The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?

Yes
No
Refused
Don't know

Who was this?
(Anyone else?)

Yes
No
Refused
Don't know

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] injured?

01-91 times
Refused
Don't know

All persons injured during the past 3 months

01-10,D] [goto MFINJ3M]
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]
<11-91> [goto ERR_TFINJ3M]
2004 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 20-Jul-05

Question ID: FIJ.016_00.000  Instrument Variable Name: MFINJ3M  QuestionnaireFileName: Family

Question Text:  [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?  
1  Yes  
2  No  
7  Refused  
9  Don't know  

Universe: All persons with at least one or an unknown number of injury episodes during the past 3 months  

Skip Instructions:  <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]  
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Question ID: FIJ.018_00.000  Instrument Variable Name: MTFINJ3M  QuestionnaireFileName: Family

Question Text:  [F1]

Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?  
01-91  1-91 times  
97  Refused  
99  Don't know  

Universe: All persons who consulted a medical professional for their injury episode(s)  

Skip Instructions:  <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]  
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Question ID: FIJ.020_00.000  Instrument Variable Name: FPOI3M  QuestionnaireFileName: Family

Question Text:  [F1]

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.  
1  Yes  
2  No  
7  Refused  
9  Don't know  

Universe: All families  

Skip Instructions:  <1> [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]  
<2,R,D> [goto FDMED12M]
### Question ID: FIJ.022_00.000  
**Instrument Variable Name:** WFPOI3M  
**QuestionnaireFileName:** Family

**Question Text:**  
* Ask or verify. Enter applicable line number(s), separate with commas.  

Who was this?  
(Anyone else?)  
1 Yes  
2 No  
7 Refused  
9 Don't know

**Universe:**  
All families with two or more persons and at least one was poisoned during the past 3 months

**Skip Instructions:**  
<1-10,D> [goto MFPOI3M]  
else, goto TFPOI3M

**NOTE:** In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

### Question ID: FIJ.024_00.000  
**Instrument Variable Name:** TFPOI3M  
**QuestionnaireFileName:** Family

**Question Text:**  
? [F1]  
DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes.  

01-91 1-91 times  
97 Refused  
99 Don't know

**Universe:**  
All persons poisoned during the past 3 months

**Skip Instructions:**  
<1-10,D> [goto MFPOI3M]  
<R> [goto TFPOI3M for next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]  
<11-91> [goto ERR_TFPOI3M]

### Question ID: FIJ.026_00.000  
**Instrument Variable Name:** MFPOI3M  
**QuestionnaireFileName:** Family

**Question Text:**  
? [F1]  
Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?  

1 Yes  
2 No  
7 Refused  
9 Don't know

**Universe:**  
All persons with at least one or an unknown number of poisoning episodes during the past 3 months

**Skip Instructions:**  
<1> [if TFPOI3M eq 1, fill "1" in MTFOI3M and goto IPDATEM; else, goto MTFPOI3M]  
<2,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]
Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

01-91 1-91 times
97 Refused
99 Don't know

All persons who consulted a medical professional for their poisoning episode(s)

<1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
<,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMEID12M]
* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}

When did [fill1: your/ALIAS’s] [fill2: injury/poisoning] happen for which a medical professional was consulted?

{first of multiple injury/poisoning episodes for the person}

Now I’m going to ask a few questions about the [fill3: MTFINJ3M/MTFP0I3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?

{second plus of multiple injury/poisoning episodes for the person}

You just told me about [fill1: your/ALIAS’s] [fill6: (month, day of previous event)] [fill7: most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
97 Refused
99 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1-12> [goto IPDATED]
<R> [goto IPHOW]
<D> [goto IPDATENO]

* Enter day.

