

**2009 NHIS Questionnaire - Family**  
**Injuries & Poisoning**  
**Document Version Date: 12-Apr-10**

**Question ID:** FIJ.010\_00.000    **Instrument Variable Name:** FINJ3M    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

**UniverseText:** All families

**SkipInstructions:** <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]  
 <2,R,D> [goto FPOI3M]

**Question ID:** FIJ.012\_00.000    **Instrument Variable Name:** WFINJ3M    **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 injured during the past 3 months

**SkipInstructions:** <R,D> [goto FPOI3M]  
 else, goto TFINJ3M

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.014\_00.000    **Instrument Variable Name:** TFINJ3M    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

**UniverseText:** All persons injured during the past 3 months

**SkipInstructions:** <1-10,D> [goto MFINJ3M]  
 <R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]  
 <11-91> [goto ERR\_TFINJ3M]

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**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]

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

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**Question ID:** FIJ.024\_00.000 **Instrument Variable Name:** TFPOI3M **QuestionnaireFileName:** Family**QuestionText:** ? [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

**UniverseText:** All persons poisoned during the past 3 months**SkipInstructions:** <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]

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**Question ID:** FIJ.026\_00.000 **Instrument Variable Name:** MFPOI3M **QuestionnaireFileName:** Family**QuestionText:** ? [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

**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,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto CARBON]

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**Question ID:** FIJ.028\_00.000    **Instrument Variable Name:** MTFPOI3M    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

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

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

**SkipInstructions:** <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]:

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**Question ID:** FIJ.050\_01.000    **Instrument Variable Name:** IPDATEM    **QuestionnaireFileName:** Family

**QuestionText:** 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 |

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

**SkipInstructions:** <1-12> [goto IPDATED]  
<R> [goto IPHOW]  
<D> [goto IPDATENO]

**Question ID:** FIJ.050\_02.000    **Instrument Variable Name:** IPDATED    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 3

\* 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]

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

**QuestionText:** 3 of 3

\* Enter year.

<b>Year</b>	Year
<b>9997</b>	Refused
<b>9999</b>	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.

<b>001-096</b>	001-096
<b>097</b>	Refused
<b>099</b>	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...

<b>1</b>	Days
<b>2</b>	Weeks
<b>3</b>	Months
<b>7</b>	Refused
<b>9</b>	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

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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

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**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]

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**Question ID:** FIJ.065\_00.000    **Instrument Variable Name:** ICAUS    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* 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
- 97** Refused
- 99** Don't know

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

**SkipInstructions:** goto IJBODY

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**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?

- 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]

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**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**    Verbatim response

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 IJTYP1OS]  
<R> [goto IPEV]

**Question ID:** FIJ.073\_00.000    **Instrument Variable Name:** IJTYP1OS    **QuestionnaireFileName:** Family

**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

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**Question ID:** FIJ.074\_00.000    **Instrument Variable Name:** IJTYPE2    **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: 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]

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**Question ID:** FIJ.075\_00.000    **Instrument Variable Name:** IJTYP2OS    **QuestionnaireFileName:** Family

**QuestionText:** \* Read if necessary.

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

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

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

**SkipInstructions:** goto IJTYPE3 for next body part; if no more body parts, goto IPEV

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**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 IJTYP3OS]  
 <R> [goto IPEV]

**Question ID:** FIJ.077\_00.000    **Instrument Variable Name:** IJTYP3OS    **QuestionnaireFileName:** Family

**QuestionText:** \* Read if necessary.

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

- Verbatim** Verbatim response
- 7 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

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**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?

- 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]

**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?

- 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

**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?

- 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]

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**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]

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**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]

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**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]

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**Question ID:** FIJ.080\_05.000    **Instrument Variable Name:** IPPCHCP    **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 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 IPER 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

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**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\_1for 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]

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

**QuestionText:** ? [F1]

\* Ask or verify.

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.110\_00.000    **Instrument Variable Name:** IMVWHO    **QuestionnaireFileName:** Family

**QuestionText:** \*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

**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]

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**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]

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**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

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**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

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**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

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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

**QuestionText:** (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
- 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

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**Question ID:** FIJ.150\_00.000    **Instrument Variable Name:** IPWHAT    **QuestionnaireFileName:** Family

**QuestionText:** (book) F10 ? [F1]

\* Enter up to 2 responses, separate with a comma.

\* Ask or verify.

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]

---

**Question ID:** FIJ.151\_00.000    **Instrument Variable Name:** IPWHATOT    **QuestionnaireFileName:** Family

**QuestionText:** \* Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

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

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

**SkipInstructions:** goto IPWHER

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**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?

- 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 TFINJ3M/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]

**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?

- 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]

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**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

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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?

- 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]

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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?

- 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]

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**Question ID:** FIJ.181\_00.010    **Instrument Variable Name:** CARBON    **QuestionnaireFileName:** Family

**QuestionText:**    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]