

Overdose Fatality Review REDCap Guidance

This guidance document provides applicants with an idea of data collection expectations.

Part 1: Recommendation Monitoring

Record ID:

Public/Edited version of recommendation:

Working Draft/narrative of recommendation:

Date Recommendation was identified/initiated:

Cases that generated or are related to the recommendation: (List REDCap-generated case ids separated by commas)

What data sources were shared at review meetings? (Check all that apply)

- Behavioral health record information
- Criminal justice record information
- Death certificate record information
- Family and social network interview information
- Forensic record information
- Medical care record information
- PDMP record information
- Social services record information
- Other
- Specify "Other"

What OFR members were present/represented at the review meetings? (Check all that apply.)

- | | |
|--|---|
| ▪ Child protective services | ▪ Emergency department |
| ▪ Community corrections - probation and parole | ▪ Emergency medical services |
| ▪ Community prevention coalition | ▪ Faith-based services or healing leader |
| ▪ County sheriff's office | ▪ Harm-reduction program |
| ▪ Court (not drug-related) | ▪ High Intensity Drug Trafficking Areas (HIDTA) public health analyst |
| ▪ Drug treatment court | ▪ Hospital |
| ▪ Education system | ▪ Housing authority |

- Infectious disease
- Jails
- Local law enforcement
- Medical examiner/coroner
- Medication-assisted treatment provider
- Mental health provider
- Outpatient/primary care
- PDMP
- Pharmacists
- Prison
- Prosecutor's office
- Public health
- Recovery support services
- Social services
- Substance abuse prevention
- Substance use disorder treatment provider
- Toxicologist
- Tribal elder, community leader, or traditional healer
- Other
- Specify "Other" (Add response line)

Recommendation type. (Check all that apply.)

- Agency-specific
- Capacity-building
- Case-specific
- Population-specific
- Quality improvement
- Research-related
- Systemic
- Other
- Unknown
- Specify "Other" (Add response line)

Prevention level. (Check all that apply.)

- Primary/universal
- Secondary/selective
- Tertiary/targeted

Focus Population or issue (Check all that apply)

- African Americans
 - American Indians/Alaska Natives
 - Asians
 - Hispanics
 - Whites
 - Children
 - Men and boys
 - Women and girls
 - Community
 - Charging and sentencing
 - Domestic violence
 - Gangs
 - Future research
 - Homeless
 - Mental health
 - Nuisance or license premise
 - Schools
 - Sex workers
 - Substance use
 - Supervision and reentry
 - Witnesses
 - Other
- Specify "Other" (Add response line)

Jurisdictional levels responsible for implementing the recommendation. (Check all that apply.)

- Local
- State or territory
- Federal
- Tribe

Agencies responsible for implementation. (Check all that apply.)

- Community correction/probation and parole
- Community prevention coalition
- Drug treatment court
- Education system
- Elected officials
- Emergency department or hospital
- Emergency medical services
- Faith-based services
- Harm-reduction program
- HIDTA public health analyst
- Housing authority
- Jails
- Local law enforcement agency
- Medical examiner's/coroner's office
- Medication-assisted treatment providers
- Mental health providers
- Outpatient/primary care clinics
- Pharmacies
- Prosecutor's office
- Public health
- Sheriff's office
- Social services/child protective services
- Substance use prevention
- Substance use disorder treatment provider

- Other (Specify other agency)

Recommendation status

- Not yet started
- In progress
- On hold
- Completed
- Unknown
- Date of status update (enter here)

Short-term strategy 1:

Short-term strategy 2:

Short-term strategy 3:

Short-term strategy 4:

Short-term strategy 5:

Medium-term strategy 1:

Medium-term strategy 2:

Medium-term strategy 3:

Medium-term strategy 4:

Medium-term strategy 5:

Long-term strategy 1:

Long-term strategy 2:

Long-term strategy 3:

Long-term strategy 4:

Long-term strategy 5:

Recommendation accomplishments:

Media coverage notes:

Contact information for agency that has the lead responsibility for implementing the recommendation (Examples include name, agency and email address):

Supporting agency one: Contact information (Examples include name, agency and email address):

Support agency two: Contact information (Examples include name, agency and email address):

Support agency three: Contact information (Examples include name, agency and email address):

Part 2: County Profile

Record ID:

State in which OFR team is located: Minnesota

Minnesota County (Check Box):

- | | |
|---------------------|---------------------|
| ▪ Aitkin County | ▪ Carlton County |
| ▪ Anoka County | ▪ Carver County |
| ▪ Becker County | ▪ Cass County |
| ▪ Beltrami County | ▪ Chippewa County |
| ▪ Benton County | ▪ Chisago County |
| ▪ Big Stone County | ▪ Clay County |
| ▪ Blue Earth County | ▪ Clearwater County |
| ▪ Brown County | ▪ Cook County |

- Cottonwood County
- Crow Wing County
- Dakota County
- Dodge County
- Douglas County
- Faribault County
- Fillmore County
- Freeborn County
- Goodhue County
- Grant County
- Hennepin County
- Houston County
- Hubbard County
- Isanti County
- Itasca County
- Jackson County
- Kanabec County
- Kandiyohi County
- Kittson County
- Koochiching County
- Lac qui Parle County
- Lake County
- Lake of the Woods County
- Le Sueur County
- Lincoln County
- Lyon County
- McLeod County
- Mahnomen County
- Marshall County
- Martin County
- Meeker County
- Mille Lacs County
- Morrison County
- Mower County
- Murray County
- Nicollet County
- Nobles County
- Norman County
- Olmsted County
- Otter Tail County
- Pennington County
- Pine County
- Pipestone County
- Polk County
- Pope County
- Ramsey County
- Red Lake County
- Redwood County
- Renville County
- Rice County
- Rock County
- Roseau County
- St. Louis County
- Scott County
- Sherburne County
- Sibley County
- Stearns County
- Steele County
- Stevens County
- Swift County
- Todd County
- Traverse County
- Wabasha County
- Wadena County
- Waseca County
- Washington County

- Watonwan County
- Wilkin County
- Winona County
- Wright County
- Yellow Medicine County
- Not applicable
- Unknown

Date county profile updated:

Level of ODMAP reporting at the county level (choose one):

- No - None of the jurisdiction's report into ODMAP
- Yes, partial - Some of the jurisdictions report some suspected cases into ODMAP
- Yes, all - All jurisdictions are required to report all suspected cases into ODMAP
- Yes, unsure how many jurisdictions are reporting cases to ODMAP

Overdose Detection Mapping Application Program (ODMAP) Utilization Access information at: <http://www.odmap.org>

County Health Rankings Access information at: <https://www.countyhealthrankings.org/>

County Demographics

Resident population:

Percent non-Hispanic Black (Enter number without % symbol):

Percent American Indian or Alaskan Native (Enter number without % symbol):

Percent Asian (Enter number without % symbol):

Percent Native Hawaiian/Other Pacific Islander (Enter number without % symbol):

Percent Hispanic (Enter number without % symbol):

Percent non-Hispanic White (Enter number without % symbol):

Percent rural (Enter number without % symbol):

Additional Health Outcomes

Life expectancy:

Frequent physical distress (percent) (Enter number without % symbol):

Frequent mental distress (percent) (Enter number without % symbol):

Additional Health Behaviors

Food insecurity (percent) (Enter number without % symbol):

Drug overdose deaths (Enter number in County Health Rankings which represents deaths per 100,000 population):

Clinical Care

Uninsured (percent) (Enter number without % symbol):

Primary care physicians (number of persons in the population for each primary care physician):

Mental health providers (number of persons in the population for each mental health provider):

Social & Economic Factors

High school completion (Percentage) (Enter number without % symbol):

Unemployment (percent) (Enter number without % symbol):

Children in poverty (percent) (Enter number without % symbol):

Income inequality (Number in County Health Rankings represents the ratio of household income at the 80th percentile to income at the 20th percentile):

Social associations (rate) (Enter number in County Health Rankings which represents number of membership associations per 10,000 population):

Violent crime (rate) (Enter number in County Health Rankings which represents violent crimes per 100,000 population):

High school graduation (percent) (Enter number without % symbol):

Additional Social & Economic Factors

Disconnected youth (percent) (Enter number without % symbol):

Median household income (Enter number without \$ symbol):

Children eligible for free or reduced-price lunch (percent) (Enter number without % symbol):

Residential segregation - nonwhite/white (Number in County Health Rankings represents an index of residential segregation from 0 (lowest) to 100 (highest)):

Suicide (rate) (Enter number in County Health Rankings which represents number of deaths due to suicide per 100,000 population):

Physical Environment Severe housing problems (percent) (Enter number without % symbol):

Severe housing problem (Enter number without % symbol):

Environment Scan

Does the county have a targeted naloxone distribution program? (Choose yes or no)

- Yes
- No

Does the county have a coordinated rapid response team/plan to respond to spikes in overdoses, overdose-related events, or emerging trends?

- Yes
- No

Is the county considered a high-density-use and/or high-density-overdose area/

- Yes
- No

To what extent is MAT (medication-assisted treatment) available in the community?

- Not available
- Limited availability--waiting lists, limited providers, only one type available
- Adequate availability--no waiting lists, easy access to all types of MAT

To what extent is MAT (medication-assisted treatment) available to individuals upon release from jails or pre-trial detention?

- Not available
- Limited availability-limited number of facilities, limited types of MAT or specific populations (e.g., pregnant women)
- Adequate availability-all types of MAT for all populations

To what extent is buprenorphine-based MAT (medication-assisted treatment) initiated in local emergency departments?

- Not initiated
- Limited availability/initiation-limited number of facilities or specific populations (e.g., pregnant women)
- Adequate availability/initiation-buprenorphine-based MAT for all populations, standard practice among local emergency departments

To what extent are syringe service programs available in the community?

- Not available
- Limited availability-not enough supplies/staff, only in part of the community, only targeting specific populations (e.g., homeless population), or one-for-one exchange policies
- Adequate availability-entire community and population can access program as needed

To what extent is wraparound follow-up care available after a nonfatal overdose?

- Not available
- Limited availability-only in part of the community, only targeting specific populations
- Adequate availability-entire community and population offered wraparound follow-up care

To what extent is naloxone available among substance use disorder treatment providers?

- Not available
- Limited availability-limited providers, targeting only specific populations
- Adequate availability-a standard practice among providers in the community

To what extent is naloxone available in criminal justice facilities (for example, courts, jails, and probation)?

- Not available
 - Limited availability-limited locations, targeting only specific populations
- Adequate availability-a standard practice among area criminal justice system facilities

To what extent is naloxone available and used by law enforcement and other first responders?

