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 \[fill4: (random set of injury examples)\]?

1  Yes
2  No
7  Refused
9  Don't know

All families

<1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]
<2,R,D> [goto FPOI3M]

* 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

All families with two or more persons and at least one person was injured during the past 3 months

\<R,D> \[goto FPOI3M\] 
else, goto TFINJ3M

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.

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

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

All persons injured during the past 3 months

\<1-10,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> \[goto ERR_TFINJ3M\]
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</tr>
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<tbody>
<tr>
<td>FIJ.016_00.000</td>
<td>MFINJ3M</td>
<td>Family</td>
</tr>
</tbody>
</table>
| QuestionText | ? [F1] | Did [fill1: you / ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/this injury or injuries/your injury or injuries]?
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |
| UniverseText | All persons with at least one or an unknown number of injury episodes during the past 3 months |
| SkipInstructions | \(<1> \text{ if TFINJ3M eq 1, fill "1" in MFINJ3M and goto IPDATEM; else, goto MFINJ3M}\\<2,R,D> \text{ for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M}\) |

<table>
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<tr>
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<tbody>
<tr>
<td>FIJ.018_00.000</td>
<td>MFINJ3M</td>
<td>Family</td>
</tr>
</tbody>
</table>
| QuestionText | ? [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 |
| UniverseText | All persons who consulted a medical professional for their injury episode(s) |
| SkipInstructions | \(<1-91> \text{ if MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM}\\<R,D> \text{ for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M}\) |

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>FIJ.020_00.000</td>
<td>FPOI3M</td>
<td>Family</td>
</tr>
</tbody>
</table>
| QuestionText | ? [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 |
| UniverseText | All families |
| SkipInstructions | \(<1> \text{ if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M}\\<2,R,D> \text{ goto FDMED12M}\) |
### Question ID: FIJ.022_00.000

**Instrument Variable Name:** WFPOI3M  
**QuestionnaireFileName:** Family

**QuestionText:**  
* 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

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

**SkipInstructions:**  
- <R,D> [gto FDMED12M]
- else, gto WFPOI3M

**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

**QuestionText:**  
? [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

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

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

### Question ID: FIJ.026_00.000

**Instrument Variable Name:** MFPOI3M  
**QuestionnaireFileName:** Family

**QuestionText:**  
? [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

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

**SkipInstructions:**  
- <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and gto IPDATEM; else, gto MTFPOI3M]
- <2,R,D> [gto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, gto 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

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

SkipInstructions: <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 FDMED12M]
### Question ID: FIJ.050_01.000

**Question Text:**

1 of 3

* 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/MTFPOI3M] 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/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 Text:**

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

**Skip Instructions:**

<1-12> [goto IPDATEM]
<R> [goto IPHOW]
<D> [goto IPDATENO]

---

### Question ID: FIJ.050_02.000

**Question Text:**

2 of 3

* Enter day.

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

**Universe Text:**

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

**Skip Instructions:**

<1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]
Question ID: FIJ.050_03.000  Instrument Variable Name: IPDATEY  QuestionnaireFileName: Family

QuestionText: 3 of 3

* Enter year.

2004 2004
2005 2005
2006 2006
9997 Refused
9999 Don't know

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

SkipInstructions: 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

QuestionText: 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.

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

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

SkipInstructions: <1-91> [goto IPDATETP]
<R,D> [goto IPHOW]

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

QuestionText: 2 of 2

*Enter number for time period since event.

^IPDATENO…

1 Days
2 Weeks
3 Months
7 Refused
9 Don't know

UniverseText: 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

SkipInstructions: goto IPHOW
### Question ID: FIJ.052_00.000 | Instrument Variable Name: IPDATEMT | QuestionnaireFileName: Family

**QuestionText:** (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

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

**SkipInstructions:** gotoIPHOW

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

**QuestionText:** ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATE (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

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

**SkipInstructions:** <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]
* Do not read.

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

01  In a motor vehicle
02  On a bike, scooter, skateboard, skates, skis, horse, etc.
03  Pedestrian who was struck by a vehicle such as a car or bicycle
04  In a boat, train, or plane
05  Fall
06  Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
07  Other
97  Refused
99  Don't know

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

goto IJBODY
In this injury, what parts of [fill: your/ALIAS’s] body were hurt?

- 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

<1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]
What other parts of the body were hurt?

- Refused
- Don't know

*Read if necessary.

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

- Broken bone or fracture
- Sprain, strain, or twist
- Cut
- Scrape
- Bruise
- Burn
- Insect bite
- Animal bite
- Other, specify
- Refused
- Don't know

*Ask or verify.

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

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

Skipped if: goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV

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

Skipped if: goto IJTYPE2 for next body part; if no more body parts, goto IPEV
### Question ID: FIJ.074_00.000
#### Instrument Variable Name: IJTYPE2
#### QuestionnaireFileName: Family

**Question Text:**

*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 Text:** 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 IJTP2OS]
- `<R>` [goto IPEV]

---

### Question ID: FIJ.075_00.000
#### Instrument Variable Name: IJTP2OS
#### 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 Text:** 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
2005 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 12-Feb-07

**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?

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 Text:**

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:** IJTYPE3OS  **QuestionnaireFileName:** Family

**Question Text:**

* Read if necessary.

