

OS
1/23/07



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
INTER/INTRA-AGENCY AGREEMENT (IAA)
Payable Agreements (CDC is Procuring Agency)



1. CDC IAA #: (10 to 13 digits)
00FED05404 - 07

2. PARTICIPATING AGENCY IAA #:
CPSC-IAG-00-1157

3. TYPE OF AGREEMENT
 New Modification Administrative
 Modification Number: 07

4. TITLE OF PROJECT:
NEISS Special Study of Self-Inflicted Violence

5. DESCRIPTION OF WORK: (Please attach)
See Attached

6. AMOUNT: (Not to exceed without written modification)
\$ 45,000.00

7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY:
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 604H
Bethesda, Maryland 20814-3724

LIAISON NAME:
Phil Travers

PHONE #:
(301) 504-7447

EMAIL ADDRESS:
ptravers@cpsc.gov

FAX #:
(301) 504-0038

8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE:
National Center for Injury Prevention and Control
4770 Buford Highway, NE MS-K59
Atlanta, Georgia 30341-3724

LIAISON NAME:
Chester L. Pogostin

PHONE #:
(770) 488-4805

EMAIL ADDRESS:
clp3@cdc.gov

FAX #:
(770) 488-1665

9. PROJECT PERIOD:
from: 06/01/2003 through: 08/31/2004

FUNDING PERIOD:
from: 06/01/2003 through: 09/30/2003

10. CDC AUTHORITY:
 Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14)
 Other (Please specify) CDC DUNS # 927645465 CPSC DUNS # 1787717713

11. PARTICIPATING AGENCY AUTHORITY:

12. CDC FUNDING INFORMATION: FOR CDC USE ONLY (CDC internal form 6012 - modified Document History Record) APPROPRIATION NUMBER: 7530943

T.C. (For Accounting Use Only)	FY (2 digits) (Required)	DOC. REF. (For Accounting Use Only)	DOC. NO. (Original 10 digits) (Required)	CAN (7 digits) (Required)	O.C. (4 digits) (Required)	ALLOWANCE (5 digits) (For Budget Use Only)	\$ AMOUNT
050	03	21427	00FED05404	3921 2807	2555	3-11827 - 00	\$45,000.00
✓	✓	214	✓	(DVA)	253R	✓	

6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: (Please print)
Chester L. Pogostin, DVM, MPA
Deputy Director, OSP
NCIPC
(Should not be the same as Block #18)

FMO BUDGET ANALYST SIGNATURE:
ADMINISTRATIVE APPROVAL SIGNATURE:
Chester L. Pogostin



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
INTER/INTRA-AGENCY AGREEMENT (IAA)
Payable Agreements (CDC is Procuring Agency)



CDC IAA #: 00FED05404 - 07

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: (required) 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. Please include CDC's Official IAA # from **Block #1 on all OPAC billings and correspondence**. When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333**. (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) will be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:
DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:

(Please include name, telephone number, and email address of contact person.)

Name:

Telephone #:

Email:

Linda Murr

(301) 504-7659

lmurr@cpsc.gov

16. The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.

The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*

Name: Sue Binder, MD

Title: Director, National Center for Injury Prevention and Control

Email address: SBinder@cdc.gov

Signature: *Sue Binder*

Date: 6/9/03

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Donna Hutton

Title: Contracting Officer, US Consumer Product Safety Commission

Email address: dhutton@cpsc.gov

Signature: *Donna Hutton*

Date: 6/17/03

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

**INTERAGENCY AGREEMENT BETWEEN
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)
AND
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

~~(00FED05404-01)~~ 00FED05404-07

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as an addendum to the Interagency Agreement (number 00FED05404) between the Centers for Disease Control and Prevention and the U.S. Consumer Product Safety Commission covering the expansion of the National Electronic Injury Surveillance System (NEISS) to collect data on all injuries.

This addendum covers a special study entitled: "The NEISS Special Study of Self-inflicted violence" which is outlined below. Additional documentation is attached as an Appendix.