- Not available
 - Limited availability-limited agencies, limited officers/staff
- Adequate availability-a standard practice among law enforcement and other first responders

Part 3: OFR Administration

Case Information

Case-unique identifier (REDCap generated):

Name of person completing this form (Enter first and last name):

Email for the person completing this form:

Date completing this form:

Was the case reviewed by the OFR team?

- No
- Yes

Date the case was reviewed at an OFR:

If the exact date the case was reviewed at an OFR is Exact date case was reviewed is unknown, check this box.

- Both Review Date field and Exact Date unknown checkbox are completed. Please complete only one.
- If the exact date the case was reviewed at an OFR is unknown, enter the approximate date case was reviewed:

What were the case selection criteria?

- No criteria: All deaths reviewed
- Most recent deaths
- Random selection
- Selected to match characteristics of overall fatalities
- Theme review
- Other (Specify "Other")

What data sources were shared at the review meeting? (Check all that apply.)

- Behavioral health record information

- Criminal justice record information
- Death certificate record information
- Family and social network interview information
- Forensic record information
- Medical care record information
- Prescription drug monitoring program (PDMP) record information
- Social services record information
- Other

Specify type of "Theme review":

Specify "Other":

Which OFR members were present/represented at the review meeting? (Check all that apply.)

- | | |
|--|--|
| ▪ (Check all that apply) | ▪ Medication-assisted treatment provider |
| ▪ Child protective services | ▪ Mental health provider |
| ▪ Community corrections - probation and parole | ▪ Outpatient/primary care provider |
| ▪ Community prevention coalition | ▪ PDMP |
| ▪ County sheriff's office | ▪ Pharmacists |
| ▪ Court (not drug-related) | ▪ Prison |
| ▪ Drug treatment court | ▪ Prosecutor's office |
| ▪ Education system | ▪ Public health |
| ▪ Emergency department | ▪ Recovery support services |
| ▪ Emergency medical services | ▪ Social services (other than child protective services) |
| ▪ Faith-based services or healing leader | ▪ Substance use disorder prevention |
| ▪ Harm-reduction program | ▪ Substance use disorder treatment provider |
| ▪ High Intensity Drug Trafficking Areas (HIDTA) public health analyst or drug intelligence officer | ▪ Toxicologist |
| ▪ Hospital | ▪ Tribal elder, community leader, or traditional healer |
| ▪ Housing authority | ▪ Other (Specify) |
| ▪ Infectious disease | Medical examiner or coroner case identification number: |
| ▪ Jails | Death certificate number: |
| ▪ Local law enforcement | Next of kin consent: |
| ▪ Medical examiner/coroner | |

- No
- Yes

Barriers to an effective case review (Check all that apply.):

- None
- Confidentiality issues prevented full exchange of critical information
- Inadequate investigation
- Case review happened too long after the death

- Case review happened too soon after the death
- Necessary team members were not present
- Records and/or information were needed from another jurisdiction
- Team did not agree on circumstances
- Team did not bring adequate information to review
- Other (Specify Other)

Does the OFR have access to and monitor multiple (aggregate) data sources to guide prevention and intervention planning strategies?

- No
- Yes

In the 14 days prior to the death, were there any high-profile overdoses in the community?

- No
- Yes

Was the death possibly connected or related to a contaminated/tainted batch or a community spike in overdoses?

- No
- Yes

Is the jurisdiction in which the overdose event occurred covered by a Good Samaritan Law with overdose provisions at the time of the overdose?

- No
- Yes

Decedent Demographic Information

- Decedent's first name
- Decedent's middle name
- Decedent's last name
- Decedent's date of birth (DOB) If the exact date of decedent's birth is unknown, Exact date of birth unknown check this box
- Both Date of Birth field and Exact Date unknown checkbox are completed.
- Please complete only one.
- If exact date is not known, enter the approximate date of birth (DOB):
- Age in years:

Birthplace:**Birth Country:****Birth state/territory:**

- Alabama (AL)
 - Alaska (AK)
 - Arizona (AZ)
 - Arkansas (AR)
 - California (CA)
 - Colorado (CO)
 - Connecticut (CT)
 - Delaware (DE)
 - District of Columbia (DC)
 - Florida (FL)
 - Georgia (GA)
 - Hawaii (HI)
 - Idaho (ID)
 - Illinois (IL)
 - Indiana (IN)
 - Iowa (IA)
 - Kansas (KS)
 - Kentucky (KY)
 - Louisiana (LA)
 - Maine (ME)
 - Maryland (MD)
 - Massachusetts (MA)
 - Michigan (MI)
 - Minnesota (MN)
 - Mississippi (MS)
 - Missouri (MO)
 - Montana (MT)
 - Nebraska (NE)
 - Nevada (NV)
 - New Hampshire (NH)
 - New Jersey (NJ)
 - New Mexico (NM)
 - New York (NY)
 - North Carolina (NC)
 - North Dakota (ND)
 - Ohio (OH)
 - Oklahoma (OK)
 - Oregon (OR)
 - Pennsylvania (PA)
 - Rhode Island (RI)
 - South Carolina (SC)
 - South Dakota (SD)
 - Tennessee (TN)
 - Texas (TX)
 - Utah (UT)
 - Vermont (VT)
 - Virginia (VA)
 - Washington (WA)
 - West Virginia (WV)
 - Wisconsin (WI)
 - Wyoming (WY)
 - American Samoa (AS)
 - Guam (GU)
 - Northern Mariana Islands (MP)
 - Puerto Rico (PR)
 - U.S. Virgin Islands (VI)
 - Not applicable, was not born in the United States
- Residence:
- State of Residence:

- Iowa (IA)
- Minnesota (MN)
- North Dakota (ND)
- South Dakota (SD)
- Wisconsin (WI)
- Other
- Unknown

Birth County (Depending on State):

- Please provide the county or municipality of residence:
- City of residence:
- Residence ZIP code:
- Street address of residence:

Decedent unhoused or experiencing homelessness at the time of the death?

- No
- Yes, "couch surfing" or residing in motel or hotel
- Yes, sleeping outdoors or in a shelter or transitional housing program
- Yes, unknown where sleeping

Demographics

- Sex of decedent:
 - Female
 - Male
 - Unknown

Was the decedent ever known to give birth to a child who experienced neonatal opioid withdrawal syndrome (NOWS)?

- No
- Yes
- Pregnancy status
 - Not pregnant within last year
 - Pregnant at time of death
 - Not pregnant but pregnant within 42 days of death
 - Not pregnant but pregnant 43 days to 1 year before death
 - Not pregnant, not otherwise specified
 - Unknown if pregnant within past year

Was the decedent known to have accessed prenatal services?

- No

- Yes

Gender identity

- Cisgender, not transgender
- Genderqueer/gender nonconforming, neither exclusively male or female
- Transgender man/trans man/female-to-male (FTM)
- Transgender woman/trans woman/male-to-female (MTF)
- Other
- Unknown

Relationship status at the time of incident

- Currently in a relationship
- Not currently in a relationship
- Unknown

Sex of partner

- Opposite sex of decedent
- Same sex as decedent
- Not applicable
- Unknown

Marital status (If marital status is not explicitly noted, select unknown)

- Divorced
- Married / Civil Union / Domestic Partnership
- Married / Civil Union / Domestic Partnership, but separated
- Never married
- Single, not otherwise specified
- Widowed
- Unknown

Sexual orientation

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Other
- Unknown

Race (Check all that apply.)

- (Check all that apply)
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- Unknown or unspecified

Specify American Indian Nation affiliation (If applicable):

Hispanic/Latino/Spanish ethnicity

- Not Hispanic or Latino
- Hispanic or Latino
- Unknown

English speaker

- No
- Yes, English was decedent's primary language
- Yes, English was not decedent's primary language
- Unknown
- Specify decedent's primary language

Known service in U.S. armed forces

- No
- Yes

Military Type (if applicable):

Usual occupation:

Occupation status at time of death:

- Disabled
- Employed
- Homemaker
- Retired
- Self-employed
- Student
- Unemployed

- Not Applicable (under age 14)

Specify decedent's current occupation:

Highest education obtained

- 8th grade or less
- 9th to 12th grade; no diploma
- High school graduate or GED (graduate equivalent diploma) completed
- Some college credit but no degree
- Associate's degree (e.g., A.A., A.S.)
- Bachelor's degree (e.g., B.A., A.B., B.S.)
- Master's degree (e.g., M.A., M.S., M.Ed., M.S.W., M.B.A.)
- Doctorate (e.g., Ph.D., Ed.D.) or professional degree (e.g., M.D., D.D.S., D.V.M., L.L.B., J.D.)
- Unknown

Known disability at time of overdose incident (Check all that apply.)

- None
- Yes, neurodevelopmental delay
- Yes, physical disability
- Yes, sensory disability
- Yes, unknown type of disability

Did the decedent have any children, under the age of 18, at the time of the overdose incident?

- No
- Yes
- Unknown

Calculated age at death (This is automatically calculated based on both date of birth and death. This only populates after both are entered and this form is accessed and saved.):

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

3 – Cause of Death

Enter ICD-10 code for cause of death:

The following information should be entered exactly as it is listed in Part 1 of the death certificate.

Immediate cause of death (Part 1a):

Sequentially list any conditions leading to the immediate cause from Part 1 of the death certificate.

Condition listed in b:

Condition listed in c:

Condition listed in d:

The following information should be entered exactly as it is listed in Part 2 of the death certificate.