01-31 1-31
97 Refused
99 Don't know

Universe: All injury/poisoning episodes where a valid month of episode was entered

Skip Instructions: <1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]
**2004 NHIS Questionnaire - Family**

**Injuries & Poisoning**

Document Version Date: 20-Jul-05

---

**Question ID:** FIJ.050_03.000  **Instrument Variable Name:** IPDATEY  **QuestionnaireFileName:** Family

**Question Text:**

3 of 3

* Enter year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>2003</td>
</tr>
<tr>
<td>2004</td>
<td>2004</td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe:** All injury/poisoning episodes where a valid day of episode was entered

**Skip Instructions:**

if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

---

**Question ID:** FIJ.051_01.000  **Instrument Variable Name:** IPDATENO  **QuestionnaireFileName:** Family

**Question Text:**

1 of 2

Can you tell me approximately how long ago [fill1: your/ALIAS’s] [fill2: injury/poisoning] happened?

*Enter number for time since event.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-91</td>
<td>1-91</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe:** All injury/poisoning episodes where don't know was entered for month of episode

**Skip Instructions:**

<1-91> [goto IPDATETP]

<R,D> [goto IPHOW]

---

**Question ID:** FIJ.051_02.000  **Instrument Variable Name:** IPDATETP  **QuestionnaireFileName:** Family

**Question Text:**

2 of 2

*Enter number for time period since event.

^IPDATENO…

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Days</td>
</tr>
<tr>
<td>2</td>
<td>Weeks</td>
</tr>
<tr>
<td>3</td>
<td>Months</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe:** All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question

**Skip Instructions:** goto IPHOW
2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.052_00.000  Instrument Variable Name: IPDATEMT  QuestionnaireFileName: Family

Question Text: (book) F3  ? [F1]

Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?

1  Beginning
2  Middle
3  End
7  Refused
9  Don't know

Universe: All injury/poisoning episodes where don't know was entered for day of episode
Skip Instructions: gotoIPHOW

Question ID: FIJ.060_00.000  Instrument Variable Name: IPHOW  QuestionnaireFileName: Family

Question Text:  ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: injury/poisoning], and any objects, substances, or other people involved.

* Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding the event. Record all volunteered information.

7  Refused
9  Don't know

Verbatim  Verbatim response

Universe: All injury/poisoning episodes for which a medical professional was consulted
Skip Instructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
**2004 NHIS Questionnaire - Family Injuries & Poisoning**

**Document Version Date:** 20-Jul-05

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.065_00.000</th>
<th>Instrument Variable Name:</th>
<th>ICAUS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>

**Question Text:**

* [F1]

* Do not read.

* Enter the number which best describes the cause of the person’s injury from the list below.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>In a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>On a bike, scooter, skateboard, skates, skis, horse, etc.</td>
</tr>
<tr>
<td>03</td>
<td>Pedestrian who was struck by a vehicle such as a car or bicycle</td>
</tr>
<tr>
<td>04</td>
<td>In a boat, train, or plane</td>
</tr>
<tr>
<td>05</td>
<td>Fall</td>
</tr>
<tr>
<td>06</td>
<td>Burned or scalded by substances such as hot objects or liquids, fire, or chemicals</td>
</tr>
<tr>
<td>07</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>

**Universe:**

All injury episodes for which a medical professional was consulted and don't know or refused was not entered at IPHOW

**Skip Instructions:**

goto IJBODY
In this injury, what parts of your body were hurt?

* Enter up to 4 responses, separate with commas.

* Ask or verify.

You can enter up to 4 responses, separated by commas. If you're unsure, you can skip to the next injury.

- Ankle
- Back
- Buttocks
- Chest
- Ear
- Elbow
- Eye
- Face
- Finger/thumb
- Foot
- Forearm
- Groin
- Hand
- Head (not face)
- Hip
- Jaw
- Knee
- Lower leg
- Mouth
- Neck
- Nose
- Shoulder
- Stomach
- Teeth
- Thigh
- Toe
- Upper arm
- Wrist
- Other, specify
- Refused
- Don't know

All injury episodes for which a medical professional was consulted

Skip Instructions:

<1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]
2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.071_00.000  Instrument Variable Name: IJBODYOS  QuestionnaireFileName: Family

Question Text: *Read if necessary.

What other parts of the body were hurt?