I. DESCRIPTION OF SERVICES

PROPOSED NEISS SPECIAL STUDY OF SELF-INFLICTED VIOLENCE

Background:

Annually about 30,000 deaths in the US are due to suicide. These account for about double the number of deaths due to homicide. Less information is available on non-fatal self-harm incidents, but during 2000, about 264,000 persons were treated in emergency departments (EDs) for non-fatal self-inflicted violence (SIV).¹ Still, little is known about the national prevalence of risk factors among patients treated in EDs for self-inflicted violence and about the substances used in such poisonings, which is by far the most common method used in non-fatal self-harm events. The need for improved and expanded surveillance systems for suicide is one of the central goals of the National Strategy for Suicide Prevention.² The NEISS - All Injury Program (NEISS-AIP) can play an important role in collecting information on cases of SIV treated in EDs.

A special study on self-inflicted violence can provide data to:

- describe relevant risk factors among persons presenting to EDs for SIV, in addition to what is available in the NEISS-AIP screen;
- identify substances used in self-harm poisonings presenting to NEISS hospitals;
- track the profile of such substances over time;
- act as an early warning system on emerging trends in regard to SIV; and
- provide data on SIV presenting to EDs to inform more in-depth studies.

¹ Ikeda R, et al. Nonfatal self-inflicted injuries treated in hospital emergency departments - United States, 2000. MMWR May 24 2000; 436-438.

² National strategy for suicide prevention: Goals and objectives for action. Rockville, MD: US Department of Health and Human Services, Public Health Service, 2001.

This proposal follows a previous one that involved the development of four NEISS special screens on violence. These concerned *Non-sexual Intimate Partner Violence*, *Non-sexual violence against children*, *Sexual violence*, and *Self-inflicted violence* (SIV).

In the first proposal, a pre-pilot on the four screens was conducted in 2001 at 6 hospitals. The pre-pilot consisted of the NEISS coders completing hard copies of code sheets, as well as providing copies of the ED records used for data abstraction. Findings were used to adapt the code sheets for the pilot study. The pre-pilot included 47 SIV cases.

A pilot study followed in the Spring and Summer of 2002, at 15 hospitals. This comprised supplementary ('second') surveillance screens within NEISS-AIP and aimed to test data collection for the four screens. The pilot test did not include the testing of training material for NEISS coders, although some training was done by CPSC. The pilot included 322 SIV cases. Results were analyzed and used to inform the development of a complete SIV special screen with relevant training material, which is the topic of this proposal.

Purpose:

This proposal will implement a special screen on **self-inflicted violence** cases treated in US hospital EDs, using NEISS-AIP and will:

1. finalize the content of the SIV special screen;
2. develop the training material;
3. test the training material; and
4. revise the electronic data collection screen on SIV screen

for subsequent full-scale data collection on SIV in all NEISS-AIP hospitals.

Methods:

1. Finalization of Screen Content

The content of the SIV screen is based on material that was tested during the pre-pilot and pilot studies. It will be finalized by end of May 2003 after discussions with the Suicide working group within the Division of Violence Prevention (DVP), NCIPC. A draft is attached as Appendix A.

2. Development of Training Material

The development of the training material will be informed by findings from the pre-pilot and pilot studies, as well as the experience of Dan Budnitz, NCIPC, in developing training material for an adverse drug event special screen.

Researchers from DVP, NCIPC, will also request a site visit to a local participating NEISS hospital to gain practical insight into the process of data abstraction. This will further inform the development of the training material.

Training material developed will be in line with existing NEISS coding manuals and will be finalized by mid-July 2003.

3. Testing of Training Material

a. **Description:** A small pilot study will be conducted to assess the acceptability and effectiveness of the training material. Coders from those hospitals that conducted the pre-pilot and pilot studies will be invited to participate in a working group on the proposed SIV screen and training material at the CPSC training conference in 2003. The aim is for these hospitals to thereafter complete data collection forms on a small sample of cases, using the revised coding sheets and the training material.

b. **Sample:** We recommend that 300 cases be drawn from participating NEISS hospitals.

c. **Case definition:** Injury or poisoning resulting from a deliberate violent act on oneself with the intent to take one's life or to harm oneself.

d. **Data collection:**

Preparation for meeting at training conference in July 2003: Coders from the identified hospitals will be invited to participate. Training material will be sent to those coders who agreed to participate before the conference.

Working group at training conference in July 2003: At the conference, the researchers will discuss the SIV screen and train participants in data collection on SIV using the training material.