Enter other significant conditions contributing to death but not resulting in underlying cause in Part 1:

Describe how the injury [overdose] occurred:

Manner of Death:

- Natural
- Accident
- Suicide
- Homicide
- Undetermined
- Pending
- Legal intervention
- Record not available or blank

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

4 - Scene of Overdose and Death

Location of overdose incident:

- Decedent's residence
- Friend/acquaintance's residence
- Hospice facility
- Hospital

- Hotel or motel
- Jail, prison, or detention facility
- Licensed foster care home
- Motor vehicle
- Nursing home/long-term care facility
- Park, playground, or public use area
- Relative's residence
- Residential living facility (shelter, halfway house, sober-living facility, recovery housing, etc.)
- School
- Street/road/sidewalk/alley (not in vehicle)
- Substance use disorder or mental health inpatient treatment program
- Other

Specify "Other":

State of overdose incident:

- Iowa (IA)
- Minnesota (MN)
- North Dakota (ND)
- South Dakota (SD)
- Wisconsin (WI)
- Other
- Unknown

Iowa county of overdose incident:

- Adair County
- Adams County
- Allamakee County
- Appanoose County
- Audubon County
- Benton County
- Black Hawk County
- Boone County
- Bremer County
- Buchanan County
- Buena Vista County

- Butler County
- Calhoun County
- Carroll County
- Cass County
- Cedar County
- Cerro Gordo County
- Cherokee County
- Chickasaw County
- Clarke County
- Clay County
- Clayton County
- Clinton County
- Crawford County
- Dallas County
- Davis County
- Decatur County
- Delaware County
- Des Moines County
- Dickinson County
- Dubuque County
- Emmet County
- Fayette County
- Floyd County
- Franklin County
- Fremont County
- Greene County
- Grundy County
- Guthrie County
- Hamilton County
- Hancock County
- Hardin County
- Harrison County
- Henry County

- Howard County
- Humboldt County
- Ida County
- Iowa County
- Jackson County
- Jasper County
- Jefferson County
- Johnson County
- Jones County
- Keokuk County
- Kossuth County
- Lee County
- Linn County
- Louisa County
- Lucas County
- Lyon County
- Madison County
- Mahaska County
- Marion County
- Marshall County
- Mills County
- Mitchell County
- Monona County
- Monroe County
- Montgomery County
- Muscatine County
- O'Brien County
- Osceola County
- Page County
- Palo Alto County
- Plymouth County
- Pocahontas County
- Polk County

- Pottawattamie County
- Poweshiek County
- Ringgold County
- Sac County
- Scott County
- Shelby County
- Sioux County
- Story County
- Tama County
- Taylor County
- Union County
- Van Buren County
- Wapello County
- Warren County
- Washington County
- Wayne County
- Webster County
- Winnebago County
- Winneshiek County
- Woodbury County
- Worth County
- Wright County
- Not applicable
- Unknown

Minnesota county of overdose incident:

- Aitkin County
- Anoka County
- Becker County
- Beltrami County
- Benton County
- Big Stone County
- Blue Earth County
- Brown County

- Carlton County
- Carver County
- Cass County
- Chippewa County
- Chisago County
- Clay County
- Clearwater County
- Cook County
- Cottonwood County
- Crow Wing County
- Dakota County
- Dodge County
- Douglas County
- Faribault County
- Fillmore County
- Freeborn County
- Goodhue County
- Grant County
- Hennepin County
- Houston County
- Hubbard County
- Isanti County
- Itasca County
- Jackson County
- Kanabec County
- Kandiyohi County
- Kittson County
- Koochiching County
- Lac qui Parle County
- Lake County
- Lake of the Woods County
- Le Sueur County
- Lincoln County

- Lyon County
- McLeod County
- Mahnomen County
- Marshall County
- Martin County
- Meeker County
- Mille Lacs County
- Morrison County
- Mower County
- Murray County
- Nicollet County
- Nobles County
- Norman County
- Olmsted County
- Otter Tail County
- Pennington County
- Pine County
- Pipestone County
- Polk County
- Pope County
- Ramsey County
- Red Lake County
- Redwood County
- Renville County
- Rice County
- Rock County
- Roseau County
- St. Louis County
- Scott County
- Sherburne County
- Sibley County
- Stearns County
- Steele County

- Stevens County
- Swift County
- Todd County
- Traverse County
- Wabasha County
- Wadena County
- Waseca County
- Washington County
- Watonwan County
- Wilkin County
- Winona County
- Wright County
- Yellow Medicine County
- Not applicable
- Unknown

North Dakota county of overdose incident:

- Adams County
- Barnes County
- Benson County
- Billings County
- Bottineau County
- Bowman County
- Burke County
- Burleigh County
- Cass County
- Cavalier County
- Dickey County
- Divide County
- Dunn County
- Eddy County
- Emmons County
- Foster County
- Golden Valley County

- Grand Forks County
- Grant County
- Griggs County
- Hettinger County
- Kidder County
- LaMoure County
- Logan County
- McHenry County
- McIntosh County
- McKenzie County
- McLean County
- Mercer County
- Morton County
- Mountrail County
- Nelson County
- Oliver County
- Pembina County
- Pierce County
- Ramsey County
- Ransom County
- Renville County
- Richland County
- Rolette County
- Sargent County
- Sheridan County
- Sioux County
- Slope County
- Stark County
- Steele County
- Stutsman County
- Towner County
- Traill County
- Walsh County

- Ward County
- Wells County
- Williams County
- Not applicable
- Unknown

South Dakota county of overdose incident:

- Aurora County
- Beadle County
- Bennett County
- Bon Homme County
- Brookings County
- Brown County
- Brule County
- Buffalo County
- Butte County
- Campbell County
- Charles Mix County
- Clark County
- Clay County
- Codington County
- Corson County
- Custer County
- Davison County
- Day County
- Deuel County
- Dewey County
- Douglas County
- Edmunds County
- Fall River County
- Faulk County
- Grant County
- Gregory County
- Haakon County

- Hamlin County
- Hand County
- Hanson County
- Harding County
- Hughes County
- Hutchinson County
- Hyde County
- Jackson County
- Jerauld County
- Jones County
- Kingsbury County
- Lake County
- Lawrence County
- Lincoln County
- Lyman County
- McCook County
- McPherson County
- Marshall County
- Meade County
- Mellette County
- Miner County
- Minnehaha County
- Moody County
- Oglala Lakota County
- Pennington County
- Perkins County
- Potter County
- Roberts County
- Sanborn County
- Spink County
- Stanley County
- Sully County
- Todd County

- Tripp County
- Turner County
- Union County
- Walworth County
- Yankton County
- Ziebach County
- Not applicable
- Unknown

Wisconsin county of overdose incident:

- Adams County
- Ashland County
- Barron County
- Bayfield County
- Brown County
- Buffalo County
- Burnett County
- Calumet County
- Chippewa County
- Clark County
- Columbia County
- Crawford County
- Dane County
- Dodge County
- Door County
- Douglas County
- Dunn County
- Eau Claire County
- Florence County
- Fond du Lac County
- Forest County
- Grant County
- Green County
- Green Lake County

- Iowa County
- Iron County
- Jackson County
- Jefferson County
- Juneau County
- Kenosha County
- Kewaunee County
- La Crosse County
- Lafayette County
- Langlade County
- Lincoln County
- Manitowoc County
- Marathon County
- Marinette County
- Marquette County
- Menominee County
- Milwaukee County
- Monroe County
- Oconto County
- Oneida County
- Outagamie County
- Ozaukee County
- Pepin County
- Pierce County
- Polk County
- Portage County
- Price County
- Racine County
- Richland County
- Rock County
- Rusk County
- St. Croix County
- Sauk County

- Sawyer County
- Shawano County
- Sheboygan County
- Taylor County
- Trempealeau County
- Vernon County
- Vilas County
- Walworth County
- Washburn County
- Washington County
- Waukesha County
- Waupaca County
- Waushara County
- Winnebago County
- Wood County
- Not applicable
- Unknown

Please provide the county or municipality of overdose incident:

City of overdose incident:

ZIP code of overdose incident:

Street address of overdose incident:

Did the location of the overdose death differ from that of the overdose incident?:

- No
- Yes
- Unknown

Location of death:

- Decedent's residence
- Friend/acquaintance's residence
- Hospice facility
- Hospital
- Hotel or motel
- Jail, prison, or detention facility
- Licensed foster care home

- Motor vehicle
- Nursing home/long-term care facility
- Park, playground, or public use area
- Relative's residence
- Residential living facility (shelter, halfway house, sober-living facility, recovery housing, etc.)
- School
- Street/road/sidewalk/alley (not in vehicle)
- Substance use disorder or mental health inpatient treatment program
- Other

Specify "Other":

State of overdose death:

- Iowa (IA)
- Minnesota (MN)
- North Dakota (ND)
- South Dakota (SD)
- Wisconsin (WI)
- Other
- Unknown

Iowa county of overdose death:

- Adair County
- Adams County
- Allamakee County
- Appanoose County
- Audubon County
- Benton County
- Black Hawk County
- Boone County
- Bremer County
- Buchanan County
- Buena Vista County
- Butler County
- Calhoun County
- Carroll County

- Cass County
- Cedar County
- Cerro Gordo County
- Cherokee County
- Chickasaw County
- Clarke County
- Clay County
- Clayton County
- Clinton County
- Crawford County
- Dallas County
- Davis County
- Decatur County
- Delaware County
- Des Moines County
- Dickinson County
- Dubuque County
- Emmet County
- Fayette County
- Floyd County
- Franklin County
- Fremont County
- Greene County
- Grundy County
- Guthrie County
- Hamilton County
- Hancock County
- Hardin County
- Harrison County
- Henry County
- Howard County
- Humboldt County
- Ida County

- Iowa County
- Jackson County
- Jasper County
- Jefferson County
- Johnson County
- Jones County
- Keokuk County
- Kossuth County
- Lee County
- Linn County
- Louisa County
- Lucas County
- Lyon County
- Madison County
- Mahaska County
- Marion County
- Marshall County
- Mills County
- Mitchell County
- Monona County
- Monroe County
- Montgomery County
- Muscatine County
- O'Brien County
- Osceola County
- Page County
- Palo Alto County
- Plymouth County
- Pocahontas County
- Polk County
- Pottawattamie County
- Poweshiek County
- Ringgold County

- Sac County
- Scott County
- Shelby County
- Sioux County
- Story County
- Tama County
- Taylor County
- Union County
- Van Buren County
- Wapello County
- Warren County
- Washington County
- Wayne County
- Webster County
- Winnebago County
- Winneshiek County
- Woodbury County
- Worth County
- Wright County
- Not applicable
- Unknown

Minnesota county of overdose death:

- Aitkin County
- Anoka County
- Becker County
- Beltrami County
- Benton County
- Big Stone County
- Blue Earth County
- Brown County
- Carlton County
- Carver County
- Cass County

- Chippewa County
- Chisago County
- Clay County
- Clearwater County
- Cook County
- Cottonwood County
- Crow Wing County
- Dakota County
- Dodge County
- Douglas County
- Faribault County
- Fillmore County
- Freeborn County
- Goodhue County
- Grant County
- Hennepin County
- Houston County
- Hubbard County
- Isanti County
- Itasca County
- Jackson County
- Kanabec County
- Kandiyohi County
- Kittson County
- Koochiching County
- Lac qui Parle County
- Lake County
- Lake of the Woods County
- Le Sueur County
- Lincoln County
- Lyon County
- McLeod County
- Mahnomen County

- Marshall County
- Martin County
- Meeker County
- Mille Lacs County
- Morrison County
- Mower County
- Murray County
- Nicollet County
- Nobles County
- Norman County
- Olmsted County
- Otter Tail County
- Pennington County
- Pine County
- Pipestone County
- Polk County
- Pope County
- Ramsey County
- Red Lake County
- Redwood County
- Renville County
- Rice County
- Rock County
- Roseau County
- St. Louis County
- Scott County
- Sherburne County
- Sibley County
- Stearns County
- Steele County
- Stevens County
- Swift County
- Todd County

