Instructions:

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

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

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

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

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

Reminder:

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

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

Additional paper forms can be ordered from the NCFRP at no charge. Users interested in participating in the NFR-CRS for data entry and reporting should contact the NCFRP. This version includes the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.
### A1. CHILD INFORMATION
#### A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)

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

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:**
   - **White**
   - **Native Hawaiian**
   - **Native American, Tribe:**
   - **Asian, specify:**
   - **American Indian, Tribe:**
   - **U/K**

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

10. **Child's height at death:**
    - **U/K**
    - **Feet/inches**
    - **Cm**

11. **State of death:**

12. **County of death:**

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

   - **Physical/orthopedic, specify:**
   - **Sensory, specify:**
   - **U/K**

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

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

16. **Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule?**
   - **NA**
   - **Yes**
   - **No, specify:**
   - **U/K**

17. **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**

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:**

22. **Child had history of child maltreatment?**
   - **As Victim**
   - **As Perpetrator**
   - **As N/A**
   - **As Physical**
   - **As Neglect**
   - **As Sexual**
   - **As Emotional/psychological**
   - **As U/K**
   - **As Through CPS**
   - **As Other sources**
   - **As # CPS referrals**
   - **As Substantiations**

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**

25. **How many months prior to death did child last have contact with a health care provider?**

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

26. **Child's highest education level:**
   - **N/A**
   - **Drop out**
   - **HS graduate/GED**
   - **Preschool**
   - **College**
   - **Other, specify:**
   - **U/K**
   - **Home schooled, K-8**
   - **Home schooled, 9-12**

27. **Child's work status:**
   - **N/A**
   - **Employed**
   - **Full time**
   - **Part time**
   - **U/K**
   - **Not working**
   - **U/K**

28. **Did child have problems in school?**
   - **N/A**
   - **Yes**
   - **No**
   - **U/K**

29. **Child had history of intimate partner violence?**
   - **N/A**
   - **Yes, as victim**
   - **Yes, as perpetrator**
   - **No**
   - **U/K**
### 30. Child had received prior mental health services?
- N/A
- Yes
- No
- U/K
  - If yes, check all that apply:
    - [ ] Outpatient
    - [ ] Day treatment/partial hospitalization
    - [ ] Residential

### 31. Child was receiving mental health services?
- N/A
- Yes
- No
- U/K
  - If yes, check all that apply:
    - [ ] Outpatient
    - [ ] Day treatment/partial hospitalization
    - [ ] Residential

### 32. Child on medications for mental health illness?
- N/A
- Yes
- No
- U/K

### 33. Child had emergency department visit for mental health care within the previous 12 months?
- N/A
- Yes
- No
- U/K
  - If yes, did the child have a follow-up mental health appointment within 30 days of emergency department visit?
    - Yes
    - No
    - U/K

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

### 35. Issues prevented child from receiving mental health services?
- N/A
- Yes
- No
- U/K
  - If yes, specify:
    - [ ] Outpatient
    - [ ] Day treatment/partial hospitalization
    - [ ] Residential

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

### 37. 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

### 38. Child spent time in juvenile detention?
- N/A
- Yes
- No
- U/K

### 39. Child acutely ill in the two weeks before death?
- Yes
- No
- U/K

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

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

### 43. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR

#### 42. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team?
- Yes
- No
- U/K

#### 43. Gestational age:
- U/K

#### 44. Birth weight:
- U/K
  - Grams/kilograms
  - Pounds/ounces

#### 45. Multiple gestation?
- Yes
- No
- U/K
  - If yes, # ______

#### 46. Including the deceased infant, how many pregnancies did the birth mother have? # ______
- Yes
- No
- U/K

#### 47. Including the deceased infant, how many live births did the birth mother have? # ______
- Yes
- No
- U/K

#### 48. Not including the deceased infant, number of children birth mother still has living? # ______
- Yes
- No
- U/K

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

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

#### 51. During pregnancy, did mother have any medical conditions/complications?
- Yes
- No
- U/K
  - If yes, check all that apply:
    - [ ] Cardiovascular
      - [ ] Hypertension - gestational
      - [ ] Hypertension - chronic
      - [ ] Pre-eclampsia
      - [ ] Eclampsia
      - [ ] Clotting disorder
    - [ ] Hematologic
      - [ ] Folic acid deficiency
      - [ ] Sickle cell disease
      - [ ] Anemia (iron deficiency)
    - [ ] Respiratory
      - [ ] Asthma
      - [ ] Pulmonary embolism
    - [ ] Endocrine/Metabolic
      - [ ] Diabetes, type 1 chronic
      - [ ] Diabetes, type 2 chronic
      - [ ] Diabetes, gestational
      - [ ] Thyroid
      - [ ] Polycystic ovarian disease
    - [ ] Neurologic/Psychiatric
      - [ ] Addiction disorder
      - [ ] Eating disorder
      - [ ] Depression
      - [ ] Anxiety disorder
    - [ ] Gynecologic
      - [ ] Uterine/vaginal bleeding
      - [ ] Chorioamnionitis
      - [ ] Oligohydramnios
      - [ ] Polyhydramnios
    - [ ] Sexually Transmitted Infection (STI)
      - [ ] Bacterial vaginosis (BV)
      - [ ] Chlamydia
      - [ ] Gonorrhea
      - [ ] Herpes
      - [ ] HPV
      - [ ] Syphilis
      - [ ] Group B strep
      - [ ] HIV/AIDS
      - [ ] Other STI, specify:
    - [ ] Gynecologic (continued)
      - [ ] Intrauterine growth restriction (IUGR)
      - [ ] Premature rupture of membranes (PROM)
      - [ ] Preterm premature rupture of membranes (PPROM)
      - [ ] Incompetent cervix
    - [ ] Placental problems
      - [ ] Abruption
      - [ ] Previa
      - [ ] Other placental, specify:
### Mother's Medical Conditions (continued)

<table>
<thead>
<tr>
<th>Condition/Complication</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
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<tbody>
<tr>
<td>UTI</td>
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<tr>
<td>HELLP syndrome</td>
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<tr>
<td>Oral health/dental or gum infection</td>
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<tr>
<td>Maternal genetic disorder</td>
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<tr>
<td>Preterm labor</td>
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<tr>
<td>Decreased fetal movement</td>
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<tr>
<td>Maternal developmental delay</td>
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<tr>
<td>Gastrointestinal</td>
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<tr>
<td>Abnormal MSAFP</td>
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<tr>
<td>Other, specify:</td>
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</tbody>
</table>