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

7 Refused
9 Don't know

**Verbatim:**

Verbatim response

**Universe Text:**

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
**2005 NHIS Questionnaire - Family Injuries & Poisoning**

**Document Version Date: 12-Feb-07**

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<tbody>
<tr>
<td>FIJ.078_00.000</td>
<td>IJTYPE4</td>
<td>Family</td>
<td>(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?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>UniverseText</td>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>SkipInstructions</td>
<td></td>
<td></td>
<td>&lt;1-8,R,D&gt; [goto IPEV] &lt;9&gt; [goto IJTP4OS]</td>
</tr>
</tbody>
</table>

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<th>QuestionText</th>
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<tbody>
<tr>
<td>FIJ.079_00.000</td>
<td>IJTP4OS</td>
<td>Family</td>
<td>* Read if necessary. How else was [fill1: your/ALIAS’s] [fill2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused 9 Don't know Verbatim Verbatim response</td>
</tr>
<tr>
<td>UniverseText</td>
<td></td>
<td></td>
<td>All injury episodes where the fourth body part was hurt in some &quot;other&quot; way</td>
</tr>
<tr>
<td>SkipInstructions</td>
<td></td>
<td></td>
<td>if a poisoning episode, goto PPCC; else, goto IPEV</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>FIJ.080_01.000</td>
<td>PPCC</td>
<td>Family</td>
<td>Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A phone call to a poison control center?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes 2 No 7 Refused 9 Don't know</td>
</tr>
<tr>
<td>UniverseText</td>
<td></td>
<td></td>
<td>All poisoning episodes for which a medical professional was consulted</td>
</tr>
<tr>
<td>SkipInstructions</td>
<td></td>
<td></td>
<td>&lt;1,2,D&gt; [goto IPEV] &lt;R&gt; [goto IPHOSP]</td>
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</table>
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<th>Instrument Variable Name: IPEV</th>
<th>QuestionnaireFileName: Family</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong> * Read lead-in if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An emergency vehicle, such as an ambulance or fire truck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,2,D&gt; [goto IPER] &lt;R&gt; [goto IPHOSP]</td>
<td></td>
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<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> * Read lead-in if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A visit to an emergency room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,2,D&gt; [goto IPDO] &lt;R&gt; [goto IPHOSP]</td>
<td></td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Question ID: FIJ.080_04.000</th>
<th>Instrument Variable Name: IPDO</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> ? [F1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Read lead-in if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A visit to a doctor’s office or other health clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,2,D&gt; [goto IPPCHCP] &lt;R&gt; [goto IPHOSP]</td>
<td></td>
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### 2005 NHIS Questionnaire - Family
#### Injuries & Poisoning

**Document Version Date:** 12-Feb-07

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<th>FJJ.080_05.000</th>
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<th>IPPCHCP</th>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read lead-in if necessary.</td>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
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<tr>
<td></td>
<td>&lt;R&gt; [goto IPHOSP]</td>
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<td><strong>QuestionText:</strong></td>
<td>* Read lead-in if necessary.</td>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
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<td><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
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<td><strong>SkipInstructions:</strong></td>
<td>&lt;1&gt; [goto IPOTHOS]</td>
<td>if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2&gt; [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER 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]</td>
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<td>&lt;R,D&gt; [goto IPHOSP]</td>
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<th>IPOTHOS</th>
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<th>Family</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read lead-in if necessary.</td>
<td>Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>Verbatim:</strong></td>
<td>Verbatim response</td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some &quot;other&quot; place</td>
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<td></td>
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<td><strong>SkipInstructions:</strong></td>
<td>goto IPHOSP</td>
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**2005 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
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<th>IPVER</th>
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<td>QuestionText:</td>
<td>* Please verify.</td>
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<td></td>
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<tr>
<td></td>
<td>[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
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<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected</td>
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<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt;[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, goto FPOI3M/FDMED12M] &lt;2&gt; [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]</td>
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<th>IPHOSP</th>
<th>QuestionnaireFileName:</th>
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<tbody>
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<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1 Yes</td>
<td></td>
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<tr>
<td></td>
<td>2 No</td>
<td></td>
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<td></td>
<td>7 Refused</td>
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<td></td>
<td>9 Don't know</td>
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<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
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<td>&lt;1&gt; [goto IPIHNO]</td>
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<td>&lt;2,R,D&gt; [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]</td>
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<th>QuestionnaireFileName:</th>
<th>Family</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
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<tr>
<td></td>
<td>How many nights [fill: were you/was ALIAS] in the hospital?</td>
<td></td>
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<td></td>
<td>* If still in hospital, ask how many nights up to today.</td>
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<td></td>
<td>* Enter '95' for 95 or more nights.</td>
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<td></td>
<td>01-94 1-94 nights</td>
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<td></td>
<td>95 95+ nights</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>97 Refused</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>99 Don't know</td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization</td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1-60,R,D&gt; [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]</td>
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<td>&lt;61-95,&gt; [goto ERR_IPIHNO]</td>
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</tbody>
</table>
Question ID: FIJ.109_00.000  Instrument Variable Name: IMTRAF  QuestionnaireFileName: Family

QuestionText: * [F1]

* Ask or verify.

