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) Don’t know (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 or treatment?

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

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

When did \{subject’s name\} injury happen?

>ISTR_M< MONTH: ______
>ISTR_D< DAY: ______
>ISTR_Y< YEAR: ______

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

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

>ISTR_M< MONTH: ______
>ISTR_D< DAY: ______
>ISTR_Y< YEAR: ______

[If FIJ.030 = 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?

>ISTR_M< MONTH: ______
>ISTR_D< DAY: ______
>ISTR_Y< YEAR: ______
At the time of the injury, what part(s) of {subject’s name} body was hurt? What kind of injury was it? Anything else?

FR: RECORD THE BODY PART, THEN THE KIND OF INJURY.

<table>
<thead>
<tr>
<th>BODY PART</th>
<th>KIND OF INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>IJBODY1</td>
<td>JKIND1</td>
</tr>
<tr>
<td>IJBODY2</td>
<td>JKIND2</td>
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<tr>
<td>IJBODY3</td>
<td>JKIND3</td>
</tr>
<tr>
<td>IJBODY4</td>
<td>JKIND4</td>
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</tbody>
</table>

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>HOW1</th>
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</table>

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

<table>
<thead>
<tr>
<th>CAUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Vehicle as transportation, including motor vehicle/bicycle/motorcycle/pedestrian/train/boat/airplane (FIJ.090)</td>
</tr>
<tr>
<td>(2) Gun/being shot (FIJ.190)</td>
</tr>
<tr>
<td>(3) Fire/burn/scald related (FIJ.150)</td>
</tr>
<tr>
<td>(4) Near drowning/water in lungs (FIJ.160)</td>
</tr>
<tr>
<td>(5) Fall (FIJ.170)</td>
</tr>
<tr>
<td>(6) Other (FIJ.200)</td>
</tr>
<tr>
<td>(7) Refused (FIJ.200)</td>
</tr>
<tr>
<td>(9) Don’t know (FIJ.200)</td>
</tr>
</tbody>
</table>


{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</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Driver of a vehicle (FIJ.100)</td>
</tr>
<tr>
<td>(2) Passenger of a vehicle (FIJ.100)</td>
</tr>
<tr>
<td>(3) Bicycle rider (FIJ.130)</td>
</tr>
<tr>
<td>(4) Pedestrian (FIJ.140)</td>
</tr>
<tr>
<td>(7) Refused (FIJ.200)</td>
</tr>
<tr>
<td>(9) Don’t know (FIJ.200)</td>
</tr>
</tbody>
</table>
FIJ.100  What type of vehicle {were/was} {you/subject’s name} in?

>MVTYPE<  (01) Passenger car (FIJ.120)  (07) Farm equipment (tractor) (FIJ.200)
   (02) Light truck (including pickups,  (08) Airplane (FIJ.120)
      vans and utility vehicles) (FIJ.120)  (09) Boat (FIJ.200)
   (03) Bus (FIJ.200)  (04) Large truck (FIJ.120)
   (05) Motorcycles (including mopeds,  (06) All terrain vehicle or ski/snow-
      minibikes) (FIJ.130)  mobile (FIJ.130)
   (09) Don’t know (FIJ.200)

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

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

[Else, ask:]

{Were/Was} {you/subject’s name} buckled in a car safety seat at the time of the accident?

>SBELT<  (1) Yes  (7) Refused
   (2) No  (9) Don’t know

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

>HELMT<  (1) Yes  (7) Refused
   (2) No  (9) Don’t know

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

>MVHIT<  (01) Passenger car  (07) Farm equipment (tractor)
   (02) Light truck (including pickups,  (08) Bicycle
      vans and utility vehicles)  (09) Train
   (03) Bus  (04) Large truck
   (05) Motorcycle (including mopeds  (06) All terrain vehicle or ski or
      and minibikes)  snow-mobile
   (09) Don’t know

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

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

What caused the fire/smoke?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Cigarette, cigar, pipe</td>
</tr>
<tr>
<td>02</td>
<td>Cooking unit</td>
</tr>
<tr>
<td>03</td>
<td>Heater</td>
</tr>
<tr>
<td>04</td>
<td>Wiring</td>
</tr>
<tr>
<td>05</td>
<td>Motor vehicle battery caps, radiator caps</td>
</tr>
<tr>
<td>06</td>
<td>Fireworks</td>
</tr>
<tr>
<td>07</td>
<td>Other explosive</td>
</tr>
<tr>
<td>08</td>
<td>Water or steam</td>
</tr>
<tr>
<td>09</td>
<td>Food</td>
</tr>
<tr>
<td>10</td>
<td>Chemicals</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