7  Refused
9  Don't know

Verbatim Verbatim response

Universe: All injury episodes where some "other" part of the body was hurt

Skip Instructions: goto IJTYPE1

Question ID: FIJ.072_00.000  Instrument Variable Name: IJTYPE1  QuestionnaireFileName: Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS’s] [fill2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?

01  Broken bone or fracture
02  Sprain, strain, or twist
03  Cut
04  Scrape
05  Bruise
06  Burn
07  Insect bite
08  Animal bite
09  Other, specify
97  Refused
99  Don't know

Universe: All injury episodes where at least one part of the body was hurt

Skip Instructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<R> [goto IPEV]

Question ID: FIJ.073_00.000  Instrument Variable Name: IJTYPO1OS  QuestionnaireFileName: Family

Question Text: ? [F1]

* Read if necessary.

How was [fill1: your/ALIAS’s] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7  Refused
9  Don't know

Verbatim Verbatim response

Universe: All injury episodes where the first body part was hurt in some "other" way

Skip Instructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV
2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.074_00.000  Instrument Variable Name: IJTYPE2  QuestionnaireFileName: Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS’s] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

01 Broken bone or fracture
02 Sprain, strain, or twist
03 Cut
04 Scrape
05 Bruise
06 Burn
07 Insect bite
08 Animal bite
09 Other, specify
97 Refused
99 Don't know

Universe: All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

Skip Instructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYPE2OS]
<R> [goto IPEV]

Question ID: FIJ.075_00.000  Instrument Variable Name: IJTYPE2  QuestionnaireFileName: Family

Question Text: * Read if necessary.

How else was [fill1: your/ALIAS’s] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

7 Refused
9 Don't know

Verbatim Verbatim response

Universe: All injury episodes where the second body part was hurt in some "other" way

Skip Instructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV
### Question ID: FIJ.076_00.000  Instrument Variable Name: IJTYPE3  QuestionnaireFileName: Family

**Question Text:**

(book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS’s] [fill2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Broken bone or fracture</td>
</tr>
<tr>
<td>02</td>
<td>Sprain, strain, or twist</td>
</tr>
<tr>
<td>03</td>
<td>Cut</td>
</tr>
<tr>
<td>04</td>
<td>Scrape</td>
</tr>
<tr>
<td>05</td>
<td>Bruise</td>
</tr>
<tr>
<td>06</td>
<td>Burn</td>
</tr>
<tr>
<td>07</td>
<td>Insect bite</td>
</tr>
<tr>
<td>08</td>
<td>Animal bite</td>
</tr>
<tr>
<td>09</td>
<td>Other, specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Universe:**

All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

**Skip Instructions:**

<1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]

<9> [goto IJTYPE3OS]

<R> [goto IPEV]

---

### Question ID: FIJ.077_00.000  Instrument Variable Name: IJTP3OS  QuestionnaireFileName: Family

**Question Text:**

* Read if necessary.

How else was [fill1: your/ALIAS’s] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Verbatim**

Verbatim response

**Universe:**

All injury episodes where the third body part was hurt in some "other" way

**Skip Instructions:**

goto IJTYPE4 for next body part; if no more body parts, goto IPEV
Question ID: FIJ.078_00.000  Instrument Variable Name: IJTYPE4  QuestionnaireFileName: Family

Question Text: (book) F5

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS’s] [fill2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

01 Broken bone or fracture
02 Sprain, strain, or twist
03 Cut
04 Scrape
05 Bruise
06 Burn
07 Insect bite
08 Animal bite
09 Other, specify
97 Refused
99 Don't know

Universe: All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

Skip Instructions: <1-8,R,D> [goto IPEV]  
<9> [goto IJTYP4OS]

Question ID: FIJ.079_00.000  Instrument Variable Name: IJTP4OS  QuestionnaireFileName: Family

Question Text: * Read if necessary.