- Traverse County
- Wabasha County
- Wadena County
- Waseca County
- Washington County
- Watonwan County
- Wilkin County
- Winona County
- Wright County
- Yellow Medicine County
- Not applicable
- Unknown

North Dakota county of overdose death:

- Adams County
- Barnes County
- Benson County
- Billings County
- Bottineau County
- Bowman County
- Burke County
- Burleigh County
- Cass County
- Cavalier County
- Dickey County
- Divide County
- Dunn County
- Eddy County
- Emmons County
- Foster County
- Golden Valley County
- Grand Forks County
- Grant County
- Griggs County

- Hettinger County
- Kidder County
- LaMoure County
- Logan County
- McHenry County
- McIntosh County
- McKenzie County
- McLean County
- Mercer County
- Morton County
- Mountrail County
- Nelson County
- Oliver County
- Pembina County
- Pierce County
- Ramsey County
- Ransom County
- Renville County
- Richland County
- Rolette County
- Sargent County
- Sheridan County
- Sioux County
- Slope County
- Stark County
- Steele County
- Stutsman County
- Towner County
- Traill County
- Walsh County
- Ward County
- Wells County
- Williams County

- Not applicable
- Unknown

South Dakota county of overdose death:

- Aurora County
- Beadle County
- Bennett County
- Bon Homme County
- Brookings County
- Brown County
- Brule County
- Buffalo County
- Butte County
- Campbell County
- Charles Mix County
- Clark County
- Clay County
- Codington County
- Corson County
- Custer County
- Davison County
- Day County
- Deuel County
- Dewey County
- Douglas County
- Edmunds County
- Fall River County
- Faulk County
- Grant County
- Gregory County
- Haakon County
- Hamlin County
- Hand County
- Hanson County

- Harding County
- Hughes County
- Hutchinson County
- Hyde County
- Jackson County
- Jerauld County
- Jones County
- Kingsbury County
- Lake County
- Lawrence County
- Lincoln County
- Lyman County
- McCook County
- McPherson County
- Marshall County
- Meade County
- Mellette County
- Miner County
- Minnehaha County
- Moody County
- Oglala Lakota County
- Pennington County
- Perkins County
- Potter County
- Roberts County
- Sanborn County
- Spink County
- Stanley County
- Sully County
- Todd County
- Tripp County
- Turner County
- Union County

- Walworth County
- Yankton County
- Ziebach County
- Not applicable
- Unknown

Wisconsin county of overdose death:

- Adams County
- Ashland County
- Barron County
- Bayfield County
- Brown County
- Buffalo County
- Burnett County
- Calumet County
- Chippewa County
- Clark County
- Columbia County
- Crawford County
- Dane County
- Dodge County
- Door County
- Douglas County
- Dunn County
- Eau Claire County
- Florence County
- Fond du Lac County
- Forest County
- Grant County
- Green County
- Green Lake County
- Iowa County
- Iron County
- Jackson County

- Jefferson County
- Juneau County
- Kenosha County
- Kewaunee County
- La Crosse County
- Lafayette County
- Langlade County
- Lincoln County
- Manitowoc County
- Marathon County
- Marinette County
- Marquette County
- Menominee County
- Milwaukee County
- Monroe County
- Oconto County
- Oneida County
- Outagamie County
- Ozaukee County
- Pepin County
- Pierce County
- Polk County
- Portage County
- Price County
- Racine County
- Richland County
- Rock County
- Rusk County
- St. Croix County
- Sauk County
- Sawyer County
- Shawano County
- Sheboygan County

- Taylor County
- Trempealeau County
- Vernon County
- Vilas County
- Walworth County
- Washburn County
- Washington County
- Waukesha County
- Waupaca County
- Waushara County
- Winnebago County
- Wood County
- Not applicable
- Unknown

Please provide the county or municipality of overdose death:

City of death:

ZIP code of death:

Street address of overdose death:

Date last known to be alive before overdose:

If the exact date of last alive is not known, check Exact date of last known alive unknown this box:

Both Last Known Alive Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date the decedent was last known to be alive before overdose:

Date of overdose incident:

If the exact date of the overdose incident is not known, check this box:

Both Overdose Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of overdose incident:

Date of death:

If the exact date of death is not known, check this box:

Both Date of Death field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of death:

Time of death (Time is based on 24-hour clock. For example, 2:30PM is entered as 14:30):

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

5 - Drugs at the Scene of Death

How was/were the drug(s) administered? (Check all that apply.)

- No information on route of administration
- Evidence of buccal
- Evidence of freebasing
- Evidence of huffing/inhalation
- Evidence of ingestion
- Evidence of injection
- Evidence of smoking
- Evidence of snorting/sniffing
- Evidence of sublingual
- Evidence of suppository
- Evidence of transdermal
- Evidence of vaping/vaporizing

What types of substances were known to be found on the scene? (Check all that apply.)

- None
- Alcohol
- Crystal
- Diverted prescription
- Illicit pills
- Inhalants, aerosols
- Over-the-counter medications
- Packaging
- Powder
- Prescription for decedent
- Prescription for undetermined individual
- Tar

- Other

Specify "Other" substance(s):

What over-the-counter medications were noted at the scene? (Check all that apply.)

- Acetaminophen (Tylenol)
- Dextromethorphan (Delsym, Robitussin Cough and Vicks 44)
- Diphenhydramine (Benadryl Allergy, Nytol, Sominex)
- Loperamide (Imodium A-D)
- Oxybutynin (Oxytrol, Ditropan XL)
- Pseudoephedrine/Phenylephrine (Sudafed, Sudafed PE)
- Scopolamine

Specify "Other" over-the-counter medication(s):

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

6 - Death Investigation and Toxicology Information

Autopsy.

Was an autopsy performed?

- No
- Yes
- Unknown

Why was an autopsy not performed? (Check all that apply.)

- Family refusal
- Lack of funding
- Religious objection
- Died in Hospital
- Other
- Unknown

Specify "Other":

Toxicology.

What specimens were collected for toxicology testing? (Check all that apply.)

- None
- Blood

- Urine
- Vitreous

Was toxicology testing performed?

- No
- Yes, tested at an accredited/certified laboratory used for toxicology testing
- Yes, not tested at an accredited/certified laboratory used for toxicology testing
- Yes, unsure if tested at an accredited/certified laboratory used for toxicology testing
- Unknown

Why was toxicology testing not performed? (Check all that apply.)

- Family refusal
- Lack of funding
- Religious objection
- Other
- Unknown

Specify "Other":

What kind of toxicology testing was done?

- Comprehensive
- Targeted analysis

What kind of targeted toxicology testing was done? (Check all that apply.)

- Alcohol (ethanol)
- Benzodiazepines
- Cannabis
- Central nervous system depressants (e.g., muscle relaxers, substances used for insomnia, tricyclic antidepressants)
- Cocaine
- Fentanyl/fentanyl analogs
- Other opioids
- Other sympathomimetic substances (e.g., antihistamines, methamphetamine)
- Other

Specify "Other":

"Present on toxicology" means it is present but NOT the cause of death. "Listed as cause of death" means it was present on toxicology and IS the cause of death.

For each substance listed below, a table allows you to select if the substance was “present on toxicology” and/or if it is “Listed as cause of death.”

Toxicology - # Thru A

- 10-Hydroxycarbazepine
- 1-Hydroxymidazolam
- 25B-NBOMe
- 25C-NBOMe
- 25I-NBOMe
- 2C-B
- 2C-E
- 2C-I
- 2-Methyl AP-237
- 3-Hydroxy-PCP
- 3-Methoxy-PCP
- 4-ANPP (despropionyl-fentanyl)
- 4CN-CUMYL-BINACA
- 4F-MDMB-BINACA
- 4-Fluoroisobutyrylfentanyl
- 5F-ADB
- 5F-ADB Butanoic Acid Metabolite
- 5F-MDMB-PICA
- 5-MeO-DALT
- 6-Acetylcodeine
- 6-Acetylmorphine
- 6-Beta-Naltrexol
- 6-Monoacetylmorphine
- 7-Aminoclonazepam
- 7-Aminoflunitrazepam
- 7-Hydroxymitragynine
- 9-Hydroxyrisperidone
- A-Hydroxyalprazolam
- AB-Chminaca

- Acebutolol
- Acetaminophen
- Acetone
- Acetyl Fentanyl
- Acrylfentanyl
- ADB-CHMINACA
- ADB-FUBINACA
- Adinazolam
- Alfentanil
- Alpha-Hydroxyalprazolam
- Alpha-PVP
- Alprazolam
- Alprenolol
- Amiodarone
- Amitriptyline
- Amlodipine
- Amobarbital/Pentobarbital
- Amoxapine
- Amphetamine
- Aripiprazole
- Atenolol
- Atomoxetine
- Atropine

Toxicology - B Thru C

- Baclofen
- Barbituates
- Benzocaine
- Benzodiazepines
- Benzoyllecgonine
- Benzphetamine (as Amphetamine)
- Benztropine
- Benzyl fentanyl

- Benzylpiperazine (BZP)
- Beta-hydroxythiofentanyl
- Betaxolol
- Bisoprolol
- Brodifacoum
- Bromazepam
- Bromazolam
- Brompheniramine
- Brorphine
- Bupivacaine
- Buprenorphine
- Bupropion
- Buspirone
- Butabarbital
- Butalbital
- Butorphanol
- Butylone
- Butyrl Fentanyl/Isobutyryl
- Fentanyl
- Caffeine
- Carbamazepine
- Carbamazepine-10,11-epoxide
- Carbon monoxide
- Carfentanil
- Carisoprodol
- Cetrizine
- Chlordiazepoxide
- Chlorofluorocarbon
- Chlorothiazide
- Chlorpheniramine
- Chlorpromazine
- Chlorpropamide
- Cis-3-Methylfentanyl

- Citalopram/Escitalopram
- Clobazam
- Clomipramine
- Clonazepam
- Clonazolam
- Clonidine
- Clozapine
- Cocaethylene
- Cocaine
- Codeine
- Cotinine
- Crotonylfentanyl
- CUMYL-THPINACA
- Cyanide
- Cyclizine
- Cyclobenzaprine
- Cyclopropylfentanyl

Toxicology - D Thru F

- Delorazepam
- Delta-9-THC
- Demoxepam
- Desalkylflurazepam
- Desipramine
- Desmethylclonazam
- Desmethylclomipramine
- Desmethyldoxepin
- Desmethyflunitrazepam
- Desmethyloperamide
- Desmethylsertraline
- Desmethyltrimipramine
- Dextro/Levo Methorphan
- Dextrorphan/Levorphanol
- Diazepam

