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

Question ID: FIJ.012_00.000  Instrument Variable Name: WFINJ3M  QuestionnaireFileName: Family

* 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

Question ID: FIJ.014_00.000  Instrument Variable Name: TFINJ3M  QuestionnaireFileName: Family

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

**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: FIJ.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 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

**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 single-person family, store person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]  
<2,DK,R> [goto CARBON]
**Question ID:** FIJ.022_00.000  
**Instrument Variable Name:** WFPOI3M  
**QuestionnaireFileName:** Family

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

Who was this?  
(Anyone else?)

1  Yes  
2  No  
7  Refused  
9  Don't know

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

**Skip Instructions:**  
<1-25> [All family members. Avoid duplicate; goto TFPOI3M]  
<DK,R> [goto CARBON]

---

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

**Question Text:**  
? [F1]

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

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

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

**Skip Instructions:**  
<01-10, DK> [goto MFPOI3M]  
<R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto CARBON]  
<11-91> [goto ERR_TFPOI3M]

---

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

**Question Text:**  
? [F1]

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

1 Yes  
2 No  
7 Refused  
9 Don't know

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

**Skip Instructions:**  
<1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else goto MTFPOI3M]  
<2,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto CARBON]
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)

<01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM]
<DK, R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto CARBON]

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M:
**2009 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
**Document Version Date: 12-Apr-10**

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.050_01.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATEM</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 3</td>
<td>* Please hand the calendar card to the respondent.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(if only 1 injury/poisoning episode for the person)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>When did [fill1: your/ALIAS’s] [fill2: injury/poisoning] happen for which a medical professional was consulted?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>(first of multiple injury/poisoning episodes for the person)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Now I’m going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[fill2: injury/poisoning] happen?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>(second plus of multiple injury/poisoning episodes for the person)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>You just told me about [fill1: your/ALIAS’s] [fill6: (month, day of previous event)] [fill7: most recent/second most</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>recent/third most recent/fourth most recent] [fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning]</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>before that for which a medical professional was consulted?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter month.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>01</td>
<td>January</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>02</td>
<td>February</td>
<td></td>
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<td></td>
<td>03</td>
<td>March</td>
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<td></td>
<td>04</td>
<td>April</td>
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<td>05</td>
<td>May</td>
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<td>06</td>
<td>June</td>
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<td></td>
<td>07</td>
<td>July</td>
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<td>08</td>
<td>August</td>
<td></td>
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<td></td>
<td>09</td>
<td>September</td>
<td></td>
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<tr>
<td></td>
<td>10</td>
<td>October</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>11</td>
<td>November</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>12</td>
<td>December</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99</td>
<td>Don't know</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;1-12&gt; [goto IPDATED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [goto IPHOW]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;D&gt; [goto IPDATENO]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.050_02.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATED</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>2 of 3</td>
<td>* Enter day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>01-31</td>
<td>1-31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99</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 month of episode was entered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-31&gt; [goto IPDATEY]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [goto IPHOW]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;D&gt; [goto IPDATEMT]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

001-096 001-096
097 Refused
099 Don't know

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

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

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

QuestionText: 2 of 2

*Enter number for time period since event.

^IPDATENO…

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

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

SkipInstructions: goto IPHOW
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.052_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPDATEMT</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) F3 ? [F1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was this in the beginning of [fill: <code>IPDATEM (text)</code>], the middle of [fill: <code>IPDATEM (text)</code>], or the end of [fill: <code>IPDATEM (text)</code>]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Beginning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Middle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>End</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 injury/poisoning episodes where don't know was entered for day of episode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>gotoIPHOW</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.060_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPHOW</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>[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: <code>IPDATEM </code>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.</td>
<td></td>
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<tr>
<td></td>
<td>* 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</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 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;verbatim&gt; [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;R&gt; [if an injury episode, fill &quot;R&quot; in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;D&gt; [if an injury episode, fill &quot;D&quot; in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question Text:**

* Do not read.

