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

Who was this? (Anyone else?)

1  Yes
2  No
7  Refused
9  Don't know

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

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.016_00.000  
**Instrument Variable Name:** MFINJ3M  
**QuestionnaireFileName:** Family

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>1</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<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>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** 
<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

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>1</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<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>1-91 times</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** 
<1-91> [if MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]

<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

<table>
<thead>
<tr>
<th>QuestionText</th>
<th>1</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<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>Yes</td>
<td>No</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** All families

**SkipInstructions:** 
<1> [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]

<2,R,D> [goto FDMED12M]
* 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 poisoned during the past 3 months

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

All persons poisoned during the past 3 months

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]?
### 2007 NHIS Questionnaire - Family
#### Injuries & Poisoning
Document Version Date: 28-May-08

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FJ1.028_00.000</th>
<th>Instrument Variable Name: MTFPOI3M</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>? [F1]</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01-91</td>
<td>1-91 times</td>
<td></td>
</tr>
<tr>
<td></td>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All persons who consulted a medical professional for their poisoning episode(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-91&gt; [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R,D&gt; [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* 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]

* 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]
**2007 NHIS Questionnaire - Family**

**Injuries & Poisoning**

*Document Version Date: 28-May-08*

---

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

**QuestionText:**

3 of 3

* Enter year.

- Year
- 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.*

- 001-996
- 997 Refused
- 999 Don't know

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

**SkipInstructions:** <1-91> [goto IPDATETP]  
<92-996> [goto ERR_IPDATENO]  
<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
2007 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 28-May-08

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 ^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.

Verbatim

Verbatim response
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
09  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
**Question ID:** FIJ.070_00.000  **Instrument Variable Name:** IJBODY  **QuestionnaireFileName:** Family

**QuestionText:**

(book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Ankle</td>
</tr>
<tr>
<td>02</td>
<td>Back</td>
</tr>
<tr>
<td>03</td>
<td>Buttocks</td>
</tr>
<tr>
<td>04</td>
<td>Chest</td>
</tr>
<tr>
<td>05</td>
<td>Ear</td>
</tr>
<tr>
<td>06</td>
<td>Elbow</td>
</tr>
<tr>
<td>07</td>
<td>Eye</td>
</tr>
<tr>
<td>08</td>
<td>Face</td>
</tr>
<tr>
<td>09</td>
<td>Finger/thumb</td>
</tr>
<tr>
<td>10</td>
<td>Foot</td>
</tr>
<tr>
<td>11</td>
<td>Forearm</td>
</tr>
<tr>
<td>12</td>
<td>Groin</td>
</tr>
<tr>
<td>13</td>
<td>Hand</td>
</tr>
<tr>
<td>14</td>
<td>Head (not face)</td>
</tr>
<tr>
<td>15</td>
<td>Hip</td>
</tr>
<tr>
<td>16</td>
<td>Jaw</td>
</tr>
<tr>
<td>17</td>
<td>Knee</td>
</tr>
<tr>
<td>18</td>
<td>Lower leg</td>
</tr>
<tr>
<td>19</td>
<td>Mouth</td>
</tr>
<tr>
<td>20</td>
<td>Neck</td>
</tr>
<tr>
<td>21</td>
<td>Nose</td>
</tr>
<tr>
<td>22</td>
<td>Shoulder</td>
</tr>
<tr>
<td>23</td>
<td>Stomach</td>
</tr>
<tr>
<td>24</td>
<td>Teeth</td>
</tr>
<tr>
<td>25</td>
<td>Thigh</td>
</tr>
<tr>
<td>26</td>
<td>Toe</td>
</tr>
<tr>
<td>27</td>
<td>Upper arm</td>
</tr>
<tr>
<td>28</td>
<td>Wrist</td>
</tr>
<tr>
<td>29</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>

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

**SkipInstructions:**

<1-28> [goto IJTYPE1]  
<29> [goto IJBODYOS]  
<R,D> [goto IPEV]
*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
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

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

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

Verbatim response
7 Refused
9 Don't know

All injury episodes where the second body part was hurt in some "other" way
2007 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 28-May-08

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 IJTP3OS]
<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
7  Verbatim response
9  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?

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

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

- Verbatim response
- Refused
- Don’t know

Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from a phone call to a poison control center?

- Yes
- No
- Refused
- Don’t know

All poisoning episodes for which a medical professional was consulted

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

An emergency vehicle, such as an ambulance or fire truck

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 IPER]  
<R> [goto IPHOSP]

---

**Question ID:** FIJ.080_03.000  
**Instrument Variable Name:** IPER  
**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 visit to an emergency room

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 IPDO]  
<R> [goto IPHOSP]

---

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

**QuestionText:**

? [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

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

**SkipInstructions:**<1,2,D> [goto IPPCHCP]  
<R> [goto IPHOSP]
2007 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 28-May-08

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  

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]`
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

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

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 IHELMT]
<3,R,D> [goto IPWHAT]
2007 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 28-May-08

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
2007 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 28-May-08

Question ID: FIJ.113_00.000  Instrument Variable Name: IHELMT  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
2007 NHIS Questionnaire - Family
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Question ID: FIJ.131_00.000  Instrument Variable Name: IFALLWHY  QuestionnaireFileName: Family

QuestionText: *(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

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


* 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 PPOISOS]

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

QuestionText: * Read if necessary.

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

Verbatim

Verbatim response
7. Refused
9. Don't know

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

SkipInstructions: goto IPWHAT
<table>
<thead>
<tr>
<th>Question ID: FIJ.150_00.000</th>
<th>Instrument Variable Name: IPWHAT</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: (book) F10 ? [F1]</td>
<td></td>
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<tr>
<td>* Enter up to 2 responses, separate with a comma.</td>
<td></td>
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<tr>
<td>* Ask or verify.</td>
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<tr>
<td>What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?</td>
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<tr>
<td>01 Driving or riding in a motor vehicle</td>
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<td>02 Working at a paid job</td>
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<tr>
<td>03 Working around the house or yard</td>
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<tr>
<td>04 Attending school</td>
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<td></td>
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<tr>
<td>05 Unpaid work (such as volunteer work)</td>
<td></td>
<td></td>
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<td>06 Sports and exercise</td>
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<td></td>
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<td>07 Leisure activity (excluding sports)</td>
<td></td>
<td></td>
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<tr>
<td>08 Sleeping, resting, eating, or drinking</td>
<td></td>
<td></td>
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<tr>
<td>09 Cooking</td>
<td></td>
<td></td>
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<tr>
<td>10 Being cared for (hands-on care from other person)</td>
<td></td>
<td></td>
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<tr>
<td>11 Other, please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Don't know</td>
<td></td>
<td></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]

<table>
<thead>
<tr>
<th>Question ID: FIJ.151_00.000</th>
<th>Instrument Variable Name: IPWHATOT</th>
<th>QuestionnaireFileName: Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: * Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim: Verbatim response</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>
</tbody>
</table>

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

SkipInstructions: goto IPWHER
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

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]
**Question ID:** FIJ.171_00.000  
**Instrument Variable Name:** IPWKLS  
**QuestionnaireFileName:** Family

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Less than one day</td>
<td>One to five days</td>
<td>Six or more days</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** goto IPSTU

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

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time</td>
<td>Part-time</td>
<td>Not a student</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <1,2> goto IPSCLS  
<3,R,D> [if person has more injury/poisoning episodes, goto IPDATEM for that person; else if 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, goto FPOI3M/FAU.010]

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

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Less than one day</td>
<td>One to five days</td>
<td>Six or more days</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** 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 episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FDMED12M