

Section III -- INJURIES

In this next set of questions, I will ask about INJURIES AND POISONINGS that happened in the PAST THREE MONTHS that REQUIRED MEDICAL ADVICE OR TREATMENT, including calls to a poison control center.

FIJ.010 DURING THE PAST THREE MONTHS, that is since {91 days before today date}, {were/was} {you/anyone in the family} injured or poisoned seriously enough that {you/they} got medical advice or treatment?

>FINJ3M< (1) Yes (FIJ.020) (7) Refused (FAU.010)  
(2) No (FAU.010) (9) Don't know (FAU.010)

FIJ.020 **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

Who was this? (Anyone else?)

>PINJ3M< [] [] []  
[] [] []

FIJ.030 How many different times in the PAST THREE MONTHS {were/was} {you/subject name} injured or poisoned seriously enough to seek medical advice or treatment?

>IJNO3M\_T< Times Injured (01-94):

[If IJNO3M\_T gt 5]

**FR: DO NOT READ.**

{IJNO3M\_T} is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.

>IJNO3M\_M< (1) Make correction  
(2) Proceed

FIJ.040 [If IJNO3M\_T = 1]

Now I'm going to ask a few questions about {your/subject name}'s most recent injury/poisoning. When did it happen?

**FR: SHOW CALENDAR CARD - PROBE FOR SPECIFIC DATE**

>IJDATE\_M< MONTH:  
>IJDATE\_D< DAY:  
>IJDATE\_Y< YEAR:

**[If IJNO3M\_T gt 1 and the other injuries are asked]**

We just talked about {your/subject name}'s injury/poisoning on {recent injury date}. When did {your/subject name}'s injury BEFORE THAT happen?

**FR: SHOW CALENDAR CARD - PROBE FOR SPECIFIC DATE**

>IJDATE\_M< MONTH:  
>IJDATE\_D< DAY:  
>IJDATE\_Y< YEAR:

FIJ.045 Where did {you/subject name} receive MEDICAL ADVICE OR TREATMENT for this injury/poisoning? Anywhere else?

**FR: SHOW FLASHCARD F2A. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

(1) Yes (7) Refused  
(2) No (9) Don't know

>IJMED\_2< (2) Phone call to doctor or health care professional  
>IJMED\_3< (3) Phone call to Poison Control Center  
>IJMED\_4< (4) Visit to Doctor's Office  
>IJMED\_5< (5) Visit to Clinic or Outpatient department  
>IJMED\_6< (6) Visit to Emergency department  
>IJMED\_7< (7) Visit to Hospital (stayed at least one night) (FIJ.047)

**[If IJMED\_2 to IJMED\_7 equal 2, skip to FIJ.046]**

FIJ.046 **FR: PLEASE VERIFY:**

{You/subject name} DID NOT receive any medical treatment or advice for this injury/poisoning - even a phone call to a doctor's office for advice. Is that correct?

>IJMED\_M< (1) Make correction  
(2) Proceed

FIJ.047 How many nights {were/was} {you/subject name} in the hospital?

**FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.**

>IHNO< (01-94) 01-94 nights  
(95) 95+ nights  
(97) Refused  
(99) Don't Know

**[If IHNO gt 60]**

**FR: DO NOT READ.**

{IHNO} is an unusually large number. Verify entry. DO NOT PROBE. MAKE CORRECTIONS IF NECESSARY.

>IHNO\_M< (1) Make correction  
(2) Proceed

FIJ.050 **[FIJ.050 to FIJ.295 are asked for each injury/poisoning episode as appropriate]**  
At the time, what part(s) of {your/subject name}'s body was/were hurt? What kind of injury/poisoning was it? Anything else?

**FR: RECORD THE BODY PART, THEN THE KIND OF INJURY. RECORD UP TO FOUR PART/KIND COMBINATIONS. FOR POISONINGS AFFECTING THE WHOLE BODY, INDICATED "WHOLE BODY" UNDER BODY PART AND SUBSTANCE CAUSING THE POISONING UNDER KIND OF POISONING. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.**

BODY PART

>IJBODY1< \_\_\_\_\_ >IJBODY2< \_\_\_\_\_  
>IJBODY3< \_\_\_\_\_ >IJBODY4< \_\_\_\_\_

KIND OF INJURY OR POISONING

>IJKIND1< \_\_\_\_\_ >IJKIND2< \_\_\_\_\_  
>IJKIND3< \_\_\_\_\_ >IJKIND4< \_\_\_\_\_

FIJ.070 **FR: VERIFY OR ASK:**

How did {your/subject name}'s injury/poisoning happen? Please describe fully the circumstances or events leading to the injury/poisoning, and any object, substance, or other person involved.

