Injury and Poisoning Questions: 1957-1996

No electronic NHIS data are available from before 1963. From 1957-1967, the survey was based on a fiscal year schedule (July through June). In 1968, there are data files from both fiscal and calendar year 1968. Effective 1969 through the present, data files are of calendar years. Fiscal years are dated based on the year in which they end, while calendar years are based on each January 1 date. The questions below will use the beginning and end years to facilitate keeping track of the data years.

Survey years: 1957/1958

12. Last week or the week before did you have any accidents or injuries, either at home or away from the home?
    What were they? (verbatim response)
13. Last week or the week before did you feel any ill effects from an earlier accident or injury?
    What were these effects? (verbatim response)
    In table A, which was completed for each injury:
    1. What part of the body was hurt? What kind of injury was it?
    2. When did it happen? (month/year; in addition a box was checked for injuries within past two weeks)
    3. Where did the accident happen? at home (inside or outside the house), while in the Armed Services, some other place
    4. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? Yes/no
    5. Were you at work at your job or business when the accident happened? Yes/no

Survey years: 1958/1959

The core questions were the same as the previous year but there was one extra refinement to the "At home" response so that it clearly included both own home or someone else's home.

Survey years: 1959 through 1961

The same basic injury questions were asked as in 1957 through 1959 but three supplement questions (5-7) were inserted after questions 1-4 and before questions 8- 9. The format changed for the core questions in 1960, but the questions were identical. The version shown below is from 1960.

Table A - (Accidents and Injuries)

Line No. from Table I ☐

Accident happened last week or week before *(Go to q. 3)* ☐

1. When did the accident happen?

Year: _____

(If 1960 or 1961 also enter the month)

Month: _____

2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body	Kind of injury(s)

3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? ☐ Yes ☐ No *(Go to Section B)*

(b) Was more than one motor vehicle involved? ☐ Yes (more than one) ☐ No

(c) Was it (either one) moving at the time? ☐ Yes ☐ No *(Go to Section B)*

4. Were you outside the vehicle, getting in or out of it, a passenger or were you the driver? 1. ☐ Outside *(Go to Section A q.5)* 2. ☐ Getting in or out 3. ☐ Passenger 4. ☐ Driver *(Go to Section A q. 6)*

Section A - (Motor Vehicle Accidents)

If "Outside" in q. 4, ask:

5. (a) How did the accident happen?

1. ☐ Accident between motor vehicle and person riding on bicycle, in streetcar, on railroad train, on horse-drawn vehicle
2. ☐ Accident between motor vehicle and person who was walking, running, or standing
3. ☐ Other *(Specify how the accident happened)*

_____

_____

(b) What kind(s) of motor vehicle was involved?

1. ☐ Car 2. ☐ Taxi 3. ☐ Bus
4. ☐ Truck 5. ☐ Motorcycle 6. ☐ Other *(Specify)*

_____

If "Getting in or out" "Passenger" or "Driver," in q. 4, ask:

6. (a) How did the accident happen?

1. ☐ Accident between two or more motor vehicles on roadway
2. ☐ Accident between motor vehicle and some other object on roadway

(Specify object) _____

3. ☐ Motor vehicle came to sudden stop on roadway
4. ☐ Motor vehicle ran off roadway
5. ☐ Other *(Specify how the accident happened)*

_____

_____ ☐ Acc. on roadway

_____ ☐ Acc. not on roadway

(b) What kind of motor vehicle were you in (getting in) (getting out of) when the accident happened?

1. ☐ Car 2. ☐ Taxi 3. ☐ Bus
4. ☐ Truck 5. ☐ Motorcycle 6. ☐ Other *(Specify)*

_____

Section B - (Non-Motor Vehicle Accidents)

7. How did the accident happen?

A.1. ☐ Any injury involving an uncontrolled fire or explosion

2. ☐ Any injury involving the discharge of a firearm

3. ☐ Any injury from an accident involving a non-motor vehicle in motion (streetcar, railroad train, airplane, boat, bicycle, horse-drawn vehicle)

B.4. ☐ Any injury caused by machinery (belt or motor driven) while in operation

(Specify kind of machinery) _____

5. ☐ Any injury caused by edge or point of knife, scissors, nail or other cutting or piercing implement

6. ☐ Any injury caused by foreign body in eye, windpipe, or other orifices

7. ☐ Any injury caused by animal or insect

8. ☐ Any injury caused by poisonous substance swallowed *(Specify substance)* _____

C.9. ☐ Fell on stairs or steps or from a height

10. ☐ All other falls

11. ☐ Bumped into object or person (covers all collisions between persons including striking, punching, kicking, etc.)

12. ☐ Struck by moving object (include objects held in own hand or hand of other person, also falling, flying, or thrown objects)

13. ☐ Handling or stepping on sharp or rough objects such as stones, splinters, broken glass, rope, etc.

14. ☐ Caught in, pinched or crushed between two moving objects or between a moving and a stationary object

15. ☐ Came in contact with hot object or substance or open flame

16. ☐ One-time lifting or other one-time exertion

17. ☐ Twisting, stumbling, etc.

D.18. ☐ Other *(Specify how accident happened)* _____

_____

_____

_____

_____

ASK FOR ALL ACCIDENTS

8. (a) Where did the accident happen -- at home or some other place?

1. ☐ At home (inside house) 2. ☐ At home (adjacent premises) ☐ Some other place

If "Some other place," ask:

(b) What kind of place was it?

3. ☐ Street and highway (includes roadway) 6. ☐ School (includes school premises)
4. ☐ Farm 7. ☐ Place of recreation and sports, except at school
5. ☐ Industrial place (includes premises) 8. ☐ Other *(Specify the place where accident happened)* _____

9. Were you at work at your job or business when the accident happened?

1. ☐ Yes 2. ☐ No 3. ☐ While in Armed Services 4. ☐ Under 17 at time of accident

Survey years: 1960-1965

The only change was a shift in possible dates.

Table A for injuries was standardized for this time period:

Table A - ACCIDENTS AND INJURIES

Line No. from Table I	1. When did the accident happen?	2. At the time of the accident, what part of the body was hurt? What kind of injury was it? Anything else?	
	Year	Part(s) of body	Kind of injury (injuries)
Accident happened last week or week before *(Go to Q. 3)* ☐	(If 1961, 1962, or 1963 also enter month): Month		

3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? ☐ Yes ☐ No *(Go to Q. 4)*

(b) Was more than one motor vehicle involved? ☐ Yes (More than one) ☐ No

(c) Was it (either one) moving at the time? ☐ Yes ☐ No

4. (a) Where did the accident happen — at home or some other place?

1. ☐ At home (inside house) 2. ☐ At home (adjacent premises) ☐ Some other place

If "Some other place," ask:

(b) What kind of place was it?

3. ☐ Street and highway (includes roadway) 6. ☐ School (includes school premises)
4. ☐ Farm 7. ☐ Place of recreation and sports, except at school
5. ☐ Industrial place (includes premises) 8. ☐ Other *(Specify the place where accident happened)* _____

5. Were you at work at your job or business when the accident happened?

1. ☐ Yes 2. ☐ No 3. ☐ While in Armed Services 4. ☐ Under 17 at time of accident

Survey years: 1965-1968

The questions were the same but one question was added to the accident/injury table: See question 4a below which distinguishes between accidents happening within the past two years and those happening previously.

The format was modified.

FILL QUESTIONS 4–8 FOR ALL ACCIDENTS OR INJURIES

4a. Did the accident happen during the past 2 years or before that time?
○ During past 2 years
○ Before 2 years – *Go to 5a*

4b. When did the accident happen? *Enter month and year, mark one circle.*

Month	Year

○ Last week
○ Week before
○ 2 weeks – 3 months
○ 3 – 12 months
○ 1 – 2 years

Footnotes

Ask for all accidents or injuries

5a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body	Kind of injury(injuries)

If accident happened before 3 months, ask:

5b. What part of the body is affected now? How is it – – affected?

