

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
1997-1999	FIJ.010	Injuries are a major health problem. In order to develop new ways to help prevent both accidental and intentional injuries, we need to know more about them. In this next set of questions, I will ask about injuries that happened in the past 3 months; Note here that we are only interested in injuries that required medical advice or treatment. DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, {were/was} {you/anyone in the family} injured seriously enough that {you/they} got medical advice or treatment?	(1) Yes (2) No (7) Refused (9) Don't know	All families
2000-2003	FIJ.010	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. DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, {were/was} {you/anyone in the family} injured or poisoned seriously enough that {you/they} got medical advice or treatment?	(1) Yes (2) No (7) Refused (9) Don't know	All families
2004-present	FIJ.010_01.000	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	All families
1997-1999	FIJ.020	Who was this? (Anyone else?)	Assigned family number of person who was injured	All persons
2000-2003	FIJ.020	Who was this? (Anyone else?)	Assigned family number of person who was injured or poisoned	All persons
2004-present	FIJ.012_00.000	Who was this? (Anyone else?)	Assigned family number of person who was injured	All persons
2004-present	FIJ.014_00.000	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	All persons injured during the past 3 months
2004-present	FIJ.016_00.000	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	All persons with at least one or an unknown number of injury episodes during the past 3 months
1997-1999	FIJ.030	How many different times in the past three months {were/was} {you/subject's name} injured seriously enough to seek medical advice?	01-94 times	Persons who were injured during the past 3 months
2000	FIJ.030	How many different times in the PAST THREE MONTHS did {you/subject's name} SEEK MEDICAL ADVICE because {you/subject's name} {were/was} injured or poisoned?	01-94 times	Persons who were injured and/or poisoned during the past 3 months
2001-2003	FIJ.030	How many different times in the PAST THREE MONTHS {were/was} {you/subject's name} injured or poisoned seriously enough to seek medical advice or treatment?	01-94 times	Persons who were injured and/or poisoned during the past 3 months
2004-present	FIJ.018_00.000	Of [fill1: the number of times reported in question FIJ.014_00.000/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	All persons who consulted a medical professional for their injury episode(s)

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1997	FIJ.040	If only one injury: When did {subject's name} injury happen? If more than one injury: Now I'm going to ask a few question about {subject's name} most recent injury. When did that injury happen? We just talked about {subject's name} injury on {recent injury date}. When did {subject's name} injury BEFORE THAT happen?	Month: (1) January (2) February (3) March (4) April (5) May (6) June (7) July (8) August (9) September (10) October (11) November (12) December (97) Refused (99) Don't know Day: (01-31) 1-31 (97) Refused (99) Don't know Year: (1996-1998) 1996-1998 (9997) Refused (9999) Don't know	Injury episodes for persons who had at least one injury during the past 3 months
1998	Same as 1997	Same as 1997	Same as 1997 except Year changed to 1997-1999	Same as 1997
1999	Same as 1997	Same as 1997	Same as 1997 except Year changed to 1998-2000	Same as 1997
2000	Same as 1997	If only one injury/poisoning: Now I'm going to ask a few questions about {your/subject's name}'s most recent injury/poisoning. When did it happen? If there are additional injuries/poisonings: We just talked about {your/subject's name}'s injury/poisoning on {recent injury/poisoning date}. When did {your/subject's name}'s injury/poisoning BEFORE THAT happen?	Same as 1997 except Year changed to 1999-2001	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2001	Same as 1997	Same as 2000	Same as 1997 except Year changed to 2000-2002	Same as 2000
2002	Same as 1997	Same as 2000	Same as 1997 except Year changed to 2001-2003	Same as 2000
2003	Same as 1997	Same as 2000	Same as 1997 except Year changed to 2002-2004	Same as 2000
2004	FIJ.050_01.000 FIJ.050_02.000 FIJ.050_03.000	{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: the number of times injured/poisoned reported in question FIJ.018_00.00/FIJ.028_00.000] 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]before that for which a medical professional was consulted?	Month: (1) January (2) February (3) March (4) April (5) May (6) June (7) July (8) August (9) September (10) October (11) November (12) December (97) Refused (99) Don't know Day: (01-31) 1-31 (97) Refused (99) Don't know Year: (2003-2005) 2003-2005 (9997) Refused (9999) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2005-present	Same as 2004	Same as 2004	Same as 2004 except Year changed to the year before the current survey year, the current survey year, and the year after the current survey year; for example, if the survey year is 2005 then the values for Year would be 2004-2006	Same as 2004
