☐	Classmate
☐	☐	Foster parent	☐	☐	Co-worker
☐	☐	Mother's partner	☐	☐	Institutional staff
☐	☐	Father's partner	☐	☐	Neighbor
☐	☐	Grandparent	☐	☐	Rival gang member
☐	☐	Sibling	☐	☐	Stranger
☐	☐	Spouse	☐	☐	Law enforcement officer
☐	☐	Other relative	☐	☐	Other, specify:
			☐	☐	U/K

p. Sex of person(s) handling weapon:

Fatal weapon:
- ○ Male
- ○ Female
- ○ U/K

Other weapon:
- ○ Male
- ○ Female
- ○ U/K

q. Use of weapon at time, check all that apply:

- ☐ Self injury
- ☐ Commission of crime
- ☐ Drive-by shooting
- ☐ Random violence
- ☐ Child was a bystander
- ☐ Argument
- ☐ Jealousy
- ☐ Intimate partner violence
- ☐ Hate crime
- ☐ Bullying
- ☐ Hunting
- ☐ Target shooting
- ☐ Playing with weapon
- ☐ Weapon mistaken for toy
- ☐ Showing gun to others
- ☐ Russian roulette
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Intervener assisting crime victim (Good Samaritan)
- ☐ Other, specify:
- ☐ U/K

6. ANIMAL BITE OR ATTACK

a. Type of animal:

- ○ Domesticated dog
- ○ Domesticated cat
- ○ Snake
- ○ Wild mammal, specify:
- ○ Insect
- ○ Other, specify:
- ○ U/K

b. Animal access to child, check all that apply:

- ☐ Animal on leash
- ☐ Animal caged or inside fence
  - ○ Child reached in
  - ○ Child entered animal area
  - ○ U/K
- ☐ Animal escaped from cage or leash
- ☐ Animal not caged or leashed
- ☐ U/K

c. Did child provoke animal?

○ Yes ○ No ○ U/K

If yes, how?

d. Animal has history of biting or attacking?

○ Yes ○ No ○ U/K

7. FALL OR CRUSH

a. Type:

- ○ Fall, go to b
- ○ Crush, go to h

b. Height of fall:

_____ feet

_____ inches

☐ U/K

c. Child fell from:

- ○ Open window
  - Screen?
  - ○ Screen
  - ○ No screen
  - ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:

- ○ Cement/concrete
- ○ Grass
- ○ Gravel
- ○ Wood floor
- ○ Carpeted floor
- ○ Linoleum/vinyl
- ○ Marble/tile
- ○ Other, specify:
- ○ U/K

e. Barrier in place:

Check all that apply:

- ☐ None
- ☐ Screen
- ☐ Other window guard
- ☐ Fence
- ☐ Railing
- ☐ Stairway
- ☐ Gate
- ☐ Other, specify:
- ☐ U/K

f. Child in a baby walker?

- ○ N/A
- ○ Yes
- ○ No
- ○ U/K

g. Was child pushed, dropped or thrown?

○ Yes ○ No ○ U/K

If yes, go to G5q

h. For crush, did child:

- ○ Climb up on object
- ○ Pull object down
- ○ Hide behind object
- ○ Go behind object
- ○ Fall out of object
- ○ Other, specify:
- ○ U/K

i. For crush, object causing crush:

- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, go to G5q
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

8. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

☐ U/K

Prescription drug

- ☐ Antidepressant
- ☐ Blood pressure medication
- ☐ Pain killer (opiate)
- ☐ Pain killer (non-opiate)
- ☐ Methadone
- ☐ Cardiac medication
- ☐ Other, specify:

Over-the-counter drug

- ☐ Diet pills
- ☐ Stimulants
- ☐ Cough medicine
- ☐ Pain medication
- ☐ Children's vitamins
- ☐ Iron supplement
- ☐ Other vitamins
- ☐ Other, specify:
- ☐ Cosmetics/personal care products

Cleaning substances

- ☐ Bleach
- ☐ Drain cleaner
- ☐ Alkaline-based cleaner
- ☐ Solvent
- ☐ Other, specify:

Other substances

- ☐ Plants
- ☐ Alcohol
- ☐ Street drugs
- ☐ Pesticide
- ☐ Antifreeze
- ☐ Other chemical
- ☐ Herbal remedy
- ☐ Carbon monoxide, go to f
- ☐ Other fume/gas/vapor
- ☐ Other, specify:

b. Where was the substance stored?