How else was [fill1: your/ALIAS’s] [fill2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7 Refused
9 Don't know

Verbatim Verbatim response

Universe: All injury episodes where the fourth body part was hurt in some "other" way

Skip Instructions: if a poisoning episode, goto PPCC; else, goto IPEV

Question ID: FIJ.080_01.000  Instrument Variable Name: PPCC  QuestionnaireFileName: Family

Question Text: Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..

A phone call to a poison control center?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All poisoning episodes for which a medical professional was consulted

Skip Instructions: <1,2,D> [goto IPEV]  
<R> [goto IPHOSP]
**Question ID:** FIJ.080_02.000  **Instrument Variable Name:** IPEV  **QuestionnaireFileName:** Family

**Question Text:**

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

1  Yes
2  No
7  Refused
9  Don't know

**Universe:** All injury/poisoning episodes for which a medical professional was consulted

**Skip Instructions:** `<1,2,D> [goto IPER]`
`<R> [goto IPHOSP]`

---

**Question ID:** FIJ.080_03.000  **Instrument Variable Name:** IPER  **QuestionnaireFileName:** Family

**Question Text:**

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

1  Yes
2  No
7  Refused
9  Don't know

**Universe:** All injury/poisoning episodes for which a medical professional was consulted

**Skip Instructions:** `<1,2,D> [goto IPDO]`
`<R> [goto IPHOSP]`

---

**Question ID:** FIJ.080_04.000  **Instrument Variable Name:** IPDO  **QuestionnaireFileName:** Family

**Question Text:**

? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to a doctor's office or other health clinic

1  Yes
2  No
7  Refused
9  Don't know

**Universe:** All injury/poisoning episodes for which a medical professional was consulted

**Skip Instructions:** `<1,2,D> [goto IPPCHCP]`
`<R> [goto IPHOSP]`
**2004 NHIS Questionnaire - Family Injuries & Poisoning**

**Document Version Date:** 20-Jul-05

**Question ID:** FIJ.080_05.000  **Instrument Variable Name:** IPPCHCP  **QuestionnaireFileName:** Family

**Question Text:**

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A phone call to a doctor, nurse, or other health care professional

1  Yes
2  No
7  Refused
9  Don't know

**Universe:** All injury/poisoning episodes for which a medical professional was consulted

**Skip Instructions:** 
<1,2,D> [goto IPOTH]
<R> [goto IPHOSP]

**Question ID:** FIJ.080_06.000  **Instrument Variable Name:** IPOTH  **QuestionnaireFileName:** Family

**Question Text:**

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

1  Yes
2  No
7  Refused
9  Don't know

**Universe:** All injury/poisoning episodes for which a medical professional was consulted

**Skip Instructions:** 
<1> [goto IPOTHOS]
if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]
<R,D> [goto IPHOSP]

**Question ID:** FIJ.081_00.000  **Instrument Variable Name:** IPOTHOS  **QuestionnaireFileName:** Family

**Question Text:**

* Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

7  Refused
9  Don't know

**Verbatim**

Verbatim response

**Universe:** All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

**Skip Instructions:** goto IPHOSP
2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.082_00.000  Instrument Variable Name: IPVER  QuestionnaireFileName: Family

Question Text: * Please verify.

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

Skip Instructions: <1>[if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning; else, if no more family members with an injury/poisoning, go to FPOI3M/FDMED12M]

<2> [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]

Question ID: FIJ.090_00.000  Instrument Variable Name:IPHOSP  QuestionnaireFileName: Family

Question Text: ? [F1]

[fill1: Were you/WAS ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1> [goto IPIHNO]

<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

Question ID: FIJ.091_00.000  Instrument Variable Name: IPIHNO  QuestionnaireFileName: Family

Question Text: ? [F1]

How many nights [fill: were you/was ALIAS] in the hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

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

Universe: All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

Skip Instructions: <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]

<61-95> [goto ERR_IPIHNO]
Did this accident occur on a public highway, street, or road?

