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  

UniverseText: All families  

SkipInstructions: <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  

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

SkipInstructions:  
<1,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  

UniverseText: All persons injured during the past 3 months  

SkipInstructions: <1-10,D> [goto MFINJ3M]  
<10,R,D> [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]
2006 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 31-May-07

<table>
<thead>
<tr>
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<th>FIJ.016_00.000</th>
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<th>MFINJ3M</th>
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<th>Family</th>
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<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
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<tr>
<td></td>
<td>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]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons with at least one or an unknown number of injury episodes during the past 3 months</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [if TFINJ3M eq 1, fill &quot;1&quot; in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>&lt;R,D&gt; [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]</td>
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<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-91</td>
<td>1-91 times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All persons who consulted a medical professional for their injury episode(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1-91&gt; [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R,D&gt; [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]</td>
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<table>
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<tr>
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<th>FIJ.020_00.000</th>
<th>Instrument Variable Name:</th>
<th>FPOI3M</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]</td>
<td></td>
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<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto FDMED12M]</td>
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</table>
### 2006 NHIS Questionnaire - Family
#### Injuries & Poisoning

**Document Version Date:** 31-May-07

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<th>QuestionText</th>
<th>UniverseText</th>
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</thead>
<tbody>
<tr>
<td>FIJ.022_00.000</td>
<td>WFPOI3M</td>
<td>Family</td>
<td>* Ask or verify. Enter applicable line number(s), separate with commas.</td>
<td>All families with two or more persons and at least one person was poisoned during the past 3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Who was this? (Anyone else?)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7. Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9. Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**SkipInstructions:** <R,D> [goto FDMED12M] else, goto 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.

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
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<th>QuestionText</th>
<th>UniverseText</th>
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</thead>
<tbody>
<tr>
<td>FIJ.024_00.000</td>
<td>TFPOI3M</td>
<td>Family</td>
<td>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.</td>
<td>All persons poisoned during the past 3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>01-91 1-91 times</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>97 Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>99 Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**SkipInstructions:** <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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIJ.026_00.000</td>
<td>MFPOI3M</td>
<td>Family</td>
<td>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]?</td>
<td>All persons with at least one or an unknown number of poisoning episodes during the past 3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7. Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9. Don't know</td>
<td></td>
</tr>
</tbody>
</table>

**SkipInstructions:** <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M 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)

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]
2006 NHIS Questionnaire - Family
Injuries & Poisoning

**Question ID:** FIJ.050_01.000  **Instrument Variable Name:** IPDATEM  **QuestionnaireFileName:** Family

**QuestionText:**

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/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 |

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

**SkipInstructions:**

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

---

**Question ID:** FIJ.050_02.000  **Instrument Variable Name:** IPDATEY  **QuestionnaireFileName:** Family

**QuestionText:**

2 of 3

* Enter day.

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

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

**SkipInstructions:**

<1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]
### 2006 NHIS Questionnaire - Family Injuries & Poisoning

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<th>FIJ.050_03.000</th>
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<td>3 of 3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Enter year.</td>
<td></td>
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<tr>
<td></td>
<td><strong>Year</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes where a valid day of episode was entered</td>
<td></td>
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<td></td>
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<tr>
<td>SkipInstructions:</td>
<td>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</td>
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<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you tell me approximately how long ago [fill1: your/ALIAS’s] [fill2: injury/poisoning] happened?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>*Enter number for time since event.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>001-996</strong></td>
<td>001-996</td>
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<tr>
<td></td>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>999</td>
<td>Don't know</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes where don't know was entered for month of episode</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-91&gt; [goto IPDATETP]</td>
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<td></td>
<td>&lt;92-996&gt; [goto ERR_IPDATENO]</td>
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</tr>
<tr>
<td></td>
<td>&lt;R,D&gt; [goto IPHOW]</td>
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<td>2 of 2</td>
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</tr>
<tr>
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<td>*Enter number for time period since event.</td>
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<td>^IPDATENO…</td>
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<tr>
<td></td>
<td><strong>1</strong></td>
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<td></td>
<td><strong>3</strong></td>
<td>Months</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>7</strong></td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>9</strong></td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the &quot;number&quot; part of this two-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>goto IPHOW</td>
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**2006 NHIS Questionnaire - Family**
**Injuries & Poisoning**
**Document Version Date:** 31-May-07