Part(s) of body	Present effects

6a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? Yes No *Go to 7*

b Was more than one vehicle involved? Yes

c. Was it (either one) moving at the time? Yes

7. Where did the accident happen?

Specify place

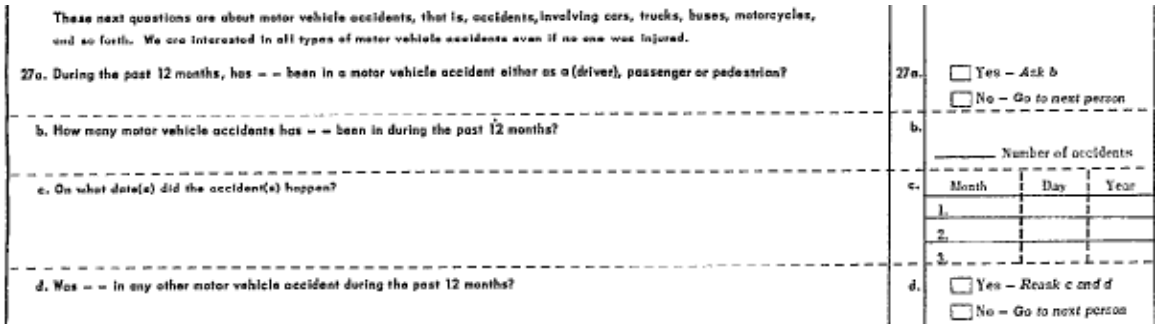
At home (inside house)
At home (adjacent premises)
Street and highway (includes roadway)
Farm
Industrial (includes premises)
School (includes school premises)
Place of recreation and sports (except school)
Other (Specify place where accident happened)

8. Was ___ at work at his job or business when the accident happened? Yes No Under 17 at time While in Armed Forces

Survey year: 1968 (based on calendar year)

The NHIS was now using the person approach however the questions in table A remained the same.

Embedded in the core, a supplemental multipart motor vehicle question was added:



These next questions are about motor vehicle accidents, that is, accidents involving cars, trucks, buses, motorcycles, and so forth. We are interested in all types of motor vehicle accidents even if no one was injured.

27a. During the past 12 months, has – – been in a motor vehicle accident either as a (driver), passenger or pedestrian? — 27a. ☐ Yes – *Ask b* ☐ No – *Go to next person*

b. How many motor vehicle accidents has – – been in during the past 12 months? — b. _____ Number of accidents

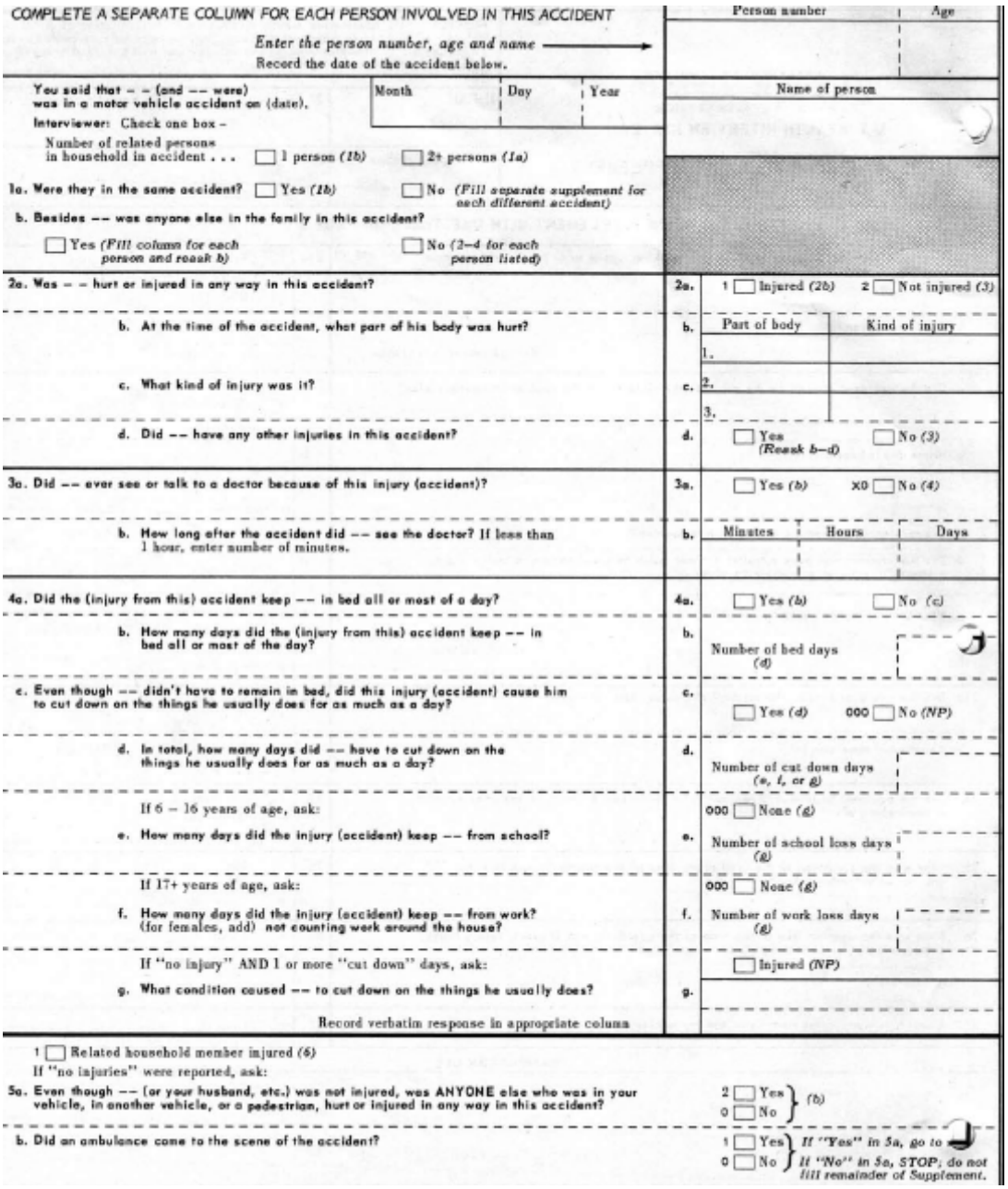
c. On what date(s) did the accident(s) happen? — c.

	Month	Day	Year
1.			
2.			
3.			

d. Was – – in any other motor vehicle accident during the past 12 months? — d. ☐ Yes – *Reask c and d* ☐ No – *Go to next person*

1968 also included a motor vehicle accident supplement which was based on the additional screener questions shown above.

Motor vehicle supplement:



COMPLETE A SEPARATE COLUMN FOR EACH PERSON INVOLVED IN THIS ACCIDENT

Enter the person number, age and name →

Record the date of the accident below.

Person number | Age

Name of person

You said that – – (and –– were) was in a motor vehicle accident on (date).

Month | Day | Year

Interviewer: Check one box –

Number of related persons in household in accident . . . ☐ 1 person (1b) ☐ 2+ persons (1a)

1a. Were they in the same accident? ☐ Yes (1b) ☐ No (Fill separate supplement for each different accident)

b. Besides –– was anyone else in the family in this accident?

☐ Yes (Fill column for each person and reask b) ☐ No (2–4 for each person listed)

2a. Was – – hurt or injured in any way in this accident? — 2a. 1 ☐ Injured (2b) 2 ☐ Not injured (3)

b. At the time of the accident, what part of his body was hurt? — b. Part of body | Kind of injury; 1.

c. What kind of injury was it? — c. 2.

3.

d. Did –– have any other injuries in this accident? — d. ☐ Yes (Reask b–d) ☐ No (3)

3a. Did –– ever see or talk to a doctor because of this injury (accident)? — 3a. ☐ Yes (b) X0 ☐ No (4)

b. How long after the accident did –– see the doctor? If less than 1 hour, enter number of minutes. — b. Minutes | Hours | Days

4a. Did the (injury from this) accident keep –– in bed all or most of a day? — 4a. ☐ Yes (b) ☐ No (c)

b. How many days did the (injury from this) accident keep –– in bed all or most of the day? — b. Number of bed days (d)

c. Even though –– didn't have to remain in bed, did this injury (accident) cause him to cut down on the things he usually does for as much as a day? — c. ☐ Yes (d) 000 ☐ No (NP)

d. In total, how many days did –– have to cut down on the things he usually does for as much as a day? — d. Number of cut down days (e, f, or g)

If 6 – 16 years of age, ask:

e. How many days did the injury (accident) keep –– from school? — 000 ☐ None (g); e. Number of school loss days (g)

If 17+ years of age, ask:

f. How many days did the injury (accident) keep –– from work? (for females, add) not counting work around the house? — 000 ☐ None (g); f. Number of work loss days (g)

If "no injury" AND 1 or more "cut down" days, ask:

g. What condition caused –– to cut down on the things he usually does? — ☐ Injured (NP); g.