### Did the mother experience any medical complications in previous pregnancies?

- Previous preterm birth
- Previous small for gestational age
- Previous low birth weight birth
- Previous large for gestational age (greater than 4000 grams)

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

- Over-the-counter meds
- Anti-epileptic
- Allergy medications
- Anti-hypertensives
- Antibiotics
- Anti-hypothyroidism
- Anti-flu/antivirals
- Anti-depressants/anti-anxiety/anti-psychotics

### Did the mother attend a postpartum visit?

- Yes
- No
- U/K

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

- Yes
- No
- U/K

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

- Over-the-counter meds
- Anti-epileptic
- Nausea/vomiting medications
- Anti-hypertensives
- Cholesterol medications
- Anti-hypothyroidism
- Sleeping pills
- Arthritis medications
- Diabetes medications
- Meds used during delivery
- Asthma medications
- Progesterone/P17

### Was the infant born drug exposed?

- Yes
- No
- U/K

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

- Yes
- No
- U/K

### Level of Birth Hospital:

1. N/A
2. Yes
3. No

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

- Yes
- No
- U/K

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

- Yes
- No
- U/K

### Was the infant injured during pregnancy?

- Yes
- No
- U/K

### Did the infant have postpartum depression?

- Yes
- No
- U/K

### Infants Ever Breastfed?

- Yes
- No
- U/K

### Infant's Last Meal?

- Check all that apply:
  - None
  - Cyanosis
  - Fever
  - Excessive sweating
  - Lethargy/sleeping more than usual
  - Fussiness/excessive crying
  - Decrease in appetite

### Infant's Last Dose Given?

- Yes
- No
- U/K
## B. BIOLOGICAL PARENT INFORMATION

No information available, go to Section C

<table>
<thead>
<tr>
<th>1. Parents alive on date of child's death? (Even if parent(s) are deceased at time of child's death, please fill out the remaining questions.)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2. Parents' race, check all that apply: |
|---|---|---|
| Female | Male |
| White | | |
| Black | | |
| Asian, specify: | | |
| American Indian, Tribe: | | |
| Alaska Native, Tribe: | | |

| 3. Parents' Hispanic or Latino origin? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 4. Parents' age in years at time of child's death: |
|---|---|---|---|
| Female | Male |
| | | | # Years |

| 5. Parents' employment status: |
|---|---|---|
| Female | Male |
| Employed | | |
| Unemployed | | |
| On disability | | |
| Stay-at-home | | |
| Retired | | |
| U/K | | |

| 6. Parents' income: |
|---|---|---|
| Female | Male |
| High | | |
| Medium | | |
| Low | | |
| U/K | | |

| 7. Parents' education: |
|---|---|---|---|
| Female | Male |
| < High school | | |
| High school/ GED | | |
| College | | |
| Post graduate | | |
| U/K | | |

| 8. Parents speak and understand English? |
|---|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 9. Parents first generation immigrant? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 10. Parents on active military duty? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 11. Parents receive social services in the past twelve months? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 12. Parents have substance abuse history? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 13. Parents ever victim of child maltreatment? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 14. Parents ever perpetrator of maltreatment? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 15. Parents have disability or chronic illness? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 16. Parents have prior child deaths? |
|---|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| 17. Parents have history of intimate partner violence? |
|---|---|---|
| Female | Male |
| Yes, as victim | | |
| Yes, as perpetrator | | |
| No | | |
| U/K | | |

| 18. Parents have delinquent/criminal history? |
|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| If yes, check all that apply: |
|---|---|---|---|
| Female | Male |
| Child abuse # | | |
| Child neglect # | | |
| Accident # | | |
| Suicide # | | |
| SIDS # | | |
| Undetermined cause # | | |
| Other # | | |

| If yes, check all that apply: |
|---|---|---|---|
| Female | Male |
| Physical | | |
| Neglect | | |
| Sexual | | |
| Emotional/psychological | | |
| CPS prevention services | | |
| CPS protection services | | |
| CPS prevention services | | |
| CPS protection services | | |

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

| If yes, check all that apply: |
|---|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |

| If mental health/substance abuse, was parent receiving mental health services? |
|---|---|---|---|
| Female | Male |
| Yes | | |
| No | | |
| U/K | | |
### C. PRIMARY CAREGIVER(S) INFORMATION

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Self, go to Section D</td>
<td>☐ Foster parent</td>
</tr>
<tr>
<td>☐ Biological mother, go to Section D</td>
<td>☐ Mother's partner</td>
</tr>
<tr>
<td>☐ Biological father, go to Section D</td>
<td>☐ Father's partner</td>
</tr>
<tr>
<td>☐ Adoptive parent</td>
<td>☐ Grandparent</td>
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<tr>
<td>☐ Stepparent</td>
<td>☐ Sibling</td>
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#### 2. Caregiver(s) age in years:

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<th># Years</th>
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<tr>
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#### 3. Caregiver(s) sex:

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

<table>
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<tbody>
<tr>
<td>☐ White</td>
<td>☐ Native Hawaiian</td>
</tr>
<tr>
<td>☐ Black</td>
<td>☐ Pacific Islander, specify:</td>
</tr>
<tr>
<td>☐ Asian, specify:</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ American Indian, Tribe:</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>☐ Alaska Native, Tribe:</td>
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#### 5. Caregiver(s) Hispanic or Latino origin?

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

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

<table>
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<th>Two</th>
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</thead>
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<tr>
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<td>☐ On disability</td>
<td>☐ Stay-at-home</td>
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<tr>
<td>☐ Retired</td>
<td>☐ U/K</td>
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#### 7. Caregiver(s) income:

<table>
<thead>
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<th>One</th>
<th>Two</th>
</tr>
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<tbody>
<tr>
<td>☐ High</td>
<td>☐ Medium</td>
</tr>
<tr>
<td>☐ Low</td>
<td>☐ U/K</td>
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#### 8. Caregiver(s) education:

<table>
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<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ High school</td>
<td>☐ College</td>
</tr>
<tr>
<td>☐ Post graduate</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

#### 9. Do caregiver(s) speak and understand English?

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

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes, country of origin:</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ U/K</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ WIC</td>
<td>☐ Food stamps/SNAP/EBT</td>
<td>☐ Home visiting</td>
<td>☐ Section 8/housing</td>
</tr>
<tr>
<td>☐ TANF</td>
<td>☐ Other, specify:</td>
<td>☐ Medicaid</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>One</th>
<th>Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes, as victim</td>
<td>☐ Yes, as perpetrator</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