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

c. Was the product in its original container?

○ N/A ○ No ○ Yes ○ U/K

d. Did container have a child safety cap?

○ N/A ○ No ○ Yes ○ U/K

e. If prescription, was it child's?

○ Yes ○ No ○ U/K

f. Was the incident the result of?

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

g. Was Poison Control called?

○ Yes ○ No ○ U/K

If yes, who called:

- ○ Child
- ○ Parent
- ○ Other caregiver
- ○ First responder
- ○ Medical person
- ○ Other, specify:
- ○ U/K

h. For CO poisoning, was a CO detector present?

○ Yes ○ No ○ U/K

If yes, how many?

_____

Functioning properly?

○ Yes ○ No ○ U/K

9. EXPOSURE

a. Circumstances, check all that apply:

- ☐ Abandonment
- ☐ Left in car
- ☐ Left in room
- ☐ Submerged in water
- ☐ Injured outdoors
- ☐ Lost outdoors
- ☐ Illegal border crossing
- ☐ Other, specify:
- ☐ U/K

b. Condition of exposure:

- ○ Hyperthermia
- ○ Hypothermia
- ○ U/K

_____ Ambient temp, degrees F

c. Number of hours exposed:

_____

☐ U/K

d. Was child wearing appropriate clothing?

- ○ Yes
- ○ No
- ○ U/K

10. MEDICAL CONDITION

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

- ○ In utero
- ○ Since birth
- ○ Hours
- ○ Days
- ○ Weeks
- ○ Months
- ○ Years
- ○ U/K

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

- ○ N/A not previously diagnosed
- ○ Yes ☐ But at a later date
- ○ No
- ○ U/K

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

○ Yes ○ No ○ U/K

If yes, within 48 hours of the death?

○ Yes ○ No ○ U/K

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

- ○ N/A
- ○ Yes
- ○ No, specify:
- ○ U/K

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

- ○ N/A
- ○ Yes
- ○ No
- ○ U/K

If no, what wasn't compliant? Check all that apply.

- ☐ Appointments
- ☐ Medications, specify:
- ☐ Medical equipment use, specify:
- ☐ Therapies, specify:
- ☐ Other, specify:
- ☐ U/K

f. Was child up to date with American Academy of Pediatrics immunization schedule?

- ○ N/A
- ○ Yes
- ○ No, specify:
- ○ U/K

g. Was the medical condition associated with an outbreak?

- ○ Yes, specify:
- ○ No
- ○ U/K

h. Was environmental tobacco exposure a contributing factor in death?

- ○ Yes
- ○ No
- ○ U/K

i. Were there access or compliance issues related to the death? ○ Yes ○ No ○ U/K

If yes, check all that apply:

- ☐ Lack of money for care
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care
- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family or social support
- ☐ Services not available
- ☐ Caregiver distrust of health care system
- ☐ Caregiver unskilled in providing care
- ☐ Caregiver unwilling to provide care
- ☐ Caregiver's partner would not allow care
- ☐ Other, specify:
- ☐ U/K

11. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

H. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG

Section H1: 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, suicide, overdose, injury with the external cause as the only and obvious cause of death or a death which was expected within 6 months due to terminal illness? ○ Yes ○ No ○ U/K If yes, go to Section H2

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

Symptom	Present w/in 72 hours of death: Yes	No	U/K
Cardiac			
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Psychiatric symptoms	○	○	○
Paralysis (acute)	○	○	○
Respiratory			
Asthma	○	○	○
Pneumonia	○	○	○
Difficulty breathing	○	○	○

Other Acute Symptoms	Present w/in 72 hours of death: Yes	No	U/K
Fever	○	○	○
Heat exhaustion/heat stroke	○	○	○
Muscle aches/cramping	○	○	○
Slurred speech	○	○	○
Vomiting	○	○	○
Other, specify:	○		

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

Symptom	Present more than 72 hours of death: Yes	No	U/K
Cardiac			
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Respiratory			
Difficulty breathing	○	○	○
Other			
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