Record verbatim response in appropriate column

1 ☐ Related household member injured (6)

If "no injuries" were reported, ask:

5a. Even though –– (or your husband, etc.) was not injured, was ANYONE else who was in your vehicle, in another vehicle, or a pedestrian, hurt or injured in any way in this accident? — 2 ☐ Yes (b) 0 ☐ No

b. Did an ambulance come to the scene of the accident? — 1 ☐ Yes 0 ☐ No — If "Yes" in 5a, go to … If "No" in 5a, STOP; do not fill remainder of Supplement.

Ask for each injured household member:

6a. **Did -- receive any first aid treatment or other care at the scene of the accident?**

6a. ☐ Yes *(b)*
0 ☐ No *(NP)*

b. **What kind of care did he receive?**

b. Write in verbatim response

c. **Who provided this care -- a doctor, an ambulance attendant, or some other person?**

c. 1 ☐ Doctor
2 ☐ Ambulance attendant
3 ☐ Other person *(Specify)*
(NP)

7a. **Did an ambulance come to the scene of the accident?**

1 ☐ Yes *(b)*
0 ☐ No *(8)*

7a.

b. **Did the ambulance take (--, --, etc.) from the scene of the accident?**

☐ Yes *(c)*
☐ No *(8)*

b.

c. **Who was taken?**
Mark "Taken by ambulance" box in appropriate column for each injured person.

c. ☐ Taken by ambulance

Ask for each injured person "Taken by ambulance":

d. **Where did the ambulance take --, to a hospital, a doctor's office, home, or some other place?**

d. 1 ☐ Hospital
2 ☐ Doctor's office
3 ☐ Home
4 ☐ Some other place *(Specify)*
(NP)

Ask for each injured person NOT taken by ambulance:

8. **Where did -- go from the scene of the accident -- to a hospital, a doctor's office, home, or some other place?**

8. 5 ☐ Hospital
6 ☐ Doctor's office
7 ☐ Home
8 ☐ Some other place *(Specify)*
(NP)

9a. How many motor vehicles were involved in this accident?

☐ One *(b)* ☐ Two or more *(11)* – Enter number →

b. Was the motor vehicle moving at the time of the accident?

0 ☐ Yes *(11)* 1 ☐ No *(10)*

10. How did the accident happen?

1 ☐ Moving *(11)*

☐ Non-moving, *Fill category then STOP; DO NOT fill remainder of supplement.* →
- 2 ☐ Caught in door
- 3 ☐ Fell getting in or out
- 4 ☐ Injured while repairing vehicle
- 5 ☐ Other *(Specify)*_____

If 14 years or over ask:

11. At the time of the accident, was -- outside the vehicle, getting in or out of it, a passenger, or was he the driver?

If under 14 years, ask:

At the time of the accident, was -- outside the vehicle, getting in or out of it, or was he a passenger?

11. ☐ Outside *(12)*
3 ☐ Getting in or out *(NP)*
☐ Passenger *(13a)*
4 ☐ Driver *(13b)*

If motorcycle, go to 14

12. Was -- on foot, on a bicycle or in some other vehicle?

12.
- 0 ☐ On foot
- 1 ☐ Bicycle
- 2 ☐ Other *(Specify)* } *(NP)*

13a. Was -- sitting in the front or back seat?

13a. 5 ☐ Front *(b)* 6 ☐ Back *(b)*
7 ☐ Motorcycle *(14)* 8 ☐ Other *(Specify)* *(NP)*

b. Was -- wearing a seat belt?

b. 1 ☐ Yes *(d)* ☐ No *(c)*
4 ☐ Motorcycle *(14)*

c. Was there a seat belt where he was sitting?

c. 2 ☐ Yes *(d)* 3 ☐ No *(d)*

d. Was -- wearing a shoulder strap or harness?

d. 5 ☐ Yes *(NP)* ☐ No *(e)*

e. Was there a shoulder strap or harness where he was sitting?

e. 6 ☐ Yes *(NP)* 7 ☐ No *(NP)*

If on a motorcycle, ask:

14. Was -- wearing a helmet at the time of the accident?

14. 1 ☐ Yes 2 ☐ No

INTERVIEWER CHECK BOX — Refer to questions 9 and 11 and check the appropriate box below:

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☐ One motor vehicle with 1 or more family members inside *(19)*

☐ Two or more motor vehicles with 1 or more family members inside *(16)*

☐ All family members outside motor vehicle *(15)*

If all related household members outside motor vehicle, ask:

15a. What was the year and make of the motor vehicle involved? — 15a. Year | Make

b. Was it a sedan, a convertible, a hardtop, a station wagon, or some other type of motor vehicle?

If truck, determine type: pickup, dump, etc. — b. 0 ☐ Sedan 1 ☐ Convertible 2 ☐ Hardtop 3 ☐ Station wa 4 ☐ Other (Specify) _____

c. In what State was this vehicle registered? — c. State (22)

If inside, and 2 or more motor vehicles, ask:

16a. Was the motor vehicle -- was (they were) in moving at the time of the accident? — 16a. 1 ☐ Yes (c) ☐ No (b)

b. Was it moving the instant before the accident happened? — b. 2 ☐ Yes (c) 3 ☐ No (c)

c. Was the other vehicle moving at the time of the accident? — c. 1 ☐ Yes (17) ☐ No (d)

d. Was the other vehicle moving the instant before the accident happened? — d. 2 ☐ Yes (17) 3 ☐ No (17)

Hand respondent motor vehicle flash card —

17a. Assuming this is the motor vehicle -- was in, in what lettered area of the motor vehicle did the impact occur? — 17a. Family member motor vehicle 1 ☐ A 2 ☐ B 3 ☐ C 4 ☐ D 5 ☐ E 6 ☐ F 7 ☐ G 8 ☐ H

b. In what lettered area of the other motor vehicle did the impact occur? — b. Other motor vehicle 1 ☐ A 2 ☐ B 3 ☐ C 4 ☐ D 5 ☐ E 6 ☐ F 7 ☐ G 8 ☐ H (18)

18a. What was the year and make of the other motor vehicle involved? — 18a. Year | Make

b. Was it a sedan, a convertible, a hardtop, a station wagon or some other type of motor vehicle? — b. 0 ☐ Sedan 1 ☐ Convertible 2 ☐ Hardtop 3 ☐ Station wagon 4 ☐ Other (Specify) _____

c. In what State was this vehicle registered? — c. State (20)

If inside and 1 motor vehicle, ask:

19a. How did the accident happen; was it a collision with some other object or did it happen in some other way? — 19a. 1 ☐ Collision with object (c) ☐ Other way (b)

b. How did the accident happen? — b. 2 ☐ Turned over 3 ☐ Sudden stop – No collision 4 ☐ Other (Specify) _____ (20)

c. What type of object was it? — c. Object (20)

