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

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.
2008 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 24-Apr-09

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

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/his injury or injuries/her 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> [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: FII.018_00.000  Instrument Variable Name: MTFINJ3M  QuestionnaireFileName: Family

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> [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 MTFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

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

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> [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]
<2,R,D> [goto FDMED12M]
2008 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 24-Apr-09

**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> [goto FDMED12M]
else, goto TFPOI3M

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

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

**QuestionText:** ? [F1]

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

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

**QuestionText:** ? [F1]

**QuestionText:** 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 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]
### Question ID: FIJ.028_00.000  
### Instrument Variable Name: MTFPOI3M  
### QuestionnaireFileName: Family

**QuestionText:**

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?

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

**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]
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

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

2 of 3

* Enter day.

1-31
97 Refused
99 Don’t know

All injury/poisoning episodes where a valid month of episode was entered
### 2008 NHIS Questionnaire - Family
#### Injuries & Poisoning

**Document Version Date:** 24-Apr-09

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.050_03.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATEY</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>3 of 3</td>
<td>* Enter year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes where a valid day of episode was entered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.051_01.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATENO</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td>Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>01-91</strong></td>
<td>1-91</td>
<td>*Enter number for time since event.</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><strong>UniverseText:</strong></td>
<td>All injury/poisoning episodes where don't know was entered for month of episode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-91&gt; [goto IPDATETP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R,D&gt; [goto IPHOW]</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.051_02.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATETP</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td>*Enter number for time period since event.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IPDATENO</strong></td>
<td></td>
<td>^IPDATENO…</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Months</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><strong>UniverseText:</strong></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><strong>SkipInstructions:</strong></td>
<td>goto IPHOW</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
**2008 NHIS Questionnaire - Family**  
**Injuries & Poisoning**

**Document Version Date:** 24-Apr-09

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

01  Ankle
02  Back
03  Buttocks
04  Chest
05  Ear
06  Elbow
07  Eye
08  Face
09  Finger/thumb
10  Foot
11  Forearm
12  Groin
13  Hand
14  Head (not face)
15  Hip
16  Jaw
17  Knee
18  Lower leg
19  Mouth
20  Neck
21  Nose
22  Shoulder
23  Stomach
24  Teeth
25  Thigh
26  Toe
27  Upper arm
28  Wrist
29  Other, specify
97  Refused
99  Don't know

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

SkipInstructions: <1-28> [goto IJTYPE1]  
<29> [goto IJBODYOS]  
<R,D> [goto IPEV]
**2008 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
Document Version Date: 24-Apr-09

**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

**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?

| 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]  
<9> [goto IJTPY1OS]  
<R> [goto IPEV]

**Question ID:** FIJ.073_00.000  
**Instrument Variable Name:** IJTPY1OS  
**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
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 IJTYP2OS]
<R> [goto IPEV]
*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

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

* Read if necessary.

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

Verbatim response
7 Refused
9 Don't know

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

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]

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

Verbatim Verbatim response
7 Refused
9 Don't know

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

SkipInstructions: if a poisoning episode, goto PPCC; else, goto IPEV

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

A phone call to a poison control center?

1 Yes
2 No
7 Refused
9 Don't know

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

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

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

<1,2,D> [goto IPER]
<R> [goto IIPHOSP]

* 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

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

<1,2,D> [goto IPDO]
<R> [goto IIPHOSP]

? [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

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

<1,2,D> [goto IPPCHCP]
<R> [goto IIPHOSP]
**Question ID:** FJJ.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:** FJJ.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:** FJJ.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
* 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]

* [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]

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

**Question Text:**

* Ask or verify.

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

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

**Universe Text:**

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

**Skip Instructions:**

goto IMVWHO

---

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

**Question Text:**

*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

**Universe Text:**

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

**Skip Instructions:**

<1,2> [goto IMVTYP]  
<4,5> [goto IHELMT]  
<3,R,D> [goto IPWHAT]
Question ID: FJJ.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: FJJ.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
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
**2008 NHIS Questionnaire - Family Injuries & Poisoning**

**Question ID:** FIJ.131_00.000  **Instrument Variable Name:** IFALLWHY  **QuestionnaireFileName:** 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 ID:** FIJ.140_00.000  **Instrument Variable Name:** PPOIS  **QuestionnaireFileName:** 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 ID:** FIJ.141_00.000  **Instrument Variable Name:** PPOISOS  **QuestionnaireFileName:** Family

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

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

**Verbatim** Verbatim response
7. Refused
9. Don't know

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

**Skip Instructions:** goto IPWHAT
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

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

<1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]
### 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?

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

**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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full-time</td>
</tr>
<tr>
<td>2</td>
<td>Part-time</td>
</tr>
<tr>
<td>3</td>
<td>Not employed</td>
</tr>
<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 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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Less than one day</td>
</tr>
<tr>
<td>3</td>
<td>One to five days</td>
</tr>
<tr>
<td>4</td>
<td>Six or more days</td>
</tr>
<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 for persons 13 years of age or older who were employed at the time of the episode

**SkipInstructions:** goto IPSTU

### 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?

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

### 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?

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