2004-present	FIJ.051_01.000 FIJ.051_02.000	Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened? Enter number for time since event. Enter number for time period since event.	(01-91) 1-91 (97) Refused (99) Don't know (1) Days (2) Weeks (3) Months (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where "don't know" is entered for the month of the episode
2004-present	FIJ.052_00.000	Was this in the beginning of [fill: month reported in question FIJ.050_01.000] the middle of [fill: month reported in question FIJ.050_01.000], or the end of [fill: month reported in question FIJ.050_01.000]?	(1) Beginning (2) Middle (3) End (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where "don't know" is entered for the day of the episode

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2000-2003	FIJ.045	Where did {you/subject's name} receive MEDICAL ADVICE OR TREATMENT for this injury/poisoning? Anywhere else? (Mark all that apply)	(01) Did not receive medical treatment or advice (02) Phone call to doctor or health care professional (03) Phone call to poison control center (04) Visit to doctor's office (05) Visit to clinic or outpatient department (06) Visit to emergency department (07) Visit to hospital (stayed at least one night) (97) Refused (99) Don't know	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2004		This became separate questions. The same information or similar information is now found in questions FIJ.080_1.000 - FIJ.081_00.00		
2004-present	FIJ.080_02.000	Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning] from... An emergency vehicle, such as an ambulance or fire truck?	(1) Yes (2) No (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2004-present	FIJ.080_03.000	Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]... A visit to an emergency room?	(1) Yes (2) No (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2004-present	FIJ.080_04.000	Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]... A visit to a doctor's office or other health clinic?	(1) Yes (2) No (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2004-present	FIJ.080_05.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2004-present	FIJ.080_06.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

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2004-present	FIJ.081_00.000	Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, where medical advice, treatment, or follow-care was received from some "other" place
2004-present	FIJ.082_00.000	[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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where no source of medical advice, treatment, or follow-up care was selected
1997-1999	FIJ.050	At the time of the injury, what part(s) of {subject's name} body was hurt? What kind of injury was it? Anything else?	Verbatim response. Respondents can list up to four body parts and four kinds of injuries	Injury episodes for persons who had at least one injury during the past 3 months
2000-2003	FIJ.050	At the time, what part(s) of {your/subject's name}'s body was/were hurt? What kind of injury/poisoning was it? Anything else?	Verbatim response. Respondents can list up to four body parts and four kinds of injuries or poisonings	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2004		This became separate questions that only ask about injuries. This injury information can now be found in questions FIJ.070_00.000 - FIJ.079_00.000.		
2004-present	FIJ.070_00.000	In this injury, what parts of [fill: your/ALIAS's] body were hurt? (Record up to 4 responses)	(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	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2004-present	FIJ.071_00.000	What other parts of the body were hurt?	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, where some "other" part of the body was
2004-present	FIJ.072_00.000	In what way was [fill1: your/ALIAS's] [fill2: first recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt? (Record up to 2 responses)	(01) Broken bone or fracture (02) Sprain, strain, or twist (03) Cut (04) Scrape (05) Bruise (06) Burn (07) Insect bite (08) Animal bite (09) Other, specify (97) Refused (99) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a first body part was reported

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2004-present	FIJ.073_00.000	How was [fill1: your/ALIAS's] [fill2: first recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt?	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, where a first body part was reported to be hurt in some "other" way
2004-present	FIJ.074_00.000	In what way was [fill1: your/ALIAS's] [fill2: second recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt? (Record up to 2 responses)	(01) Broken bone or fracture (02) Sprain, strain, or twist (03) Cut (04) Scrape (05) Bruise (06) Burn (07) Insect bite (08) Animal bite (09) Other, specify (97) Refused (99) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a second body part was
2004-present	FIJ.075_00.000	How was [fill1: your/ALIAS's] [fill2: second recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt?	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, where a second body part was reported to be hurt in some "other" way
