2007 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 12-Jul-06

Question ID: FIJ.010_00.000   **Instrument Variable Name:**   FINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]
<2,R,D> [goto FPOI3M]

Question ID: FIJ.012_00.000   **Instrument Variable Name:**   WFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one person was injured during the past 3 months

SkipInstructions: <R,D> [goto FPOI3M]
else, goto TFINJ3M

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIJ.014_00.000   **Instrument Variable Name:**   TFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] injured?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons injured during the past 3 months

SkipInstructions: <1-10,D> [goto MFINJ3M]
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]
<11-91> [goto ERR_TFINJ3M]

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Question ID: FIJ.016_00.000   **Instrument Variable Name:** MFINJ3M   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these
injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with at least one or an unknown number of injury episodes during the past 3 months

SkipInstructions: <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury
episode, goto FPOI3M]

Question ID: FIJ.018_00.000   **Instrument Variable Name:** MTFINJ3M   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of
those times was the injury serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons who consulted a medical professional for their injury episode(s)

SkipInstructions: <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto
ERR2_MTFINJ3M; else, goto IPDATEM]
<R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury
episode, goto FPOI3M]

Question ID: FIJ.020_00.000   **Instrument Variable Name:** FPOI3M   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you
or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or
too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]

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Question ID: FIJ.022_00.000   **Instrument Variable Name:**   WFPOI3M   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one person was poisoned during the past 3 months

SkipInstructions: <R,D> [goto FDMED12M]
else, goto TFPOI3M

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent.
As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIJ.024_00.000   **Instrument Variable Name:**   TFPOI3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include
food poisoning, sun poisoning, or poison ivy rashes.

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons poisoned during the past 3 months

SkipInstructions: <1-10,D> [goto MFPOI3M]
<R> [goto TFPOI3M for next person with a reported poisoning episode; if no more persons with a poisoning
episode, goto FDMED12M]
<11-91> [goto ERR_TFPOI3M]

Question ID: FIJ.026_00.000   **Instrument Variable Name:**   MFPOI3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these
poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with at least one or an unknown number of poisoning episodes during the past 3 months

SkipInstructions: <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else, goto MTFPOI3M]
<2,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a
poisoning episode, goto FDMED12M]

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Question ID:	FIJ.028_00.000	**Instrument Variable Name:**	MTFPOI3M	**QuestionnaireFileName:**	Family

QuestionText: ? [F1]

Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons who consulted a medical professional for their poisoning episode(s)

SkipInstructions: <1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
<R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]

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Question ID: FIJ.050_01.000   **Instrument Variable Name:**   IPDATEM   **QuestionnaireFileName:**   Family

QuestionText: 1 of 3

* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}
When did [fill1: your/ALIAS's] [fill2: injury/poisoning] happen for which a medical professional was consulted?

{first of multiple injury/poisoning episodes for the person}
Now I'm going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?

{second plus of multiple injury/poisoning episodes for the person}
You just told me about [fill1: your/ALIAS's] [fill6: (month, day of previous event)] [fill7:most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-12> [goto IPDATED]
<R> [goto IPHOW]
<D> [goto IPDATENO]

Question ID: FIJ.050_02.000   **Instrument Variable Name:**   IPDATED   **QuestionnaireFileName:**   Family

QuestionText: 2 of 3

* Enter day.

01-31	1-31
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes where a valid month of episode was entered

SkipInstructions: <1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]

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Question ID:	FIJ.050_03.000	**Instrument Variable Name:**	IPDATEY	**QuestionnaireFileName:**	Family

QuestionText: 3 of 3

* Enter year.

2003	2003
2004	2004
9997	Refused
9999	Don't know

UniverseText: All injury/poisoning episodes where a valid day of episode was enetered

SkipInstructions: if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

Question ID:	FIJ.051_01.000	**Instrument Variable Name:**	IPDATENO	**QuestionnaireFileName:**	Family

QuestionText: 1 of 2

Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?

*Enter number for time since event.

01-91	1-91
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode

SkipInstructions: <1-91> [goto IPDATETP]
<R,D> [goto IPHOW]

Question ID:	FIJ.051_02.000	**Instrument Variable Name:**	IPDATETP	**QuestionnaireFileName:**	Family

QuestionText: 2 of 2

*Enter number for time period since event.