- Dibutylone
- Diclazepam
- Dicyclomine
- Difluoroethane (DFE)
- Dihydrocodeine
- Diltiazem
- Dimethylone
- Diphenhydramine
- Diphenoxylate
- Disopyramide
- Donepezil
- Doxepin
- Doxylamine
- Duloxetine
- Ecgonine methyl ester
- EDDP
- Ephedrine
- Escitalopram
- Esmolol
- Estazolam
- Eszopiclone/Zopiclone
- Ethylene glycol
- Ethanol
- Ethylone
- Etizolam
- Etomidate
- Eutylone
- Fentanyl
- Flecainide
- Flualprazolam
- Flubromazolam
- Flunitrazepam
- Fluorobutytylfentanyl

- Fluorofentanyl
- Fluoroisobutyryl fentanyl
- Fluoxetine
- Fluphenazine
- Flurazepam
- Fluvoxamine
- FUB-144
- FUB-AMB
- FUB-AMB Butanoic Acid
- Metabolite
- Furanyl Fentanyl
- Furosemide

Toxicology - G Thru L

- Gabapentin
- Glimepiride
- Glipizide
- Glyburide
- Guaifenesin
- Haloperidol
- Heroin
- Heroin probable
- Hydrochlorothiazide
- Hydrocodone
- Hydromorphone
- Hydroxybupropion
- Hydroxyethylflurazepam
- Hydroxytriazolam
- Hydroxyzine
- Ibuprofen
- Iloperidone
- Imipramine
- Imodium
- Indomethacin

- Isopropanol
- Isotonitazene
- Isovaleryl fentanyl
- Itraconazole
- Kavain
- Ketamine
- Ketoconazole
- Labetalol
- Lacosamide
- Lamotrigine
- Laudanosine
- Levamisole
- Levetiracetam
- Lidocaine
- Loperamide
- Loratadine
- Lorazepam
- Loxapine
- LSD

Toxicology - M Thru N

- Maprotiline
- Marijuana/Marijuana metabolites
- MDA
- MDEA
- MDMA
- MDMB-FUBINACA
- MDMB-FUBINACA Butanoic Acid
- Metabolite
- MDPV
- Meclizine
- Medazepam
- Memantine
- Meperidine

- Mephedrone
- Mepivacaine
- Meprobamate
- Mescaline
- Mesoridazine
- meta-Chlorophenylpiperazine
- (mCPP)
- meta-Methymethoxyacetyl
- fentanyl
- Metaxalone
- Methadone
- Methamphetamine
- Methanol
- Methaqualone
- Methcathinone
- Methedrone
- Methocarbamol
- Methoxetamine
- Methoxyacetylfentanyl
- Methsuximide
- Methylone
- Methylphenidate
- Metoclopramide
- Metonitazene
- Metoprolol
- Mexiletine
- Midazolam
- Mirtazapine
- Mitragynine
- Monoethylglycinexylidide
- (MMoErGphXi)ne
- Morphine 3-glucuronide
- Morphine 6-glucuronide

- N-Acetylprocainamide
- Nalbuphine
- Naloxone
- Naltrexone
- Naproxen
- N-Desmethylsildenafil
- N-Desmethyltramadol
- N-Ethyl Pentylone
- Nicotine
- Nifedipine
- Nitrates + Nitrites
- Norbuprenorphine
- Norclozapine
- Nordiazepam
- Norfentanyl
- Norfluoxetine
- Norketamine
- Normeperidine
- Norpropoxyphene
- Norpseudoephedrine
- Nortriptyline

Toxicology - O Thru Q

- Ocfentanil
- O-Desmethyltramadol
- O-Desmethylvenlafaxine
- Olanzapine
- Opiates
- Orphenadrine
- ortho-Fluoro fentanyl
- Oxazepam
- Oxprenolol
- Oxycodone
- Oxymorphone

- Papaverine
- para-Fluorobutyryl Fentanyl/FIBF
- Para-fluoro furanyl fentanyl
- para-Methymethoxyacetyl
- fentanyl
- Paroxetine
- Pentazocine
- Pentoxifylline
- Pentylone
- Perphenazine
- Phenacetin
- Phenazepam
- Phencyclidine
- Phenibut
- Pheniramine
- Phenobarbital
- Phensuximide
- Phentermine
- Phenylbutazone
- Phenylethylmalonamide (PEMA)
- Phenylpropanolamine
- Phenytoin
- Pindolol
- Pivaloyl fentanyl
- PMA
- Pregabalin
- Primidone
- Procainamide
- Prochlorperazine
- Promazine
- Promethazine
- Propofol
- Propoxyphene

- Propranolol
- Pseudoephedrine
- Psilocybin
- Psilocin
- Pyrazolam
- Pyrillamine
- Quetiapine
- Quinidine/Quinine

Toxicology - R Thru Z (and "Other")

- Ramelteon
- Reserpine
- Risperidone
- Ropivacaine
- Salicylate
- Salicylic Acid
- Salvinorin B
- Scopolamine
- Secobarbital
- Sertraline
- Sildenafil
- Sodium hydroxide
- Sotalol
- Strychnine
- Sufentanil
- Suvorexant
- Tadalafil
- Tapentadol
- Temazepam
- Tetrahydrofuranfentanyl
- Tetrahydrozoline
- TFMPP
- THC-COOH
- Theophylline

- Thioridazine
- Tianeptine
- Tiletamine
- Timolol
- Tizanidine
- Topiramate
- Tramadol
- trans-3-Methylfentanyl
- Trazodone
- Triazolam
- Trifluoperazine
- Trihexyphenidyl
- Trimipramine
- Triprolidine
- U-47700
- U-48800
- U-49900
- U-51754
- Valeryl Fentanyl
- Valproic acid
- Vardenafil
- Venlafaxine
- Verapamil
- Voriconazole
- Warfarin
- Xylazine
- Yohimbine
- Zaleplon
- Ziprasidone
- Zolazepam
- Zolpidem
- Zonisamide
- Other Substance (not listed above)

Specify "Other Substance"

Notes (for site use only)

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

7 - Interventions Following Overdose

Witnesses and Bystanders Other Than First Responders

Were there known witnesses of the drug use that resulted in the fatal overdose?

- No
- Yes

Number of known bystanders present at the scene of the overdose:

- No bystanders present
- One bystander present
- Multiple bystanders present
- Bystanders present, unknown number

Bystander(s) present: Type of bystander (Check all that apply.)

- Friend
- Intimate partner
- Medical professional
- Other family
- Person using drugs
- Roommate
- Stranger
- Other
- Unknown

Specify "Other":

Bystander response other than naloxone administration (Check all that apply.)

- No response or called 9-1-1 after significant delay
- Called 9-1-1 immediately
- CPR
- Rescue breathing
- Sternal rub
- Stimulation

- Other
- Unknown

Specify "Other":

What are the reasons for no response or significant delay in calling 9-1-1? (Check all that apply.)

- Abnormalities not recognized
- Abnormalities recognized, but not as overdose
- Bystander using substances or impaired
- Bystander spatially separated (i.e., in a different room)
- Bystander unaware that decedent was using
- Public space and strangers did not intervene
- Other
- Unknown

Specify "Other":

Are any of the bystanders at the scene of the overdose known to be facing criminal charges, or were any of them arrested related to the overdose event?

- No
- Yes

Was emergency medical dispatching (EMD) protocol performed?

- No
- Yes, with pre-arrival instructions
- Yes, without pre-arrival instructions
- Yes, unknown if pre-arrival instructions were given
- Unknown

Emergency Medical Services (EMS)

Was EMS at the scene?

- No
- Yes
- Unknown

Presence of a pulse when EMS arrived?

- No, decedent did not have pulse
- Yes, decedent had pulse
- Unknown whether decedent had pulse

EMS intervention other than naloxone (Check all that apply.)

- AED
- CPR
- Epinephrine administration
- Provided oxygen
- Rescue breathing
- Transport to ED
- Other
- Unknown

Specify "Other":

EMS response time in minutes:

Naloxone

Was it known that naloxone was administered?

- No
- Yes

Who administered the naloxone? (Check all that apply.)

- EMS/fire
- Friend
- Hospital (ED/inpatient)
- Intimate partner
- Law enforcement
- Other family
- Person using drugs
- Roommate
- Stranger
- Other
- Unknown

Specify "Other":

Total number of naloxone dosages known to be administered by first responders and health care professionals:

- None
- At least one, known number
- At least one, unknown number

Total specified number of naloxone dosages known to be administered by first responders and health care professionals:

Total number of naloxone dosages known to be administered by laypersons:

- None
- At least one, known number
- At least one, unknown number

Total specified number of naloxone dosages known to be administered by laypersons:

Why was naloxone not administered?:

Known issues administering naloxone:

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

8 - Life Stressors

Did the decedent ever have any of these known housing or financial stressors? (Check all that apply.)

- None of these
- Bankruptcy filing
- Benefits lost
- Eviction or loss of housing
- Food insecurity and/or struggle to access food
- Home foreclosure
- Housing insecurity
- Job loss, decedent
- Job loss, decedent's partner
- Job problems

When was the known bankruptcy filing? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known benefits lost? (Check all that apply.)

- In the last 14 days
- In the last 12 months

- In adulthood
- In childhood

When was the known eviction or loss of housing? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known food insecurity and/or struggle to access food? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known home foreclosure? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known housing insecurity? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known job loss by decedent? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known job loss by decedent's partner? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known job problem? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

Did the decedent have any of these known life stressors? (Check all that apply.)

- None of these stressors
- Child, new or loss
- Death of a spouse, loved one (other than child), or friend
- Divorce or significant relationship problems
- Infectious disease epidemic
- Infidelity
- Natural disaster
- Sexual identity disclosed to family member or friend for the first time

When was the known child loss or addition? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known death of a spouse, loved one (other than child) or friend? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known divorce or significant relationship problems? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known infectious disease epidemic? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood

- In childhood

When was the known infidelity? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known natural disaster? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known the decedent disclosed sexual identity to family member or friend for the first time? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

9 - Health History and Health Care Access

Did the decedent have known history of any of the following health conditions? (Check all that apply.)

- None of these apply
- Cancer
- Chronic illness (other than cancer)
- Infectious disease
- Injury requiring medical treatment
- Mental health
- Pain

Cancer History

When was the decedent known to have cancer? (Check all the apply.)

- In the last 14 days

- In the last 12 months
- In adulthood
- In childhood

At the time of death, was the decedent known to be under medical care or receiving treatment for cancer?