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

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

---

Page 7 of 24
**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?
   - 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
   - Supervisor, go to D15
   - Hospital staff, go to D15

5. Supervisor's age in years: _____
6. Supervisor's sex: Male Female U/K
7. Supervisor speaks and understands 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
   - Opioids
   - Prescription drugs
   - Over-the-counter
   - Other, specify: ________________

10. Supervisor has history of child maltreatment? Yes No U/K
    If yes, check all that apply:
    - Physical
    - Neglect
    - Sexual
    - Emotional/psychological
    - Other, specify:
    - # 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/orthopedic, specify:
    - Mental health/substance abuse, specify:
    - Cognitive/intellectual, specify:
    - Sensory, specify:
    - If mental health/substance abuse, was supervisor receiving mental health services?
      - Yes
      - No
      - U/K

12. Supervisor has prior child deaths? Yes No U/K
    If yes, check all that apply:
    - Physical/orthopedic, specify:
    - Mental health/substance abuse, specify:
    - Cognitive/intellectual, specify:
    - Sensory, specify:
    - If mental health/substance abuse, was supervisor receiving mental health services?
      - Yes
      - No
      - U/K

13. Supervisor has history of intimate partner violence? Yes No U/K
    If yes, check all that apply:
    - Assault
    - Robbery
    - Drugs
    - Other, specify:

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

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**

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

2. Approximate time of day that incident occurred? AM PM 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
   - Relative foster care home
   - School
   - Sidewalk
   - Other recreation area
   - Licensed group home
   - Place of work
   - Roadway
   - Hospital
   - Frontier
   - U/K

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

8. Was the incident witnessed?
   - Yes
   - No
   - U/K
   If yes, by whom?
   - Parent/relative
   - Health care professional, if death occurred in a hospital setting
   - Other caretaker/babysitter
   - Teacher/coach/athletic trainer
   - Stranger
   - Other acquaintance
   - Other, specify:

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

10. Was resuscitation attempted?
    - Yes
    - No
    - U/K
    If yes, by whom?
    - EMS
    - Stranger
    - Parent/relative
    - Other caretaker/babysitter
    - Teacher/coach/athletic trainer
    - Other acquaintance
    - Health care professional, if death occurred in a hospital setting
    - Other, specify:
    If yes, type of resuscitation:
    - CPR
    - Automated External Defibrillator (AED)
    - Other, specify:
    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?
    - Number

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

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

13. Total number of deaths at incident event, including child:
    - Children, ages 0-18
    - Adults

F. INVESTIGATION INFORMATION

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

2. What additional information would the team like to have known about the death scene investigation?

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

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

5. Autopsy performed?
   - Yes
   - No
   - U/K
   If yes, conducted by:
   - Forensic pathologist
   - Unknown type pathologist
   - Pediatric pathologist
   - Other physician
   - General pathologist
   - Other, specify:
   - U/K
   If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)?
   - Yes
   - No
   - U/K
   If yes, specify specialist:
   - Pediatric pathologist
   - Other physician
   - General pathologist
   - Other, specify:
   - U/K
   If no, why not (e.g. parent or caregiver objected)?
   - Yes
   - No
   - U/K

6. Were the following assessed either through the autopsy or through information collected prior to the autopsy?
   Please list any abnormalities/significant findings in F10.
   - Yes
   - No
   - U/K
   If yes, list any abnormalities/significant findings in F10.

7. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F10.
   - Yes
   - No
   - U/K
   - Cultures for infectious disease
   - Microscopic/histologic exam
   - Postmortem metabolic screen
   - Vitril testing
   - Genetic testing
8. Was any toxicology testing performed?  
   - Yes  
   - No  
   - U/K
   If yes, what were the results?  
   - Negative  
   - Cocaine  
   - Methamphetamine  
   - Too high Rx drug, specify:  
   - Other, specify:  
   Check all that apply:  
   - Alcohol  
   - Marijuana  
   - Opioids  
   - Too high OTC drug, specify:  
   - U/K
9. Was the child's medical history reviewed as part of the autopsy?  
   - Yes  
   - No  
   - U/K
   If yes, did this include:  
   - Review of the newborn metabolic screen results?  
   - Yes  
   - No  
   - U/K  
   - Not performed
   - Review of neonatal CCHD screen results?  
   - Yes  
   - No  
   - U/K  
   - Not performed
10. Describe any abnormalities or other significant findings noted in the autopsy:
11. What additional information would the team like to have known about the autopsy?
12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate?  
   - N/A  
   - Yes  
   - No  
   - U/K
13. Was a CPS record check conducted as a result of death?  
   - Yes  
   - No  
   - U/K
14. Did any investigation find evidence of prior abuse?  
   - N/A  
   - Yes  
   - No  
   - U/K
   If yes, from what source?  
   Check all that apply:  
   - X-rays  
   - Autopsy  
   - CPS review  
   - Law enforcement
15. CPS action taken because of death?  
   - N/A  
   - Yes  
   - No  
   - U/K
   If yes, what services or actions resulted? Check all that apply:  
   - Voluntary services offered  
   - Voluntary services provided  
   - Court-ordered out of home placement  
   - Court-ordered services provided  
   - Children removed  
   - Voluntary out of home placement  
   - Parental rights terminated  
   - U/K
16. If death occurred in licensed setting (see E3), indicate action taken:  
   - No action  
   - License suspended  
   - License revoked  
   - Investigation ongoing  
   - Other, specify:  
   - U/K

G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH
1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable:  
   - U/K
2. Enter the following information exactly as written on the death certificate:
   - Immediate cause (final disease or condition resulting in death):
     
     a.  
     
     b.  
     
     c.  
     
     d.  
   - U/K
3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate:  
   - U/K
4. If injury, describe how injury occurred exactly as written on the death certificate:  
   - U/K
5. Official manner of death from the death certificate:  
   - Natural  
   - Accident  
   - Suicide  
   - Homicide  
   - Undetermined  
   - Pending  
   - U/K
   If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.
6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause. From an injury (external cause). Select one and answer G4:  
   - Motor vehicle and other transport, go to H1
   - Fire, burn, or electrocution, go to H2
   - Drowning, go to H3
   - 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 I1
   - Other cause, go to H9
   - U/K, go to I1
   From a medical cause. Select one:
   - Asthma/respiratory, specify and go to H8
   - Cancer, specify and go to H8
   - Cardiovascular, specify and go to H8
   - Congenital anomaly, specify and go to H8
   - COVID-19, go to H8
   - Diabetes, go to H8
   - HIV/AIDS, go to H8
   - Influenza, go to H8
   - Low birth weight, go to H8
   - Malnutrition/dehydration, go to H8
   - 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 I1
   go to 11
## H1. MOTOR VEHICLE AND OTHER TRANSPORT