^IPDATENO…

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question

SkipInstructions: goto IPHOW

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Question ID: FIJ.052_00.000   **Instrument Variable Name:** IPDATEMT   **QuestionnaireFileName:** Family

QuestionText: (book) F3   ? [F1]

Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?

1	Beginning
2	Middle
3	End
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for day of episode

SkipInstructions: gotoIPHOW

Question ID: FIJ.060_00.000   **Instrument Variable Name:** IPHOW   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: injury/poisoning], and any objects, substances, or other people involved.

* Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding the event. Record all volunteered information.

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]

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Question ID: FIJ.065_00.000   **Instrument Variable Name:**   ICAUS   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Do not read.

* Enter the number which best describes the cause of the person's injury from the list below.

01	In a motor vehicle
02	On a bike, scooter, skateboard, skates, skis, horse, etc.
03	Pedestrian who was struck by a vehicle such as a car or bicycle
04	In a boat, train, or plane
05	Fall
06	Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
07	Other
97	Refused
99	Don't know

UniverseText: All injury episodes for which a medical professional was consulted and don't know or refused was not entered at IPHOW

SkipInstructions: goto IJBODY

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Question ID: FIJ.070_00.000   **Instrument Variable Name:** IJBODY   **QuestionnaireFileName:** Family

QuestionText: (book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

 In this injury, what parts of [fill: your/ALIAS's] body were hurt?

01	Ankle
02	Back
03	Buttocks
04	Chest
05	Ear
06	Elbow
07	Eye
08	Face
09	Finger/thumb
10	Foot
11	Forearm
12	Groin
13	Hand
14	Head (not face)
15	Hip
16	Jaw
17	Knee
18	Lower leg
19	Mouth
20	Neck
21	Nose
22	Shoulder
23	Stomach
24	Teeth
25	Thigh
26	Toe
27	Upper arm
28	Wrist
29	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes for which a medical professional was consulted

SkipInstructions: <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]

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Question ID: FIJ.071_00.000   **Instrument Variable Name:**   IJBODYOS   **QuestionnaireFileName:**   Family

QuestionText: *Read if necessary.

What other parts of the body were hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All injury episodes where some "other" part of the body was hurt

SkipInstructions: goto IJTYPE1

Question ID: FIJ.072_00.000   **Instrument Variable Name:**   IJTYPE1   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least one part of the body was hurt

SkipInstructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP1OS]
<R> [goto IPEV]

Question ID: FIJ.073_00.000   **Instrument Variable Name:**   IJTYP1OS   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Read if necessary.

How was [fill1: your/ALIAS's] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All injury episodes where the first body part was hurt in some "other" way

SkipInstructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.074_00.000   **Instrument Variable Name:** IJTYPE2   **QuestionnaireFileName:** Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

SkipInstructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP2OS]
<R> [goto IPEV]

Question ID: FIJ.075_00.000   **Instrument Variable Name:** IJTYP2OS   **QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All injury episodes where the second body part was hurt in some "other" way

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV

Question ID: FIJ.076_00.000   **Instrument Variable Name:**   IJTYPE3   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

SkipInstructions: <1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP3OS]
<R> [goto IPEV]

Question ID: FIJ.077_00.000   **Instrument Variable Name:**   IJTYP3OS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All injury episodes where the third body part was hurt in some "other" way

SkipInstructions: goto IJTYPE4 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.078_00.000   **Instrument Variable Name:**   IJTYPE4   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

SkipInstructions: <1-8,R,D> [goto IPEV]
<9> [goto IJTYP4OS]

Question ID: FIJ.079_00.000   **Instrument Variable Name:**   IJTYP4OS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All injury episodes where the fourth body part was hurt in some "other" way

SkipInstructions: if a poisoning episode, goto PPCC; else, goto IPEV

Question ID: FIJ.080_01.000   **Instrument Variable Name:**   PPCC   **QuestionnaireFileName:**   Family

QuestionText: Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..