Condition	Diagnosed Yes	No	U/K
Blood disease			
Sickle cell disease	○	○	○
Sickle cell trait	○	○	○
Thrombophilia (clotting disorder)	○	○	○
Cardiac			
Abnormal electrocardiogram (EKG or ECG)	○	○	○
Aneurysm or aortic dilatation	○	○	○
Arrhythmia/arrhythmia syndrome	○	○	○
Cardiomyopathy	○	○	○
Commotio cordis	○	○	○
Congenital heart disease	○	○	○
Coronary artery abnormality	○	○	○
Coronary artery disease (atherosclerosis)	○	○	○
Endocarditis	○	○	○
Heart failure	○	○	○
Heart murmur	○	○	○
High cholesterol	○	○	○
Hypertension	○	○	○
Myocarditis (heart infection)	○	○	○
Pulmonary hypertension	○	○	○
Sudden cardiac arrest	○	○	○
Neurologic			
Anoxic brain Injury	○	○	○
Traumatic brain injury/ head injury/concussion	○	○	○
Brain tumor	○	○	○
Brain aneurysm	○	○	○
Brain hemorrhage	○	○	○
Developmental brain disorder	○	○	○

Condition	Diagnosed Yes	No	U/K
Neurologic (cont)			
Epilepsy/seizure disorder	○	○	○
Febrile seizure	○	○	○
Mesial temporal sclerosis	○	○	○
Neurodegenerative disease	○	○	○
Stroke/mini stroke/ TIA-Transient Ischemic Attack	○	○	○
Central nervous system infection (meningitis or encephalitis)	○	○	○
Respiratory			
Apnea	○	○	○
Asthma	○	○	○
Pulmonary embolism	○	○	○
Pulmonary hemorrhage	○	○	○
Respiratory arrest	○	○	○
Other			
Connective tissue disease	○	○	○
Diabetes	○	○	○
Endocrine disorder, other: thyroid, adrenal, pituitary	○	○	○
Hearing problems or deafness	○	○	○
Kidney disease	○	○	○
Mental illness/psychiatric disease	○	○	○
Metabolic disease	○	○	○
Muscle disorder or muscular dystrophy	○	○	○
Oncologic disease treated by chemotherapy or radiation	○	○	○
Prematurity	○	○	○
Congenital disorder/ genetic syndrome	○	○	○
Other, specify:	○		

If a more specific diagnosis is known, provide any additional information:

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply: ☐ None

☐ Cardiac ablation
☐ Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
☐ Heart surgery
☐ Interventional cardiac catheterization
☐ Heart transplant
☐ Other, specify:
☐ U/K

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? ☐ U/K for all

Y	N	U/K	**Deaths**
○	○	○	Sudden unexpected death before age 50
			Heart Disease
○	○	○	Heart condition/heart attack or stroke before age 50
○	○	○	Aortic aneurysm or aortic rupture
○	○	○	Arrhythmia (fast or irregular heart rhythm)
○	○	○	Cardiomyopathy
○	○	○	Congenital heart disease
			Neurologic Disease
○	○	○	Epilepsy or convulsions/seizure
○	○	○	Other neurologic disease

Y	N	U/K	**Symptoms**
○	○	○	Febrile seizures
○	○	○	Unexplained fainting
			Other Diagnoses
○	○	○	Congenital deafness
○	○	○	Connective tissue disease
○	○	○	Mitochondrial disease
○	○	○	Muscle disorder or muscular dystrophy
○	○	○	Thrombophilia (clotting disorder)
○			Other diseases that are genetic or run in families, specify:

If sudden unexpected death before age 50, describe (for example, SIDS, drowning, relative who died in single and/or unexplained motor vehicle accident (driver of car)):

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?

○ Yes ○ No ○ U/K

If yes, describe what test and/or for what disease and results:

Was a gene mutation found?