2004-present	FIJ.076_00.000	In what way was [fill1: your/ALIAS's] [fill2: third recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt? (Record up to 2 responses)	(01) Broken bone or fracture (02) Sprain, strain, or twist (03) Cut (04) Scrape (05) Bruise (06) Burn (07) Insect bite (08) Animal bite (09) Other, specify (97) Refused (99) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a third body part was reported
2004-present	FIJ.077_00.000	How was [fill1: your/ALIAS's] [fill2: third recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt?	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, where a third body part was reported to be hurt in some "other" way
2004-present	FIJ.078_00.000	In what way was [fill1: your/ALIAS's] [fill2: fourth recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt? (Record up to 2 responses)	(01) Broken bone or fracture (02) Sprain, strain, or twist (03) Cut (04) Scrape (05) Bruise (06) Burn (07) Insect bite (08) Animal bite (09) Other, specify (97) Refused (99) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a fourth body part was

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2004-present	FIJ.079_00.000	How was [fill1: your/ALIAS's] [fill2: fourth recorded response to question FIJ.070_00.000 or response to question FIJ.071_00.000] hurt?	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, where a fourth body part was reported to be hurt in some "other" way
1997-1999	FIJ.070	How did {subject's name} injury(s) happen? Please describe fully the circumstances or events leading to the injury(s), and any object, substance, or other person involved.	Verbatim response	Injury episodes for persons who had at least one injury during the past 3 months
2000-2003	FIJ.070	How did {your/subject's 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.	Verbatim response	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.060_00.000	[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: response to questions FIJ.050_01.000 and FIJ.050_02.000 (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.	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000
1997-1999	FIJ.080	This is not a question. The FR is asked to select from a list the one that best describes the person's injury.	(1) Vehicle as transportation, including Motor Vehicle/bicycle/motorcycle/pedestrian/train/boat/airplane (2) Gun/being shot (3) Fire/burn/scald related (4) Near drowning/water in lungs (5) Fall (6) Other (7) Refused (9) Don't know	Injury episodes for persons who had at least one injury during the past 3 months
2000-2003	FIJ.080	This is not a question. The FR is asked to select from a list the one that best describes the person's injury.	(01) Transportation, including motor vehicle/bicycle/motorcycle/pedestrian/train/boat/airplane (02) Fire/burn/scald related (03) Fall (04) Poisoning (05) Overexertion/strenuous movements (06) Struck by object or person (07) Animal or insect bite (08) Cut/pierce (09) Machinery (10) Other (97) Refused (99) Don't know	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.065_00.000	This is not a question. The FR is asked to select from a list the one that best describes the person's injury.	(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	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2004-present	FIJ.109_00.000	Did this accident occur on a public highway, street, or road?	(1) Yes (2) No (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while in a motor vehicle; while on a bike, scooter, skateboard, skis, horse, etc.; or as a

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1997-2003	FIJ.090	{Were/Was} {you/subject's name} injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?	(1) Driver of a vehicle (2) Passenger of a vehicle (3) Bicycle rider (4) Pedestrian (7) Refused (9) Don't know	Injury episodes for persons who had at least one injury during the past 3 months caused by a vehicle used for transportation
2004-present	FIJ.110_00.000	[fill: Were you/Was ALIAS] injured as:	(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	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while in a motor vehicle; while on a bike, scooter, skateboard, skis, horse, etc.; or as a
1997-2002	FIJ.100	What type of vehicle {were/was} {you/subject's name} in?	(01) Passenger car (02) Light truck (including pickups, vans and utility vehicles) (03) Bus (04) Large truck (05) Motorcycles (including mopeds, minibikes) (06) All terrain vehicle or ski/snow mobile (07) Farm equipment (tractor) (08) Airplane (09) Boat (10) Train (11) Other (97) Refused (99) Don't know	Injury episodes for persons who had at least one injury during the past 3 months while a driver or passenger in a vehicle
2003	FIJ.100	What type of vehicle {were/was} {you/subject's name} in?	(01) Passenger car (02) Light truck (including pickups, vans and utility vehicle/SUVs) (03) Bus (04) Large truck (05) Motorcycles (including mopeds, minibikes) (06) All terrain vehicle or ski/snow mobile (07) Farm equipment (tractor) (08) Airplane (09) Boat (10) Train (11) Other (97) Refused (99) Don't know	Injury episodes for persons who had at least one injury during the past 3 months while a driver or passenger in a vehicle