Applying the training material: At participating hospitals, the trained coders will review SIV cases attending during the data capture period. The coders will abstract the data using the training material to answer the special screen questions as outlined in Appendix A. The aim is to test the usability of the training material. The process will involve the recording of abstracted data on a paper questionnaire, which will be sent to CDC. At the training session in July, the researchers will encourage participants to include de-identified photocopies of relevant ED records. The aim is to obtain photocopies for about 50 SIV cases.

Feedback from coders: After completion of the data abstraction, the researchers aim to contact coders telephonically or by e-mail in order to elicit recommendations for improving the coding of data, the discrimination of SIV from other types of injury and the improvement of the training material.

e. **Schedule:** This Pilot Study will be initiated during June 2003. The researchers will contact the coders during June 2003 in order to invite them to participate. The training of the coders will occur at the CPSC training conference to be held 30-31 July 2003. Data collection at the participating hospitals will be conducted during August and September 2003. Analysis and finalization of the training material will be concluded by December 2003.

f. **Analysis** of the Pilot Study data will be done by CDC and results shared fully with CPSC. After analysis of the data and the comments from coders, the training material will be adjusted and finalized in order to be used in training for the full implementation of the SIV screen.

4. Revision of electronic data screen

The existing additional 'second screen' on SIV will be modified according to the changes in the code sheet. All appropriate databases and programs will be modified to accommodate the collection of this additional data. The programming for this screen will be done by CPSC in collaboration with DVP, NCIPC. It is anticipated that the programming will be done between June 2003 and March 2004.

II. DURATION OF AGREEMENT

This agreement is approved from the date of signature for both agencies through August 31, 2004.

III. ESTIMATED COSTS

Estimates costs are \$45,000. This cost estimate is broken down into the following sub-categories:

Development and testing of training material	\$30,000
Data base programming	<u>\$15,000</u>
Total	\$45,000

IV. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V).

V. ACCOUNTING AND BILLING INFORMATION

Funds for this project are not to exceed \$45,000 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75090421	610000010
Appropriation	7530943	03 PSEXOB4310 11179 252E
CAN	39212807	
Allowance	3-11827-00	
Object Class	25.3R	
Amount	\$45,000	\$ 45,000

When billing CDC through the OPAC system, CPSC will reference agreement number 00FED05404-01.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO
Attn: OPAC Desk
1600 Clifton Road, MS D-06
Atlanta, GA 30333

VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. TRAVEL

There is no travel involved in this agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: Malinda Steenkamp
NCIPC, DVP (K60)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-4476

CPSC: Phil Travers
CPSC
4330 East West Highway, Rm 604D
Bethesda, MD 20814-4408
(301) 504-7447

X. BUDGET CONTACTS

CDC: Debbie Mathis
NCIPC/OD (K62)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-4037

CPSC: Donna Hutton
Contracting Officer, CPSC
4330 East West Highway, Rm 517
Bethesda, MD 20814-4408
(301) 504-7009

XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XII. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

Appendix A

Special screen for Self-Inflicted Violence (SIV)

Proposed data coding sheet for implementation (as at 05/30/03)

Purposes of SIV special screen

- To describe relevant characteristics of persons presenting to EDs for self-inflicted violence, in addition to what is available in the NEISS-AIP screen;
- To identify substances used in self-harm poisonings presenting to NEISS hospitals;
- To track the profile of such substances over time;
- To act as an early warning system on emerging trends in regard to SIV; and
- To provide information about SIV presenting to EDs to inform more in-depth studies.

Case definition

(Based on case definition in 'Appendix I. NEISS All Injury Program Coding definitions and Rules for Mechanism of Injury', Annest, et al 2001):

Self-inflicted violence

Injury or poisoning resulting from a deliberate violent act on oneself with the intent to take one's life or to harm oneself.

Includes:

Injuries and poisonings where the medical record indicates that the person was trying to take their life or harm themselves deliberately. This includes suspected and confirmed cases of self-inflicted violence. Such cases include suicide, suicide attempts, or self-inflicted harm through:

- Self-inflicted gunshot wound to head
- Acute overdose of alcohol and/or drugs
- Slashing of wrists
- Carbon monoxide poisoning
- Self-mutilation
- Self-burning

Excludes:

Injuries and poisoning where the medical record does not indicate that the person intended to take their life or harm themselves, such as:

- Teenager hitting fist into wall when upset at mom
- Unintentional injury associated with excessive alcohol intake at party
- Unintentional overdose of recreational drugs taken during a party with friends

Proposed SIV Code sheet

1. Time of arrival to the ED (use 24-hour clock) ____ : ____
 - Use the time of arrival in the ED rather than the time treated or time discharged.
 - The arrival time recorded on the ED logbook or sign-in sheet is acceptable.
 - If the hour is known, but the minutes are not, enter the hour and 99 for minutes.
 - If both the hour and minutes are not known, enter 99:99.