○ Yes ○ No ○ 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
- ☐ Recent/short term prescriptions
- ☐ Energy drinks
- ☐ Caffeine
- ☐ Performance enhancers
- ☐ Diet assisting medications
- ☐ Supplements
- ☐ Tobacco
- ☐ Alcohol
- ☐ Illegal drugs
- ☐ Legalized marijuana
- ☐ 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

☐ U/K for all within 24 hours of incident

Stimuli	At incident Yes	At incident No	At incident U/K	Within 24 hrs of incident Yes	Within 24 hrs of incident No	Within 24 hrs of incident U/K
Physical activity	○	○	○	○	○	○
Sleep deprivation	○	○	○	○	○	○
Driving	○	○	○	○	○	○
Visual stimuli	○	○	○	○	○	○
Video game stimuli	○	○	○	○	○	○
Emotional stimuli	○	○	○	○	○	○
Auditory stimuli/startle	○	○	○	○	○	○
Physical trauma	○	○	○	○	○	○
Other	○			○		

If yes to physical activity, describe type of activity:

At incident Within 24 hours of incident

Other specify:

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 ○ Unknown

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:

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

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

o. If child age 12 or older, did the child receive a pre-participation exam for a sport?

○ N/A ○ Yes ○ No ○ U/K

If yes:

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

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

If yes, specify restrictions:

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

p. How old was the child when diagnosed with epilepsy/seizure disorder?

Age 0 (infant) through 20 years: _____

☐ U/K

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

- ☐ Brain injury/trauma, specify:
- ☐ Brain tumor
- ☐ Cerebrovascular
- ☐ Central nervous system infection
- ☐ Degenerative process
- ☐ Developmental brain disorder
- ☐ Inborn error of metabolism
- ☐ Genetic/chromosomal
- ☐ Mesial temporal sclerosis
- ☐ Idiopathic or cryptogenic
- ☐ Other acute illness or injury other than epilepsy
- ☐ Other, specify:
- ☐ U/K

r. What type(s) of seizures did the child have? Check all that apply:

- ☐ Non-convulsive
- ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)
- ☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)
- ☐ U/K

s. Describe the child's epilepsy/seizures. Check all that apply:

- ☐ Last less than 30 minutes
- ☐ Last more than 30 minutes (status epilepticus)
- ☐ Occur in the presence of fever (febrile seizure)
- ☐ Occur in the absence of fever
- ☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)

t. How many seizures did the child have in the year preceding death?

○ 0/never ○ 2 ○ More than 3

○ 1 ○ 3 ○ U/K

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

○ Yes ○ No ○ U/K

If yes, how many different types of anti-epilepsy drugs (AED) did the child take?

○ 1 ○ 4 ○ More than 6

○ 2 ○ 5 ○ U/K

○ 3 ○ 6

v. Was night surveillance used?

○ Yes ○ No ○ U/K

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

○ Yes, go to H2a ○ No, go to H2s ○ U/K, go to H2s

a. Incident sleep place:

- ○ Crib
  - If crib, type:
  - ○ Not portable
  - ○ Portable, e.g. pack-n-play
  - ○ Unknown crib type
- ○ Bassinette
- ○ Adult bed
- ○ Waterbed
- ○ Futon
- ○ Playpen/other play structure but not portable crib
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Stroller
- ○ Other, specify:
- ○ U/K

If adult bed, what type?

- ○ Twin
- ○ Full
- ○ Queen
- ○ King
- ○ Other, specify:
- ○ U/K

If futon,

- ○ Bed position
- ○ Couch position
- ○ U/K

b. Child put to sleep:
- ◯ On back
- ◯ On stomach
- ◯ On side
- ◯ U/K

c. Child found:
- ◯ On back
- ◯ On stomach
- ◯ On side
- ◯ U/K

e. Usual sleep position:
- ◯ On back
- ◯ On stomach
- ◯ On side
- ◯ U/K

f. Was there a crib, bassinette or port-a-crib in home for child?
◯ Yes ◯ No ◯ U/K

d. Usual sleep place:
- ◯ Crib
  - If crib, type:
  - ◯ Not portable
  - ◯ Portable, e.g. pack-n-play
  - ◯ Unknown crib type
- ◯ Bassinette
- ◯ Adult bed
- ◯ Waterbed
- ◯ Futon
- ◯ Playpen/other play structure but not portable crib
- ◯ Couch
- ◯ Chair
- ◯ Floor
- ◯ Car seat
- ◯ Stroller
- ◯ Other, specify:
- ◯ U/K

If adult bed, what type?
- ◯ Twin
- ◯ Full
- ◯ Queen
- ◯ King
- ◯ Other, specify:
- ◯ U/K