2004-present	FIJ.111_00.000	What type of vehicle {were/was} {you/subject's name} 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) Motorcycles (including mopeds and minibikes) (06) All terrain vehicle or ski/snow mobile (07) Farm equipment (such as tractor) (08) Industrial or construction vehicle (09) Other (97) Refused (99) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while a driver or passenger of a vehicle
1997-2003	FIJ.120	If age is greater than 4 years: {Were/Was} {you/subject's name} wearing a safety belt at the time of the accident? If age is less than 5 years: {Were/Was} {you/subject's name} buckled in a car safety seat at the time of the accident?	(1) Yes (2) No (7) Refused (9) Don't know	Injury episodes for persons who had at least one injury during the past 3 months while a driver or passenger in a car or truck
2004-present	FIJ.112_00.000	[fill: Were you/Was ALIAS] restrained at the time of the accident?	(1) Yes (2) No (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while a driver or

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1997-2003	FIJ.130	{Were/Was} {you/subject's name} wearing a helmet at the time of the accident?	(1) Yes (2) No (7) Refused (9) Don't know	Injury episodes for persons who had at least one injury during the past 3 months while riding a bicycle, motorcycle (including mopeds, minibikes), or an all terrain vehicle or ski/snow mobile
2004-present	FIJ.113_00.000	{Were/Was} {you/subject's name} wearing a helmet at the time of the accident?	(1) Yes (2) No (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while riding a bicycle or tricycle; a scooter, skateboard, skates, or other non-motorized vehicle; a motorcycle; or an all terrain
1997-2003	FIJ.140	What type of vehicle {were/was} {you/subject's name} struck by?	(01) Passenger car (02) Light truck (including pickups, vans and utility vehicles) (03) Bus (04) Large truck (05) Motorcycle (including mopeds, minibikes) (06) All terrain vehicle or ski/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	Injury episodes for persons who had at least one injury during the past 3 months that involved being struck by a vehicle while a pedestrian
2004		Question no longer included in the survey.		
1997-2003	FIJ.150	What was it that burned/scalded {you/subject's name}? IF RESPONSE IS FIRE OR SMOKE ASK: What caused the fire/smoke?	(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	Injury episodes for persons who had at least one injury during the past 3 months caused by fire/burn/scald related
2004		Question no longer included in the survey.		
1997-1999	FIJ.160	What body of water was involved?	(1) Bathtub (2) Swimming pool (3) Lake, pond (4) Bay, ocean, sea (5) River, creek (6) Other (7) Refused (9) Don't know	Injury episodes for persons who had at least one injury during the past 3 months that involved water
2000		Question no longer included in the survey.		
1997-1999	FIJ.170	How did {you/subject's name} fall? Anything else? (Record up to 2 responses)	On or down or from: (01) Escalator (02) Stairs or steps (03) Floor/level ground (04) Curb, including sidewalk (05) Ladder or scaffolding (06) Playground equipment (07) Building or other structure (08) Chair, bed, sofa or other furniture (09) Tree (10) Toilet, commode (11) Bathtub, shower Into: (12) Swimming pool (13) Hole or other opening (14) Other (97) Refused (99) Don't know	Injury episodes for persons who had at least one injury during the past 3 months due to a fall
2000-2003	FIJ.171	How did {you/subject's name} fall? Anything else? (Record up to 2 responses)	On, down, from or into: (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	Injury episodes for persons who had at least one injury during the past 3 months due to a fall
2004-present	FIJ.130_00.000	How did {you/subject's name} fall? Anything else? (Record up to 2 responses)	(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	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, due to a fall

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
1997-2003	FIJ.180	What caused {you/subject's name} to fall? Was it due to:	(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	Injury episodes for persons who had at least one injury during the past 3 months due to a fall
2004-present	FIJ.131_00.000	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) Loss of balance or having dizziness (becoming faint or having a seizure) (6) Other (7) Refused (9) Don't know	All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, due to a fall
1997-1999	FIJ.190	What kind of gun was it?	(1) Firearm (handgun, shotgun, rifle) (2) BB or pellet gun (3) Dart gun (4) Other (7) Refused (9) Don't know	Injury episodes for persons who had at least one injury during the past 3 months due to a gun/being shot
2000		Question no longer included in the survey.		
2000-2003	FIJ.191	What type of animal or insect bit {you/subject's name}?	(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	Injury episodes for persons who had at least one injury during the past 3 months due to an animal or insect bite