### a. Vehicles involved in incident:

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

### b. Position of child:

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

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

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

### 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></td>
</tr>
<tr>
<td>○ U/K Child in/on a vehicle that struck other vehicle</td>
<td></td>
</tr>
<tr>
<td>○ U/K Child in/on a vehicle that struck person/object</td>
<td></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>Muddy</td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Ice/snow</td>
<td>Fog</td>
</tr>
<tr>
<td>Wet</td>
<td>U/K</td>
</tr>
<tr>
<td>U/K Construction zone</td>
<td></td>
</tr>
</tbody>
</table>

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

- □ City street
- □ Driveway
- □ Residential street
- □ Parking area
- □ Rural road
- □ Off road
- □ Highway
- □ RR xing/tracks
- □ Intersection
- □ Other, specify: |
- □ Shoulder
- □ Sidewalk
- □ U/K

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

<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>Has a graduated license</td>
<td>Age of Driver</td>
<td>Age of Driver</td>
<td>Has a full license</td>
</tr>
<tr>
<td>○ &lt;16 years</td>
<td>○</td>
<td>Has a full license that has been restricted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ 16 to 18 years old</td>
<td>○</td>
<td>Has a suspended license</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ 19 to 21 years old</td>
<td>○</td>
<td>If recreational vehicle, has driver safety certificate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ 22 to 29 years old</td>
<td>○</td>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ 30 to 65 years old</td>
<td>○</td>
<td>Was violating graduated licensing rules:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ &gt;65 years old</td>
<td>○</td>
<td>Nighttime driving curfew</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ U/K age</td>
<td>○</td>
<td>Passenger restrictions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Driving without required supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Other violations, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Has a learner's permit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>UK</td>
<td></td>
<td></td>
<td></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, not used</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airbag</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Lap belt</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Shoulder belt</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Child seat*</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Belt positioning booster seat</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Helmet</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

- **a. Ignition, heat or electrocution source:**
  - Matches
  - Cigarette lighter
  - Utility lighter
  - Cigarette or cigar
  - Candles
  - Cooking stove
  - Matches
  - Heating stove
  - Space heater
  - Furnace
  - Power line
  - Electrical outlet
  - Hot cooking water
  - Appliance in water
  - Oxygen tank
  - Hot bath water
  - Other hot liquid, specify:

- **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

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

- **d. Material first ignited:**
  - Upholstery
  - Mattress
  - 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

- **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 alarms present?:**
  - Yes
  - No
  - U/K

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

**H3. DROWNING**

- **a. Where was child last seen before drowning?:**
  - In water
  - In yard
  - On shore
  - In bathroom
  - On dock
  - 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
  - Buckets, 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
  - 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
  - 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-1 yr
m. Flotation device used?
- N/A
- Yes
- No
- U/K

If yes, check all that apply:
- Jacket
- Cushion
- Lifesaving ring
- Not Coast Guard approved
- U/K

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:
  - Type of fence:
  - Height in ft _____
  - Material:
  - Is a double gate
  - Opens to water
  - U/K

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

q. Door, check all that apply:
- Has self-closing latch
- Has lock
- U/K

r. Alarm, check all that apply:
- Door
- Window
- Pool
- Laser
- U/K

s. Type of cover:
- Check all that apply:
  - Door
  - Window
  - Pool
  - Laser
  - U/K

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

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

j. 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

k. For bathtub, child in a bathing aid?
- N/A
- Yes
- No
- U/K

l. Warning sign or label posted?
- N/A
- Yes
- No
- U/K

m. Lifeguard present?
- N/A
- Yes
- U/K

n. Child able to swim?
- N/A
- Yes
- No
- U/K

If yes, specify type:

o. Rescue attempt made?
- N/A
- Yes
- No
- U/K

If yes, who? Check all that apply:
- Parent
- Bystander
- Other child
- Other, specify:
- Life guard
- U/K

p. Did rescuer(s) also drown?
- N/A
- Yes
- No
- U/K

If yes, number of rescuers that drowned: _____

q. Appropriate rescue equipment present?
- N/A
- Yes
- No
- U/K

r. 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
## H5. ASSAULT, WEAPON OR PERSON'S BODY PART

<table>
<thead>
<tr>
<th>a. Type of weapon:</th>
<th>b. For firearms, type:</th>
<th>c. Firearm licensed?</th>
<th>d. Firearm safety features, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm, go to b</td>
<td>Handgun</td>
<td>Yes</td>
<td>Trigger lock</td>
</tr>
<tr>
<td>Sharp instrument,</td>
<td>Shotgun</td>
<td>No</td>
<td>Magazine disconnect</td>
</tr>
<tr>
<td>go to j</td>
<td>BB gun</td>
<td>U/K</td>
<td>Personalization device</td>
</tr>
<tr>
<td>Blunt instrument,</td>
<td>Hunting rifle</td>
<td></td>
<td>Minimum trigger pull</td>
</tr>
<tr>
<td>go to k</td>
<td></td>
<td></td>
<td>External safety/drop safety</td>
</tr>
<tr>
<td>Person's body part</td>
<td></td>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td>go to l</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explosive, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rope, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify and go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K, go to m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Where was firearm stored?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm, go to b</td>
<td>Not stored</td>
<td>Under mattress/pillow</td>
<td></td>
</tr>
<tr>
<td>Handgun</td>
<td>Locked cabinet</td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Unlocked cabinet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Glove compartment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Firearm stored with ammunition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U/K</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></td>
<td>Male</td>
<td>Kitchen knife</td>
<td>Bat</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Switchblade</td>
<td>Club</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
<td>Pocketknife</td>
<td>Stick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Razor</td>
<td>Hammer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hunting knife</td>
<td>Rock</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scissors</td>
<td>Household item</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other, specify:</td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>U/K</td>
</tr>
</tbody>
</table>

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

| o. Persons handling weapons at time of incident, check all that apply: |
|--------------------------|-----------------------------------------------|
| Fatal and/or Other weapon | |
|                          | Self                                        |
|                          | Biological parent                           |
|                          | Adoptive parent                             |
|                          | Foster parent                               |
|                          | Child's boyfriend or girlfriend             |
|                          | Grandparent                                 |
|                          | Sibling                                     |
|                          | Spouse                                      |
|                          | Other relative                              |
|                          | U/K                                         |