If futon, ◯ Bed position ◯ Couch position ◯ U/K

g. Child in a new or different environment than usual?
◯ Yes ◯ No ◯ U/K If yes, specify:

h. Child last placed to sleep with a pacifier?
◯ Yes ◯ No ◯ U/K

i. Child wrapped or swaddled in blanket?
◯ Yes ◯ No ◯ U/K
If yes, describe:

j. Child overheated? ◯ Yes ◯ No ◯ U/K
If yes, outside temp ____ degrees F
Check all that apply:
- ☐ Room too hot, temp ____ degrees F
- ☐ Too much bedding
- ☐ Too much clothing

k. Child exposed to second hand smoke?
◯ Yes ◯ No ◯ U/K
If yes, how often: ◯ Frequently ◯ Occasionally ◯ U/K

l. Child's face when found:
- ◯ Down
- ◯ Up
- ◯ To left or right side
- ◯ U/K

m. Child's neck when found:
- ◯ Hyperextended (head back)
- ◯ Hypoextended (chin to chest)
- ◯ Neutral
- ◯ Turned
- ◯ U/K

n. Child's airway:
- ◯ Unobstructed by person or object
- ◯ Fully obstructed by person or object
- ◯ Partially obstructed by person or object
- ◯ U/K

If fully or partially obstructed, what was obstructed?
- ☐ Nose
- ☐ Mouth
- ☐ Chest compressed
- ☐ U/K

o. Objects in child's sleep environment in relation to airway obstruction:

Objects:	Present? Yes	Present? No	Present? U/K	If **present**, describe position of object: On top of child	Under child	Next to child	Tangled around child	U/K	If **present**, did object obstruct airway? Yes	No	UK
Adult(s)	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Other child(ren)	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Animal(s)	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Mattress	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Comforter, quilt, or other	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Thin blanket/flat sheet	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Pillow(s)	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Cushion	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Boppy or U shaped pillow	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Sleep positioner (wedge)	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Bumper pads	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Clothing	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Crib railing/side	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Wall	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Toy(s)	◯	◯	◯	☐	☐	☐	☐	☐	◯	◯	◯
Other(s), specify:											
_____	◯			☐	☐	☐	☐	☐	◯	◯	◯
_____	◯			☐	☐	☐	☐	☐	◯	◯	◯

p. Caregiver/supervisor fell asleep while feeding child?
◯ Yes ◯ No ◯ U/K
If yes, type of feeding:
- ◯ Bottle
- ◯ Breast
- ◯ U/K

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

r. Child sleeping on same surface with person(s) or animal(s)?
◯ Yes ◯ No ◯ U/K
If yes, 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: _____
  - ☐ U/K

s. Is there a scene re-creation photo available for upload? ◯ Yes ◯ No If yes, upload here. Only one photo allowed.
Select photo that most describes child placement and relevant objects. Size must be less than 6 mb and in .jpg or .gif format.

3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? ◯ Yes ◯ No, go to H4 ◯ U/K, go to H4

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 ◯ U/K
◯ No, go to www.saferproducts.gov to report

4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?

◯ Yes ◯ No ◯ U/K

a. Type of crime, check all that apply:

- ☐ Robbery/burglary
- ☐ Interpersonal violence
- ☐ Sexual assault
- ☐ Other assault
- ☐ Gang conflict
- ☐ Drug trade
- ☐ Arson
- ☐ Prostitution
- ☐ Witness intimidation
- ☐ Illegal border crossing
- ☐ Auto theft
- ☐ Other, specify:
- ☐ U/K

I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE

TYPE OF ACT

1. Did any act(s) of omission or commission cause and/or contribute to the death?
   - ◯ Yes
   - ◯ No, go to Section J
   - ◯ Probable
   - ◯ U/K, go to Section J

   If yes/probable, were the act(s) either or both? Check all that apply:
   - ☐ The direct cause of death
   - ☐ The contributing cause of death