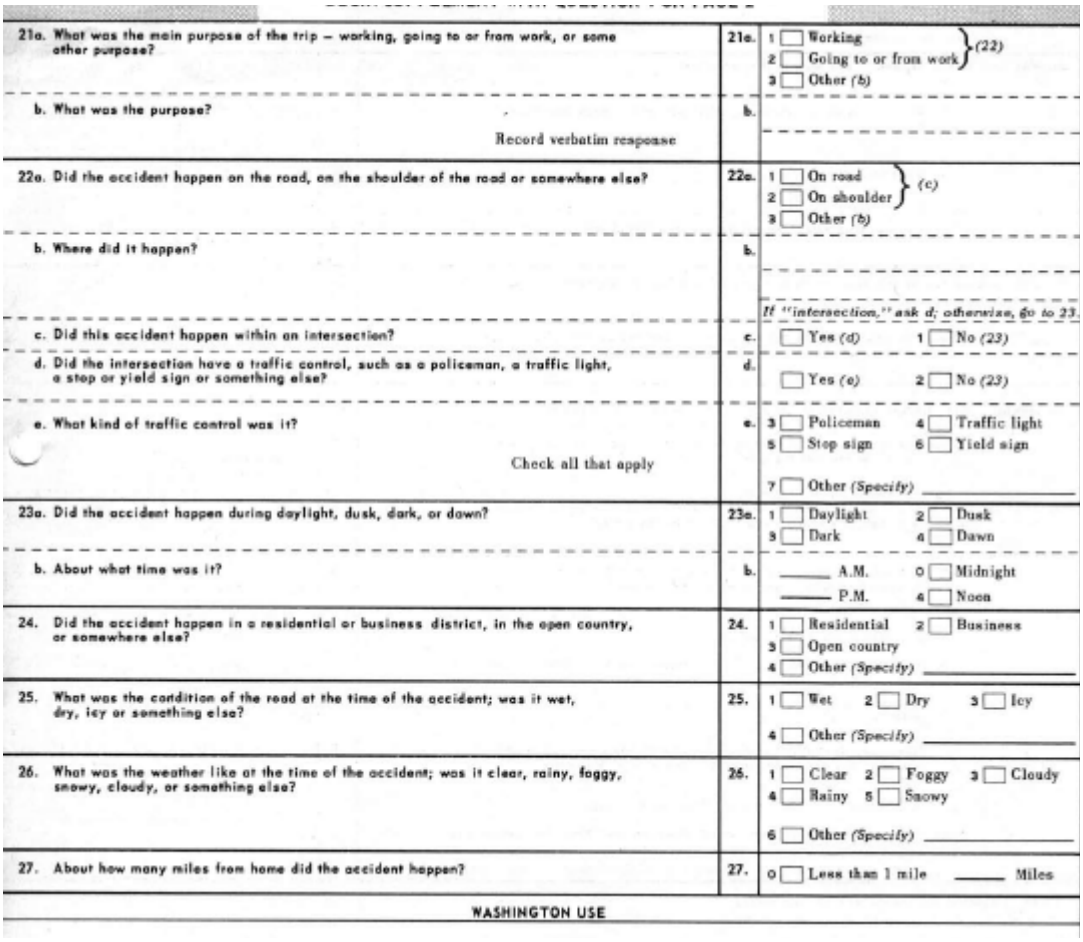
20a. What was the year and make of motor vehicle -- was (they were) in? — 20a. Year | Make

b. Was it a sedan, a convertible, a hardtop, a station wagon, or some other type of motor vehicle?

If truck, determine type: pickup, dump, etc. — b. 0 ☐ Sedan 1 ☐ Convertible 2 ☐ Hardtop 3 ☐ Station wagon 4 ☐ Other (Specify) _____

c. In what State was this vehicle registered? — c. State

d. In terms of dollars, about how much damage was done to the motor vehicle -- was (they were) in? — d. $ _____



21a. What was the main purpose of the trip — working, going to or from work, or some other purpose?	21a.	1 ☐ Working 2 ☐ Going to or from work } (22) 3 ☐ Other (b)
b. What was the purpose? Record verbatim response	b.	
22a. Did the accident happen on the road, on the shoulder of the road or somewhere else?	22a.	1 ☐ On road 2 ☐ On shoulder } (c) 3 ☐ Other (b)
b. Where did it happen?	b.	
		If "intersection," ask d; otherwise, go to 23.
c. Did this accident happen within an intersection?	c.	☐ Yes (d) 1 ☐ No (23)
d. Did the intersection have a traffic control, such as a policeman, a traffic light, a stop or yield sign or something else?	d.	☐ Yes (e) 2 ☐ No (23)
e. What kind of traffic control was it? Check all that apply	e.	3 ☐ Policeman 4 ☐ Traffic light 5 ☐ Stop sign 6 ☐ Yield sign 7 ☐ Other (Specify) _____
23a. Did the accident happen during daylight, dusk, dark, or dawn?	23a.	1 ☐ Daylight 2 ☐ Dusk 3 ☐ Dark 4 ☐ Dawn
b. About what time was it?	b.	____ A.M. 0 ☐ Midnight ____ P.M. 4 ☐ Noon
24. Did the accident happen in a residential or business district, in the open country, or somewhere else?	24.	1 ☐ Residential 2 ☐ Business 3 ☐ Open country 4 ☐ Other (Specify) _____
25. What was the condition of the road at the time of the accident; was it wet, dry, icy or something else?	25.	1 ☐ Wet 2 ☐ Dry 3 ☐ Icy 4 ☐ Other (Specify) _____
26. What was the weather like at the time of the accident; was it clear, rainy, foggy, snowy, cloudy, or something else?	26.	1 ☐ Clear 2 ☐ Foggy 3 ☐ Cloudy 4 ☐ Rainy 5 ☐ Snowy 6 ☐ Other (Specify) _____
27. About how many miles from home did the accident happen?	27.	0 ☐ Less than 1 mile ____ Miles
WASHINGTON USE		

Survey year: 1969

Core: There were no changes to the previous Table A questions however one new question was added:

Ask for all accidents that happened during the past 2 weeks except those involving moving motor vehicles.

9. We are interested in the objects that caused this accident and injury. How did the accident happen? (verbatim response)

In the Arthritis supplement, there was one three part question related to injuries:

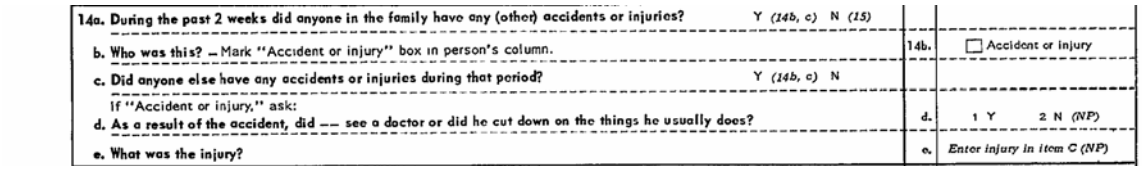
9a. Do you presently have pain, swelling, or stiffness in any joint as a result of an old accident or injury? [yes/no]

9b. (If yes to 9a) Did this accident or injury happen during the past 12 months or before that time? [during past 12 months/more than 12 months ago]

9c. (If during past 12 months) Which joints were hurt in this accident or injury? [neck/upper back/middle back/lower back; ankle, elbow, food, hand, hip, knee, shoulder, wrist (right/left for each)]

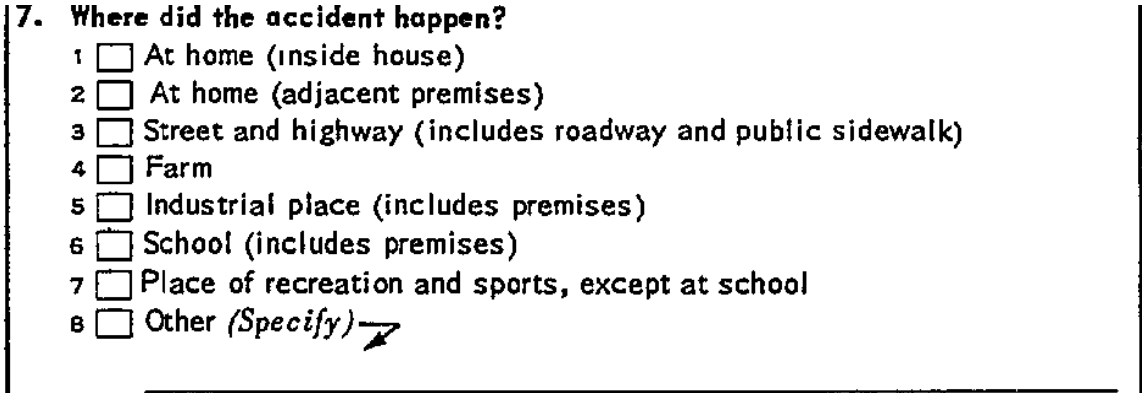
Survey year: 1970

The core questions were the same as in 1969, and the injury/accident probe was added:



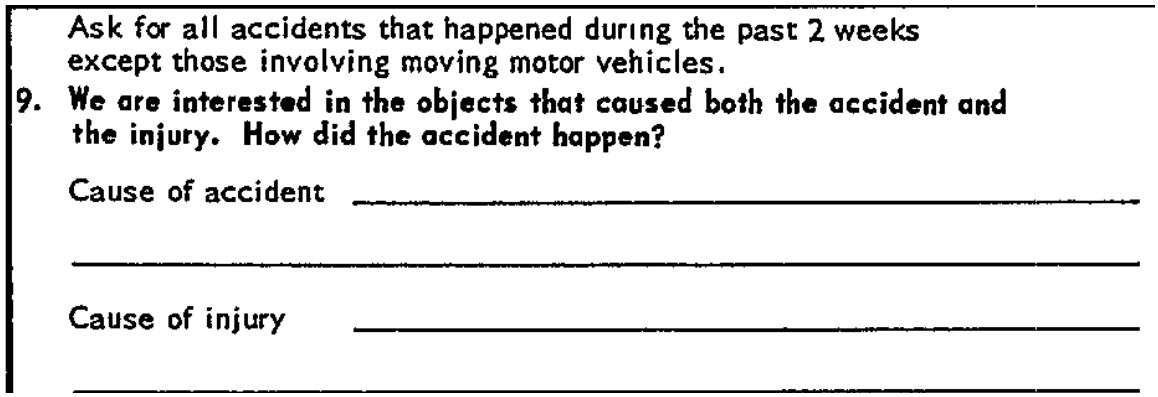
14a. During the past 2 weeks did anyone in the family have any (other) accidents or injuries? Y *(14b, c)* N *(15)*		
b. Who was this? — Mark "Accident or injury" box in person's column.	14b.	☐ Accident or injury
c. Did anyone else have any accidents or injuries during that period? Y *(14b, c)* N		
If "Accident or injury," ask: d. As a result of the accident, did — see a doctor or did he cut down on the things he usually does?	d.	1 Y 2 N *(NP)*
e. What was the injury?	e.	*Enter injury in item C (NP)*

Also, for the question "Where did the accident happen?", category "3", which was "Street and highway", now explicitly included roadway and public sidewalk.



7. **Where did the accident happen?**
   - 1 ☐ At home (inside house)
   - 2 ☐ At home (adjacent premises)
   - 3 ☐ Street and highway (includes roadway and public sidewalk)
   - 4 ☐ Farm
   - 5 ☐ Industrial place (includes premises)
   - 6 ☐ School (includes premises)
   - 7 ☐ Place of recreation and sports, except at school
   - 8 ☐ Other *(Specify)* _____

Question 9 underwent a minor change in wording and, for the first time, there were explicit entries for cause of accident and cause of injury:



Ask for all accidents that happened during the past 2 weeks except those involving moving motor vehicles.

9. **We are interested in the objects that caused both the accident and the injury. How did the accident happen?**

Cause of accident _____

_____

Cause of injury _____

_____

Survey year: 1971

The "lead in" questions were identical to 1970, although some were asked in a different order.

The condition record questions specific to accidents and injuries, however, had more changes and a question order shift.

If the accident happened within the previous two weeks, a question was added about the time of day (question 16b).

Questions about the specific type of vehicle involved were added (questions 21a-c).

The question on how the accident happened collected more detail and used a card to show the respondent the categories (question 22).

A2 ☐ Accident or injury ☐ Other *(A3)*

16a. Did the accident happen during the past 2 years or before that time?

☐ During the past 2 years *(16b)* ☐ Before 2 years *(17a)*

b. When did the accident happen?

☐ Last week
☐ Week before
☐ 2 weeks–3 months

} **What time of day was it?** _____

☐ 3–12 months
☐ 1–2 years

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body	Kind of injury

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now? How is his –– affected? Is he affected in any other way?

Part(s) of body	Present effects

18. Where did the accident happen?

1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other *(Specify)* _____

19. Was –– at work at his job or business when the accident happened?

1 Y
2 N
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

20a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N *(22)*

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

21a. Was –– outside the vehicle, getting in or out of it, a passenger or was –– the driver?

1 ☐ Outside *(b)*
2 ☐ Getting in or out *(c)*
3 ☐ Passenger *(c)*
4 ☐ Driver *(c)*

b. What kind(s) of motor vehicle was involved?

1 ☐ Car *(22)* 2 ☐ Taxi *(22)* 3 ☐ Bus *(22)*
4 ☐ Truck *(22)* 5 ☐ Motorcycle *(22)* 6 ☐ Other *(Specify)* _____ *(22)*

c. What kind of motor vehicle was –– in (getting in or out of)?

1 ☐ Car 2 ☐ Taxi 3 ☐ Bus
4 ☐ Truck 5 ☐ Motorcycle 6 ☐ Other *(Specify)* _____

22. How did the accident happen?

For **motor** vehicle accident, refer to Card Y and circle number for answer given.

If "Outside" –

1 2 3* *(Specify)* _____

If "Inside" or "Getting in or out of" –

4 5 6 7* *(Specify object)* _____

8 ☐ Accident on roadway
☐ Accident not on roadway } *(Specify how)* _____

_____

For **nonmotor** vehicle accident, refer to Card Z and circle number for answer given.

11 12 13 14* 15 16 17 18* 19 20 21 22

23 24 25 26 27 28* _____
(Specify)

The cards for motor vehicle and non-motor vehicle accidents shown to respondents follow:

CARD Y

MOTOR VEHICLE ACCIDENTS

How did the accident happen?

Outside motor vehicle

1. Accident between motor vehicle and person riding on bicycle, in streetcar, on railroad train, on horsedrawn vehicle

2. Accident between motor vehicle and person who was walking, running, or standing

3. Other way *(Specify how)*

Inside motor vehicle or getting in or out

4. Accident between two or more motor vehicles on roadway

5. Motor vehicle came to sudden stop on roadway

6. Motor vehicle ran off roadway

7. Accident between motor vehicle and some other object on roadway *(Specify object)*

8. Other way *(Specify how)*

CARD Z

NONMOTOR VEHICLE ACCIDENTS

How did the accident happen?

11. Any injury involving an uncontrolled fire or explosion
12. Any injury involving the discharge of a firearm
13. Any injury from an accident involving a nonmotor vehicle in motion (streetcar, railroad train, airplane, boat, bicycle, horse-drawn vehicle)
14. Any injury inflicted by machinery (belt or motor driven) while in operation *(Specify machinery)*
15. Any injury inflicted by edge or point of knife, scissors, nail or other cutting or piercing implement
16. Any injury inflicted by foreign body in eye, windpipe, or other orifices
17. Any injury inflicted by animal or insect
18. Any injury inflicted by poisonous substance swallowed *(Specify substance)*
19. Fell on stairs or steps or from a height
20. All other falls
21. Bumped into object or person (covers all collisions between persons including striking, punching, kicking, etc.)
22. Struck by moving object (include objects held in own hand or hand of other person, also falling, flying or thrown objects)
23. Handling or stepping on sharp or rough object (include wounds from splinters, broken glass, etc.)
24. Caught in, pinched or crushed (i.e., between two moving objects or between a moving and a stationary object)
25. Came in contact with hot object or substance or open flame
26. Lifting or other exertion
27. Twisting or stumbling
28. Other *(Specify how accident happened)*

Survey year: 1972

The questions were identical to 1971 except that, on the condition page, the time of day question for accidents happening in the past two weeks was deleted.

Survey year: 1973

The questions were identical to 1972 except that, on the condition page, the two final questions with details about any vehicles involved and how the accident happened, and the accompanying flashcards, were deleted.

Survey year: 1974

The questions were identical to 1973.

Survey year: 1975

The core questions were identical to 1973 and 1974 but an Injury supplement was added. If any accidents or injuries in the past six months (date supplied by interviewer) were reported, the following questions were asked:

INJURY PAGE

These next questions are about accidents and injuries that caused anyone in the family to see or talk to a doctor OR cut down on the things they usually do for as much as a day.

1a. Since ___(date)___, did you, your —, etc., have —

If "Yes," ask:

b. Who was this? (Circle "Y" in this person's column.)

c. Since ___(date)___, how many different accidents resulting in . . . did — have that caused him to see or talk to a doctor OR cut down on the things he usually does?

d. Since ___(date)___, did anyone else have . . . ?

(If "Yes," reask 1b–d.)

