

FIJ.300 The next questions are about POISONING, which includes coming into contact with harmful substances, and overdose or wrong use of any drug or medication. Do not include any illnesses such as poison ivy or food poisoning.

FR: HAND CALENDAR CARD.

DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, did {you/anyone in the family} have a poisoning that caused someone to seek medical advice or treatment, including calls to a poison control center?

>FPOIS3M< (1) Yes (FIJ.310) (7) Refused (FAU.010)
(2) No (FAU.010) (9) DK (FAU.010)

FIJ.310 Who was this? (Anyone else?)

>PPOIS3MR<

FIJ.320 How many different times in the PAST THREE MONTHS {were/was}{you/subject's name} poisoned?

(01-94) 1-94 times (97) Refused
(95) 95+ times (99) DK

FIJ.330 **[If FIJ.320 equals 1, ask:]**

When did {subject's name} poisoning happen?

>POIDTEM< MONTH: _____
>POIDTED< DAY: _____
>POIDTEY< YEAR: _____

[If FIJ.320 is greater than 1, ask:]

Now I'm going to ask a few question about {subject's name} most recent poisoning. When did that happen?

>POIDTEM< MONTH: _____
>POIDTED< DAY: _____
>POIDTEY< YEAR: _____

[If FIJ.320 is greater than or equal to 2, ask:]

We just talked about {subject's name} poisoning on {recent poisoning date}. When did {subject's name} poisoning BEFORE THAT happen?

>POIDTEM< MONTH: _____
>POIDTED< DAY: _____
>POIDTEY< YEAR: _____

[FIJ.340 to FIJ.410 are repeated for each poisoning episode.]

FIJ.340 Did {you/subject's name} poisoning result from:

- >POITPR2<
- (1) a drug or medical substance used mistakenly or in overdose (FIJ.360)
 - (2) a harmful or toxic solid or liquid substance (FIJ.360)
 - (3) inhaling gases or vapors (FIJ.360)
 - (4) eating a poisonous plant or other substance mistaken for food (FIJ.360)
 - (5) a venomous animal or plant (FIJ.360)
 - (6) something else (FIJ.350)
 - (7) Refused (FIJ.360)
 - (9) DK (FIJ.360)

FIJ.350

FR: ENTER THE VERBATIM RESPONSE.

>PSPEC_1< _____
>PSPEC_2< _____
>PSPEC_3< _____
>PSPEC_4< _____

FIJ.360 Did you or did someone else call a poison control center for advice in treating {subject's name} poisoning?

- >POICC<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) DK

FIJ.370 {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this poisoning?

- >PHOSP<
- (1) Yes (FIJ.380)
 - (2) No (FIJ.390)
 - (7) Refused (FIJ.390)
 - (9) DK (FIJ.390)

FIJ.380 How many nights {were/was} {you/subject's name} in the hospital?

FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

- >PHNO<
- (01-94) 1-94 nights
 - (95) 95+ nights
 - (97) Refused
 - (99) DK

Check item FIJCCI2: If AGE greater than 13 then go to FIJ.400; Else
If AGE greater than 4 and less than 14 then go to FIJ.410; Else
If AGE less than 5 then return to FIJ.330 for the next poisoning event or the next person.
If there are no more persons and no more poisoning events, go to FAU.010.

FIJ.400 As a result of this poisoning, how much work did {you/subject's name} miss?

FR: HAND CARD F7.

>PWKLS< (0) None (6) Not employed at the time of poisoning
(1) Less than 1 day (7) Refused
(2) One to five days (9) DK
(3) Six or more days

FIJ.410 As a result of this poisoning, how many days of school did {you/subject's name} miss?

FR: HAND CARD F8.

>PSCLS< (0) None (6) Not in school at the time of poisoning
(1) Less than 1 day (7) Refused
(2) One to five days (9) DK
(3) Six or more days

(Goto next section--Health Care Access and Utilization)