A phone call to a poison control center?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPEV]
<R> [goto IPHOSP]

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Question ID: FIJ.080_02.000   **Instrument Variable Name:** IPEV   **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPER]
<R> [goto IPHOSP]

Question ID: FIJ.080_03.000   **Instrument Variable Name:** IPER   **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPDO]
<R> [goto IPHOSP]

Question ID: FIJ.080_04.000   **Instrument Variable Name:** IPDO   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to a doctor's office or other health clinic

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPPCHCP]
<R> [goto IPHOSP]

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Question ID:	FIJ.080_05.000	**Instrument Variable Name:**	IPPCHCP	**QuestionnaireFileName:**	Family

QuestionText: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A phone call to a doctor, nurse, or other health care professional

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPOTH]
<R> [goto IPHOSP]

Question ID:	FIJ.080_06.000	**Instrument Variable Name:**	IPOTH	**QuestionnaireFileName:**	Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPOTHOS]
if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]
<R,D> [goto IPHOSP]

Question ID:	FIJ.081_00.000	**Instrument Variable Name:**	IPOTHOS	**QuestionnaireFileName:**	Family

QuestionText: * Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

SkipInstructions: goto IPHOSP

Question ID: FIJ.082_00.000   **Instrument Variable Name:**   IPVER   **QuestionnaireFileName:**   Family

QuestionText: * Please verify.

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

SkipInstructions: <1>[if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning; else, if no more family members with an injury/poisoning, go to FPOI3M/FDMED12M]
<2> [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]

Question ID: FIJ.090_00.000   **Instrument Variable Name:**   IPHOSP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPIHNO]
<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

Question ID: FIJ.091_00.000   **Instrument Variable Name:**   IPIHNO   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

How many nights [fill: were you/was ALIAS] in the hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

01-94	1-94 nights
95	95+ nights
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

SkipInstructions: <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]
<61-95> [goto ERR_IPIHNO]

Question ID: FIJ.109_00.000   **Instrument Variable Name:**   IMTRAF   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Ask or verify.

Did this accident occur on a public highway, street, or road?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: goto IMVWHO

Question ID: FIJ.110_00.000   **Instrument Variable Name:**   IMVWHO   **QuestionnaireFileName:**   Family

QuestionText: *Read all categories.

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

1	The driver of a motor vehicle
2	A passenger in a motor vehicle
3	A pedestrian
4	A bicycle rider or tricycle rider
5	The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: <1,2> [goto IMVTYP]
<4,5> [goto IHELMT]
<3,R,D> [goto IPWHAT]

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Question ID: FIJ.111_00.000   **Instrument Variable Name:**   IMVTYP   **QuestionnaireFileName:**   Family

QuestionText: (book) F6   ? [F1]

                     * Ask or verify.

                     What type of vehicle [fill: were you/was ALIAS] in?

01	Passenger car
02	Passenger truck, such as a pickup truck, van, or SUV
03	Bus
04	Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05	Motorcycle (including mopeds and minibikes)
06	All terrain vehicle or ski/snow-mobile
07	Farm equipment (such as a tractor)
08	Industrial or construction vehicle
09	Other
97	Refused
99	Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

SkipInstructions: <1,2,4> [goto ISBELT]
                     <5,6> [goto IHELMT]
                     <3,7,8,9,R,D> [goto IPWHAT]

Question ID: FIJ.112_00.000   **Instrument Variable Name:**   ISBELT   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

                     * Ask or verify.

                     [fill: Were you/Was ALIAS] restrained at the time of the accident?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

SkipInstructions: goto IPWHAT

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Question ID: FIJ.113_00.000   **Instrument Variable Name:** IHELMT   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

SkipInstructions: goto IPWHAT

Question ID: FIJ.130_00.000   **Instrument Variable Name:** IFALL   **QuestionnaireFileName:** Family

QuestionText: (book) F7

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?

01	Stairs, steps, or escalator
02	Floor or level ground
03	Curb (including sidewalk)
04	Ladder or scaffolding
05	Playground equipment
06	Sports field, court, or rink
07	Building or other structure
08	Chair, bed, sofa, or other furniture
09	Bathtub, shower, toilet, or commode
10	Hole or other opening
11	Other
97	Refused
99	Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IFALLWHY

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Question ID: FIJ.131_00.000   **Instrument Variable Name:**   IFALLWHY   **QuestionnaireFileName:**   Family

QuestionText: (book) F8

* Ask or verify.