(Go to FIJ.200)

What body of water was involved?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Bathtub</td>
</tr>
<tr>
<td>02</td>
<td>Swimming pool</td>
</tr>
<tr>
<td>03</td>
<td>Lake, pond</td>
</tr>
<tr>
<td>04</td>
<td>Bay, ocean, sea</td>
</tr>
<tr>
<td>05</td>
<td>River, creek</td>
</tr>
<tr>
<td>06</td>
<td>Other</td>
</tr>
<tr>
<td>07</td>
<td>Refused</td>
</tr>
<tr>
<td>09</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

(Go to FIJ.200)

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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Escalator</td>
</tr>
<tr>
<td>02</td>
<td>Stairs or steps</td>
</tr>
<tr>
<td>03</td>
<td>Floor/level ground</td>
</tr>
<tr>
<td>04</td>
<td>Curb, including sidewalk</td>
</tr>
<tr>
<td>05</td>
<td>Ladder or scaffolding</td>
</tr>
<tr>
<td>06</td>
<td>Playground equipment</td>
</tr>
<tr>
<td>07</td>
<td>Building or other structure</td>
</tr>
<tr>
<td>08</td>
<td>Chair, bed, sofa or other furniture</td>
</tr>
<tr>
<td>09</td>
<td>Tree</td>
</tr>
<tr>
<td>10</td>
<td>Toilet, commode</td>
</tr>
<tr>
<td>11</td>
<td>Bathtub, shower</td>
</tr>
</tbody>
</table>

Into:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Swimming pool</td>
</tr>
<tr>
<td>13</td>
<td>Hole or other opening</td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

[ ] [ ]
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) Refused
(7) Don’t know

What kind of gun was it?

>GUNTP<
(1) Firearm (handgun, shotgun, rifle)
(2) BB or pellet gun
(3) Dart gun
(4) Other
(5) Refused
(6) Don’t know

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

>WHAT<
(1) Driving or riding in a motor vehicle
(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) Don’t know

Where (were/was) {you/subject’s name} when the injury(s) happened?

>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 (Shopping Center 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) Don’t know

[ ] [ ]
Were/Was your name hospitalized for at least one night as a result of this injury/these injuries?

1) Yes (FIJ.250)
2) No (Check Item FIJCCI1)
7) Refused (Check Item FIJCCI1)
9) Don’t know (Check Item FIJCCI1)

How many nights were/was your name in the hospital?

01-94) 1-94 nights
95+ nights
97) Refused
99) Don’t know

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.

As a result of this injury/these injuries, how much work did your name miss?

None
Not employed at the time of the injury
Less than 1 day
Refused
1 to 5 days
Don’t know
Six or more days

As a result of this injury/these injuries, how much school did your name miss?

None
Not in school at the time of the injury
Less than 1 day
Refused
One to five days
Don’t know
Six or more days

As a result of this injury/these injuries, does your name now need the help of other persons with his/her personal care needs, such as eating, bathing, dressing or getting around this home?

Yes (FIJ.285)
No (FIJ.290)
Refused (FIJ.290)
Don’t know (FIJ.290)

Do you expect your name will need this help for a total of 6 months or longer?

Yes
Refused
No
Don’t know
As a result of this injury/these injuries {do/does} {you/subject’s name} now need the help of other persons in handling routine needs such as everyday household chores, doing necessary business, shopping or getting around for other purposes?

> IJIAD <
   (1) Yes (FIJ.295)  
   (2) No (Check Item FIJCCI1A)

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

> HLIMT <
   (1) Yes (7) Refused
   (2) No (9) Don’t know (Go to Check Item FIJCCI1A)

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.

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?

> FPPOIS3M <
   (1) Yes (FIJ.310)  
   (2) No (FAU.010)

Who was this? (Anyone else?)

> PPPOIS3MR <  [ ]

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

> POIN3M <
   (01-94) 1-94 times  
   (95) 95+ times

When did {subject’s name} poisoning happen?

> POIDITEM < MONTH: _______
> POIDTED < DAY: _______
> POIDTEY < YEAR: _______