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

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

**Universe Text:**

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

**Skip Instructions:**
goto IJBODY
(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?

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]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.071_00.000</th>
<th>Instrument Variable Name:</th>
<th>IJBODYOS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| QuestionText: | *Read if necessary.  
What other parts of the body were hurt? | Verbatim | Verbatim response  
7 Refused  
9 Don't know |
| UniverseText: | All injury episodes where some "other" part of the body was hurt |
| SkipInstructions: | goto IJTYPE1 |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.072_00.000</th>
<th>Instrument Variable Name:</th>
<th>IJTYPE1</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| 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 IJTYP1OS]  
<R> [goto IPEV] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.073_00.000</th>
<th>Instrument Variable Name:</th>
<th>IJTYP1OS</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
</table>
| QuestionText: | ? [F1]  
* Read if necessary.  
How was [fill1: your/ALIAS’s] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt? | Verbatim | Verbatim response  
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 IJTYPE2OS]  
<R> [goto IPEV]
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.078_00.000  
**Instrument Variable Name:** IJTYPE4  
**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: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?  

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

**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]

---

### Question ID: FIJ.079_00.000  
**Instrument Variable Name:** IJTYP4OS  
**QuestionnaireFileName:** Family

**QuestionText:**  
* Read if necessary.  

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

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

**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

---

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

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

A phone call to a poison control center?  

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

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

**SkipInstructions:** <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]
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]
<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 IPCHP; else goto IPHOSP]
<1,R,D> [goto IPHOSP]

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
2009 NHIS Questionnaire - Family
Injuries & Poisoning

Document Version Date: 12-Apr-10

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 subject HAS more injury/poisoning episodes, then go to FIJ.050_1 for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to CARBON.]

<2> [if poisoning, goto PPCC for new entries; else if injury, 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
**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
**Question ID:** FIJ.113_00.000  **Instrument Variable Name:** IHELMT  **QuestionnaireFileName:** Family

**QuestionText:**

* 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:**

* 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
2009 NHIS Questionnaire - Family 
Injuries & Poisoning

Document Version Date: 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>QuestionText:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIJ.131_00.000</td>
<td>IFALLWHY</td>
<td>Family</td>
<td>*(book) F8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Ask or verify.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What caused [fill: you/ALIAS] to fall?</td>
</tr>
<tr>
<td>1</td>
<td>Slipping or tripping</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Jumping or diving</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Bumping into an object or another person</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Being shoved or pushed by another person</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Losing balance or having dizziness (becoming faint or having a seizure)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

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

SkipInstructions: goto IPWHAT

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>QuestionText:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIJ.140_00.000</td>
<td>PPOIS</td>
<td>Family</td>
<td>*(book) F9</td>
</tr>
<tr>
<td></td>
<td></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>What did [fill: your/ALIAS’s] poisoning result from?</td>
</tr>
<tr>
<td>1</td>
<td>Swallowing a drug or medical substance mistakenly or in overdose</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Swallowing or touching a harmful solid or liquid substance</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Inhaling harmful gases or vapors</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Eating a poisonous plant or other substance mistaken for food</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Being bitten by a poisonous animal</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other, please specify</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>Instrument Variable Name:</th>
<th>QuestionnaireFileName:</th>
<th>QuestionText:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIJ.141_00.000</td>
<td>PPOISOS</td>
<td>Family</td>
<td>* Read if necessary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>How did [fill: your/ALIAS’s] poisoning occur?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Verbatim response</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

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

SkipInstructions: 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

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

SkipInstructions: <1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]
**2009 NHIS Questionnaire - Family**
**Injuries & Poisoning**

**Document Version Date:** 12-Apr-10

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.160_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPWHER</th>
<th>QuestionnaireFileName:</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) F11</td>
<td>? [F1]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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:** `<01-17,R,DK>` [If AGE lt 5 and person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if AGE lt 5 and person DOES NOT HAVE more injury/poisoning episodes, goto TFINJM/TFPOI3M for next person with an injury/poisoning; else if AGE lt 5 and no more family members with an injury/poisoning, go to FPOI3M/CARBON; Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]]

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.170_00.000</th>
<th>Instrument Variable Name:</th>
<th>IPEMP</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>
</tbody>
</table>

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?

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

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?

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

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

SkipInstructions:  <1,2> [goto IPSCLS]
<3,R,DK> [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; else if no more family members with an injury/poisoning, goto CARBON]

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?

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

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:  <1–4,R,DK> [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; else if no more family members with an injury/poisoning, goto CARBON]
A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Do you have a carbon monoxide detector in your home?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: ALL

SkipInstructions: <1,2,R,D> [goto FDMED12M]