**Priority Variables: Sudden Unexpected Infant Death (SUID) Cases**

**National Fatality Review CDR Report Form, Version 6**

Note: This list contains variables that primarily come from the birth certificate, death certificate, autopsy report and ME investigation report.

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| **Variable**  | **Question** |
| **Section A1** |
| A2\* | Date of birth |
| A3 | Date of death |
| A5 | Race (death certificate) |
| A6 | Hispanic or Latino origin? |
| A13 | Child had disability or chronic illness? |
| A15 | Child’s health insurance |
| A24 | Open CPS case at time of death? |
| **Section A3** |
| A44 | Gestational age |
| A45 | Birth weight |
| A50 | Prenatal care provided during pregnancy? |
| A54\* | Did the childbearing parent use any medications, drugs or other substances during pregnancy? |
| A55\* | Was the infant/fetus born drug exposed? |
| A56\* | Did the infant have neonatal abstinence syndrome? |
| A62 | Did childbearing parent smoke at any time during pregnancy? |
| A66 | Was infant ever breastfed? |
| A67 | Abnormal newborn screening results? |
| A73 | What did infant have for his/her last meal? |
| **Section C – responses may be in Section B if biological parent is also caregiver** |
| C2 (or B4)\* | Caregiver age  |
| C7 (or B6)\* | Caregiver’s highest education level attained  |
| **Section D** |
| D16 | At time of incident, was supervisor impaired? |
| **Section E** |
| E3 | Place of incident |
| E12 | Child’s activity at time of incident |
| **Section F** |
| F1 | Was a death investigation conducted? |
| Sudden Unexpected Infant Death Investigation Reporting Form or equivalent? |
| Scene photos? |
| Scene photos shared with team? |
| Scene recreations with doll? |
| Was a death scene investigation conducted at the place of the incident? |
| F5 | Autopsy performed? |
| F6 | Any X-ray or other imaging? |
| F7 | Cultures for infectious disease? |
| Microscopic or histologic exam? |
| Postmortem metabolic screen? |
| Vitreous testing? |
| Genetic testing? |
| F8 | Toxicology? |
| **Section G** |
| G2a | Immediate cause of death from death certificate? |
| G5 | Official manner of death |
| G6 | Primary cause of death |
| **Section I2** |
| I2 | Was death related to sleeping or sleep environment? |
| I2a | Incident sleep place |
| I2b | (Position) child put to sleep? |
| I2c | (Position) child found? |
| I2f | Was there any type of crib, Pack ‘n Play, bassinet, bed side sleeper or baby box in home for child? |
| I2h | Child last placed to sleep with pacifier? |
| I2j\* | Child overheated? |
| I2k | Child exposed to second hand smoke? |
| I2l | (Position) child face when found? |
| I2m\* | Child’s neck when found? |
| I2n | Child’s airway was unobstructed, partially obstructed or fully obstructed? |
| I2o | Indicate whether objects in sleep environment were present and whether they obstructed the child’s airway |
| I2r | Child sleeping in same room as caregiver/supervisor at time of death/incident? |
| I2s | Child sleeping on same surface with person or animal? |
| I2t | Scene recreation photo available for upload? |
| **Section N** |
| N11\* | Categorization for SUID Case Registry |
| **Section O** |
| O1\* | Inclusion of narrative which briefly summarizes the case |

\* Case not marked as priority variable in Case Reporting System (no purple or orange star next to variable)