- No
- Yes

What type of cancer did the decedent have?

(This section allows you to select if the decedent had a history of this type of cancer and whether it contributed to the decedent's death).

- Cardiovascular system
- Digestive system
- Endocrine system
- Integumentary system
- Lymphatic system
- Muscular system
- Nervous system
- Reproductive system
- Respiratory system
- Skeletal system
- Urinary system
- Vascular system
- Visual system

Chronic Condition/Illness

When did the decedent have a known chronic condition/illness (other than cancer)? (Check all the apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

At the time of death, was the decedent known to be under medical care or receiving treatment for a chronic condition?

- No
- Yes

What type of chronic condition did the decedent have?

(This section allows you to select if the decedent had a history of this chronic condition and whether it contributed to the decedent's death).

- Cardiovascular system disorder
- Digestive system disorder
- Endocrine system disorder
- Integumentary system disorder
- Lymphatic system disorder
- Muscular system disorder
- Nervous system disorder
- Reproductive system disorder
- Respiratory system disorder
- Skeletal system disorder
- Urinary system disorder
- Vascular system disorder
- Visual system disorder

Infectious Disease

When did the decedent have a known infectious disease? (Check all the apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

At the time of death, was the decedent known to be under medical care or receiving treatment for an infectious disease?

- No
- Yes

What type of infectious disease did the decedent have?

(This section allows you to select if the decedent had a history of this infectious disease and whether it contributed to the decedent's death).

- COVID
- Endocarditis
- Hepatitis
- HIV
- Influenza, seasonal flu

- Pneumonia
- Sexually transmitted infection
- Skin infection
- Tuberculosis
- Other

Specify "Other":

Injury

When did the decedent have a known injury? (Check all the apply)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

At the time of death, was the decedent known to be under medical care or receiving treatment for an injury?

- No
- Yes

What type of injury did the decedent have?

(This section allows you to select if the decedent had a history of this injury and whether it contributed to the decedent's death).

- Brain injury
- Cut/pierce
- Drowning or submersion
- Fall
- Fire or burn
- Firearm
- Transportation/motor vehicle
- related
- Poisoning
- Struck by or against
- Suffocation
- Work-related
- Other specified or unspecified.

Did the decedent have a known history of brain injury? (Check all that apply.)

- None

- Acquired
- Traumatic
- Unknown

When was the decedent known to have had an acquired brain injury? (Check all the apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have had a traumatic brain injury? (Check all the apply.)

- In the last 14 days
- In the last 12 months
- In adulthood

Pain

When was the decedent known to have pain? (Check all the apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

Was the decedent known to ever receive medical care or treatment for pain?

- No
- Yes

At the time of death, was the decedent known to be under medical care or receiving treatment for pain?

- No
- Yes

Did the pain appear to have contributed to the decedent's death?

- No
- Yes

What type of pain was the decedent being treated for? (Check all that apply.)

- Acute pain
- Chronic pain
- Unknown type of pain

Who was treating the decedent's pain? (Check all that apply.)

- Emergency medicine physician
- Hospice provider
- Pain specialist
- Primary care/family medicine/internal medicine/pediatric care
- Dentist or oral surgeon
- Other
- Unknown

Specify "Other"

Date of most recent known health care visit for pain:

If the exact date of most recent known health care visit for pain is unknown, check this box:

Both Date of Health Care Visit for Pain field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known health care visit for pain:

Was the decedent ever known to be prescribed an opioid for pain relief?

- No
- Yes

When was the decedent known to have been prescribed an opioid for pain relief? (Check all the apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

Age (in years) at first known to be prescribed an opioid for pain:

Was the decedent ever known to have received medical cannabis?

- No
- Yes

Health Care Use and Access

In the 12 months prior to the fatal overdose event, did the decedent have known health care visits (other than behavioral health/mental health or substance use disorder treatment)? (Check all that apply.)

- No
- Emergency department
- EMS (emergency medical services, including community paramedics)

- Inpatient hospitalization
- Primary care
- Specialty care
- Harm reduction services
- Other

Specify "Other" and/or "Specialty Care":

Emergency Department (other than fatal overdose event)

In the 12 months prior to death, how many times did the decedent have a known emergency department visit?:

Date of most recent known emergency department visit:

If the exact date of most recent known emergency department visit is unknown, check this box:

Both Emergency Department Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known emergency department visit:

What was the primary reason for the most recent emergency department visit?

- Acute illness
- Chronic illness
- Injury
- Nonfatal overdose, drug poisoning
- Other
- Unknown

Specify "Other":

Emergency Medical Services (other than fatal overdose event) including Community Paramedics

In the 12 months prior to death, how many times did the decedent have known encounters with EMS, including community paramedics?

Date of most recent known EMS encounter:

If the exact date of most recent known EMS encounter is unknown, check this box:

Both Most Recent EMS Visit Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known EMS encounter:

What was the primary reason for the most recent EMS encounter?

- Acute illness
- Chronic illness

- Injury
- Nonfatal overdose, drug poisoning
- Other
- Unknown

Specify "Other":

Inpatient Hospitalization (other than fatal overdose event)

In the past 12 months prior to death, how many times did the decedent have a known inpatient hospitalization?

Date of most recent known inpatient hospitalization:

If the exact date of most recent known inpatient hospitalization is unknown, check this box:

Both Most Recent Inpatient Visit Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known inpatient hospitalization:

What was the primary reason for the most recent inpatient hospitalization?

- Acute illness
- Chronic illness
- Injury
- Other
- Unknown

Specify "Other":

Primary Care (other than fatal overdose event)

In the 12 months prior to death, how many times did the decedent have a known primary care visit?

Date of most recent known visit with a primary care provider:

If the exact date of most recent known visit with a primary care provider is unknown, check this box:

Both Most Recent Primary Care Visit Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known visit with a primary care provider:

What was the primary reason for the most recent primary care visit?

- Acute illness
- Chronic illness
- Injury

- Maternal health visit
- Wellness visit
- Other
- Unknown

Specify "Other":

Specialty Care

In the 12 months prior to death, how many times did the decedent have a known specialty care visit?

Date of most recent known visit with a specialty care provider:

If exact date of most recent specialty care visit is not known, check this box:

Both Most Recent Specialty Care Visit Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known visit with a specialty care provider:

What type of specialty care was the most recent specialty care visit?

Harm Reduction

In the 12 months prior to the death, what harm-reduction services was the decedent known to access? (Check all that apply.)

- Disease testing and referral (viral hepatitis and HIV)
- Drug treatment referral
- Fentanyl test strips
- Health coverage referral
- Legal referral
- Medically supervised injection
- Medication-assisted or opioid replacement treatment
- Naloxone distribution
- Needle and syringe exchange programs (syringe access and disposal)
- Non-abstinence-based housing and employment initiatives
- Overdose prevention and reversal education
- Peer support
- Psychosocial support
- Safer drug use education
- Other

Specify "Other":

In the 12 months prior to death, how frequently was the decedent access known to access harm reduction services?

- Daily
- Weekly
- Once every two weeks
- Monthly
- Once every three months
- Once a year

Date of most recent known visit with a harm reduction service provider:

If the exact date of the most recent harm reduction service visit is not known, check this box:

Both Most Recent Harm Reduction Visit Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known visit with a harm reduction service provider:

Health Care Access History

In the 2-5 years prior to death, did the decedent have known health care visits (other than behavioral health/mental health or substance use disorder treatment)? (Check all that apply.)

- None
- Emergency department
- EMS (Emergency medical services including community paramedics)
- Inpatient hospitalization
- Primary care visits
- Specialty care visits
- Harm reduction services
- Other

Specify "Other":

In the 2-5 years prior to death, how frequently was the decedent access known to access harm reduction services?

- Daily/More than once a week
- Weekly
- Once every two weeks
- Monthly
- Once every three months
- Once a year

- Less than once a year

Across the decedent's lifetime, how many times did the decedent have a known emergency department visit for withdrawal?

- None
- At least one, known number
- At least one, unknown number

Across the decedent's life time, how many times did the decedent have a known emergency department visit for withdrawal?

Across the decedent's lifetime, how many times did the decedent have a known emergency department visit for nonfatal overdose?

- None
- At least one, known number
- At least one, unknown number

Across the decedent's life time, how many times did the decedent have a known emergency department visit for nonfatal overdose?

Insurance

At the time of death, what was the decedent's insurance status?

- No insurance
- Private insurance
- Public insurance
- Unknown insurance status

In the 12 months prior to death, was there a known change in insurance coverage?

- No
- Yes, changed coverage
- Yes, gained coverage
- Yes, lost coverage
- Health Stressors

Did the decedent have any of these known health stressors? (Check all that apply.)

- None of these stressors
- Access to health care team lost
- Medical appointments missed
- Medical attention/help sought
- Pregnancy complications

Surgery

When was the known access to health care team lost? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known missed medical appointments? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known medical attention and/or help sought? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known pregnancy complication? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the known surgery? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

Notes (for site use only)

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

10 - Prescription Drug Monitoring Program Summary Indicators

Decedent had medications entered in the PDMP within two years prior to death:

- No
- Yes

Was the decedent prescribed opioids in the 24 months prior to death?

- No
- Yes

Was the decedent prescribed benzodiazepines in the 24 months prior to death?

- No
- Yes

Was the decedent prescribed benzodiazepines and opioids concurrently in the 24 months prior to death?

- No
- Yes

Was the decedent prescribed gabapentinoid in the 24 months prior to death?

- No
- Yes

Did the decedent have overlapping opioid prescriptions in the 24 months prior to death?

- No
- Yes

Did the decedent have multiple prescribers in the 24 months prior to death?

- No
- Yes

Did the decedent have multiple pharmacies in the 24 months prior to death?

- No
- Yes

Did the decedent receive long-acting opioids at some point in the 24 months prior to death?

- No
- Yes

Was the decedent opioid naïve (not receiving opioids for a period of 6 months or greater) and then received long-acting opioids at some point in the 24 months prior to death?

- No
- Yes

Was the decedent ever prescribed greater than 90 morphine milligrams equivalent (MME) in the 24 months prior to death?

- No
- Yes

Number of days patient receiving over 90 mme:

Number of days patient was prescribed overlapping benzodiazepines/opioids:

Number of days patient prescribed multiple opioids:

Notes:

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

11 - Mental Health History

Mental Health History Excluding Substance Use Disorder

Did the decedent have a known history of a mental health problem/diagnosis (such as depression, anxiety, post-traumatic stress disorder [PTSD], etc., excluding substance use disorder treatment)?

- No
- Yes

Known mental health diagnoses (Check all that apply.)