Did this accident occur on a public highway, street, or road?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: 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

SkipInstructions: goto IMVWHO

Question ID: FIJ.110_00.000  Instrument Variable Name: IMVWHO  QuestionnaireFileName: Family

QuestionText: *Read all categories.

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

1 The driver of a motor vehicle
2 A passenger in a motor vehicle
3 A pedestrian
4 A bicycle rider or tricycle rider
5 The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7 Refused
9 Don't know

UniverseText: 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

SkipInstructions: <1,2> [goto IMVTYP]
<4,5> [goto IHELMIT]
<3,R,D> [goto IPWHAT]
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### Question ID: FIJ.111_00.000  
**Instrument Variable Name:** IMVTYP  
**QuestionnaireFileName:** Family

#### QuestionText:
(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

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

**SkipInstructions:**

- `<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

#### QuestionText:
? [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

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

**SkipInstructions:** goto IPWHAT
**2005 NHIS Questionnaire - Family Injuries & Poisoning**

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

**QuestionText:**

> * [F1]  
>  
> [fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?  
>  
> 1. Yes  
> 2. No  
> 7. Refused  
> 9. Don't know

**UniverseText:**  
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

**SkipInstructions:** goto IPWHAT

---

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

**QuestionText:**

> (book) 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

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

**SkipInstructions:** goto IFALLWHY
### Question 1
**Question ID:** FIJ.131_00.000  **Instrument Variable Name:** IFALLWHY  **Questionnaire File Name:** Family

**Question Text:** *(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
8. Don't know

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

**Skip Instructions:** goto IPWHAT

### Question 2
**Question ID:** FIJ.140_00.000  **Instrument Variable Name:** PPOIS  **Questionnaire File Name:** Family

**Question Text:** *(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
8. Don't know

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

**Skip Instructions:** `<1-5,R,D> [goto IPWHAT]`
`<6> [goto PPOISOS]`

### Question 3
**Question ID:** FIJ.141_00.000  **Instrument Variable Name:** PPOIS  **Questionnaire File Name:** Family

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

How did [fill: your/ALIAS’s] poisoning occur?

7. Refused
8. Don't know

**Verbatim:** Verbatim response

**Universe Text:** All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

**Skip Instructions:** goto IPWHAT
2005 NHIS Questionnaire - Family
Injuries & Poisoning

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Question ID: FIJ.150_00.000   Instrument Variable Name: IPWHAT   QuestionnaireFileName: Family

QuestionText: (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]?

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

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

SkipInstructions: <1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

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

QuestionText: * Read if necessary.

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

7 Refused
9 Don't know

Verbatim Verbatim response

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

SkipInstructions: goto IPWHER
## 2005 NHIS Questionnaire - Family
### Injuries & Poisoning

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<th>Family</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) F11</td>
<td>? [F1]</td>
<td></td>
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<tr>
<td></td>
<td>* Enter up to 2 responses, separate with a comma.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>* Ask or verify.</td>
<td></td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
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<tr>
<td><strong>SkipInstructions:</strong></td>
<td>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</td>
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<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td></td>
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<tr>
<td><strong>UniverseText:</strong></td>
<td>All medically-consulted injury/poisoning episodes for persons 13 years of age or older</td>
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<td>&lt;3,R,D&gt; [goto IPSTU]</td>
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</tr>
<tr>
<td>QuestionText:</td>
<td>As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Less than one day</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3</td>
<td>One to five days</td>
<td></td>
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<td></td>
<td>4</td>
<td>Six or more days</td>
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<td>7</td>
<td>Refused</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto IPSTU</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.180_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPSTU</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>The person is a student if they are enrolled in school at the time of the injury. The question is NOT asking if they were at school at the time of the injury.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>1</td>
<td>Full-time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Part-time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Not a student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>9</td>
<td>Don't know</td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>All medically-consulted injury/poisoning episodes for persons 5 years of age or older</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2&gt; [goto IPSCLS]</td>
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<tr>
<td></td>
<td>&lt;3,R,D&gt; [if person has more injury/poisoning episodes, goto IPDATEM for that person; else if person does not have more injury/poisoning episodes, goto TFINJ3M/TPFOI3M for next person with an injury/poisoning episode; else if no more family members with an injury/poisoning episode, goto FPOI3M/FAU.010]</td>
<td></td>
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<table>
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<tr>
<th>Question ID:</th>
<th>FIJ.181_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPSCLS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Less than one day</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3</td>
<td>One to five days</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>4</td>
<td>Six or more days</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode</td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TPFOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/MDM12M</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>