2. Was the incident described as a suicide attempt?
__ Yes __ Possible __ No __ Unknown
 - 'Yes' means the ED record described the incident as 'suicide' or 'suicide attempt', or described the patient as 'wanting to die', 'wanting to kill her/him self' or 'not wanting to live'.
 - 'Possible' means that the patient's intentions were not clear, phrases such as 'rule out suicide attempt' were used or there is only mention of suicidal ideation in the record.
 - 'No' the attempt was not described as a suicide attempt or the record stated that this was 'not a suicide attempt'
 - 'Unknown' means that there was not enough information in the record to make a distinction.

3. Was there mention of a previous suicide attempt(s) in the record?
__ Yes __ Possible __ No __ Unknown
 - 'A history of being in a psychiatric facility or seeing a psychiatrist is not enough by itself to code as 'Yes'.
 - 'Yes' means that the record relates such a history prior to the current incident.
 - 'Possible' means the record notes such a history but always qualifies it as 'unconfirmed', 'rumored' or 'possible'.
 - 'No' means there is no mention of a previous attempt(s) in the record.
 - 'Unknown' means there is no relevant record to obtain information from.

4. Was there mention of a past medical history of depression, bipolar disorder, or affective disorder?
__ Yes __ Possible __ No __ Unknown
 - 'Yes' means such a history was noted prior to the current incident.
 - 'Possible' means the record notes such a history but qualifies it as 'unconfirmed', 'rumored' or 'possible'.
 - 'No' means there is no mention of such a history in the record.
 - 'Unknown' means there is no relevant record to obtain information from.

5. Was there mention of a past medical history of schizophrenia or any other psychotic disorder?
__ Yes __ Possible __ No __ Unknown
 - 'Yes' means such a history was noted prior to the current incident.
 - 'Possible' means the record notes such a history but qualifies it as 'unconfirmed', 'rumored' or 'possible'.
 - 'No' means there is no mention of such a history in the record.

- *'Unknown' means there is no relevant record to obtain information from.*

6. Was there mention of a past medical history of alcohol or other substance(s) abuse?

Yes Possible No Unknown

- *'Acute drug overdose' and 'acute drug or alcohol abuse' alone do not qualify as a past medical history.*
- *'Yes' means such a history was noted prior to the current incident.*
- *'Possible' means the record notes such a history but qualifies it as 'unconfirmed', 'rumored' or 'possible'.*
- *'No' means there is no mention of such a history in the record.*
- *'Unknown' means there is no relevant record to obtain information from.*

7. Was the patient admitted to an inpatient ward, transferred, or discharged from the ED?

- Admitted to a medical/surgical ward/ICU of this or another hospital
- Admitted to a psychiatric ward or transferred to a psychiatric inpatient facility
- Transferred to an outpatient crisis center
- Admitted or transferred to other type of facility
- Discharged to home from ED
- Died in ED
- Unknown

- *Record here the ward to which the ED patient was initially admitted even if the patient is subsequently transferred to another ward.*
- *Medical/surgical ward includes pediatric medical/surgical wards.*

8a. Was more than one method associated with this event? Please tick relevant box.

- Only one method
- Poisoning and another method(s)
- Other combination of methods

8b. What was the most serious/life-threatening method that actually caused injury here? Please mark one.