	Table I		Had injury	Number of accidents
AA	A cut or bruise?	AA	Y	
BB	A strain or sprain?	BB	Y	
CC	A burn or scald?	CC	Y	
DD	A concussion or other head injury?	DD	Y	
EE	A dislocation or a broken bone?	EE	Y	
FF	A gunshot wound?	FF	Y	
GG	An injury due to suffocation?	GG	Y	
HH	An injury due to electric shock?	HH	Y	
II	An animal bite?	II	Y	
JJ	A reaction to medication or cosmetics?	JJ	Y	
KK	Any poisoning from swallowing, breathing, or coming in contact with a poisonous substance?	KK	Y	
LL	Any injury to the teeth, mouth, or jaws?	LL	Y	
MM	Any injury to the neck, back, or spine?	MM	Y	
NN	Any injury to the eyes, ears, or nose?	NN	Y	
OO		OO	Y	
PP		PP	Y	
QQ		QQ	Y	
RR		RR	Y	

2a. Since ___(date)___, did — have any (other) injuries (besides . . .)? — 2a. 1 Y 2 N *(A)*

b. What type of injury did he have? (Ask 1c, THEN reask 2a)

A — Verify that all accidents circled in item C are represented in Table I. — A ☐ No accidents circled in Item C ☐ 1+ accidents circled in Item C and entered in Table I

B — B 0 ☐ No injuries in I *(NP)* 1 ☐ One injury in I *(Enter number of accidents in 3, then NP)* 2 ☐ 2+ injuries in I *(3)*

3. You told me — had — accidents in which he had . . . . Since ___(date)___ how many TOTAL ACCIDENTS did he have in which these injuries occurred? — 3. ____ Number of accidents

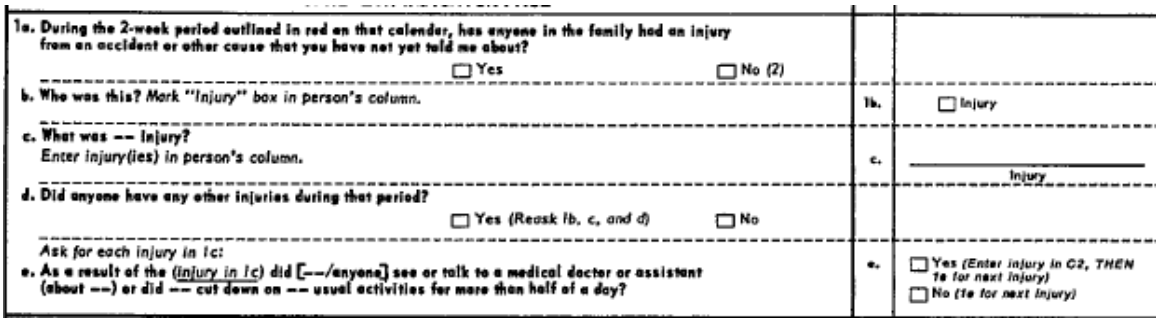
NOTE: Fill Accident Supplement column for each accident.

Survey years: 1976-1981

These questions were identical to 1973 and 1974.

Survey year: 1982

Relatively minor changes were made to the wording of the first and last two week injury questions in the family core questionnaire. These questions were also moved much farther back in the questionnaire than previously.



1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about? ☐ Yes ☐ No (2)		
b. Who was this? Mark "Injury" box in person's column.	1b.	☐ Injury
c. What was -- injury? Enter injury(ies) in person's column.	c.	_____ Injury
d. Did anyone have any other injuries during that period? ☐ Yes (Reask 1b, c, and d) ☐ No		
Ask for each injury in 1c: e. As a result of the (injury in 1c) did [---/anyone] see or talk to a medical doctor or assistant (about --) or did -- cut down on -- usual activities for more than half of a day?	e.	☐ Yes (Enter injury in C2, THEN To for next injury) ☐ No (To for next injury)

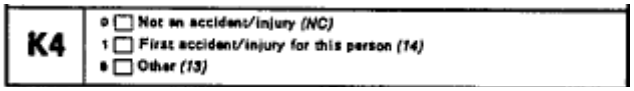
There were also some changes to the injury questions that appeared in the condition section:

The time period for the injury was obtained first along with all other conditions reported.

Once the condition was defined as an injury, it was categorized as a "first" or 'not first' injury in order to get a more accurate count of injury episodes (see below in K4).

A question about whether or not the injury occurred while in the Armed Forces was asked explicitly, followed by whether the injury occurred while at (any other) work.

Finally, the same questions were asked about the part of the body injured, the kind of injury, and present effects (if over three months ago); however, the questions were moved to the end of the sequence.



K4	0 ☐ Not an accident/injury (NC) 1 ☐ First accident/injury for this person (14) 8 ☐ Other (13)

13. Is this (condition in 3b) the result of the same accident you already told me about?
- ☐ Yes (Record condition page number where accident questions first completed.) ⟶ _____ (NC) Page No.
- ☐ No

14. Where did the accident happen?
1. ☐ At home (inside house)
2. ☐ At home (adjacent premises)
3. ☐ Street and highway (includes roadway and public sidewalk)
4. ☐ Farm
5. ☐ Industrial place (includes premises)
6. ☐ School (includes premises)
7. ☐ Place of recreation and sports, except at school
8. ☐ Other (Specify)

Mark box if under 18. ☐ Under 18 (16)

15a. Was — under 18 when the accident happened?
1. ☐ Yes (16) ☐ No

b. Was — in the Armed Forces when the accident happened?
2. ☐ Yes (16) ☐ No

c. Was — at work at — job or business when the accident happened?
3. ☐ Yes 4. ☐ No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1. ☐ Yes 2. ☐ No (17)

b. Was more than one vehicle involved?
1. ☐ Yes 2. ☐ No

c. Was [it/either one] moving at the time?
1. ☐ Yes 2. ☐ No

17a. At the time of the accident what part of the body was hurt?
What kind of injury was it?
Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now?
How is — (part of body) affected?
Is — affected in any other way?

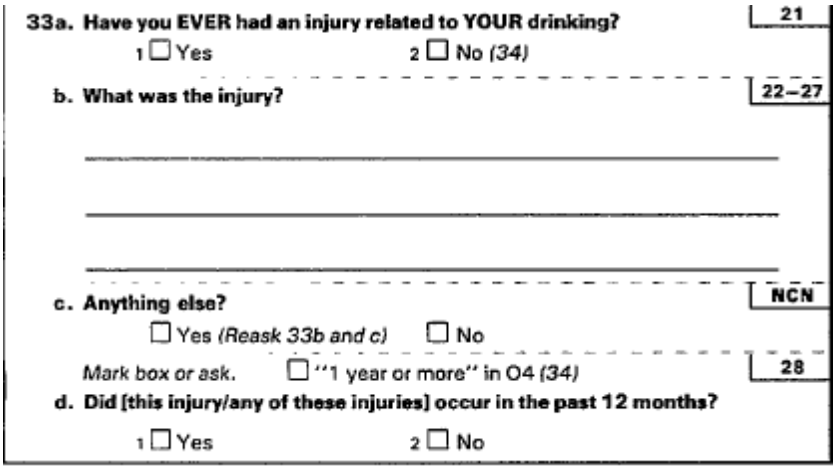
Part(s) of body *	Present effects **

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Survey year: 1983

The basic injury questions were the same as in 1982.

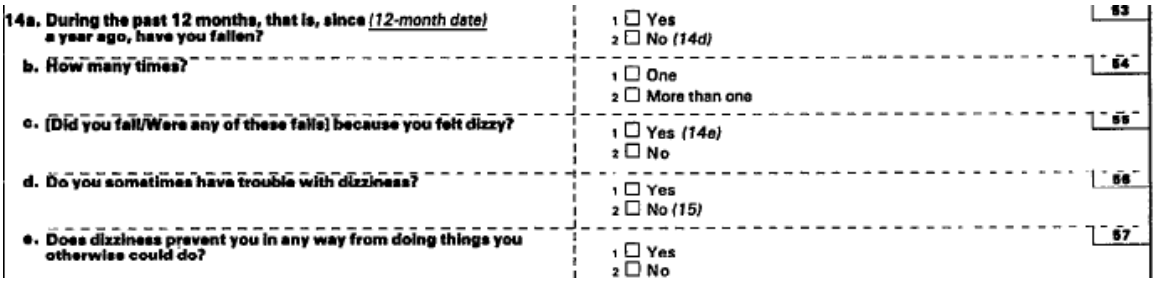
An additional injury question with subparts was included near the end of the Alcohol/Health Practices supplement. The new question was about having an injury related to drinking.