1. Yes
2. No
3. Refused
4. Don't know

Universe: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

Skip Instructions:
<1,2> [goto IMVTYP]
<4,5> [goto IHELMT]
<3,R,D> [goto IPWHAT]
**2004 NHIS Questionnaire - Family Injuries & Poisoning**

**Question ID:** FIJ.111_00.000  **Instrument Variable Name:** IMVTYP  **QuestionnaireFileName:** Family

**Question Text:**

(book) F6  ? [F1]

* Ask or verify.

What type of vehicle [fill: were you/was ALIAS] in?

01  Passenger car
02  Passenger truck, such as a pickup truck, van, or SUV
03  Bus
04  Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05  Motorcycle (including mopeds and minibikes)
06  All terrain vehicle or ski/snow-mobile
07  Farm equipment (such as a tractor)
08  Industrial or construction vehicle
09  Other
97  Refused
99  Don't know

**Universe:** All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

**Skip Instructions:**

<1,2,4> [goto ISBELT]
<5,6> [goto IHELMT]
<3,7,8,9,R,D> goto IPWHAT

---

**Question ID:** FIJ.112_00.000  **Instrument Variable Name:** ISBELT  **QuestionnaireFileName:** Family

**Question Text:**

? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] restrained at the time of the accident?

1  Yes
2  No
7  Refused
9  Don't know

**Universe:** All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

**Skip Instructions:** goto IPWHAT
**2004 NHIS Questionnaire - Family**

**Injuries & Poisoning**

Document Version Date: 20-Jul-05

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**Question ID:** FIJ.113_00.000  
**Instrument Variable Name:** IHELM  
**QuestionnaireFileName:** Family

**Question Text:**

* [F1]  
  
  * Ask or verify.

  [fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

  1. Yes
  2. No
  7. Refused
  9. Don't know

**Universe:** All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

**Skip Instructions:** goto IPWHAT

---

**Question ID:** FIJ.130_00.000  
**Instrument Variable Name:** IFALL  
**QuestionnaireFileName:** Family

**Question Text:**

(b)ook F7

  * Enter up to 2 responses, separate with a comma.

  * Ask or verify.

  How did [fill: you/ALIAS] fall? Anything else?

  01. Stairs, steps, or escalator
  02. Floor or level ground
  03. Curb (including sidewalk)
  04. Ladder or scaffolding
  05. Playground equipment
  06. Sports field, court, or rink
  07. Building or other structure
  08. Chair, bed, sofa, or other furniture
  09. Bathtub, shower, toilet, or commode
  10. Hole or other opening
  11. Other
  97. Refused
  99. Don't know

**Universe:** All medically-consulted injury episodes that occurred due to a fall

**Skip Instructions:** goto IFALLWHY
## Questionnaire Details

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>Question Text</th>
</tr>
</thead>
</table>
| FIJ.131_00.000    | IFALLWHY                  | Family                | (book) F8 
* Ask or verify. What caused [fill: you/ALIAS] to fall?  
1. Slipping or tripping  
2. Jumping or diving  
3. Bumping into an object or another person  
4. Being shoved or pushed by another person  
5. Losing balance or having dizziness (becoming faint or having a seizure)  
6. Other  
7. Refused  
9. Don't know |
| FIJ.140_00.000    | PPOIS                     | Family                | (book) F9 ? [F1] 
* Ask or verify. What did [fill: your/ALIAS’s] poisoning result from?  
1. Swallowing a drug or medical substance mistakenly or in overdose  
2. Swallowing or touching a harmful solid or liquid substance  
3. Inhaling harmful gases or vapors  
4. Eating a poisonous plant or other substance mistaken for food  
5. Being bitten by a poisonous animal  
6. Other, please specify  
7. Refused  
9. Don't know |
| FIJ.141_00.000    | PPOISOS                   | Family                | * Read if necessary. How did [fill: your/ALIAS’s] poisoning occur?  
7. Refused  
9. Don't know  
Verbatim  
Verbatim response |

### Skip Instructions
- Universe: All medically-consulted injury episodes that occurred due to a fall
- Skip Instructions: goto IPWHAT
- Universe: All poisoning episodes for which a medical professional was consulted
- Skip Instructions: <1-5,R,D> [goto IPWHAT]  
<6> [goto PPOISOS]
- Universe: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason
- Skip Instructions: goto IPWHAT
### Question ID: FIJ.150_00.000  Instrument Variable Name: IPWHAT  QuestionnaireFileName: Family

