Section III -- INJURIES

Injuries are a major health problem. In order to develop new ways to help prevent both accidental and intentional injuries, we need to know more about them. In this next set of questions, I will ask about injuries that happened in the past 3 months; Note here that we are only interested in injuries that required medical advice or treatment.

FIJ.010 DURING THE PAST THREE MONTHS, that is since {91 days before today date}, {were/was} {you/anyone in the family} injured seriously enough that {you/they} got medical advice or treatment?

>FINJ3M<  (1) Yes (FIJ.020)  (7) Refused (FIJ.300)
              (2) No (FIJ.300)  (9) DK (FIJ.300)

FIJ.020 Who was this? (Anyone else?)

>PINJ3MR< [ ] [ ] [ ]
           [ ] [ ] [ ]

FIJ.030 How many different times in the past three months {were/was} {you/subject’s name} injured seriously enough to seek medical advice?

>IJNO3M< Times Injured (01-94): ________________

FIJ.040 [If FIJ.030 equals 1, ask:]

When did {subject’s name} injury happen?

>IJDATE_M< MONTH: ______
>IJDATE_D< DAY: ______
>IJDATE_Y< YEAR: ______

[If FIJ.030 greater than 1, ask:]

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

>IJDATE_M< MONTH: ______
>IJDATE_D< DAY: ______
>IJDATE_Y< YEAR: ______

[If FIJ.030 equals 2 or more, ask:]

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

>IJDATE_M< MONTH: ______
>IJDATE_D< DAY: ______
>IJDATE_Y< YEAR: ______
[FIJ.050 to FIJ.295 are asked for each injury episode]

FIJ.050  At the time of the injury, what part(s) of {subject’s name} body was hurt? What kind of injury was it? Anything else?

<table>
<thead>
<tr>
<th>BODY PART</th>
<th>KIND OF INURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;IJBODY1&lt;</td>
<td>&gt;IJKIND1&lt;</td>
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<tr>
<td>&gt;IJBODY2&lt;</td>
<td>&gt;IJKIND2&lt;</td>
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<td>&gt;IJBODY3&lt;</td>
<td>&gt;IJKIND3&lt;</td>
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<td>&gt;IJBODY4&lt;</td>
<td>&gt;IJKIND4&lt;</td>
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</tbody>
</table>

FIJ.070  How did {subject’s name} injury(s) happen? Please describe fully the circumstances or events leading to the injury(s), and any object, substance, or other person involved.

FR: ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE INJURED PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION.

<table>
<thead>
<tr>
<th>IJHOW1&lt;</th>
<th>IJHOW2&lt;</th>
<th>IJHOW3&lt;</th>
<th>IJHOW4&lt;</th>
</tr>
</thead>
</table>

FIJ.080  FR: ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF THE PERSON'S INJURY FROM THE LIST BELOW.

<table>
<thead>
<tr>
<th>CAUS&lt;</th>
<th>CAUS&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Vehicle as transportation, including Motor Vehicle/bicycle/motorcycle/pedestrian/train/boat/airplane(FIJ.090)</td>
<td>(5) Fall (FIJ.170)</td>
</tr>
<tr>
<td>(2) Gun/being shot (FIJ.190)</td>
<td>(6) Other (FIJ.200)</td>
</tr>
<tr>
<td>(3) Fire/burn/scald related (FIJ.150)</td>
<td>(7) Refused (FIJ.200)</td>
</tr>
<tr>
<td>(4) Near drowning/water in lungs (FIJ.160)</td>
<td>(9) DK (FIJ.200)</td>
</tr>
</tbody>
</table>


FIJ.090  {Were/Was} {you/subject’s name} injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?

<table>
<thead>
<tr>
<th>MVWHO&lt;</th>
<th>MVWHO&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Driver of a vehicle (FIJ.100)</td>
<td>(4) Pedestrian (FIJ.140)</td>
</tr>
<tr>
<td>(2) Passenger of a vehicle (FIJ.100)</td>
<td>(7) Refused (FIJ.200)</td>
</tr>
<tr>
<td>(3) Bicycle rider (FIJ.130)</td>
<td>(9) DK (FIJ.200)</td>
</tr>
</tbody>
</table>
**FIJ.100** What type of vehicle {were/was} {you/subject’s name} in?