2. What act(s) caused or contributed to the death? Check only one per column and describe in narrative.

Caused	Contributed	
◯	◯	Poor/absent supervision, go to 10
◯	◯	Child abuse, go to 3
◯	◯	Child neglect, go to 8
◯	◯	Other negligence, go to 9
◯	◯	Assault, not child abuse, go to 10
◯	◯	Religious/cultural practices, go to 10
◯	◯	Suicide, go to 27
◯	◯	Medical misadventure, specify and go to 11
◯	◯	Other, specify and go to 10
◯	◯	U/K, go to 10

3. Child abuse, type. Check all that apply and describe in narrative.
   - ☐ Physical, go to 4
   - ☐ Emotional, specify and go to 10
   - ☐ Sexual, specify and go to 10
   - ☐ U/K, go to 10

4. Type of physical abuse, check all that apply:
   - ☐ Abusive head trauma, go to 5
   - ☐ Chronic Battered Child Syndrome, go to 7
   - ☐ Beating/kicking, go to 7
   - ☐ Scalding or burning, go to 7
   - ☐ Munchausen Syndrome by Proxy, go to 7
   - ☐ Other, specify and go to 7
   - ☐ U/K, go to 7

5. For abusive head trauma, were there retinal hemorrhages?
   ◯ Yes ◯ No ◯ U/K

6. For abusive head trauma, was the child shaken?
   ◯ Yes ◯ No ◯ U/K

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

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

8. Child neglect, check all that apply:
   - ☐ Failure to protect from hazards, specify:
   - ☐ Failure to provide necessities
     - ☐ Food
     - ☐ Shelter
     - ☐ Other, specify:
   - ☐ Failure to seek/follow treatment, specify:
   - ☐ Emotional neglect, specify:
   - ☐ Abandonment, specify:
   - ☐ U/K

9. Other negligence:
   - ◯ Vehicular
   - ◯ Other, specify:
   - ◯ U/K

10. Was act(s) of omission/commission:

Caused	Contributed	
◯	◯	Chronic with child
◯	◯	Pattern in family or with perpetrator
◯	◯	Isolated incident
◯	◯	U/K

PERSON(S) RESPONSIBLE

11. Is person the caregiver or supervisor in previous section?

Caused	Contributed	
◯	◯	Yes, caregiver one, go to 24
◯	◯	Yes, caregiver two, go to 24
◯	◯	Yes, supervisor, go to 25
◯	◯	No

12. Primary person responsible for action(s) that caused and/or contributed to death: Select no more than one person for caused and one person for contributed.

Caused	Contributed		Caused	Contributed		Caused	Contributed	
◯	◯	Self, go to 24	◯	◯	Grandparent	◯	◯	Medical provider
◯	◯	Biological parent	◯	◯	Sibling	◯	◯	Institutional staff
◯	◯	Adoptive parent	◯	◯	Other relative	◯	◯	Babysitter
◯	◯	Stepparent	◯	◯	Friend	◯	◯	Licensed child care worker
◯	◯	Foster parent	◯	◯	Acquaintance			
◯	◯	Mother's partner	◯	◯	Child's boyfriend or girlfriend	◯	◯	Other, specify:
◯	◯	Father's partner	◯	◯	Stranger	◯	◯	U/K

13. Person's age in years:

Caused	Contributed	
____	____	# Years
☐	☐	U/K

14. Person's sex:

Caused	Contributed	
◯	◯	Male
◯	◯	Female
◯	◯	U/K

15. Does person speak English?

Caused	Contributed	
◯	◯	Yes
◯	◯	No
◯	◯	U/K

If no, language spoken:

16. Person on active military duty?

Caused	Contributed	
◯	◯	Yes
◯	◯	No
◯	◯	U/K

If yes, specify branch:

17. Person have history of substance abuse?

Caused	Contributed	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

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

18. Person have history of child maltreatment as victim?

Caused	Contributed	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/ psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	Ever in foster care or adopted

19. Person have history of child maltreatment as a perpetrator?

Caused	Contributed	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	CPS prevention services
☐	☐	Family preservation services
☐	☐	Children ever removed

20. Person have disability or chronic illness?

Caused	Contributed	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental illness, was person receiving MH services?