2004		Question no longer included in the survey.		
1997-1999	FIJ.200	What {were/was} {you/subject's name} doing when the injury(s) happened? (Record up to 2 responses)	(01) Driving (02) Working at paid job (03) Working around the house or yard (04) Attending school (05) Unpaid work (incl. 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	Injury episodes for persons who had at least one injury during the past 3 months
2000-2003	FIJ.200	What {were/was} {you/subject's name} doing when the injury/poisoning happened? (Record up to 2 responses)	(01) Driving or riding in a motor vehicle (02) Working at paid job (03) Working around the house or yard (04) Attending school (05) Unpaid work (incl. 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	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.150_00.000	What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]? (Record up to 2 responses)	(01) Driving or riding in a motor vehicle (02) Working at a paid job (03) Working around the house or yard (04) Attending school (05) Unpaid work (such as volunteer work) (06) Sports and exercise (07) Leisure activity (excluding sports) (08) Sleeping, resting, eating, or drinking (09) Cooking (10) Being cared for (hands-on care from other person) (11) Other, please specify (97) Refused (99) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
2004-present	FIJ.151_00.000	What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, involving some "other" activity at the time
1997-1998	FIJ.220	Where (were/was) {you/subject's name} when the injury(s) happened? (Record up to 2 responses)	(01) Home (inside) (02) Home (outside) (03) School (not residential) (04) Child care center or preschool (05) Residential institution (excl. hospital) (06) Health care facility (incl. hospital) (07) Street/highway (08) Parking lot (09) Sport facility, ath. field or playground (10) Trade and service areas (restaurant, store, bank, gas station) (11) Farm (12) Park/recreation area (fields, bike or jog path) (13) River/lake/stream/ocean (14) Swimming pool (15) Industrial or construction area (16) Mine/quarry (17) Other public building (18) Other (97) Refused (99) Don't know	Injury episodes for persons who had at least one injury during the past 3 months
1999	FIJ.220	Where (were/was) {you/subject's name} when the injury(s) happened? (Record up to 2 responses)	(01) Home (inside) (02) Home (outside) (03) School (not residential) (04) Child care center or preschool (05) Residential institution (excl. hospital) (06) Health care facility (incl. hospital) (07) Street/highway (08) Parking lot (09) Sport facility, ath. 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) Swimming pool (15) Industrial or construction area (16) Mine/quarry (17) Other public building (18) Other (97) Refused (99) Don't know	Injury episodes for persons who had at least one injury during the past 3 months
2000-2003	FIJ.221	Where (were/was) {you/subject's name} when the injury/poisoning happened? (Record up to 2 responses)	(01) Home (inside) (02) Home (outside) (03) School (not residential) (04) Child care center or preschool (05) Residential institution (excl. hospital) (06) Health care facility (incl. hospital) (07) Street/highway (08) Parking lot (09) Sport facility, ath. 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	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.160_00.000	Where (were/was) {you/subject's name} when the injury/poisoning happened? (Record up to 2 responses)	(01) Home (inside) (02) Home (outside) (03) School (not residential) (04) Child care center or preschool (05) Residential institution (excl. hospital) (06) Health care facility (incl. hospital) (07) Street/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/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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
1997-1999	FIJ.240	{Were/Was} {you/subject's name} hospitalized for at least one night as a result of this injury/these injuries?	(1) Yes (2) No (7) Refused (9) Don't know	Injury episodes for persons who had at least one injury during the past 3 months
2000-2003		No longer a separate question. Now included as a response category for question FIJ.045		
2004-present	FIJ.090_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
1997-1999	FIJ.250	How many nights {were/was} {you/subject's name} in the hospital?	(01-94) 1-94 nights (95) 95+ nights (97) Refused (99) Don't know	Injury episodes for persons who had at least one injury during the past 3 months that resulted in