<table>
<thead>
<tr>
<th>p. Sex of person(s) handling weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal weapon:</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. Use of weapon at time, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self injury</td>
</tr>
<tr>
<td>Commission of crime</td>
</tr>
<tr>
<td>Drug dealing/trading</td>
</tr>
<tr>
<td>Drive-by shooting</td>
</tr>
<tr>
<td>Random violence</td>
</tr>
<tr>
<td>Child was a bystander</td>
</tr>
<tr>
<td>Bullying</td>
</tr>
<tr>
<td>Hunting</td>
</tr>
<tr>
<td>Target shooting</td>
</tr>
<tr>
<td>Intimate partner violence</td>
</tr>
<tr>
<td>Playing with weapon</td>
</tr>
<tr>
<td>Hate crime</td>
</tr>
<tr>
<td>Weapon mistaken for toy</td>
</tr>
<tr>
<td>Showing gun to others</td>
</tr>
<tr>
<td>Loading weapon</td>
</tr>
<tr>
<td>Intervener assisting crime victim (Good Samaritan)</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></td>
<td>Natural elevation</td>
</tr>
<tr>
<td>Crush, go to h</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>feet</td>
<td>Stairs/steps</td>
</tr>
<tr>
<td></td>
<td>inches</td>
<td>Moving object, specify:</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>Screen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K if screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open window</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man-made elevation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playground equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural elevation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overpass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balcony</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### H6. Surface child fell onto:
- Cement/concrete
- Linoleum/vinyl
- Grass
- Marble/tile
- Gravel
- Other, specify:
- Wood floor
- Carpeted floor
- U/K
- None
- Stairway
- Screen
- Gate
- Other window guard
- Other, specify:
- Fence
- UK
- Railings

### H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

- 1 = Bought from dealer or stranger (Prescription or illicit only)
- 2 = Bought from friend or relative
- 3 = From friend or relative for free
- 4 = Took from friend or relative without asking
- 5 = Own prescription (Prescription only)
- 6 = Bought from store/pharmacy (OTC or other substances only)
- 7 = Other
- 8 = U/K
- 9 = U/K
- Antidepressant
- Pain medication
- Pain medication (opioids)
- Pain medication (non-opioids)
- Methadone
- Other Rx, specify:
- Other, specify:

**Prescription drug/source**

- Opioids
- Opioids (non-opioids)
- Methadone
- Heroin

**Over-the-counter drug/source**

- Cold medicine
- Other OTC, specify:
- Cocaine
- Other fume/gas/vapor

**Illicit drugs/source**

- Alcohol
- Carbon monoxide, go to e

**Other substances/source**

- Other, specify:

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

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

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

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

- Was the incident the result of? Accidental overdose
  - Medical treatment mishap
  - Adverse effect, but not overdose
  - Deliberate poisoning

- Acute intoxication
  - Other, specify:
  - UK

- Was Poison Control called? Yes No U/K

- If yes, who called: Child Parent Other caregiver

- First responder Functioning properly?

- Medical person

- U/K

- Was environmental tobacco exposure a contributing factor in death? Yes No U/K

### H8. MEDICAL CONDITION

**a. How long did the child have the medical condition?**
- In utero
- Since birth
- Hours
- Days
- Weeks
- Months
- Years
- N/A

**b. Was death expected as a result of the medical condition?**
- Yes
- No
- But at a later date
- U/K

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

**d. Were the prescribed care plans appropriate for the medical condition?**
- Yes
- No
- U/K

**e. Was child/family compliant with the prescribed care plans?**
- Yes
- No
- U/K

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

**g. Was environmental tobacco exposure a contributing factor in death?**
- Yes
- No
- U/K

**h. Were there access or compliance issues related to the death?**
- Yes
- No
- U/K

**i. Was death caused by a medical misadventure?**
- Yes
- No
- U/K

### H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:
I. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

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

Section I1: OMB No. 0920-1092, Exp. Date: 4/30/2022

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

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

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

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

   - [ ] U/K for all

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

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 w/in 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Cardiac</strong></td>
<td></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>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
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<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>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
</tr>
</tbody>
</table>

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>Yes</td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td></td>
</tr>
<tr>
<td>Sickle cell trait</td>
<td></td>
</tr>
<tr>
<td>Thrombophilia ( clotting disorder)</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>Abnormal electrocardiogram (EKG or ECG)</td>
<td></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 (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>
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<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>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurologic</td>
<td>Yes</td>
</tr>
<tr>
<td>Anoxic brain injury</td>
<td></td>
</tr>
<tr>
<td>Traumatic brain injury/ head injury/concussion</td>
<td></td>
</tr>
<tr>
<td>Brain tumor</td>
<td></td>
</tr>
<tr>
<td>Brain aneurysm</td>
<td></td>
</tr>
<tr>
<td>Brain hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Developmental brain disorder</td>
<td></td>
</tr>
<tr>
<td>Epilepsy/seizure disorder</td>
<td></td>
</tr>
<tr>
<td>Febrile seizure</td>
<td></td>
</tr>
<tr>
<td>Mesial temporal sclerosis</td>
<td></td>
</tr>
<tr>
<td>Neurodegenerative disease</td>
<td></td>
</tr>
<tr>
<td>Stroke/mini stroke/ TIA-Transient Ischemic Attack (meningitis or encephalitis)</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Apnea</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td></td>
</tr>
<tr>
<td>Pulmonary hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Respiratory arrest</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connective tissue disease</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Endocrine disorder, other: thyroid, adrenal, pituitary</td>
<td></td>
</tr>
<tr>
<td>Hearing problems or deafness</td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
</tr>
<tr>
<td>Mental illness/psychiatric disease</td>
<td></td>
</tr>
<tr>
<td>Metabolic disease</td>
<td></td>
</tr>
<tr>
<td>Muscle disorder or muscular dystrophy</td>
<td></td>
</tr>
<tr>
<td>Oncologic disease treated by chemotherapy or radiation</td>
<td></td>
</tr>
<tr>
<td>Prematurity</td>
<td></td>
</tr>
<tr>
<td>Congenital disorder/ genetic syndrome</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>
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:

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

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? UK for all

- Sudden unexpected death before age 50
  - Y/N/UK
  - Yes
  - No
  - UK

- Heart condition/heart attack or stroke before age 50
  - Y/N/UK
  - Yes
  - No
  - UK

- Aortic aneurysm or aortic rupture
  - Y/N/UK
  - Yes
  - No
  - UK

- Arrhythmia (fast or irregular heart rhythm)
  - Y/N/UK
  - Yes
  - No
  - UK

- Cardiomyopathy
  - Y/N/UK
  - Yes
  - No
  - UK

- Congenital heart disease
  - Y/N/UK
  - Yes
  - No
  - UK

- Congenital deafness
  - Y/N/UK
  - Yes
  - No
  - UK

- Connective tissue disease
  - Y/N/UK
  - Yes
  - No
  - UK

- Mitochondrial disease
  - Y/N/UK
  - Yes
  - No
  - UK

- Muscle disorder or muscular dystrophy
  - Y/N/UK
  - Yes
  - No
  - UK

- Thrombophilia (clotting disorder)
  - Y/N/UK
  - Yes
  - No
  - UK

- Other diseases that are genetic or run in families, specify:
  - Y/N/UK
  - Yes
  - No
  - UK

Did the child have any blood relatives (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?

