

Appendix 1: List of NVDRS Variables Collected from Death Certificate and Medical Examiner Reports on Fatal Opioid-Involved Overdoses

Variables Collected Only on Opioid-Involved Overdose Deaths

Type of Drug Poisoning

Type of Drug Poisoning

Substance Abuse

Previous drug overdose

Treatment for substance abuse

History of opioid/heroin abuse

Scene indications of drug abuse

Prescription Information

Use of prescription morphine

Number of opioid prescriptions in 30 days preceding injury

Number of pharmacies dispensing opioids to decedent in 180 days preceding injury

Number of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury

Response to Drug Overdose

Naloxone/Opioid antagonist administered

Bystanders present at time of overdose

Other

Route of drug administration

Treated for pain at time of injury

NVDRS Variables Collected on Opioid-Involved Overdose Deaths

Incident Information

Date of addition/change
Version of software
Incident type
Case status
Number of source documents in incident
Number of persons in incident
Number of weapons in incident
Date supervisor checked incident
Date supervisor rechecked incident
Supervisor note field
Number of non-fatally shot persons in incident
Narrative of the incident

Document notes

Document type
Person who entered record
Source agency requested from
Date record requested/expected/sought
Date record re-requested/re-searched
Date record received
Date record abstracted/imported
Date entered data checked
Document determined to be unavailable
Document notes field

Person Information (Victim)

Abstractor Assigned Manner of death
Person type
Age
Age unit
Sex
White
Black
Asian
Native Hawaiian or Pacific Islander
American Indian
Other Race
Unspecified Race
Hispanic/Latino/Spanish
Country of residence
State of residence

Victim Information

County of residence
City of residence
Zip code of residence
US Census block group of residence
US Census tract of residence
Birth place
Country of birth if not listed
Ever served in US armed forces (veteran)
Marital status
Place of death
Place of death if other
Date pronounced dead
Date of death
State of death
Immediate cause of death text
Cause leading to immediate cause text
Next antecedent cause of death text
Underlying cause of death text
Underlying cause of death ICD-10 code
ICD10 4th (character)
ICD10 5th (character)
Autopsy performed
Person was pregnant
Manner of death
Date of injury
Time of injury
Type of location where injured
Injured at work
State of injury FIPS code
County of injury
City of injury FIPS code
US Census block group of injury
US Census tract of injury
Survival time no. of units
Unit of time used in survival time
Education
Number years of education
Usual occupation code
Usual occupation text
Kind of business/industry code
Usual industry text
Multiple conditions on death certificate 1-10
Height
Weight
Transgender
Sexual orientation
Recent release from an institution

Victim Information (Continued)

Coroner/Medical Examiner

ZIP code of injury
At person's home
EMS at scene
Homeless status
Current occupation
Victim in custody when injured

Toxicology

Alcohol use suspected
Date specimens were collected
Time specimens were collected
Name of poison
Type of poison (*Automatically generated*)
Code for poison (*Automatically generated*)
Patient drug obtained for
Cause of death

Summary Toxicology

Testing for alcohol
Alcohol test results
Blood alcohol concentration results
Testing for amphetamines
Amphetamine test results
Testing for antidepressants
Antidepressant test results
Testing for cocaine
Cocaine test results
Testing for marijuana
Marijuana test results
Testing for opiate(s)
Opiate test results
Testing for anticonvulsants
Anticonvulsants test results
Testing for antipsychotic
Antipsychotic test results
Testing for barbiturates
Barbiturates test results
Testing for benzodiazepines
Benzodiazepines test results
Testing for muscle relaxants
Muscle relaxants test result
Testing for carbon monoxide
Carbon monoxide results
Carbon monoxide source, if CO
Toxicology Comment

Suicide and Undetermined Circumstance Variables that Can Be Completed for Unintentional Drug Overdoses (*Indicates Crisis – Occurred in Past Two Weeks - Information Collected with Checkbox)

Circumstances known
Current depressed mood
Current mental health problem*
Type of first mental illness diagnosed
Type of second mental illness diagnosed
Other mental health diagnosis
Current treatment for mental illness
Ever treated for mental illness
Alcohol problem*
Other substance problem*
Other addiction*
Person left a suicide note
Disclosed intent to commit suicide
History of suicide attempts
Crisis in past two weeks
Physical health problem*
Intimate partner violence*
Intimate partner problem*
Family relationship problem*
Other relationship problem*
Job problem*
School problem*
Financial problem*
Suicide of friend or family*
Other death of friend or family
Recent criminal legal problem*
Other legal problems*
Perpetrator of violence in the past month
Victim of violence in the past month
Anniversary of a traumatic event
History of abuse as a child
Eviction/loss of home*
Disclosed suicidal intent to whom
History of expressed suicidal intent/thoughts
Physical fight (2 people)
Argument
Timing of argument
Disaster exposure
Other circumstance

Hospital Information

Victim seen in ED
Victim admitted to inpatient care
First external cause of injury code from hospital
Second external cause of injury code from hospital