○	○	Yes
○	○	No
○	○	U/K

21. Person have prior child deaths?

Caused	Contributed	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

Caused	Contributed	
☐	☐	Child abuse # _____
☐	☐	Child neglect # _____
☐	☐	Accident # _____
☐	☐	Suicide # _____
☐	☐	SIDS # _____
☐	☐	Other # _____
		Other, specify:
☐	☐	U/K

22. Person have history of intimate partner violence?

Caused	Contributed	
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	No
☐	☐	U/K

23. Person have delinquent/criminal history?

Caused	Contributed	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Assaults
☐	☐	Robbery
☐	☐	Drugs
☐	☐	Other, specify:
☐	☐	U/K

24. At time of incident was person impaired?

Caused	Contributed
○ Yes ○ No ○ U/K	○ Yes ○ No ○ U/K

If yes, check all that apply:

Caused	Contributed	
☐	☐	Drug impaired
☐	☐	Alcohol impaired
☐	☐	Asleep
☐	☐	Distracted
☐	☐	Absent
☐	☐	Impaired by illness, specify:
☐	☐	Impaired by disability, specify:
☐	☐	Other, specify:

25. Does person have, check all that apply:

Caused	Contributed	
☐	☐	Prior history of similar acts
☐	☐	Prior arrests
☐	☐	Prior convictions

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

Caused	Contributed	
☐	☐	No charges filed
☐	☐	Charges pending
☐	☐	Charges filed, specify:
☐	☐	Charges dismissed
☐	☐	Confession
☐	☐	Plead, specify:
☐	☐	Not guilty verdict
☐	☐	Guilty verdict, specify:
☐	☐	Tort charges, specify:
☐	☐	U/K

FOR SUICIDE

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

Yes	No	U/K	
○	○	○	A note was left
○	○	○	Child talked about suicide
○	○	○	Prior suicide threats were made
○	○	○	Prior attempts were made
○	○	○	Suicide was completely unexpected
○	○	○	Child had a history of running away
○	○	○	Child had a history of self mutilation
○	○	○	There is a family history of suicide
○	○	○	Suicide was part of a murder-suicide
○	○	○	Suicide was part of a suicide pact
○	○	○	Suicide was part of a suicide cluster

28. 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	☐ Suicide by friend or relative	☐ Physical abuse/assault	☐ Gambling problems
☐ Family discord	☐ Other death of friend or relative	☐ Rape/sexual abuse	☐ Involvement in cult activities
☐ Parents' divorce/separation	☐ Bullying as victim	☐ Problems with the law	☐ Involvement in computer or video games
☐ Argument with parents/caregivers	☐ Bullying as perpetrator	☐ Drugs/alcohol	
☐ Argument with boyfriend/girlfriend	☐ School failure	☐ Sexual orientation	☐ Involvement with the Internet, specify:
☐ Breakup with boyfriend/girlfriend	☐ Move/new school	☐ Religious/cultural issues	
☐ Argument with other friends	☐ Other serious school problems	☐ Job problems	☐ Other, specify:
☐ Rumor mongering	☐ Pregnancy	☐ Money problems	☐ U/K

J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

1. Services: Select one option per row:

	Provided after death	Offered but refused	Offered but U/K if used	Should be offered	Needed but not available	U/K	CDR review led to referral
Bereavement counseling	○	○	○	○	○	○	☐
Debriefing for professionals	○	○	○	○	○	○	☐
Economic support	○	○	○	○	○	○	☐
Funeral arrangements	○	○	○	○	○	○	☐
Emergency shelter	○	○	○	○	○	○	☐
Mental health services	○	○	○	○	○	○	☐
Foster care	○	○	○	○	○	○	☐
Health services	○	○	○	○	○	○	☐
Legal services	○	○	○	○	○	○	☐
Genetic counseling	○	○	○	○	○	○	☐
Other, specify:	○	○	○	○	○	○	☐

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

○ **Mark this case to edit/add prevention actions at a later date**

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

2. What specific recommendations and/or initiatives resulted from the review? Check all that apply: ○ No recommendations made, go to Section L