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<td>QuestionText:</td>
<td>(book) F3 ? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
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<tr>
<th>Question ID:</th>
<th>FIJ.060_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPHOW</th>
<th>QuestionnaireFileName:</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

[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.

<table>
<thead>
<tr>
<th>Verbatim</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbatim response</td>
<td></td>
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</tbody>
</table>
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]`
Question ID: FIJ.065_00.000  Instrument Variable Name: ICAUS  QuestionnaireFileName: Family

QuestionText: * 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

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

SkipInstructions: 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]
### Questionnaire: Injuries & Poisoning

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

**QuestionText:** *Read if necessary.*

What other parts of the body were hurt?

**Verbatim**
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** goto IJTYPE1

### Questionnaire: Injuries & Poisoning

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

**QuestionText:** (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?

**Verbatim**
- 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

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

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

### Questionnaire: Injuries & Poisoning

**Question ID:** FIJ.073_00.000  **Instrument Variable Name:** IJTYP1OS  **QuestionnaireFileName:** Family

**QuestionText:**  ? [F1]

* Read if necessary.

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

**Verbatim**
- 7 Refused
- 9 Don't know

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

**SkipInstructions:** goto IJTYPE2 for next body part; if no more body parts, goto IPEV
Injuries & Poisoning

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

QuestionText:
(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

UniverseText: 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

SkipInstructions: <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: IJTYP2OS
QuestionnaireFileName: Family

QuestionText: * Read if necessary.

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

Verbatim

- [07] Refused
- [99] Don't know

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

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV
Injuries & Poisoning

2006 NHIS Questionnaire - Family

Document Version Date: 31-May-07

---

**Question ID:** FIJ.076_00.000  
**Instrument Variable Name:** IJTYPE3  
**QuestionnaireFileName:** Family

**QuestionText:**

(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

**UniverseText:**

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

**SkipInstructions:**

<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

**QuestionText:**

* Read if necessary.

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

**Verbatim**

- 0 Verbatim response
- 7 Refused
- 9 Don't know

**UniverseText:**

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

**SkipInstructions:**

goto IJTYPE4 for next body part; if no more body parts, goto IPEV
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

UniverseText: 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

SkipInstructions: <1-8,R,D> [goto IPEV] <9> [goto IJTYP4OS]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.080_02.000</th>
<th>Instrument Variable Name:</th>
<th>IPEV</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read lead-in if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>An emergency vehicle, such as an ambulance or fire truck</td>
<td></td>
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<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,D&gt; [goto IPER]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [gotoIPHOSP]</td>
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<th>Instrument Variable Name:</th>
<th>IPER</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read lead-in if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A visit to an emergency room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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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<td></td>
</tr>
<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,D&gt; [goto IPDO]</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [gotoIPHOSP]</td>
<td></td>
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<th>FIJ.080_04.000</th>
<th>Instrument Variable Name:</th>
<th>IPDO</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Read lead-in if necessary.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>A visit to a doctor’s office or other health clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>All injury/poisoning episodes for which a medical professional was consulted</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,D&gt; [goto IPPCHCP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [gotoIPHOSP]</td>
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<td></td>
</tr>
</tbody>
</table>
2006 NHIS Questionnaire - Family
Injuries & Poisoning

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

QuestionText:  
* 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

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

SkipInstructions: <1,2,D> [goto IPOTH] <R> [goto IPHOSP]

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

QuestionText:  
* 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

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

SkipInstructions: <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

QuestionText:  
* Read lead-in if necessary.

