Section B — UNINTENTIONAL INJURIES		PERSON 1	RT 70 / 3–4
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?**	1a.	1 ☐ Yes *(1b)* 2 ☐ No } *(B1)* 9 ☐ DK }	5
b. Who was this? *Mark "Head injury" box in appropriate person's column.*	b.	1 ☐ Head injury	6
c. Did anyone else have such a head injury in the past 12 months?	c.	1 ☐ Yes *(Reask 1b and c)* 2 ☐ No } *(B1)* 9 ☐ DK }	7
ITEM B1 — *Refer to 1b*	B1.	1 ☐ Head injury in 1b *(2)* 8 ☐ Other *(B2)*	8
2a. How many head injuries did — — have in the past 12 months where — — lost consciousness or completely blacked out?	2a.	______ Head injuries (Number)	9
b. Did — — receive medical care for — — most recent head injury?	b.	1 ☐ Yes *(2c)* 2 ☐ No } *(2e)* 9 ☐ DK }	10
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?**	c.	Non-hospital: 01 ☐ Doctor's office 02 ☐ Company clinic 03 ☐ Urgent care center 04 ☐ Other clinic 05 ☐ Other non-hospital – *Specify* ↴ ______ Hospital: 06 ☐ Outpatient clinic 07 ☐ Emergency room 08 ☐ Doctor's office 98 ☐ Other hospital – *Specify* ↴ ______ 99 ☐ DK	11–12
d. Did — — stay in a hospital overnight or longer because of this head injury?	d.	1 ☐ Yes *(2f)* 2 ☐ No } *(2e)* 9 ☐ DK }	13
e. Did this head injury cause — — to cut down for more than half of the day on the things — — usually does?	e.	1 ☐ Yes } 2 ☐ No } *(3a)* 9 ☐ DK }	14
f. Altogether, how many nights did — — stay in the hospital because of this head injury?	f.	______ Nights (Number) 999 ☐ DK	15–17
g. When — — was discharged from the hospital, was — — transferred to a rehabilitation center or extended care facility because of this head injury?	g.	1 ☐ Yes } 2 ☐ No } *(3a)* 9 ☐ DK }	18

Notes

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Section B — UNINTENTIONAL INJURIES — Continued		PERSON 1
3a. Where did — — head injury happen?	3a.	19 1 ☐ At home (inside house or adjacent premises) 2 ☐ Street or highway (includes roadway and public sidewalks) 3 ☐ Industrial place (includes premises) 4 ☐ School (includes premises) 5 ☐ Place of recreation and sports, except at school 8 ☐ Other 9 ☐ DK
b. Was — — at work at — — job or business when this head injury occurred?	b.	20 1 ☐ Yes 2 ☐ No 9 ☐ DK
c. What was the cause of this head injury?	c.	21 1 ☐ Motor vehicle accident 2 ☐ Other accident – *Specify* ↴ ________ 3 ☐ Assault *(Item B2)* 4 ☐ Other non-accident – *Specify* ↴ ________ 9 ☐ DK
Mark box or ask. **d. At the time of the head injury, was — — playing sports or engaged in some other physical activity or exercise?**	d.	22 1 ☐ Playing sports 2 ☐ Other physical activity – *Specify* ↴ ________ 3 ☐ Not playing sports or other physical activity 9 ☐ DK
ITEM B2 — *Refer to age*	B2.	23 1 ☐ Under 65 *(Item B1 for NP)* 2 ☐ 65 and over *(4)*
4a. During the past 12 months, has — — fallen?	4a.	24 1 ☐ Yes *(4b)* 2 ☐ No } *(Item B1 for NP)* 9 ☐ DK }
b. How many times?	b.	25 ______ Times (Number) 9 ☐ DK
c. Did — — break — — hip as a result of [this/any of these] fall(s)?	c.	26 1 ☐ Yes *(Item B1 for NP)* 2 ☐ No } *(4d)* 9 ☐ 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?	d.	27 0 ☐ No/None ______ Fall(s) (Number) 9 ☐ DK
e. (For how many of these falls) Did — — receive medical care?	e.	28 0 ☐ No/None } ______ Fall(s) } *(Item B1 for NP)* (Number) 9 ☐ DK }

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