>**MVTYP**<

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Passenger car (FIJ.120)</td>
</tr>
<tr>
<td>02</td>
<td>Light truck (including pickups, vans and utility vehicles) (FIJ.120)</td>
</tr>
<tr>
<td>03</td>
<td>Bus (FIJ.200)</td>
</tr>
<tr>
<td>04</td>
<td>Large truck (FIJ.120)</td>
</tr>
<tr>
<td>05</td>
<td>Motorcycles (including mopeds, minibikes) (FIJ.130)</td>
</tr>
<tr>
<td>06</td>
<td>All terrain vehicle or ski/snow-mobile (FIJ.130)</td>
</tr>
<tr>
<td>07</td>
<td>Farm equipment (tractor) (FIJ.200)</td>
</tr>
<tr>
<td>08</td>
<td>Airplane (FIJ.200)</td>
</tr>
<tr>
<td>09</td>
<td>Boat (FIJ.200)</td>
</tr>
<tr>
<td>10</td>
<td>Train (FIJ.200)</td>
</tr>
<tr>
<td>11</td>
<td>Other (FIJ.200)</td>
</tr>
<tr>
<td>97</td>
<td>Refused (FIJ.200)</td>
</tr>
<tr>
<td>99</td>
<td>DK (FIJ.200)</td>
</tr>
</tbody>
</table>

**FIJ.120** [If AGE is greater than or equal to 5, ask:]

{Were/Was} {you/subject’s name} wearing a safety belt at the time of the accident?

>**SBELT**<

<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>DK</td>
</tr>
</tbody>
</table>

(Go to FIJ.200)

**FIJ.130** {Were/Was} {you/subject’s name} wearing a helmet at the time of the accident?

>**HELMT**<

<table>
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<tbody>
<tr>
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<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>DK</td>
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</tbody>
</table>

(Go to FIJ.200)

**FIJ.140** What type of vehicle {were/was} {you/subject’s name} struck by?

>**MVHIT**<

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<td>04</td>
<td>Large truck</td>
</tr>
<tr>
<td>05</td>
<td>Motorcycle (including mopeds and minibikes)</td>
</tr>
<tr>
<td>06</td>
<td>All terrain vehicle or ski or snow-mobile</td>
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<tr>
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<td>Farm equipment (tractor)</td>
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<tr>
<td>09</td>
<td>Train</td>
</tr>
<tr>
<td>10</td>
<td>Boat (includes all on water vehicles)</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>DK</td>
</tr>
</tbody>
</table>

(Go to FIJ.200)
FIJ.150  What was it that burned/scalded {you/subject’s name}?

**FR:**  IF RESPONSE IS FIRE OR SMOKE ASK:

What caused the fire/smoke?

>**BURN**<
   (01) Cigarette, cigar, pipe   (07) Other explosive
   (02) Cooking unit            (08) Water or steam
   (03) Heater                 (09) Food
   (04) Wiring                 (10) Chemicals
   (05) Motor vehicle battery caps, radiator caps (11) Other
   (06) Fireworks              (97) Refused
   (06) Fireworks
   (99) DK

(Go to FIJ.200)

FIJ.160  What body of water was involved?

>**WATER**<
   (1) Bathtub                  (5) River, creek
   (2) Swimming pool            (6) Other
   (3) Lake, pond               (7) Refused
   (4) Bay, ocean, sea          (9) DK

(Go to FIJ.200)

FIJ.170  How did {you/subject’s name} fall? Anything else?

**FR:**  SHOW CARD F3. RECORD UP TO 2 RESPONSES. ENTER ‘N’ FOR NO MORE.

On or down or from:

>**FALL**<
   (1) Escalator                  (7) Building or other structure
   (2) Stairs or steps            (8) Chair, bed, sofa or other furniture
   (3) Floor/level ground         (9) Tree
   (4) Curb, including sidewalk   (10) Toilet, commode
   (5) Ladder or scaffolding      (11) Bathtub, shower
   (6) Playground equipment       

Into:

   (12) Swimming pool (97) Refused
   (13) Hole or other opening (99) DK
   (14) Other
   [ ] [ ]
FIJ.180 What caused {you/subject’s name} to fall? Was it due to:

>FWHY<
1. Slipping, tripping or stumbling
2. Jumping or diving
3. Collision with/pushing, shoving by another person
4. Loss of balance/dizziness/becoming faint/seizure
5. Or something else
6. Jumping or diving
7. Refused
8. Refused
9. DK

(Go to FIJ.200)

FIJ.190 What kind of gun was it?