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

Verbatim response

7  Refused
9  Don't know

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

SkipInstructions: goto IPHOSP
### Question ID: FIJ.082_00.000
**Instrument Variable Name:** IPVER  
**QuestionnaireFileName:** Family

#### QuestionText:
* 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

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

**SkipInstructions:**
<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

#### QuestionText:
? [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

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

**SkipInstructions:**
<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

#### QuestionText:
? [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

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

**SkipInstructions:**
<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]
**2006 NHIS Questionnaire - Family Injuries & Poisoning**

**Question ID:** FIJ.109_00.000  **Instrument Variable Name:** IMTRAF  **QuestionnaireFileName:** Family

**QuestionText:**

* Ask or verify.

**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.

**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 IHELMT]  
<3,R,D> [goto IPWHAT]
### 2006 NHIS Questionnaire - Family Injuries & Poisoning

#### Questionnaire File Name: Family

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>Questionnaire File Name</th>
<th>Question Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIJ.111_00.000</td>
<td>IMVTYP</td>
<td></td>
<td>(book) F6 ? [F1]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Ask or verify.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What type of vehicle [fill: were you/was ALIAS] in?</td>
</tr>
<tr>
<td>01</td>
<td>Passenger car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Passenger truck, such as a pickup truck, van, or SUV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Bus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Large commercial truck, such as a semi-truck, big rig, or 18 wheeler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Motorcycle (including mopeds and minibikes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>All terrain vehicle or ski/snow-mobile</td>
<td></td>
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<tr>
<td>07</td>
<td>Farm equipment (such as a tractor)</td>
<td></td>
<td></td>
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<tr>
<td>08</td>
<td>Industrial or construction vehicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Universe Text:** 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]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>Questionnaire File Name</th>
<th>Question Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIJ.112_00.000</td>
<td>ISBELT</td>
<td></td>
<td>? [F1]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Ask or verify.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[fill: Were you/Was ALIAS] restrained at the time of the accident?</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** goto IPWHAT
Injuries & Poisoning

2006 NHIS Questionnaire - Family

Document Version Date: 31-May-07

NHIS Questionnaire - Family

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

QuestionText: ? [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

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
**2006 NHIS Questionnaire - Family Injuries & Poisoning**

**Question ID:** FIJ.131_00.000  
**Instrument Variable Name:** IFALLWHY  
**QuestionnaireFileName:** Family

**QuestionText:**

* 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

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

**SkipInstructions:** goto IPWHAT

---

**Question ID:** FIJ.140_00.000  
**Instrument Variable Name:** PPOIS  
**QuestionnaireFileName:** Family

**QuestionText:**

* 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

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

**SkipInstructions:**  
<1-5,R,D> [goto IPWHAT]  
<6> [goto PPOISO]

---

**Question ID:** FIJ.141_00.000  
**Instrument Variable Name:** PPOISO  
**QuestionnaireFileName:** Family

**QuestionText:**

* Read if necessary.

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

**Verbatim**

- Verbatim response
- Refused
- Don't know

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

**SkipInstructions:** goto IPWHAT
### Question ID: FIJ.150_00.000

**QuestionText:**

* 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]?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></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>

**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

**QuestionText:**  

* Read if necessary.

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

Verbatim:  

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

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

**SkipInstructions:** goto IPWHER
Question ID: FIJ.160_00.000  
Instrument Variable Name: IPWHER  
QuestionnaireFileName: Family

**QuestionText:**

(book) F11  ? [F1]

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

* Ask or verify.

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

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

SkipInstructions: 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

Question ID: FIJ.170_00.000  
Instrument Variable Name: IPEMP  
QuestionnaireFileName: Family

**QuestionText:**

? [F1]

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

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

SkipInstructions: <1,2> [goto IPWKLS]  
<3,R,D> [goto IPSTU]
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

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

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

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

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

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

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 next person with an injury/poisoning episode; else if no more family members with an injury/poisoning episode, goto FPOI3M/FAU.010