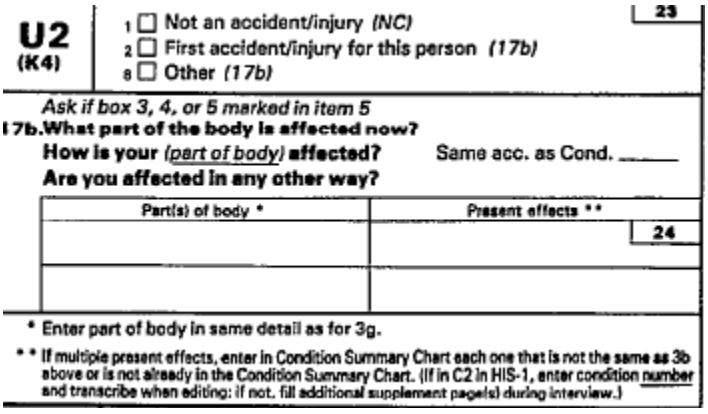


Survey year: 1984

The core injury questions were the same as in 1983, but there was one question (with subparts) on falling in the Supplement on Aging (SOA).

Also, in the SOA, the questions in the condition section relating to injuries was considerably shorter than in the condition section of the core.





Survey years: 1985-1987

The core injury questions were the same as previously.

Survey year: 1988

The core questions were the same; however, additional questions were asked in an Occupational Health supplement and a Child Health supplement.

Back pain and injury section:

These next questions are about back pain. **1a.** **At any time during the past 12 months, that is, since** *(12 month date)* **a year ago, did you have back pain every day for a week or more?**	1 ☐ Yes 2 ☐ No *(Section N3, page 49)*	5
4a. **Did any of the back pain you had in the past 12 months result from a SINGLE accident or injury? Some examples are slipping, falling, twisting, lifting something, or being in a car accident.**	1 ☐ Yes 2 ☐ No *(5)*	18
b. **When did the accident or injury happen?**	_____/_____/ 19____ Month Date Year	19–24
c. **Were you at work at your job or business when the accident or injury happened?**	1 ☐ Yes 2 ☐ No *(5)*	25
d. **Was this at your job as a** *(occupation in Check Item 7)* **for** *(employer in Check Item 7)***?**	1 ☐ Yes *(5)* 2 ☐ No	26
e. **For whom did you work when the accident or injury happened?** *Enter name of company, business, organization, or other employer.*	Employer 932 ☐ Armed Forces — Civilian 942 ☐ Armed Forces — Active duty *(4g)*	27–29
f. **What kind of business or industry is this?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*	Industry	
g. **What kind of work did you do at that job?** *For example, electrical engineer, stock clerk, typist, farmer.*	Occupation	30–32
h. **What were your most important activities or duties at that job?** *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*	Duties	
Complete from entries in 4e—h. If not clear, ask: **i.** **Were you —**	Class of worker	33
An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... **P** **A member of the Armed Forces?** ..... **AF** **A FEDERAL government employee?** ..... **F** **A STATE government employee?** ..... **S** **A LOCAL government employee?** ..... **L** **Self-employed in OWN business, professional practice, or farm?** *Ask:* **Is the business incorporated?** Yes ..... **I** No ..... **SE** **Working WITHOUT PAY in family business or farm?** .....**WP**	1 ☐ P 2 ☐ AF 3 ☐ F 4 ☐ S 5 ☐ L 6 ☐ I 7 ☐ SE 8 ☐ WP *(5)*	

Hand pain and injury section:

3. **During the past 12 months, that is, since** *(12 month date)* **a year ago, have you had discomfort in your hands, wrists or fingers? Discomfort can mean pain, burning, stiffness, numbness or tingling.**	1 ☐ Yes 2 ☐ No *(Section N4, page 52)*	61
4. **Was this discomfort due entirely to an injury, such as a cut, sprain or broken bone?**	1 ☐ Yes *(Section N4, page 52)* 2 ☐ No 9 ☐ DK	62

Work injuries section:

Section N4 — WORK INJURIES

3–4
5–6

Now I will ask about on-the-job injuries in the past 12 months.

Hand Card N3

By "on-the-job injury" we mean an injury at work that resulted in at least one of the following:

an injury that required you to get medical attention or treatment, other than first aid for MINOR INJURIES; OR to be unable to do some of your work activities; OR to lose consciousness; OR to transfer to another job.

1. DURING THE PAST 12 MONTHS, that is, since *(12 month date)* **a year ago, have you had any on- the- job injuries?**

1 ☐ Yes
2 ☐ No *(Section N5, page 58)*

7

2. How many times have you been injured on the job during the past 12 months?

8–9

Number of times

3. On what date did your [(most recent) injury/injury before that] happen?

Enter each date in a separate column.

10–15

_____/ _____/ 19_____
Month Date Year

Complete questions 4—21 as appropriate for the first injury before completing them for the next, etc.

Injury 1

16

4. At the time of your injury on *(date in 3)* **were you working as a** *(occupation in Check Item 7)* **for** *(employer in Check Item 7)*?

1 ☐ Yes *(6)*
2 ☐ No

17–19

5a. For whom did you work when the injury happened?

Enter name of company, business, organization, or other employer.

Employer

932 ☐ Armed Forces — civilian
942 ☐ Armed Forces — active duty
} *(5c)*

b. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

Industry

20–22

c. What kind of work did you do at that job? *For example, electrical engineer, stock clerk, typist, farm.*

Occupation

d. What were your most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

Duties

23

Complete from entries in 5a—d. If not clear, ask:

Class of worker

e. Were you —

An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... **P**
A member of the ARMED FORCES? ..... **AF**
A FEDERAL government employee? .....
A STATE government employee? ..... **S**
A LOCAL government employee? ..... **L**
Self-employed in OWN business, professional practice, or farm?
ASK: **Is the business incorporated?**
Yes ..... **I**
No ..... **SE**
Working WITHOUT PAY in family business or farm? ..... **WP**

