

### 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?

>IJDATE\_M< MONTH: \_\_\_\_\_  
>IJDATE\_D< DAY: \_\_\_\_\_  
>IJDATE\_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?

>IJDATE\_M< MONTH: \_\_\_\_\_  
>IJDATE\_D< DAY: \_\_\_\_\_  
>IJDATE\_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?

>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?

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

	BODY PART		KIND OF INJURY
>IJBODY1<	_____	>IJKIND1<	_____
>IJBODY2<	_____	>IJKIND2<	_____
>IJBODY3<	_____	>IJKIND3<	_____
>IJBODY4<	_____	>IJKIND4<	_____

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.**

>IJHOW1< \_\_\_\_\_  
 >IJHOW2< \_\_\_\_\_  
 >IJHOW3< \_\_\_\_\_  
 >IJHOW4< \_\_\_\_\_

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

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

**FR: THE NEXT SET OF QUESTIONS ARE ASKED TO VERIFY DETAILS OF THE CIRCUMSTANCES SURROUNDING THE INJURY(S). IF YOU ALREADY KNOW THE ANSWER BECAUSE OF THE VERBATIM RESPONSE FOR HOW THE INJURY(S) OCCURRED, VERIFY THE ANSWER WITH THE RESPONDENT. OTHERWISE, ASK THE QUESTION.**

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?

- >MVWHO<
- |                                      |                          |
|--------------------------------------|--------------------------|
| (1) Driver of a vehicle (FIJ.100)    | (4) Pedestrian (FIJ.140) |
| (2) Passenger of a vehicle (FIJ.100) | (7) Refused (FIJ.200)    |
| (3) Bicycle rider (FIJ.130)          | (9) Don't know (FIJ.200) |

FIJ.100 What type of vehicle {were/was} {you/subject's name} in?

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

(Go to FIJ.200)

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 |

(Go to FIJ.200)

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,<br>vans and utility vehicles) | (08) Bicycle                                  |
| (03) Bus   | (09) Train                                    |
| (04) Large truck   | (10) Boat (includes all on)<br>water vehicles |
| (05) Motorcycle (including mopeds<br>and minibikes)                | (11) Other                                    |
| (06) All terrain vehicle or ski or<br>snow-mobile                  | (97) Refused                                  |
|  | (99) Don't know                               |

(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,<br>radiator caps | (11) Other           |
| (06) Fireworks                                    | (97) Refused         |
|   | (99) Don't know      |

(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) Don't know   |

(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) Don't know |
| (14) Other                 |                 |
| [ ]                        | [ ]             |

FIJ.180 What caused {you/subject's name} to fall? Was it due to:

- >**FWHY**<
- |  |                       |
|--|-----------------------|
| (1) Slipping, tripping or stumbling                      | (5) Or something else |
| (2) Jumping or diving                                    | (7) Refused           |
| (3) Collision with/pushing, shoving<br>by another person | (9) Don't know        |
| (4) Loss of balance/dizziness/<br>becoming faint/seizure |                       |

(Go to FIJ.200)

FIJ.190 What kind of gun was it?

- >**GUNTP**<
- |                                       |                |
|---------------------------------------|----------------|
| (1) Firearm (handgun, shotgun, rifle) | (4) Other      |
| (2) BB or pellet gun                  | (7) Refused    |
| (3) Dart gun                          | (9) Don't know |

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 or riding in a motor vehicle   | (7) Leisure activity (excluding sports)                   |
| (2) Working at paid job  | (8) Sleeping, resting, eating, drinking                   |
| (3) Working around the house or yard   | (9) Cooking   |
| (4) Attending school   | (10) Being cared for (hands on care from<br>other person) |
| (5) Unpaid work (incl. housework,<br>shopping, volunteer work)                         | (11) Other  |
| (6) Sports (organized team or individual<br>sport such as running, biking,<br>skating) | (97) Refused  |
|  | (99) Don't know   |
| [ ]  | [ ]   |

FIJ.220 Where (were/was) {you/subject's name} when the injury(s) happened?

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

- >**WHER**<
- |  |  |
|--|--|
| (1) Home (inside)  | (11) Farm  |
| (2) Home (outside)   | (12) Park/recreation area (fields, bike<br>or jog path), |
| (3) School (not residential)   | (13) River/lake/stream/ocean                             |
| (4) Child care center or Preschool   | (14) Swimming pool                                       |
| (5) Residential institution (excl. hosp.)  | (15) Industrial or construction area                     |
| (6) Health care facility (incl. hospital)  | (16) Mine/quarry   |
| (7) Street/highway   | (17) Other public building                               |
| (8) Parking lot  | (18) Other   |
| (9) Sport facility, ath. field or playground   | (97) Refused   |
| (10) Trade and service areas (Shopping Center<br>restaurant, store, bank, gas station) | (99) Don't know  |
| [ ]  | [ ]  |

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 (Check Item FIJCCI1)  
(2) No (Check Item FIJCCI1) (9) Don't know (Check Item 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) 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.

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

**FR: SHOW CARD F6.**

- >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) Don't know  
(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) Don't know  
(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) Don't know (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) Don't know

FIJ.290 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?

- >**LJIAD**< (1) Yes (FIJ.295) (7) Refused (Check Item FIJCCI1A)  
(2) No (Check Item FIJCCI1A) (9) Don't know (Check Item FIJCCI1A)

FIJ.295 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.