2000-2003	FIJ.047	How many nights {were/was} {you/subject's name} in the hospital?	(01-94) 1-94 nights (95) 95+ nights (97) Refused (99) Don't know	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months that resulted in hospitalization
2004-present	FIJ.091_00.000	How many nights {were/was} {you/subject's name} in the hospital?	(01-94) 1-94 nights (95) 95+ nights (97) Refused (99) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, resulting in hospitalization
2004-present	FIJ.170_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 13 years of age or older
1997-1999	FIJ.260	As a result of this injury/these injuries, how much work did{you/subject's name} miss?	(0) None (1) Less than 1 day (2) 1 to 5 days (3) Six or more days (6) Not employed at the time of the injury (7) Refused (9) Don't know	Injury episodes for persons > 13 years who had at least one injury during the past 3 months
2000-2003	FIJ.260	As a result of this injury/poisoning, how much work did {you/subject's name} miss?	(1) Not employed at the time of the injury/poisoning (2) None (3) Less than 1 day (4) 1 to 5 days (5) Six or more days (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 13 years who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.171_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 13 years of age or older, where the person was employed at the time

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
2004-present	FIJ.180_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 5 years of age or older
1997-1999	FIJ.270	As a result of this injury/these injuries, how much school did {you/subject's name} miss?	(0) None (1) Less than 1 day (2) 1 to 5 days (3) Six or more days (6) Not in school at the time of the injury (7) Refused (9) Don't know	Injury episodes for persons > 4 years who had at least one injury during the past 3 months
2000-2003	FIJ.270	As a result of this injury/poisoning, how much school did {you/subject's name} miss?	(1) Not in school at the time of the injury/poisoning (2) None (3) Less than 1 day (4) 1 to 5 days (5) Six or more days (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 4 years who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.181_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 5 years of age or older, where the person was a student at the time
1997-1999	FIJ.280	As a result of this injury/these injuries {do/does}{you/subject's 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?	(1) Yes (2) No (7) Refused (9) Don't know	Injury episodes for persons > 4 years who had at least one injury during the past 3 months
2000-2003	FIJ.280	As a result of this injury/poisoning {do/does}{you/subject's 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?	(1) Yes (2) No (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 4 years who had at least one injury or poisoning during the past 3 months
2004		Question no longer included in the survey.		
1997-1999	FIJ.285	Do you expect {you/subject's name} will need this help for a total of 6 months or longer?	(1) Yes (2) No (7) Refused (9) Don't know	Injury episodes for persons > 4 years who had at least one injury during the past 3 months that caused ADL limitations
2000-2003	FIJ.285	Do you expect {you/subject's name} will need this help for a total of 6 months or longer?	(1) Yes (2) No (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 4 years who had at least one injury or poisoning during the past 3 months that caused ADL
2004		Question no longer included in the survey.		
1997-1999	FIJ.290	As a result of this injury/these injuries {do/does} {you/subject's 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?	(1) Yes (2) No (7) Refused (9) Don't know	Injury episodes for persons > 4 years who had at least one injury during the past 3 months
2000-2003	FIJ.290	As a result of this injury/poisoning {do/does} {you/subject's 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?	(1) Yes (2) No (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 4 years who had at least one injury or poisoning during the past 3 months
2004		Question no longer included in the survey.		

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
1997-1999	FIJ.295	Do you expect {you/subject's name} will need this help for a total of 6 months or longer?	(1) Yes (2) No (7) Refused (9) Don't know	Injury episodes for persons > 4 years who had at least one injury during the past 3 months that caused IADL limitations
2000-2003	FIJ.295	Do you expect {you/subject's name} will need this help for a total of 6 months or longer?	(1) Yes (2) No (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 4 years who had at least one injury or poisoning during the past 3 months that caused IADL