- Yes
- No
- UK

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

- Heart Disease
  - Y/N/UK
  - Yes
  - No
  - UK

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:

- Other Neurologic Disease
  - Y/N/UK
  - Yes
  - No
  - UK

- Epilepsy or convulsions/seizure
- Other neurologic disease

- Neurologic Disease
  - Y/N/UK
  - Yes
  - No
  - UK

- Mitochondrial disease
- Epilepsy or convulsions/seizure
- Other neurologic disease

- Other Diagnoses
  - Y/N/UK
  - Yes
  - No
  - UK

- Aortic aneurysm or aortic rupture
- Arrhythmia (fast or irregular heart rhythm)
- Cardiomyopathy
- Congenital heart disease
- 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:

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

If yes, describe:

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

- 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 UK
  - Yes
  - No
  - UK

If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death?
- Y/N/UK
  - Yes
  - No
  - UK

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:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?
- Y/N/UK
  - Yes
  - No
  - UK

- Physical activity
- Sleep deprivation
- Driving
- Visual stimuli
- Video game stimuli
- Emotional stimuli
- Auditory stimuli/startle
- Physical trauma
- Other, specify:

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

If yes, type of sport:
  - Competitive
  - Recreational
  - UK

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

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 UK
  - Yes
  - No
  - UK

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

If yes to any item, describe type of physical activity and extent of symptoms:
### Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>p. How old was the child when diagnosed with epilepsy/seizure disorder?</td>
<td>Age 0 (infant) through 20 years: ________ U/K</td>
</tr>
<tr>
<td>q. What were the underlying cause(s) of the child’s seizures?</td>
<td>Brain injury/trauma, specify:</td>
</tr>
<tr>
<td></td>
<td>Genetically/cromosomal</td>
</tr>
<tr>
<td></td>
<td>Mesial temporal sclerosis</td>
</tr>
<tr>
<td></td>
<td>Idiopathic or cryptogenic</td>
</tr>
<tr>
<td></td>
<td>Other acute illness or injury other than epilepsy</td>
</tr>
<tr>
<td></td>
<td>Degenerative process</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>Developmental brain disorder</td>
</tr>
<tr>
<td></td>
<td>Inborn error of metabolism</td>
</tr>
<tr>
<td>r. What type(s) of seizures did the child have?</td>
<td>Non-convulsive</td>
</tr>
<tr>
<td></td>
<td>Convulsive (grand mal seizure or generalized tonic-clonic seizure)</td>
</tr>
<tr>
<td></td>
<td>Occur when exposure to strobe lights, video game, or flickering light</td>
</tr>
<tr>
<td></td>
<td>(reflex seizure)</td>
</tr>
<tr>
<td>s. Describe the child’s epilepsy/seizures (not including the seizure</td>
<td>Brain injury/trauma, specify:</td>
</tr>
<tr>
<td></td>
<td>Genetically/cromosomal</td>
</tr>
<tr>
<td></td>
<td>Mesial temporal sclerosis</td>
</tr>
<tr>
<td></td>
<td>Idiopathic or cryptogenic</td>
</tr>
<tr>
<td></td>
<td>Other acute illness or injury other than epilepsy</td>
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<tr>
<td></td>
<td>Degenerative process</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>Developmental brain disorder</td>
</tr>
<tr>
<td></td>
<td>Inborn error of metabolism</td>
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<tr>
<td>t. How many seizures did the child have in the year preceding death?</td>
<td>0/never</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>More than 3</td>
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<tr>
<td></td>
<td>1</td>
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<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>u. Did treatment for seizures include anti-epileptic drugs?</td>
<td>Yes</td>
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<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>v. Was night surveillance used?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<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>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Incident sleep place:</td>
<td>Crib</td>
</tr>
<tr>
<td></td>
<td>Adult bed</td>
</tr>
<tr>
<td></td>
<td>Car seat</td>
</tr>
<tr>
<td></td>
<td>Rock 'n Play</td>
</tr>
<tr>
<td></td>
<td>Stroller</td>
</tr>
<tr>
<td></td>
<td>Bouncy chair</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>If adult bed, what type?</td>
</tr>
<tr>
<td></td>
<td>If futon</td>
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<tr>
<td>b. Child put to sleep:</td>
<td>On back</td>
</tr>
<tr>
<td></td>
<td>On stomach</td>
</tr>
<tr>
<td></td>
<td>On side</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>c. Child found:</td>
<td>On back</td>
</tr>
<tr>
<td></td>
<td>On stomach</td>
</tr>
<tr>
<td></td>
<td>On side</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>d. Usual sleep place:</td>
<td>Crib</td>
</tr>
<tr>
<td></td>
<td>Adult bed</td>
</tr>
<tr>
<td></td>
<td>Baby box</td>
</tr>
<tr>
<td></td>
<td>Car seat</td>
</tr>
<tr>
<td></td>
<td>Floor</td>
</tr>
<tr>
<td></td>
<td>Rock 'n Play</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>If adult bed, what type?</td>
</tr>
<tr>
<td></td>
<td>If futon</td>
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<tr>
<td>g. Child in a new or different environment than usual?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>h. Child last placed to sleep with a pacifier?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>i. Child wrapped or swaddled in blanket?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>j. Child overheated?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td>k. Child exposed to second hand smoke?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
</tbody>
</table>

