## Section B — UNINTENTIONAL INJURIES

These questions are about injuries.

1a. During the past 12 months, did anyone in the family have a head injury where he or she lost consciousness or completely blacked out?

b. Who was this?
   Mark "Head injury" box in appropriate person’s column.

c. Did anyone else have such a head injury in the past 12 months?

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### ITEM B1

Refer to 1b

2a. How many head injuries did —— have in the past 12 months where —— lost consciousness or completely blacked out?

b. Did —— receive medical care for —— most recent head injury?

c. Where did —— FIRST get medical care for this head injury, at a doctor’s office, clinic, hospital, or some other place? (Do not count care in an ambulance).

   If doctor’s office: Was this office in a hospital?
   If hospital: Was it the emergency room or an outpatient clinic?
   If clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?

d. Did —— stay in a hospital overnight or longer because of this head injury?

e. Did this head injury cause —— to cut down for more than half of the day on the things —— usually does?

f. Altogether, how many nights did —— stay in the hospital because of this head injury?

g. When —— was discharged from the hospital, was —— transferred to a rehabilitation center or extended care facility because of this head injury?

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Notes
### Section B — UNINTENTIONAL INJURIES — Continued

#### 3a. Where did —— head injury happen?

- **At home (inside house or adjacent premises)**
- **Street or highway (includes roadway and public sidewalks)**
- **Industrial place (includes premises)**
- **School (includes premises)**
- **Place of recreation and sports, except at school**
- **Other**
- **DK**

#### b. Was —— at work at —— job or business when this head injury occurred?

- **Yes**
- **No**
- **DK**

#### c. What was the cause of this head injury?

- **Motor vehicle accident**
- **Other accident — Specify**
- **Assault (Item B2)**
- **Other non-accident — Specify**
- **DK**

#### d. At the time of the head injury, was —— playing sports or engaged in some other physical activity or exercise?

- **Yes (4b)**
- **No (Item B1 for NP)**
- **DK**

#### 4a. During the past 12 months, has —— fallen?

- **Yes (4b)**
- **No (Item B1 for NP)**
- **DK**

#### b. How many times?

- **Times**
- **DK**

#### c. Did —— break —— hip as a result of (this/any of these) fall(s)?

- **Yes (Item B1 for NP)**
- **No (4d)**
- **DK**

#### d. [Did this fall result/how many of these falls resulted] in an injury where —— had to cut down for more than half of the day on the things —— usually does?

- **No/None**
- **Fall(s)**
- **DK**

#### e. (For how many of these falls) Did —— receive medical care?

- **No/None**
- **Fall(s) (Item B1 for NP)**
- **DK**