These next questions are about accidents and injuries that caused anyone in the family to see or talk to a doctor or cut down on the things they usually do for as much as a day.

1. Since ___ (date)____, did you, your —, etc., have —
   - if "Yes," ask:
     b. Who was this? (Circle "Y" in this person's column.)
     c. Since ___ (date)____, how many different accidents resulting in . . . did — have that caused him to see or talk to a doctor OR cut down on the things he usually does?
     d. Since ___ (date)____, did anyone else have . . . ?

   (If "Yes," reask 1b-d.)

<table>
<thead>
<tr>
<th>Table I</th>
<th>Head Injury</th>
<th>Number of Accidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>A cut or bruise?</td>
<td>AA Y</td>
</tr>
<tr>
<td>BB</td>
<td>A strain or sprain?</td>
<td>BB Y</td>
</tr>
<tr>
<td>CC</td>
<td>A burn or scald?</td>
<td>CC Y</td>
</tr>
<tr>
<td>DD</td>
<td>A concussion or other head injury?</td>
<td>DD Y</td>
</tr>
<tr>
<td>EE</td>
<td>A dislocation or a broken bone?</td>
<td>EE Y</td>
</tr>
<tr>
<td>FF</td>
<td>A gunshot wound?</td>
<td>FF Y</td>
</tr>
<tr>
<td>GG</td>
<td>An injury due to suffocation?</td>
<td>GG Y</td>
</tr>
<tr>
<td>HH</td>
<td>An injury due to electric shock?</td>
<td>HH Y</td>
</tr>
<tr>
<td>II</td>
<td>An animal bite?</td>
<td>II Y</td>
</tr>
<tr>
<td>JJ</td>
<td>A reaction to medication or cosmetics?</td>
<td>JJ Y</td>
</tr>
<tr>
<td>KK</td>
<td>Any poisoning from swallowing, breathing, or coming in contact with a poisonous substance?</td>
<td>KK Y</td>
</tr>
<tr>
<td>LL</td>
<td>Any injury to the teeth, mouth, or jaws?</td>
<td>LL Y</td>
</tr>
<tr>
<td>MM</td>
<td>Any injury to the neck, back, or spine?</td>
<td>MM Y</td>
</tr>
<tr>
<td>NN</td>
<td>Any injury to the eyes, ears, or nose?</td>
<td>NN Y</td>
</tr>
<tr>
<td>OO</td>
<td></td>
<td>OO Y</td>
</tr>
<tr>
<td>PP</td>
<td></td>
<td>PP Y</td>
</tr>
<tr>
<td>QQ</td>
<td></td>
<td>QQ Y</td>
</tr>
<tr>
<td>RR</td>
<td></td>
<td>RR Y</td>
</tr>
</tbody>
</table>

2. Since ___ (date)____, did — have any (other) injuries (besides . . .)?

   b. What type of injury did he have? (Ask 1c, THEN reask 2a)

   A Verify that all accidents circled in item C are represented in Table I.

   B

3. You told me — had — accidents in which he had . . . Since ___ (date)____ how many TOTAL ACCIDENTS did he have in which these injuries occurred?

   Number of accidents

NOTE: Fill Accident Supplement column for each accident.