- None
- Addictive disorders
- Anxiety disorders
- Bipolar and related disorders
- Depressive disorders
- Disruptive, impulse-control, and conduct disorders
- Dissociative disorders
- Elimination disorders
- Feeding and eating disorders
- Gender dysphoria
- Neurocognitive disorders
- Neurodevelopmental disorders
- Obsessive-compulsive and related disorders
- Paraphilic disorders
- Personality disorders
- Schizophrenia spectrum and other psychotic disorders
- Sexual dysfunction
- Sleep-wake disorders
- Somatic symptom and related disorders
- Trauma- and stress- related disorders

- Other mental disorders

Specify "Other mental health diagnosis":

Known mental health condition (Check all that apply.)

- None
- Addictive disorders
- Anxiety disorders
- Bipolar and related disorders
- Depressive disorders
- Disruptive, impulse-control, and conduct disorders
- Dissociative disorders
- Elimination disorders
- Feeding and eating disorders
- Gender dysphoria
- Neurocognitive disorders
- Neurodevelopmental disorders
- Obsessive-compulsive and related disorders
- Paraphilic disorders
- Personality disorders
- Schizophrenia spectrum and other psychotic disorders
- Sexual dysfunction
- Sleep-wake disorders
- Somatic symptom and related disorders
- Trauma- and stress- related disorders
- Other mental disorders

Specify "Other mental health diagnosis":

When did the decedent have known visits with a provider to treat a mental health condition?
(Check all that apply.)

- None
- In last 14 days
- In last 12 months
- In adulthood
- In childhood

Date of most recent known contact with a provider to treat a mental health condition:

If exact date of most recent known contact with a provider to treat a mental health condition is unknown, check this box:

Both Most Recent Mental Health Provider Visit Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known contact with a provider to treat a mental health condition:

Suicidal Ideation, Plans, and Attempts

Did the decedent have a known history of suicidal ideation/plans or attempts?

- No
- Yes

When did the decedent have known treatment for suicidal ideation/plans or attempts? (Check all that apply.)

- None
- In last 14 days
- In last 12 months
- In adulthood
- In childhood

Date of most recent known contact with a provider to treat suicidal ideation/plans or attempts?

If the exact date of most recent known contact with a provider to treat suicidal ideation/plans is unknown, check this box:

Both Suicide Ideation Treatment Provider Visit Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of most recent known contact with a provider to treat suicidal ideation/plans or attempt:

At the time of the overdose incident, was it known that the decedent left a suicide note, a letter, a text, an email, and/or a voicemail?

- No
- Yes

Mental Health Stressors

Did the decedent have any of these known mental health-related events? (Check all that apply.)

- None of these events
- Disclosed to another person his or her thoughts or plans to die by suicide
- Expressed feelings of hopelessness or loneliness
- Expressed feelings of lack of social support

- Expressed feelings of self-loathing
- Withdrew from family members or loved ones

When was the decedent known to have disclosed to another person his or her thoughts or plans to die by suicide? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have expressed feelings of hopelessness or loneliness? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have expressed feelings of lack of social support? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have expressed feelings of self-loathing? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have withdrawn from family members or loved ones? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

Mental Health Treatment Barriers

Did the decedent ever have mental health treatment recommended by a health professional and/or identified as a need by the family, but the decedent didn't receive care? (Check all that apply.)

- None
- In last 14 days
- In last 12 months
- In adulthood
- In childhood

Were there known barriers to accessing mental health care?

- No
- Yes

What were the known barriers to accessing mental health care? (Check all that apply.)

- Lack of insurance coverage
- Limited treatment resources/providers/long waiting lists
- Transportation problems
- Other

Specify "Other":

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

12 - Substance Use History

Did the decedent have a known history of substance use disorder or diagnosis?

- No
- Yes

Substance Use History

Age at first known use of substances:

What substance was the decedent was first known to use? (Check all that apply.)

- Alcohol
- Amphetamines
- Benzodiazepines
- Cocaine
- Fentanyl
- Heroin

- Inhalants
- Marijuana
- Methamphetamine
- Nicotine
- Prescription opioids
- Spice
- Other

Specify "Other":

What substances were the decedent known to have a history of using? (Check all that apply.)

- Alcohol
- Amphetamines
- Benzodiazepines
- Cocaine
- Fentanyl
- Heroin
- Inhalants
- Marijuana
- Methamphetamine
- Nicotine
- Prescription opioids
- Spice
- Other

Specify "Other":

What were the decedent's known substances of choice? (Check all that apply.)

- Alcohol
- Amphetamines
- Benzodiazepines
- Cocaine
- Fentanyl
- Heroin
- Inhalants
- Marijuana
- Methamphetamine

- Nicotine
- Prescription opioids
- Spice
- Other

Specify "Other":

What was the decedent's known preferred method of use for the substance involved in the death? (Check all that apply.)

- None
- Freebasing
- Ingestion
- Injection
- Smoke
- Snort/sniff
- Vaping/vaporizing
- Other

Specify "Other":

Previous Overdoses

Over the decedent's life, number of known nonfatal drug overdoses

- None
- At least one, known number
- At least one, unknown number

Nonfatal overdose number specify:

Date of the first known nonfatal drug overdose:

If the exact date of the first known nonfatal drug overdose is unknown, check this box:

Both First Nonfatal Overdose Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of the first known nonfatal drug overdose:

Date of the most recent known nonfatal drug overdose:

If the exact date of the most recent known nonfatal is unknown, check this box:

Both Most Recent Nonfatal Overdose Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is not known, enter the approximate date of the most recent known nonfatal drug overdose:

Periods of Sobriety or Abstinence

When did the decedent have any known periods of sobriety or abstinence from the drug involved in the fatal overdose? (Check all that apply.)

- None
- In last 14 days
- In last 12 months
- In adulthood
- In childhood

What were the known reasons for the most recent known sobriety or abstinence? (Check all that apply.)

- Drug court or diversion program
- Incarceration
- Inpatient at medical care facility
- Substance use disorder treatment program
- Other

Specify "Other":

Substance Use Disorder Treatment

When did the decedent have any known treatment for substance use disorder?

- None
- In last 14 days
- In last 12 months
- In adulthood
- In childhood

At the time of death, was the decedent known to be under care or receiving treatment for a substance use disorder?

- No
- Yes

Date of most recent known contact with a substance use disorder treatment provider:

If the exact date of most recent known contact with a substance use disorder treatment provider is unknown, check this box:

What type of substance use disorder treatment did the decedent receive at his or her most recent known visit? (Check all that apply.)

- Ambulatory withdrawal management
- Co-occurring partial care

- Detoxification
- Halfway house
- Medication-assisted therapy (MAT-methadone, buprenorphine, vivitrol, etc.)
- Outpatient/intensive outpatient
- Recovery supports
- Residential, long-term
- Residential, short-term
- Other
- Unknown

Specify "Other":

At the time of the overdose incident, was the decedent known to be connected with a recovery coach or peer support specialist?

- No
- Yes

Did the decedent ever have any of the following known substance use-related events? (Check all that apply.)

- None apply
- Exited a substance use disorder treatment facility
- Exited a substance use disorder treatment program
- Missed a substance use disorder treatment appointment
- Returned to substance use

When was the decedent known to have exited a substance use disorder treatment facility? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have exited a substance use disorder treatment program? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have missed a substance use disorder treatment appointment? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have returned to substance use? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was substance use disorder treatment recommended by a health professional and/or identified as a need by the family, but the decedent did not receive care? (Check all that apply.)

- Never
- In last 14 days
- In last 12 months
- In adulthood
- In childhood

Were there known barriers to accessing substance use disorder treatment in the last 12 months?

- No
- Yes

What were the known barriers to accessing substance use disorder treatment? (Check all that apply.)

- Lack of insurance coverage
- Limited treatment resources/providers/long waiting lists
- Transportation problems
- Other

Specify "Other":

Notes (for site use only)

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

13 - Trauma History

Trauma Experienced

Did the decedent ever have any of the following known trauma or violent events? (Check all that apply.)

- None
- Emotional abuse or neglect
- Incarceration of a household member
- Mental illness in the household
- Pandemic (for example, COVID-19 or coronavirus)
- Parental separation or divorce
- Physical violence, perpetrator
- Physical violence, victim
- Physical neglect
- Sexual violence, perpetrator
- Sexual violence, victim
- Substance abuse in the household
- Violence in the household
- War
- Other

Specify "Other":

When was the decedent known to have been the victim of emotional abuse or neglect? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced an incarceration of a household member? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced mental illness in the household? (Check all that apply.)

- In last 14 days
- In last 12 months

- In adulthood
- In childhood

When was the decedent known to have experienced a pandemic (for example, COVID-10 or coronavirus)? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced parental separation or divorce? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have perpetrated physical violence? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have been the victim of physical violence? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced physical neglect? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have perpetrated sexual violence? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood

- In childhood

When was the decedent known to have been a victim of sexual violence? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced substance use in the household? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced violence in the household? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced war? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced other trauma or violent episode? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

14 - Criminal Justice History

Did the decedent have any known criminal justice history? (Check all that apply.)

- None
- Arrest
- Community supervision
- Incarceration
- Post-adjudication programs and/or specialty courts
- Pre-arrest/pre-charge diversion programs
- Other

Specify "Other":

Arrest History

Over the decedent's life, number of known arrests:

Age (in years) at first known arrest:

What was the most serious offense for the first known arrest?

- Driving while impaired
- Drug possession
- Drug possession with intent to distribute/deliver or manufacture
- Property
- Status offense
- Traffic offense, other than driving while impaired
- Violent crime
- Other
- Unknown

Specify "Other":

Over the decedent's life, number of known arrests that included a drug-related charge:

Date of most recent known arrest:

If the exact date of most recent known arrest is unknown, check this box:

Both Most Recent Known Arrest Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate date of the most recent known arrest:

What was the most serious offense for the most recent known arrest?

- Driving while impaired
- Drug possession
- Drug possession with intent to distribute/deliver or manufacture

- Property
- Status offense
- Traffic offense, other than driving while impaired
- Violent crime
- Other
- Unknown

Specify "Other":

Community Supervision History

Over the decedent's life, number of known episodes of community supervision:

Over the decedent's life, total known time (in months) under community supervision:

Age (in years) when placed on first known community supervision:

Was the decedent known to have received any of these services while under community supervision? (Check all that apply.)

- None
- Counseling or other mental health services
- Educational
- Employment/vocational
- Medication for Opioid Use Disorder (MOUD, formally known as MAT)
- Other

Specify "Other":

At the time of the overdose incident, was the decedent under community supervision?