What caused [fill: you/ALIAS] to fall?

1	Slipping or tripping
2	Jumping or diving
3	Bumping into an object or another person
4	Being shoved or pushed by another person
5	Losing balance or having dizziness (becoming faint or having a seizure)
6	Other
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IPWHAT

Question ID: FIJ.140_00.000   **Instrument Variable Name:**   PPOIS   **QuestionnaireFileName:**   Family

QuestionText: (book) F9   ? [F1]

* Ask or verify.

What did [fill: your/ALIAS's] poisoning result from?

1	Swallowing a drug or medical substance mistakenly or in overdose
2	Swallowing or touching a harmful solid or liquid substance
3	Inhaling harmful gases or vapors
4	Eating a poisonous plant or other substance mistaken for food
5	Being bitten by a poisonous animal
6	Other, please specify
7	Refused
9	Don't know

UniverseText: All poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-5,R,D> [goto IPWHAT]
<6> [goto PPOISOS]

Question ID: FIJ.141_00.000   **Instrument Variable Name:**   PPOISOS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How did [fill: your/ALIAS's] poisoning occur?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

SkipInstructions: goto IPWHAT

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Question ID: FIJ.150_00.000   **Instrument Variable Name:**   IPWHAT   **QuestionnaireFileName:**   Family

QuestionText: (book) F10   ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

01	Driving or riding in a motor vehicle
02	Working at a paid job
03	Working around the house or yard
04	Attending school
05	Unpaid work (such as volunteer work)
06	Sports and exercise
07	Leisure activity (excluding sports)
08	Sleeping, resting, eating, or drinking
09	Cooking
10	Being cared for (hands-on care from other person)
11	Other, please specify
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

Question ID: FIJ.151_00.000   **Instrument Variable Name:**   IPWHATOT   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

7	Refused
9	Don't know
Verbatim	Verbatim response

UniverseText: All medically-consulted injury/poisoning episodes that occurred in some "other" place

SkipInstructions: goto IPWHER

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Question ID: FIJ.160_00.000   **Instrument Variable Name:**   IPWHER   **QuestionnaireFileName:**   Family

QuestionText: (book) F11   ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

01	Home (inside)
02	Home (outside)
03	School (not residential)
04	Child care center or preschool
05	Residential institution (excluding hospital)
06	Health care facility (including hospital)
07	Street or highway
08	Sidewalk
09	Parking lot
10	Sport facility, athletic field, or playground
11	Shopping center, restaurant, store, bank, gas station, or other place of business
12	Farm
13	Park or recreation area (include bike or jog path)
14	River, lake, stream, or ocean
15	Industrial or construction area
16	Other public building
17	Other
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: if AGE lt 5 and the person has more injury/poisoning episodes, goto IPDATEM; else, if AGE lt 5 and the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if AGE lt 5 and no more family members with an injury/poisoning, goto FPOI3M/FDMED12M; else, if AGE ge 13, goto IPEMP; else, if AGE ge 5 and AGE le 12, goto IPSTU

Question ID: FIJ.170_00.000   **Instrument Variable Name:**   IPEMP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

1	Full-time
2	Part-time
3	Not employed
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older

SkipInstructions: <1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]

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Question ID: FIJ.171_00.000   **Instrument Variable Name:**   IPWKLS   **QuestionnaireFileName:**   Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode

SkipInstructions: goto IPSTU

Question ID: FIJ.180_00.000   **Instrument Variable Name:**   IPSTU   **QuestionnaireFileName:**   Family

QuestionText: The person is a student if they are enrolled in school at the time of the injury. The question is NOT asking if they were at school at the time of the injury.

1	Full-time
2	Part-time
3	Not a student
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

SkipInstructions: <1,2> [goto IPSCLS]
<3,R,D> [if person has more injury/poisoning episodes, goto IPDATEM for that person; else if person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning episode; else if no more family members with an injury/poisoning, goto FPOI3M/FAU.010]

Question ID: FIJ.181_00.000   **Instrument Variable Name:**   IPSCLS   **QuestionnaireFileName:**   Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

SkipInstructions: if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FDMED12M