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

**What were the underlying cause(s) of the child’s seizures?**

<table>
<thead>
<tr>
<th>Causes</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain injury/trauma, specify:</td>
<td>Brain tumor</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular</td>
</tr>
<tr>
<td></td>
<td>Central nervous system infection</td>
</tr>
<tr>
<td></td>
<td>Degenerative process</td>
</tr>
<tr>
<td></td>
<td>Developmental brain disorder</td>
</tr>
<tr>
<td></td>
<td>Inborn error of metabolism</td>
</tr>
</tbody>
</table>

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

**What were the underlying cause(s) of the child’s seizures?**

<table>
<thead>
<tr>
<th>Causes</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain injury/trauma, specify:</td>
<td>Brain tumor</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular</td>
</tr>
<tr>
<td></td>
<td>Central nervous system infection</td>
</tr>
<tr>
<td></td>
<td>Degenerative process</td>
</tr>
<tr>
<td></td>
<td>Developmental brain disorder</td>
</tr>
<tr>
<td></td>
<td>Inborn error of metabolism</td>
</tr>
</tbody>
</table>

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

**What type(s) of seizures did the child have?**

<table>
<thead>
<tr>
<th>Types of Seizures</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-convulsive</td>
<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</td>
<td>(reflex seizure)</td>
</tr>
<tr>
<td>U/K</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Seizures</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/never</td>
<td>2</td>
</tr>
<tr>
<td>More than 3</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>U/K</td>
</tr>
</tbody>
</table>

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

**Describe the child’s epilepsy/seizures (not including the seizure at time of death).**

<table>
<thead>
<tr>
<th>Seizures</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain injury/trauma, specify:</td>
<td>Brain tumor</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular</td>
</tr>
<tr>
<td></td>
<td>Central nervous system infection</td>
</tr>
<tr>
<td></td>
<td>Degenerative process</td>
</tr>
<tr>
<td></td>
<td>Developmental brain disorder</td>
</tr>
<tr>
<td></td>
<td>Inborn error of metabolism</td>
</tr>
</tbody>
</table>

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

**Was night surveillance used?**

| Options                                                                 | |
|------------------------------------------------------------------------| |
| Yes                                                                     | |
| No                                                                     | |
| U/K                                                                    | |

---

**Notes:**

- **Crib:** Adult bed, Waterbed, Rock 'n Play, Stroller, Bouncy chair, Other, specify.
- **Child put to sleep:** On back, On stomach, On side, U/K.
- **Usual sleep place:** Crib, Baby box, Adult bed, Car seat, Rock 'n Play, Stroller, Bouncy chair, Other, specify.
- **Child in a new or different environment than usual:** Yes, No, U/K.
- **Child last placed to sleep with a pacifier:** Yes, No, U/K.
- **Child wrapped or swaddled in blanket:** Yes, No, U/K.
- **Child overheated:** Yes, No, U/K.
- **Child exposed to second hand smoke:** Yes, No, U/K.
- **Child's face when found:** Down, Hyperextended (head back), Up, Hypoextended (chin to chest), Neutral, Turned, U/K.
- **Child's neck when found:** Down, Hyperextended (head back), Up, Hypoextended (chin to chest), Neutral, Turned, U/K.
- **Child's airway when found:** Nose, Mouth, Neck compressed, Unobstructed by person or object, Fully obstructed by person or object, Partially obstructed by person or object, U/K.
- **Room too hot:** Yes, No, U/K.
- **Too much bedding:** Yes, No, U/K.
- **Too much clothing:** Yes, No, U/K.

---

**Resources:**

- **Epilepsy Foundation:***
  - [Epilepsy Facts](https://www.epilepsy.org/
  - [Facts and Statistics](https://www.epilepsy.org/learn/about-epilepsy/stats-and-facts)
- **Healthyplace:***
  - [Epilepsy Information](https://www.healthyplace.com/conditions/epilepsy)
- **National Institute of Neurological Disorders and Stroke (NINDS):***
  - [Epilepsy](https://www.ninds.nih.gov/Disorders/Diagnosis-Detection/Epilepsy/Epilepsy-facts-and-figures)
- **American Epilepsy Society:***
  - [Epilepsy Facts](https://www.epilepsyaes.org/research-education/epilepsy-facts-and-statistics)
### Object(s) in child's sleep environment and relation to airway obstruction:

<table>
<thead>
<tr>
<th>Objects</th>
<th>Present?</th>
<th>On top of child</th>
<th>Under child</th>
<th>Next to child</th>
<th>Around child</th>
<th>Tangled</th>
<th>U/K</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>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Other child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Animal(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Mattress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Comforter, quilt, or other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Fitted sheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Thin blanket/flat sheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Pillow(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Cushion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Boppy or U shaped pillow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Sleep positioner (wedge)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Bumper pads</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Crib railing/side</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Wall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Toy(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Other(s), specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

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

---

### p. Was there a reliable, non-conflicting witness account of how the child was found?

- Yes
- No
- U/K

---

### q. Caregiver/supervisor fell asleep while feeding child?

- Yes
- No
- U/K

If yes, type of feeding:

- Bottle
- Breast
- U/K

---

### r. Child sleeping in the same room as caregiver/supervisor at time of death?

- Yes
- No
- U/K

### s. Child sleeping on same surface with person(s) or animal(s)?

- Yes
- No
- U/K

If yes, reasons stated for sleeping on same surface, check all that apply:

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

### t. Is there a scene re-creation photo available for upload?

- Yes
- No
- U/K

If yes, upload here. Only one photo allowed.

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

---

### I3. 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

---

### I4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?

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

a. Type of crime, check all that apply:

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

a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?
   - Yes/probable
   - No, go to next section
   - U/K, go to next section
   If yes/probable, choose primary reason:
   - Child abuse, go to 15b
   - Child neglect, go to 15f
   - Poor/absent supervision, go to 15h
   - Exposure to hazards, go to 15g

b. Type of child abuse, check all that apply:
   - Abusive head trauma, go to 15c
   - Chronic Battered Child Syndrome, go to 15e
   - Beating/kicking, go to 15e
   - Scalding or burning, go to 15e
   - Munchausen Syndrome by Proxy, go to 15e
   - Sexual assault, go to 15h
   - Other, specify and go to 15h
   - U/K, go to 15e