2004		Question no longer included in the survey.		
Section Header: Poisoning Questions				
1997-1999	FIJ.300	The next questions are about POISONING, which includes coming into contact with harmful substances, and overdose or wrong use of any drug or medication. Do not include any illnesses such as poison ivy or food poisoning. DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, did {you/anyone in the family} have a poisoning that caused someone to seek medical advice or treatment, including calls to a poison control center?	(1) Yes (2) No (7) Refused (9) Don't know	All families
2000-2003	FIJ.010	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. DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, {were/was} {you/anyone in the family} injured or poisoned seriously enough that {you/they} got medical advice or treatment?	(1) Yes (2) No (7) Refused (9) Don't know	All families
2004-present	FIJ.020_00.000	DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/was 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	All families
Section Header: Poisoning by Swallowing or Breathing				
1997-1999	FIJ.310	Who was this? (Anyone else?)	Assigned family number of person who was poisoned	All persons
2000-2003	FIJ.020	Who was this? (Anyone else?)	Assigned family number of person who was injured or poisoned	All persons
2004-present	FIJ.022_00.000	Who was this? (Anyone else?)	Assigned family number of person who was poisoned	All persons
Section Header: Poisoning by Swallowing or Breathing - Frequency				
2004-present	FIJ.024_00.000	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	All persons poisoned during the past 3 months
Section Header: Poisoning by Swallowing or Breathing - Medical Consultation				
2004-present	FIJ.026_00.000	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	All persons with at least one or an unknown number of poisoning episodes during the past 3 months
Section Header: Poisoning by Swallowing or Breathing - Medical Consultation - Frequency				
1997-1999	FIJ.320	How many different times in the PAST THREE MONTHS {were/was}{you/subject's name} poisoned?	(01-94) 1-94 times (95) 95+ times (97) Refused (99) Don't know	Persons who were poisoned during the past 3 months
2000	FIJ.030	How many different times in the PAST THREE MONTHS did {you/subject's name} SEEK MEDICAL ADVICE because {you/subject's name} {were/was} injured or poisoned?	01-94 times	Persons who were injured and/or poisoned during the past 3 months
2001-2003	FIJ.030	How many different times in the PAST THREE MONTHS {were/was} {you/subject's name} injured or poisoned seriously enough to seek medical advice or treatment?	01-94 times	Persons who were injured and/or poisoned during the past 3 months
2004-present	FIJ.028_00.000	Of [fill1: the number of times reported in question FIJ.024_00.000/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)

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
1997	FIJ.330	If only one poisoning: When did {subject's name} poisoning happen? If more than one poisoning: Now I'm going to ask a few question about {subject's name} most recent poisoning. When did that poisoning happen? We just talked about {subject's name} poisoning on {recent poisoning date}. When did {subject's name} poisoning BEFORE THAT happen?	Month: (1) January (2) February (3) March (4) April (5) May (6) June (7) July (8) August (9) September (10) October (11) November (12) December (97) Refused (99) Don't know Day: (01-31) 1-31 (97) Refused (99) Don't know Year: (1996-1998) 1996-1998 (9997) Refused (9999) Don't know	Poison episodes for persons who had at least one poisoning during the past 3 months
1998	Same as 1997	Same as 1997	Same as 1997 except Year changed to 1997-1999	Same as 1997
1999	Same as 1997	Same as 1997	Same as 1997 except Year changed to 1998-2000	Same as 1997
2000	FIJ.040	If only one injury/poisoning: Now I'm going to ask a few questions about {your/subject's name}'s most recent injury/poisoning. When did it happen? If there are additional injuries/poisonings: We just talked about {your/subject's name}'s injury/poisoning on {recent injury/poisoning date}. When did {your/subject's name}'s injury/poisoning BEFORE THAT happen?	Same as 1997 except Year changed to 1999-2001	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2001	Same as 2000	Same as 2000	Same as 1997 except Year changed to 2000-2002	Same as 2000
2002	Same as 2000	Same as 2000	Same as 1997 except Year changed to 2001-2003	Same as 2000
2003	Same as 2000	Same as 2000	Same as 1997 except Year changed to 2002-2004	Same as 2000
2004	FIJ.050_01.000 FIJ.050_02.000 FIJ.050_03.000	{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: the number of times injured/poisoned reported in question FIJ.018_00.00/FIJ.028_00.000] 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] before that for which a medical professional was consulted?	Month: (1) January (2) February (3) March (4) April (5) May (6) June (7) July (8) August (9) September (10) October (11) November (12) December (97) Refused (99) Don't know Day: (01-31) 1-31 (97) Refused (99) Don't know Year: (2003-2005) 2003-2005 (9997) Refused (9999) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
2005-present	Same as 2004	Same as 2004	Same as 2004 except Year changed to the year before the current survey year, the current survey year, and the year after the current survey year; for example, if the survey year is 2005 then the values for Year would be 2004-2006	Same as 2004
