

INJURY PAGE					
<p>These next questions are about accidents and injuries that caused anyone in the family to see or talk to a doctor OR cut down on the things they usually do for as much as a day.</p> <p>1a. Since _____ (date) _____, did you, your ---, etc., have -</p> <p style="padding-left: 20px;">If "Yes," ask:</p> <p>b. Who was this? (Circle "Y" in this person's column.)</p> <p>c. Since _____ (date) _____, how many different accidents resulting in . . . did --- have that caused him to see or talk to a doctor OR cut down on the things he usually does?</p> <p>d. Since _____ (date) _____, did anyone else have . . . ?</p> <p style="padding-left: 20px;">(If "Yes," reask 1b-d.)</p>	Table I		Had injury	Number of accidents	
	AA	A cut or bruise?	AA	Y	
	BB	A strain or sprain?	BB	Y	
	CC	A burn or scald?	CC	Y	
	DD	A concussion or other head injury?	DD	Y	
	EE	A dislocation or a broken bone?	EE	Y	
	FF	A gunshot wound?	FF	Y	
	GG	An injury due to suffocation?	GG	Y	
	HH	An injury due to electric shock?	HH	Y	
	II	An animal bite?	II	Y	
	JJ	A reaction to medication or cosmetics?	JJ	Y	
	KK	Any poisoning from swallowing, breathing, or coming in contact with a poisonous substance?	KK	Y	
	LL	Any injury to the teeth, mouth, or jaws?	LL	Y	
	MM	Any injury to the neck, back, or spine?	MM	Y	
	NN	Any injury to the eyes, ears, or nose?	NN	Y	
	OO		OO	Y	
	PP		PP	Y	
QQ		QQ	Y		
RR		RR	Y		
2a. Since _____ (date) _____, did --- have any (other) injuries (besides . . .)?			2a.	1 Y      2 N (A)	
b. What type of injury did he have? (Ask 1c, THEN reask 2a)					
A	Verify that all accidents circled in item C are represented in Table I.	A	<input type="checkbox"/> No accidents circled in Item C <input type="checkbox"/> 1+ accidents circled in item C and entered in Table I		
B		B	0 <input type="checkbox"/> No injuries in I (NP) 1 <input type="checkbox"/> One injury in I (Enter number of accidents in 3, then NP) 2 <input type="checkbox"/> 2+ injuries in I (3)		
3. You told me --- had --- accidents in which he had . . . . Since _____ (date) _____, how many TOTAL ACCIDENTS did he have in which these injuries occurred?			3.	_____ Number of accidents	
NOTE: Fill Accident Supplement column for each accident.					