**FR: 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. ENTER (N) FOR NO MORE.**

>IJHOW1< \_\_\_\_\_  
>IJHOW2< \_\_\_\_\_  
>IJHOW3< \_\_\_\_\_  
>IJHOW4< \_\_\_\_\_

FIJ.080 **FR: ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF THE PERSON'S INJURY/POISONING FROM THE LIST BELOW.**

- >CAUSNEW< (01) Transportation, including motor vehicle/bicycle/motorcycle/pedestrian/train/boat/airplane (FIJ.090)  
(02) Fire/burn/scald related (FIJ.150)  
(03) Fall (FIJ.171)  
(04) Poisoning (FIJ.195)  
(05) Overexertion/strenuous movements (FIJ.200)  
(06) Struck by object or person (FIJ.200)  
(07) Animal or insect bite (FIJ.191)  
(08) Cut/pierce (FIJ.200)  
(09) Machinery (FIJ.200)  
(10) Other (FIJ.200)  
(97) Refused (FIJ.200)  
(99) Don't know (FIJ.200)

FIJ.090 **FR: THE NEXT SET OF QUESTIONS ARE ASKED TO VERIFY DETAILS OF THE CIRCUMSTANCES SURROUNDING THE INJURY(S). IF YOU ALREADY KNOW THE ANSWER BECAUSE OF THE VERBATIM RESPONSE FOR HOW THE INJURY(S) OCCURRED, VERIFY THE ANSWER WITH THE RESPONDENT. OTHERWISE, ASK THE QUESTION.**

{Were/Was} {you/subject name} injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?

- >MVWHO< (1) Driver of a vehicle (FIJ.100) (4) Pedestrian (FIJ.140)  
(2) Passenger of a vehicle (FIJ.100) (7) Refused (FIJ.200)  
(3) Bicycle rider (FIJ.130) (9) Don't know (FIJ.200)

FIJ.100 What type of vehicle {were/was} {you/subject name} in?

- >MVTYP< (01) Passenger car (FIJ.120)  
(02) Light truck (including pickups, vans, and utility vehicles) (FIJ.120)  
(03) Bus (FIJ.200)  
(04) Large truck (FIJ.120)  
(05) Motorcycle (including mopeds, minibikes) (FIJ.130)  
(06) All terrain vehicle or ski/snow mobile (FIJ.130)  
(07) Farm equipment (tractor) (FIJ.200)  
(08) Airplane (FIJ.200)  
(09) Boat (FIJ.200)  
(10) Train (FIJ.200)  
(11) Other (FIJ.200)  
(97) Refused (FIJ.200)  
(99) Don't know (FIJ.200)

FIJ.120 **FR: VERIFY OR ASK**

**[If AGE is ge 5]**

{Were/Was} {you/subject name} wearing a safety belt at the time of the accident?

**[Else]**

{Were/Was} {you/subject name} buckled in a car safety seat at the time of the accident?

>**SBELT**< (1) Yes (7) Refused  
(2) No (9) Don't know

(Go to FIJ.200)

FIJ.130 **FR: VERIFY OR ASK:**

{Were/Was} {you/subject name} wearing a helmet at the time of the accident?

>**HELMT**< (1) Yes (7) Refused  
(2) No (9) Don't know

(Go to FIJ.200)

FIJ.140 What type of vehicle {were/was} {you/subject name} struck by?

>**MVHIT**< (01) Passenger car  
(02) Light truck (including pickups, vans, and utility vehicles)  
(03) Bus  
(04) Large truck  
(05) Motorcycle (including mopeds and minibikes)  
(06) All terrain vehicle or ski or snow-mobile  
(07) Farm equipment (tractor)  
(08) Bicycle  
(09) Train  
(10) Boat (includes all on water vehicles)  
(11) Other  
(97) Refused  
(99) Don't know

(Go to FIJ.200)

FIJ.150 What was it that burned/scalded {you/subject name}?

**FR: IF RESPONSE IS FIRE OR SMOKE ASK:**

What caused the fire/smoke?

- >**BURN**<
- (01) Cigarette, cigar, pipe
  - (02) Cooking unit
  - (03) Heater
  - (04) Wiring
  - (05) Motor vehicle battery caps, radiator caps
  - (06) Fireworks
  - (07) Other explosive
  - (08) Water or steam
  - (09) Food
  - (10) Chemicals
  - (11) Other
  - (97) Refused
  - (99) Don't know

(Go to FIJ.200)

FIJ.171 **FR: VERIFY OR ASK. SHOW FLASHCARD F3. RECORD UP TO 2 RESPONSES:  
ENTER (N) FOR NO MORE.**

How did {you/subject name} fall? Anything else?

On or down, from or into:

- >**FALLNEW1**<
- >**FALLNEW2**<
- (01) Stairs, steps, or escalator
  - (02) Floor/level ground
  - (03) Curb, including sidewalk
  - (04) Ladder or scaffolding
  - (05) Playground equipment
  - (06) Building or other structure
  - (07) Chair, bed, sofa or other furniture
  - (08) Bathtub, shower, toilet, or commode
  - (09) Hole or other opening
  - (10) Other
  - (97) Refused
  - (99) Don't know

[]

[]

FIJ.180           What caused {you/subject name} to fall? Was it due to:

- >**FWHY**<
- (1) Slipping, tripping or stumbling
  - (2) Jumping or diving
  - (3) Collision with/pushing, shoving by another person
  - (4) Loss of balance/dizziness/becoming faint/seizure
  - (5) Or something else
  - (7) Refused
  - (9) Don't know

(Go to FIJ.200)

FIJ.191           What type of animal or insect bit {you/subject name}?