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

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

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

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

6. SUICIDE

a. Child's history. Check all that have ever applied:
   - None listed below
   - Involved in sports
   - Involvement in activities (not sports)
   - Viewed, posted or interacted on social media
     - If yes, specify platform(s):
   - History of running away
   - History of fearful withdrawal or anxiety
   - History of explosive anger, yelling or disobeying
   - History of head injury
     - If yes, when was the last head injury? __________
   - Death of a peer, friend or family member
     - If yes, specify relationship to child: __________
     - When did death occur? __________
     - Was death a suicide? Yes Yes No U/K

b. Was the child ever diagnosed with any of the following? Check all that apply.
   - None listed below
   - Anxiety spectrum disorder
   - Depressive spectrum disorder
   - Bipolar spectrum disorder
   - Disruptive, impulse control or conduct disorder
   - Eating disorder
   - Substance-related or addictive disorders
   - Other, specify:

f. Did the death occur under circumstances where it would likely be observed and intervened by others?
   - Yes
   - No
   - U/K

h. Warning signs (https://youthsuicidewarningsigns.org) within 30 days of death. Check all that apply:
   - None listed below
   - Expressed perceived burden on others
   - Showed worrisome behavioral cues or marked changes in behavior
     - Emotional pain or distress

i. Child experienced a known crisis within 30 days of the death?
   - Yes
   - No
   - U/K

j. Suicide was part of:
   - None listed below
   - A suicide pact
   - A cluster
   - A murder-suicide
   - A contagion, copy-cat or imitation

7. LIFE STRESSORS

Please indicate all stressors that were present for this child around the time of death.

a. Life stressors - Social/economic
   - None listed below
   - Housing instability
   - Racism
   - Witnessed discrimination
   - Violence
   - Poverty
   - Pregnancy
   - Neighborhood discord
   - Pregnancy scare
   - Job problems
   - Money problems
   - Food insecurity

b. Life stressors - Relationships (age 5 and over)
   - None listed below
   - Argument with friends
   - Family discord
   - Argument with parents/caregivers
   - Parents’ divorce/separation
   - Parents’ incarceration
   - Argument with significant other
   - Breakup with significant other
   - Social discord
   - Isolation
   - Stress due to sexual orientation
   - Stress due to gender identity
   - Stress due to sexual orientation

C. Life stressors - School (age 5 and over)
   - None listed below
   - School failure
   - Pressure to succeed
   - Extracurricular activities
   - New school
   - Other school problems

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d. Life stressors - Technology (age 5+)
- None listed below
- Electronic gaming
- Texting
- Restriction of technology
- Social media

e. Life stressors - Transitions (age 5 and over)
- Transition from any level of mental health care to another (e.g., inpatient to outpatient, inpatient to residential, outpatient to inpatient, etc.)
- Release from juvenile justice facility
- End of school year/school break
- Transition to/from child welfare system
- Release from immigrant detention center

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

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)? Enter information for the first person under “One” and if there is a second person, use column “Two.” Describe acts in narrative.

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

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.

6. Person's age in years:
- One
- Two

7. Person’s sex:
- One
- Two

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

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

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

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

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

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

16. Person(s) have delinquent/criminal history?
- Yes
- No
- U/K
17. At the time of the incident, was the person asleep? (if yes, select the most appropriate description of the person’s sleeping period at incident:)

- Yes
- No
- U/K

18. At time of incident was person impaired? (if yes, check all that apply:)

- Drug impaired, specify:
- Alcohol impaired
- Distracted
- Absent
- Other, specify:

19. Person(s) have, check all that apply:

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

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

- Charges pending
- 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? (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:

2. Review led to referral not available N/A U/K

3. Referral needed:

   - N/A
   - U/K

L. FINDINGS IDENTIFIED DURING THE REVIEW

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

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

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

4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review? (if yes, select all that apply and describe:)

   - Child welfare
   - Law enforcement
   - Public health
   - Coroner/medical examiner
   - Courts
   - Health care systems

   - Education
   - Mental health
   - EMS
   - Substance abuse
   - Other, specify:

5. Could the death have been prevented? (if yes, select one:)

   - Yes
   - No
   - U/K

Team could not determine
### M. THE REVIEW MEETING PROCESS

<table>
<thead>
<tr>
<th></th>
<th>Date of first review meeting:</th>
<th>Number of review meetings for this case:</th>
<th>Is review complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>4.</td>
<td>Agencies and individuals at review meeting, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical examiner/coroner/pathologist</td>
<td>CPS</td>
<td>Fire</td>
</tr>
<tr>
<td></td>
<td>Death investigator</td>
<td>Other social services</td>
<td>EMS</td>
</tr>
<tr>
<td></td>
<td>Law enforcement</td>
<td>Physician</td>
<td>Faith based organization</td>
</tr>
<tr>
<td></td>
<td>Prosecutor/district attorney</td>
<td>Nurse</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Public health</td>
<td>Hospital</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td>HMO/managed care</td>
<td>Other health care</td>
<td>Substance abuse</td>
</tr>
</tbody>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Were the following data sources available at the review meeting?</td>
<td>Check all that apply:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|    | 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 |   |   |   |

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Did any of the following factors reduce meeting effectiveness, check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|    | 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: |

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Review meeting outcomes, check all that apply:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|    | 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 |   |
|    | Review led to changes in agency policies or practices | Review led to prevention initiatives being implemented |   |   |

### N. SUID AND SDY CASE REGISTRY

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is this an SDY or SUID case?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Did this case go to Advanced Review for the SDY Case Registry?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>If yes, date of first Advanced Review meeting:</td>
<td></td>
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<td>3.</td>
<td>Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:</td>
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<td>4.</td>
<td>Professionals at the Advanced Review meeting, check all that apply:</td>
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|    | 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: |

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<td>5.</td>
<td>Did the Advanced Review team believe the autopsy was comprehensive?</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>U/K</td>
</tr>
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<td>6.</td>
<td>If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary?</td>
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<th></th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
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</table>
7. Was a specimen saved for the SDY Case Registry?
   - N/A
   - Yes
   - No
   - U/K

8. Was a specimen sent to the SDY Case Registry biorepository?
   - N/A
   - Yes
   - No
   - U/K

9. Did the family consent to have DNA saved as part of the SDY Case Registry?
   - Consent was not attempted
   - Consent was attempted but follow up was unsuccessful
   - Consent was attempted but family declined
   - Other, specify:

10. Categorization for SDY Case Registry (choose only one):
   - Excluded from SDY Case Registry
   - Explained neurological, specify:
   - Explained infant suffocation (under age 1)
   - Explained other, specify:
   - Unexplained, SUDEP
   - Unexplained, possible cardiac
   - Unexplained death

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

O. NARRATIVE

O1. 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? 

The development of this report tool was supported, in part, by Grant No. UG7MC28482 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services and with additional funding from the US Centers for Disease Control and Prevention, Division of Reproductive Health

Data Entry: https://data.ncfrp.org

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