1997-1999	FIJ.340	Did {you/subject's name} poisoning result from:	(1) A drug or medical substance used mistakenly or in overdose (2) A harmful or toxic solid or liquid substance (3) Inhaling gases or vapors (4) Eating a poisonous plant or other substance mistaken for food (5) A venomous animal or plant (6) Something else (7) Refused (9) Don't know	Poison episodes for persons who had at least one poisoning during the past 3 months
2000-2003	FIJ.195	Did {you/subject's name} poisoning result from:	(01) A drug or medical 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	Poison episodes for persons who had at least one poisoning during the past 3 months
2004-present	FIJ.140_00.000	What did [fill: your/ALIAS's] poisoning result from?	(01) Swallowing a drug or medical substance mistakenly or in overdose (02) Swallowing or touching a harmful solid or liquid substance (03) Inhaling harmful gases or vapors (04) Eating a poisonous plant or other substance mistaken for food (05) Being bitten by a poisonous animal (06) Other, specify (7) Refused (9) Don't know	All medically-consulted poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
2004-present	FIJ.141_00.000	How did [fill: your/ALIAS's] poisoning occur?	Verbatim response (7) Refused (9) Don't know	All medically-consulted poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000, involving some "other" cause of the poisoning
1997-1999	FIJ.350	Not a question. Description of how the poisoning happened	Verbatim response	Poison episodes for persons who had at least one poisoning during the past 3 months
2000-2003	FIJ.070	How did {your/subject's 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.	Verbatim response	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.060_00.000	[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: response to questions FIJ.050_01.000 and FIJ.050_02.000 (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.	Verbatim response (7) Refused (9) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000
1997-1999	FIJ.360	Did you or did someone else call a poison control center for advice in treating {subject's name} poisoning?	(1) Yes (2) No (7) Refused (9) Don't know	Poison episodes for persons who had at least one poisoning during the past 3 months
2000-2003		Combined with injury question. No longer a separate question. Now included as a response category for question FIJ.045		
2004-present	FIJ.080_01.000	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	All medically-consulted poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
1997-1999	FIJ.370	{Were/Was} {you/subject's name} hospitalized for at least one night as a result of this poisoning?	(1) Yes (2) No (7) Refused (9) Don't know	Poison episodes for persons who had at least one poisoning during the past 3 months
2000-2003		Combined with injury question. No longer a separate question. Now included as a response category for question FIJ.045		
2004-present	FIJ.090_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Injury and Poisoning Questions on the National Health Interview Survey: 1997-present

Year	Question ID	Question	Response categories*	Universe
1997-1999	FIJ.380	How many nights {were/was} {you/subject's name} in the hospital?	(01-94) 1-94 nights (95) 95+ nights (97) Refused (99) Don't know	Poison episodes for persons who had at least one poisoning during the past 3 months that resulted in
2000-2003	FIJ.047	How many nights {were/was} {you/subject's name} in the hospital?	(01-94) 1-94 nights (95) 95+ nights (97) Refused (99) Don't know	Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months that resulted in hospitalization
2004-present	FIJ.091_00.000	How many nights {were/was} {you/subject's name} in the hospital?	(01-94) 1-94 nights (95) 95+ nights (97) Refused (99) Don't know	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, resulting in hospitalization
1997-1999	FIJ.400	As a result of this poisoning, how much work did {you/subject's name} miss?	(0) None (1) Less than 1 day (2) 1 to 5 days (3) Six or more days (6) Not employed at the time of the poisoning (7) Refused (9) Don't know	Poison episodes for persons > 13 years who had at least one poisoning during the past 3 months
2000-2003	FIJ.260	As a result of this injury/poisoning, how much work did {you/subject's name} miss?	(1) Not employed at the time of the injury/poisoning (2) None (3) Less than 1 day (4) 1 to 5 days (5) Six or more days (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 13 years who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.171_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 13 years of age or older, where the person was employed at the time
1997-1999	FIJ.410	As a result of this poisoning, how many days of school did {you/subject's name} miss?	(0) None (1) Less than 1 day (2) 1 to 5 days (3) Six or more days (6) Not in school at the time of the poisoning (7) Refused (9) Don't know	Poison episodes for persons > 4 years who had at least one poisoning during the past 3 months
2000-2003	FIJ.270	As a result of this injury/poisoning, how much school did {you/subject's name} miss?	(1) Not in school at the time of the injury/poisoning (2) None (3) Less than 1 day (4) 1 to 5 days (5) Six or more days (7) Refused (9) Don't know	Injury and/or poisoning episodes for persons > 4 years who had at least one injury or poisoning during the past 3 months
2004-present	FIJ.181_00.000	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	All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 5 years of age or older, where the person was a student at the time

*The response categories listed are those found in the questionnaire. During the editing process, an additional category of "Not ascertained" (8, 98, 998, or 9998) was added to account for persons who did not select any of the response categories associated with the question.