- >**ANIMAL**<
- (01) Dog
  - (02) Cat
  - (03) Poisonous snake/reptile
  - (04) Nonpoisonous snake/reptile
  - (05) Unknown snake/reptile
  - (06) Poisonous insect
  - (07) Nonpoisonous insect
  - (08) Unknown insect
  - (09) Rodent
  - (10) Other
  - (97) Refused
  - (99) Don't know

(Go to FI J.200)

FIJ.195           **FR:     SHOW FLASHCARD F4.**

Did {your/subject name} poisoning result from:

- >**POITP**<
- (01) a drug or medicinal substance used mistakenly or in overdose
  - (02) a harmful or toxic solid or liquid substance
  - (03) inhaling gases or vapors
  - (04) eating a poisonous plant or other substance mistaken for food
  - (05) a venomous animal or plant
  - (06) Food poisoning
  - (07) Allergic Reaction
  - (08) Something else
  - (97) Refused
  - (99) Don't know

FIJ.200

**FR: VERIFY OR ASK. SHOW FLASHCARD F5. RECORD UP TO 2 RESPONSES: ENTER (N) FOR NO MORE.**

What { were/was } { you/subject name } doing when the injury/poisoning happened?

>WHAT\_1<

(01) Driving or riding in a motor vehicle

>WHAT\_2<

(02) Working at a paid job

(03) Working around the house or yard

(04) Attending school

(05) Unpaid work (including housework, shopping, volunteer work)

(06) Sports (organized team or individual sport such as running, biking, skating)

(07) Leisure activity (excluding sports)

(08) Sleeping, resting, eating, drinking

(09) Cooking

(10) Being cared for (hands on care from other person)

(11) Other

(97) Refused

(99) Don't know

[]

[]

FIJ.221

**FR: VERIFY OR ASK. SHOW FLASHCARD F6. RECORD UP TO 2 RESPONSES. ENTER (N) FOR NO MORE.**

Where (were/was) { you/subject name } when the injury/poisoning happened?

>WHERNEW1<

(01) Home (inside)

>WHERNEW2<

(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/highway

(08) Parking lot

(09) Sport facility, athletic field, or playground

(10) Trade and service areas (shopping center, restaurant, store, bank, gas station)

(11) Farm

(12) Park/recreation area (fields, bike or jog path)

(13) River/lake/stream/ocean

(14) Industrial or construction area

(15) Other public building

(16) Other

(97) Refused

(99) Don't know

[]

[]

**Check item FIJCCI1 :** If AGE is greater than 13, then go to FIJ.260; Else  
If AGE is greater than 4 and less than 14 then go to FIJ.270; Else  
If AGE is less than 5 then return to FIJ.040 for next injury/poisoning event or next person.  
If there are no more persons and no more injury/poisoning events, go to FAU.010.

FIJ.260 **FR: SHOW FLASHCARD F7.**

As a result of this injury/poisoning, how much work did {you/subject name} miss?

- >WKLS<
- (1) Not employed at the time of the injury/poisoning
  - (2) None
  - (3) Less than 1 day
  - (4) One to five days
  - (5) Six or more days
  - (7) Refused
  - (9) Don't know

FIJ.270 **FR: SHOW FLASHCARD F8.**

As a result of this injury/poisoning, how much school did {you/subject name} miss?

- >SCLS<
- (1) Not in school at the time of the injury/poisoning
  - (2) None
  - (3) Less than 1 day
  - (4) One to five days
  - (5) Six or more days
  - (7) Refused
  - (9) Don't know

FIJ.280 As a result of this injury/poisoning {do/does} {you/subject name} now need the help of other persons with {your/his/her} personal care needs, such as eating, bathing, dressing, or getting around this home?

- >IJADL<
- (1) Yes (FIJ.285)
  - (2) No (FIJ.290)
  - (7) Refused (FIJ.290)
  - (9) Don't know (FIJ.290)

FIJ.285 Do you expect {you/subject name} will need this help for a total of 6 months or longer?

- >LIMTM<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

FIJ.290 As a result of this injury/poisoning {do/does} {you/subject name} now need the help of other persons in handling routine needs such as everyday household chores, doing necessary business, shopping or getting around for other purposes?

- >IJIAD<
- (1) Yes (FIJ.295)
  - (2) No (Check Item FIJCCI1A)
  - (7) Refused (Check Item FIJCCI1A)
  - (9) Don't know (Check Item FIJCCI1A)

FIJ.295 Do you expect {you/subject name} will need this help for a total of 6 months or longer?

>HLIMIT<

(1) Yes

(7) Refused

(2) No

(9) Don't know

**Check item FIJCCI1A:**

Return to FIJ.040 for next injury/poisoning episode or next person.

If there are no more persons and no more injury episodes, go to FAU.010.

**(Go to next section--Health Care Access and Utilization.)**