- Poisoning by drugs, biological substances, alcohols or chemicals (excluding carbon monoxide)
- Poisoning by carbon monoxide
- Cutting or piercing by a sharp object
- Choking, hanging, strangulation or suffocation
- Firearm discharge
- Burning with fire or flames, including cigarettes
- Burning with steam or hot water or hot objects
- Pushing from a high place
- Other method. Specify
- Unknown or unspecified

- *If multiple methods were employed, record only the most serious/life-threatening method that actually caused injury here. For example, if a patient shoots at himself and misses and ingests 20 ES Tylenol, the case should be coded as a drug poisoning.*

- 'Drugs and biological substances' include over-the-counter and prescription drugs, vaccines and hormones, but not street drugs.
- 'Street drugs' include narcotics and hallucinogens usually obtained without prescription by purchasing them in the community, such as marijuana, cocaine, heroin, LSD, mescaline, methadone, morphine and opium alkaloids.
[What about prescribed morphine used in OD, e.g. for cancer patients, chronic pain management?]
- 'Alcohols' include alcoholic beverages, alcohol NOS, ethanol, butyl, propyl and isopropyl alcohol, methanol and fusel oil.
- 'Solid, liquid and gaseous chemicals' excluded drugs, street drugs and alcohol, and includes pesticides, organic solvents, and their vapors, corrosives, metals, dyes, fertilizers, poisonous plants, and detergents among others.
- 'Carbon monoxide' poisoning includes motor vehicle exhaust gas and other sources of the products of combustion.
- 'Hanging, strangulation or suffocation' also includes asphyxiation with plastic bags and deliberate aspiration of foreign bodies.
- Examples of 'Other' include explosives, jumping in front of moving objects, motor vehicle crashes, and electrocution among others.

9. Was alcohol ingested?

- No alcohol involvement
 Only alcohol ingested, no other drugs used
 Alcohol ingested together with other drug(s)
 Not stated whether alcohol was taken or not

Complete questions 10–13, for all poisonings, except those caused by carbon monoxide.

10. What was the name of the substance used in the poisoning (allowed for 4 substances)

- Include all those that were being used at the time of the event, even if they were not taken in overdose or for the purpose of harming oneself. Also include alcohol, if taken.
- Include substances detected on blood/urine tests even if not reported.
- If more than four substances were used, record the 4 taken in the largest number of units. If units are unknown or not applicable, record the first four listed by the examining physician.

10a. Name of substance #1 _____

- Example: Valium, as in fifty 10 mg pills of Valium
- Use the trade/common name instead of the chemical name or chemical mixture of both are known, e.g. Valium, rather than diazepam. Examples of other trade names are aspirin, Tylenol, Oxycontin, Drano, Roundup, beer, bleach, and rubbing alcohol.
- Use 999 for unknown.

10b. How did the patient take the drug?

- By mouth, ingestion
 By injection (including intravenously, subcutaneously)
 By inhaling, sniffing
 By other means, please specify _____

For pills or capsules only:

- 10c. **Number of pills or capsules** _____
- Example: 050, as in **fifty** 10 mg pills of Valium
 - If a range is provided, enter the midpoint of the range, e.g. '30-40' enter 035
 - Use 999 for unknown and for substances that are not pills or capsules

- 10d. **Size in milligrams** _____
- Example: 0010, as in **fifty** 10 mg pills of Valium
 - A one-gram tablet is equal to 1000 milligrams
 - Use 9999 for unknown and for substances that are not pills or capsules

11a. **Name of substance #2** _____

- 11b. **How did the patient take the drug?**
- By mouth, ingestion
 - By injection (including intravenously, subcutaneously)
 - By inhaling, sniffing
 - By other means, please specify _____

For pills or capsules only:

11c. **Number of pills or capsules** _____

11d. **Size in milligrams** _____

12a. **Name of substance #3** _____

- 12b. **How did the patient take the drug?**
- By mouth, ingestion
 - By injection (including intravenously, subcutaneously)
 - By inhaling, sniffing
 - By other means, please specify _____

For pills or capsules only:

12c. **Number of pills or capsules** _____

12d. **Size in milligrams** _____

13a. **Name of substance #4** _____

- 13b. **How did the patient take the drug?**
- By mouth, ingestion
 - By injection (including intravenously, subcutaneously)
 - By inhaling, sniffing
 - By other means, please specify _____

For pills or capsules only:

13c. **Number of pills or capsules** _____

13d. **Size in milligrams** _____

The next two questions apply to all cases, not only the poisoning cases.

14. Please provide any additional information not previously reported in the standard NEISS fields that may be relevant or explain further why this was thought to be an intentional injury.

15. Coder comments: What problems, if any, were encountered in answering these questions or coding this case?

[Maybe replace 14 and 15 with next question?]

The next question applies to all cases, not only the poisoning cases.

14. Please provide any additional information that may be relevant or feel free to comment on the data collection.