- No
- Yes
- Unknown

Date of initiation for most recent known community supervision:

If the exact date of initiation for most recent known community supervision is unknown, check this box:

Both Most Recent Community Supervision Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate date of initiation for most recent known community supervision:

Last date under supervision for most recent known community supervision:

If the exact last date under supervision for most recent known community supervision is unknown, check this box:

Both Last Community Supervision Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate last date of supervision for the most recent known community supervision:

Was the decedent known to be given any of the following upon release from most recent community supervision? (Check all that apply.)

- None
- Disease testing
- Drug treatment
- Fentanyl test strips
- Health coverage
- Legal aid
- Medically supervised injection information
- Medication assisted or opioid replacement treatment
- Needle and syringe service information
- Narcan/Naloxone
- Overdose prevention and reversal education
- Peer recovery support
- Psychosocial support
- Safe use education
- Other

Specify "Other":

Was the decedent known to be referred any of the following upon release from most recent community supervision? (Check all that apply.)

- None
- Disease testing
- Drug treatment
- Fentanyl test strip information
- Health coverage
- Legal aid
- Medically supervised injection location
- Medication assisted or opioid replacement treatment
- Needle and syringe service information
- Narcan/Naloxone

- Overdose prevention and reversal
- Peer recovery support
- Psychosocial support
- Safe use education
- Other

Specify "Other":

Incarceration History

Over the decedent's life, number of known incarcerations:

Age (in years) at first known incarceration:

Was the decedent known to have received any of these services while incarcerated? (Check all that apply.)

- None
- Counseling or other mental health services
- Educational
- Employment/vocational
- Medication for Opioid Use Disorder (MOUD, formally known as MAT)
- Other

Specify "Other":

At the time of the overdose incident, was the decedent incarcerated?

- No
- Yes
- Unknown

Type of facility:

- Jail
- Juvenile detention
- Prison
- Other
- Unknown

Specify "Other":

Date of entry for most recent known incarceration:

If the exact date of entry for most recent incarceration is unknown, check this box:

Both Entry Date for Recent Incarceration field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate date of entry of most recent known incarceration:

Date of release for most recent known incarceration:

If the exact date of release for most recent known incarceration is unknown, check this box:

Both Release Date for Recent Incarceration field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate date of release for most recent known incarceration:

What type of facility was the decedent incarcerated during the most recent known incarceration?

- Jail
- Juvenile detention
- Prison
- Other
- Unknown

Specify "Other":

Over the decedent's life, total known time (in months) incarcerated:

Was the decedent known to be given any of the following upon release from most recent incarceration? (Check all that apply.)

- None
- Disease testing
- Drug treatment
- Fentanyl test strips
- Health coverage
- Legal aid
- Medically supervised injection information
- Medication assisted or opioid replacement treatment
- Needle and syringe service information
- Narcan/Naloxone
- Overdose prevention and reversal education
- Peer recovery support
- Psychosocial support
- Safe use education
- Other

Specify "Other":

Was the decedent known to be referred any of the following upon release from most recent incarceration? (Check all that apply.)

- None
- Disease testing
- Drug treatment
- Fentanyl test strip information
- Health coverage
- Legal aid
- Medically supervised injection location
- Medication assisted or opioid replacement treatment
- Needle and syringe service information
- Narcan/Naloxone
- Overdose prevention and reversal
- Peer recovery support
- Psychosocial support
- Safe use education
- Other

Specify "Other":

Post-adjudication Programs and/or Specialty Courts History

Date of entry for most recent known post-adjudication program and/or specialty court:

If the exact date of entry for most recent known post-adjudication program and/or specialty court is unknown, check this box:

Both Post-Adjudication Program/Specialty Court Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate date of entry for most recent known post-adjudication program and/or specialty court:

For the most recent post-adjudication program and/or specialty court, please specify the type of program or court. (Check all that apply.)

- Deferred prosecution
- Domestic violence court
- Drug court
- Homeless court
- Mental health court
- Post-arrest diversion

- Reentry court
- Veterans treatment court
- Other
- Unknown

Specify "Other":

Did the decedent complete the requirements for the most recent post-adjudication program and/or specialty court?

- No
- Yes
- Unknown

Why did the decedent not complete post-adjudication program and/or specialty court requirements? (Check all that apply.)

- Abscondment
- Crime, new
- Disruptive behavior
- Drug test positive
- Meeting missed
- Self-reported use
- Treatment unsuccessful
- Other
- Unknown

Specify "Other":

End date for most recent known post-adjudication program and/or specialty court:

If the exact end date for most recent known post-adjudication program and/or specialty court is unknown, check this box:

Both Last Post-Adjudication Program/Specialty Court Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate end date for the most recent known post-adjudication program and/or specialty court:

Was the decedent known to be given any of the following upon release from most recent specialty court? (Check all that apply.)

- None
- Disease testing
- Drug treatment
- Fentanyl test strips

- Health coverage
- Legal aid
- Medically supervised injection information
- Medication assisted or opioid replacement treatment
- Needle and syringe service information
- Narcan/Naloxone
- Overdose prevention and reversal education
- Peer recovery support
- Psychosocial support
- Safe use education
- Other

Specify "Other":

Was the decedent known to be referred any of the following upon release from most recent specialty court? (Check all that apply.)

- None
- Disease testing
- Drug treatment
- Fentanyl test strip information
- Health coverage
- Legal aid
- Medically supervised injection location
- Medication assisted or opioid replacement treatment
- Needle and syringe service information
- Narcan/Naloxone
- Overdose prevention and reversal
- Peer recovery support
- Psychosocial support
- Safe use education
- Other

Specify "Other":

Pre-arrest/Pre-charge Diversion Programs History

Date of most recent known pre-arrest/pre-charge diversion:

If the exact date of most recent known pre-arrest/pre-charge diversion is unknown, check this box:

Both Most Recent Pre-Arrest Diversion Date field and Exact Date unknown checkbox are completed. Please complete only one.

If exact date is unknown, enter approximate date of most recent known pre-arrest/pre-charge diversion:

Criminal Interactions Across Lifetime

Did the decedent ever have any of these known interactions with the criminal justice system? (Check all that apply.)

- None apply
- Arrested
- Placed into incarceration
- Placed on community supervision
- Released from community supervision
- Released from a correctional institution
- Other

Specify "Other":

When did the decedent have a known arrest? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent placed into incarceration? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent placed on community supervision? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent released from community supervision? (Check all that apply.)

- In the last 14 days

- In the last 12 months
- In adulthood
- In childhood

When was the decedent released from a correctional institution? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have other specified interactions with the criminal justice system? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

15 - Social Services History

Social Services

Did the decedent have a known history of receiving any of these social services? (Check all that apply.)

- None
- Child care benefits
- Children's Health Insurance Program (CHIP)
- Child Protective Services (CPS)
- Foster care
- Head Start
- Housing assistance (subsidized housing, housing vouchers, public housing)
- Low-income home energy assistance program (LIHEAP)
- Medicaid
- Supplemental Nutrition Assistance Programs (SNAP or "food snaps")
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF or "welfare")

- Unaccompanied Alien Children
- Unemployment insurance
- Vocational/job training
- Other

Specify "Other":

When was the decedent known to have received child care benefits? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received Children's Health Insurance Program (CHIP) benefits? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received child protective services? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have received foster care services? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have received Head Start services? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received housing assistance? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received Low-Income Home Energy Assistance Program (LIHEAP)? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have Medicaid? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received Supplemental Nutrition Assistance Program (SNAP)? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received Supplemental Security Income? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- In childhood

When was the decedent known to have received Temporary Assistance for Needy Families (TANF or "welfare")? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received unaccompanied children's services? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received unemployment insurance? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

When was the decedent known to have received vocational/job training? (Check all that apply.)

- In last 14 days
- In last 12 months
- In adulthood
- in childhood

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

16 - Education History

Did the decedent have any known history of problems at school? (Check all that apply.)

- None
- Decreased academic performance/achievement or non-passing grades
- Disciplinary problems at school (such as detention or suspension)
- Discontinuation of school and did not receive a GED
- Discontinuation of post-secondary schooling (college, trade school) and did not receive a certificate/degree
- Recurrent school transfers
- Social exclusion
- Truancy or absenteeism
- Other

Specify "Other":

When was the decedent known to have experienced decreased academic performance/achievement or non-passing grades? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced disciplinary problems at school (such as detention or suspension)? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have discontinued (dropped out of) school and did not receive a GED? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have discontinued post-secondary school without completing post-secondary schooling (college, trade school) or receive degree? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced frequent recurrent school transfers? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced social exclusion at school? (Check all that apply.)

- In the last 14 days
- In the last 12 months

- In adulthood
- In childhood

When was the decedent known to have experienced truancy or absenteeism? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

When was the decedent known to have experienced other performance and/or behavioral issues at school? (Check all that apply.)

- In the last 14 days
- In the last 12 months
- In adulthood
- In childhood

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

17 – Recommendations

Did the review of the case identify any recommendations?

- No
- Yes

How many different recommendations were identified?

What types of recommendation strategies were identified? (Check all that apply.)

- Access to care/treatment
- Care coordination, referral, and follow-up
- Community coalition/collaboration
- Criminal justice/law enforcement intervention
- Data and statistics
- Death and law enforcement investigation
- Grief/loss support
- Harm reduction
- Information/data sharing
- Naloxone

- Prescription Drug Monitoring Program (PDMP)
- Prevention education/awareness
- Social determinants of health (e.g., housing stability)
- Other

Specify "Other":

Jurisdictional levels responsible for implementing the recommendations (Check all that apply.)

- Local
- State
- National
- Tribe

Notes (for site use only):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.

18 - Community Context Site-specific Variables

This instrument contains no questions and is for the addition of necessary overdose fatality review variables. Work with your MDH REDCap team to add variables to this form.

19 - Site-specific Variables

On a scale of 1 to 10, with 10 being the best, how did this OFR go?

Did you connect with MDH for any technical assistance in preparation for this review?

- Yes
- No

Please select the types of technical assistance that MDH provided:

- Providing death certificate data
- Identifying cases
- Selecting cases
- Accessing SUDORS data
- Other

Please specify other types of technical assistance that MDH provided:

Is there additional data or different sources of data that you would have liked to access for this review?

- Yes
- No

- Not sure

Please describe other data that you would have liked to have for this review:

Complete? (Select one):

- Incomplete
- Unverified
- Complete

This instrument is for use at your site only. Work with your local REDCap team to add variables to this form.

20 - Narrative Section

Brief narrative (e.g., incident summary, supporting circumstance information, context for understanding incident, additional information not captured elsewhere).(Do not include HIPAA identifiers):

Change the form status to complete only when all fields have been reviewed and all available data has been entered.