**Question Text:**
*(book) F10 \ ? [F1]*

* Enter up to 2 responses, separate with a comma.
* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Driving or riding in a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>Working at a paid job</td>
</tr>
<tr>
<td>03</td>
<td>Working around the house or yard</td>
</tr>
<tr>
<td>04</td>
<td>Attending school</td>
</tr>
<tr>
<td>05</td>
<td>Unpaid work (such as volunteer work)</td>
</tr>
<tr>
<td>06</td>
<td>Sports and exercise</td>
</tr>
<tr>
<td>07</td>
<td>Leisure activity (excluding sports)</td>
</tr>
<tr>
<td>08</td>
<td>Sleeping, resting, eating, or drinking</td>
</tr>
<tr>
<td>09</td>
<td>Cooking</td>
</tr>
<tr>
<td>10</td>
<td>Being cared for (hands-on care from other person)</td>
</tr>
<tr>
<td>11</td>
<td>Other, please specify</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe:** All injury/poisoning episodes for which a medical professional was consulted

**Skip Instructions:**
<1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

---

### Question ID: FIJ.151_00.000  Instrument Variable Name: IPWHATOT  QuestionnaireFileName: Family

**Question Text:**
* Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Verbatim**

Verbatim response

**Universe:** All medically-consulted injury/poisoning episodes that occurred in some "other" place

**Skip Instructions:**
goto IPWHER
Injury/Poisoning

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

01 Home (inside)
02 Home (outside)
03 School (not residential)
04 Child care center or preschool
05 Residential institution (excluding hospital)
06 Health care facility (including hospital)
07 Street or highway
08 Sidewalk
09 Parking lot
10 Sport facility, athletic field, or playground
11 Shopping center, restaurant, store, bank, gas station, or other place of business
12 Farm
13 Park or recreation area (include bike or jog path)
14 River, lake, stream, or ocean
15 Industrial or construction area
16 Other public building
17 Other
97 Refused
99 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions:
if AGE lt 5 and the person has more injury/poisoning episodes, goto IPDATEM; else, if AGE lt 5 and the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if AGE lt 5 and no more family members with an injury/poisoning, goto FPOI3M FDMED12M; else, if AGE ge 13, goto IPEMP; else, if AGE ge 5 and AGE le 12, goto IPSTU

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

1 Full-time
2 Part-time
3 Not employed
7 Refused
9 Don't know

Universe: All medically-consulted injury/poisoning episodes for persons 13 years of age or older

Skip Instructions:
<1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]
**Question ID:** FIJ.171_00.000  
**Instrument Variable Name:** IPWKLS  
**QuestionnaireFileName:** Family

**Question Text:**  
As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?  

1. None  
2. Less than one day  
3. One to five days  
4. Six or more days  
5. Refused  
6. Don't know

**Universe:**  
All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode

**Skip Instructions:** goto IPSTU

**Question ID:** FIJ.180_00.000  
**Instrument Variable Name:** IPSTU  
**QuestionnaireFileName:** Family

**Question Text:**  
At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?  

1. Full-time  
2. Part-time  
3. Not a student  
4. Refused  
5. Don't know

**Universe:**  
All medically-consulted injury/poisoning episodes for persons 5 years of age or older

**Skip Instructions:**

- if the person has more injury/poisoning episodes, goto IPDATEM  
- else, if the person does not have more injury/poisoning episodes, goto IPSCLS

**Dataset ID:** FIJ.181_00.000  
**Instrument Variable Name:** IPSCLS  
**QuestionnaireFileName:** Family

**Question Text:**  
As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?  

1. None  
2. Less than one day  
3. One to five days  
4. Six or more days  
5. Refused  
6. Don't know

**Universe:**  
All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

**Skip Instructions:**  
if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto IPSCLS/TFPOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FMED12M