>GUNTP<
1. Firearm (handgun, shotgun, rifle)
2. BB or pellet gun
3. Dart gun
4. Other
5. Other
6. Refused
7. Refused
8. Refused
9. DK

FIJ.200 What {were/was} {you/subject’s name} doing when the injury(s) happened?

FR: SHOW CARD F4. RECORD UP TO 2 RESPONSES. ENTER ‘N’ FOR NO MORE.

>WHAT<
1. Driving
2. Working at paid job
3. Working around the house or yard
4. Attending school
5. Unpaid work (incl. housework, shopping, volunteer work)
6. Sports (organized team or individual sport such as running, biking, skating)
7. Leisure activity (excluding sports)
8. Sleeping, resting, eating, drinking
9. Cooking
10. Being cared for (hands on care from other person)
11. Other
12. Refused
13. Refused
14. DK

FR: SHOW CARD F5. RECORD UP TO 2 RESPONSES. ENTER ‘N’ FOR NO MORE.

>WHER<
1. Home (inside)
2. Home (outside)
3. School (not residential)
4. Child care center or Preschool
5. Residential institution (excl. hosp.)
6. Health care facility (incl. hospital)
7. Street/highway
8. Parking lot
9. Sport facility, ath. field or playground
10. Trade and service areas (restaurant, store, bank, gas station)
11. Farm
12. Park/recreation area (fields, bike or jog path),
13. River/lake/stream/ocean
14. Swimming pool
15. Industrial or construction area
16. Mine/quarry
17. Other public building
18. Other
19. Refused
20. DK

...
FIJ.240  {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this injury/these injuries?

>IHOSP<  (1) Yes (FIJ.250) (7) Refused (FIJCCI1)
(2) No (FIJCCI1) (9) DK (FIJCCI1)

FIJ.250  How many nights {were/was} {you/subject's name} in the hospital?

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

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

Check item FIJCCI1:  If AGE is greater than 13 then go to FIJ.260; Else
If AGE is greater than 4 and less than 14 then go to FIJ.270; Else
If AGE is less than 5 then return to FIJ.040 for next injury episode or next person.
If there are no more persons and no more injury episodes, go to FIJ.300.

FIJ.260  As a result of this injury/these injuries, how much work did {you/subject's name} miss?


>WKLS<  (0) None (6) Not employed at the time of the injury
(1) Less than 1 day (7) Refused
(2) 1 to 5 days (9) DK
(3) Six or more days

FIJ.270  As a result of this injury/these injuries, how much school did {you/subject's name} miss?

FR:  SHOW CARD F7.

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

FIJ.280  As a result of this injury/these injuries {do/does} {you/subject's name} now need the help of other persons with {your/his/her} personal care needs, such as eating, bathing, dressing or getting around this home?

>IJADL<  (1) Yes (FIJ.285) (7) Refused (FIJ.290)
(2) No (FIJ.290) (9) DK (FIJ.290)

FIJ.285  Do you expect {you/subject's name} will need this help for a total of 6 months or longer?

>LIMTM<  (1) Yes (7) Refused
(2) No (9) DK
As a result of this injury/these injuries {do/does} {you/subject’s name} now need the help of persons in handling routine needs such as everyday household chores, doing necessary business, shopping or getting around for other purposes?

(1) Yes (FIJ.295)  (7) Refused (FIJCCI1A))
(2) No (FIJCCI1A) (9) DK (FIJCCI1A)

Do you expect {you/subject’s name} will need this help for a total of 6 months or longer?

(1) Yes (7) Refused
(2) No (9) DK

Check item FIJCCI1A: Return to FIJ.040 for next injury episode or next person.
If there are no more persons and no more injury episodes, go to 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.

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?

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

Who was this? (Anyone else?)

[ ] [ ] [ ]
[ ] [ ] [ ]

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

[If FIJ.320 equals 1, ask:]

When did {subject’s name} poisoning happen?

MONTH: ________
DAY: ________
YEAR: ________