		Current Action Stage			Type of Action		Level of Action		
		Recommendation	Planning	Implementation	Short term	Long term	Local	State	National
Education	Media campaign	○	○	○	☐	☐	☐	☐	☐
	School program	○	○	○	☐	☐	☐	☐	☐
	Community safety project	○	○	○	☐	☐	☐	☐	☐
	Provider education	○	○	○	☐	☐	☐	☐	☐
	Parent education	○	○	○	☐	☐	☐	☐	☐
	Public forum	○	○	○	☐	☐	☐	☐	☐
	Other education	○	○	○	☐	☐	☐	☐	☐
Agency	New policy(ies)	○	○	○	☐	☐	☐	☐	☐
	Revised policy(ies)	○	○	○	☐	☐	☐	☐	☐
	New program	○	○	○	☐	☐	☐	☐	☐
	New services	○	○	○	☐	☐	☐	☐	☐
	Expanded services	○	○	○	☐	☐	☐	☐	☐
Law	New law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Amended law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Enforcement of law/ordinance	○	○	○	☐	☐	☐	☐	☐
Environment	Modify a consumer product	○	○	○	☐	☐	☐	☐	☐
	Recall a consumer product	○	○	○	☐	☐	☐	☐	☐
	Modify a public space	○	○	○	☐	☐	☐	☐	☐
	Modify a private space(s)	○	○	○	☐	☐	☐	☐	☐
	Other, specify:	○	○	○	☐	☐	☐	☐	☐

Briefly describe the initiatives:

3. Who took responsibility for championing the prevention initiatives? Check all that apply:

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

L. THE REVIEW MEETING PROCESS

1. Date of first CDR meeting:

2. Number of CDR meetings for this case: _____

3. Is CDR complete? ○ N/A ○ Yes ○ No

4. Agencies at CDR meeting, check all that apply:

☐ Medical examiner/coroner	☐ CPS	☐ Other health care	☐ Mental health	☐ Military
☐ Law enforcement	☐ Other social services	☐ Fire	☐ Substance abuse	☐ Others, list:
☐ Prosecutor/district attorney	☐ Physician	☐ EMS	☐ Court	
☐ Public health	☐ Hospital	☐ Education	☐ Child advocate	

5. Were the following data sources available at the CDR 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
- ☐ Mental health records
- ☐ School records
- ☐ Substance abuse treatment records

6. Factors that prevented an effective CDR meeting, check all that apply:

- ☐ 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. CDR meeting outcomes, check all that apply:

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

☐ Local ☐ State ☐ National

8. Describe the factor(s) that directly contributed to this death:

9. Which of the factors that directly contributed to this death are modifiable?

10. List any recommendations to prevent deaths from similar causes or circumstances in the future:

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

12. What additional information would the team like to know about the autopsy?

M. SUID AND SDY CASE REGISTRY

Section M: 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)

1. Is this an SDY or SUID case? ○ Yes ○ No If no, go to Section N

2. Did this case go to Advanced Review for the SDY Case Registry?
○ N/A ○ Yes ○ No
If yes, date of first Advanced Review meeting:

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

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

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

6. Was a specimen sent to the SDY Case Registry bio-repository?
○ N/A ○ Yes ○ No ○ U/K

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

8. Categorization for SDY Case Registry (choose only one):

- ○ Excluded from SDY Case Registry
- ○ Incomplete case information
- ○ Explained cardiac
- ○ Explained neurological
- ○ Explained infant suffocation (under age 1)
- ○ Explained other
- ○ Unexplained, possible cardiac
- ○ Unexplained, possible cardiac and SUDEP
- ○ Unexplained, SUDEP
- ○ Unexplained infant death/SUID (under age 1)
- ○ Unexplained child death (age 1 and over)

9. Categorization for SUID Case Registry (choose only one):

- ○ Excluded (other explained causes, not suffocation)
- ○ Unexplained: No autopsy or death scene investigation
- ○ Unexplained: Incomplete case information
- ○ Unexplained: No unsafe sleep factors
- ○ Unexplained: Unsafe sleep factors
- ○ Unexplained: Possible suffocation with unsafe sleep factors
- ○ Explained: Suffocation with unsafe sleep factors

If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply:

- ☐ Soft bedding
- ☐ Wedging
- ☐ Overlay
- ☐ Other, specify:

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

SUID Case Registry Data Entry Complete ☐

N. 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, 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?

O. 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 ☐

NATIONAL CFRP
Center for Fatality Review & Prevention

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Data Entry: https://cdrdata.org
www.childdeathreview.org
For help, email: info@childdeathreview.org
1-800-656-2434