1 ☐ P
2 ☐ AF
3 ☐ F
4 ☐ S
5 ☐ L
6 ☐ I
7 ☐ SE
8 ☐ WP

6. At the time of this injury, what part of your body was hurt? What kind of injury was it? Anything else?

Part(s) of body 24–26

Kind of injury 26–27

7. Did you lose consciousness as a result of the injury?

28

1 ☐ Yes
2 ☐ No

8. What were you doing at the time of the injury?

29–30

9. How did the injury happen?

31–32

Go to 10 for this injury

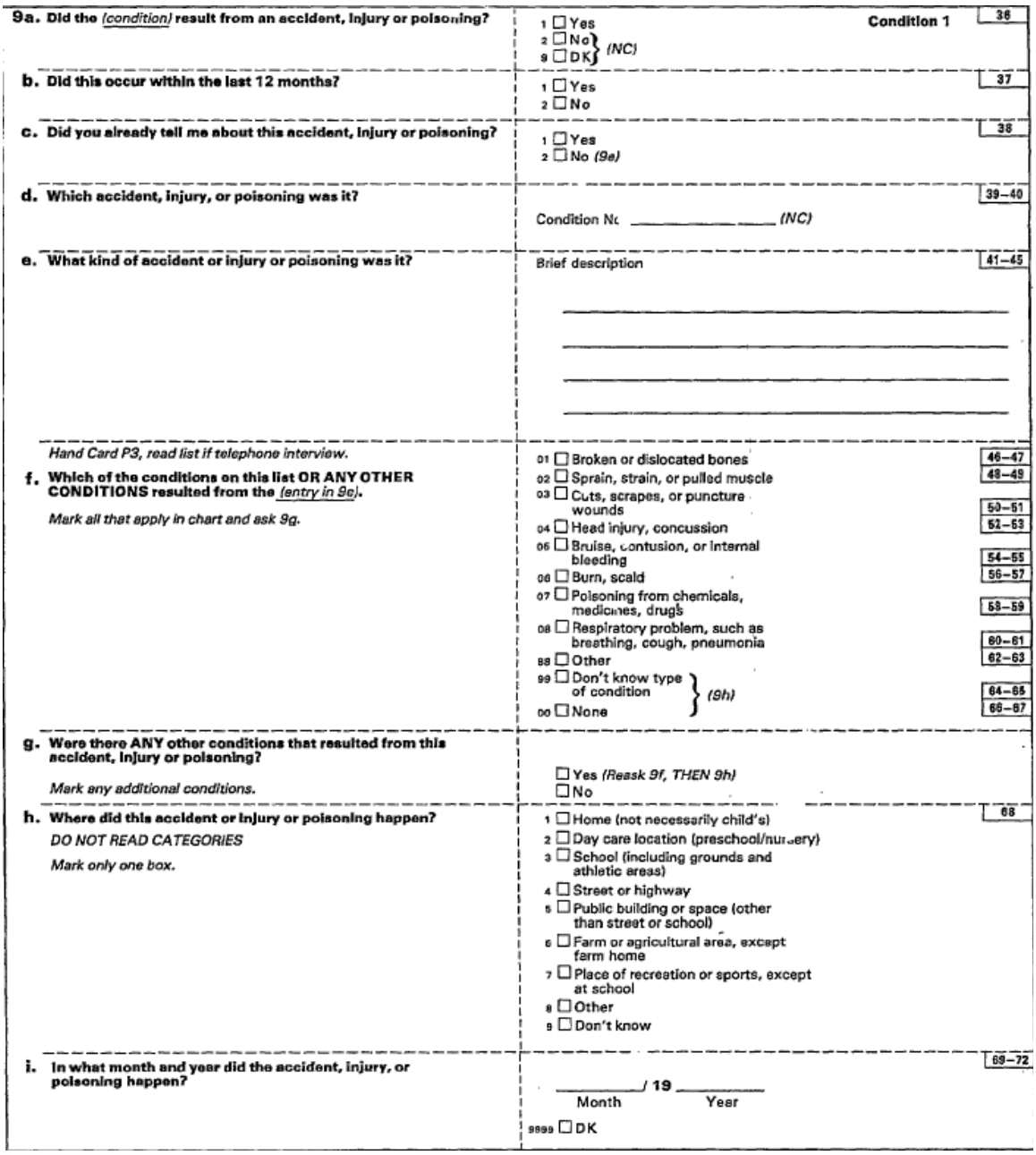
	Injury 1	
10. **Was the activity you were doing at the time of the injury a NEW or unfamiliar job task?**	1 ☐ Yes *(12)* 2 ☐ No	33
11. **Was the activity you were doing at the time of the injury part of your usual job tasks?**	1 ☐ Yes 2 ☐ No	34
12. **Did you see or talk to a medical doctor, nurse, chiropractor, physician's assistant, nurse practitioner or other medical person as a result of this injury?**	1 ☐ Yes 2 ☐ No *(Check Item 10)*	35
13. **Where did you FIRST see or talk to a medical person about this injury?**	1 ☐ Work-site health unit 2 ☐ Doctor's office (group practice or doctor's clinic) 3 ☐ Emergency room 4 ☐ Walk-in clinic 5 ☐ Hospital outpatient clinic 8 ☐ Other — *Specify* _____	36
CHECK ITEM 10 *Refer to question 6.*	1 ☐ "Eye" in 6 *(14)* 8 ☐ All others *(15)*	37
14a. **Were you wearing eye protection equipment over your eyes at the time of the injury?**	1 ☐ Yes 2 ☐ No *(15)*	38
b. **What type of eye protection equipment were you wearing?**	1 ☐ Welding goggles 2 ☐ Other goggles 3 ☐ Glasses with side shields 4 ☐ Glasses without side shields 5 ☐ Welding helmet 6 ☐ Face shield 8 ☐ Other	39
15a. **Did you miss more than half of the day from work on the day of the injury?**	1 ☐ Yes 2 ☐ No	40
b. **OTHER THAN THE DAY OF THE INJURY, how many FULL days of scheduled work did you miss as a result of the injury?**	_____ Full days 000 ☐ None	41–43
c. **(Not counting the *(number in 15b)* full days), Did you miss any (other) scheduled time from work other than the day of the injury?**	1 ☐ Yes 2 ☐ No *(16)*	44
d. **(Again, not counting the *(number in 15b)* full days), How many days did you miss MORE THAN HALF THE DAY from work as a result of the injury?**	_____ Days 000 ☐ None	45–47
16a. **Were you temporarily transferred to another job because of the injury?**	1 ☐ Yes *(17)* 2 ☐ No	48
b. **Were you temporarily assigned lighter work or excused from certain duties at work other than the day of the injury?**	1 ☐ Yes 2 ☐ No	49
17a. **Did you report this injury to your employer?**	1 ☐ Yes 2 ☐ No	50
b. **Was a worker's compensation claim filed as a result of this injury?**	1 ☐ Yes 2 ☐ No	51
18a. **Did you change employers as a result of the injury?**	1 ☐ Yes 2 ☐ No *(19)*	52
b. **Was your salary lower, higher or the same after your change of employers?**	1 ☐ Lower 2 ☐ Higher 3 ☐ Same	53
c. **Were you as satisfied, less satisfied or more satisfied with your new employer as with your employer prior to the injury?**	1 ☐ As satisfied 2 ☐ Less satisfied 3 ☐ More satisfied } *(19 for this injury)*	54

19a. Did you change the kind of work you do as a result of the injury?		1 ☐ Yes 2 ☐ No *(Check Item 11)*	Injury 1 — 55
Mark box or ask: **b.** Was your salary lower, higher or the same after your job change?		0 ☐ Yes in 18a *(19c)* 1 ☐ Lower 2 ☐ Higher 3 ☐ Same	56
c. Were you as satisifed, less satisfied or more satisfied with your new job as with your job prior to the injury?		1 ☐ As satisified 2 ☐ Less satisfied 3 ☐ More satisfied	57
CHECK ITEM 11	*Refer to 18a and 19a.*	1 ☐ "Yes" in 18a OR 19a *(21)* 8 ☐ All others *(20)*	58
20. Did you make a permanent change in your work activities because of this injury?		1 ☐ Yes 2 ☐ No	59
21. Did you permanently change your off-the-job activities because of this injury?		1 ☐ Yes 2 ☐ No	60
CHECK ITEM 12	*Refer to question 2, section N4.*	1 ☐ Additional injury *(4 for next injury)* 8 ☐ All others *(Section N5)*	61

In the Child Health supplement (section P 5 – Childhood conditions):

1a. During the past 12 months, did — — have an accident, injury, or poisoning that required medical attention?	1a.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(2)*	7
b. How many accidents, injuries, or poisonings did — — have in the last 12 months that required medical attention?	b.	_____ Number	8–9
c. (Beginning with the most recent,) what caused the accident, injury, or poisoning? For example, was — — hit by a car while riding a bike, or burned by hot liquid or did — — swallow an object or pills? *Enter each in a separate column.*	c.	Group A *(Brief description)* (1) _____ _____ _____	10–14
Hand Card P3, read list if telephone interview. **d.** Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the *(entry in 1c)*? *Mark all that apply and ask 1e.*	d.	01 ☐ Broken or dislocated bones 02 ☐ Sprain, strain, or pulled muscle 03 ☐ Cuts, scrapes, or puncture wounds 04 ☐ Head injury, concussion 05 ☐ Bruise, contusion, or internal bleeding 06 ☐ Burn, scald 07 ☐ Poisoning from chemicals, medicines, drugs 08 ☐ Respiratory problem such as breathing, cough, pneumonia 88 ☐ Other 99 ☐ Don't know type of condition *(1f)* 00 ☐ None	15–16 17–18 19–20 21–22 23–24 25–26 27–28 29–30 31–32 33–34 35–36
e. Were there ANY other conditions that resulted from this accident, injury or poisoning? *Mark any additional conditions*	e.	☐ Yes *(Reask 1d, THEN 1f)* ☐ No	
f. Where did this accident or injury or poisoning happen? *DO NOT READ CATEGORIES* *Mark only one box.*	f.	1 ☐ Home (not necessarily child's) 2 ☐ Day care location (preschool/nursery) 3 ☐ School (including grounds and athletic areas) 4 ☐ Street or highway 5 ☐ Public building or space (other than street or school) 6 ☐ Farm or agricultural area, except farm home 7 ☐ Place of recreation or sports, except at school 8 ☐ Other 9 ☐ Don't know	37
g. In what month and year did the accident, injury, or poisoning occur? *List each accident, injury, or poisoning which resulted in at least one condition (Codes 01—88) on a condition page as group A and a short name for the accident, injury, or poisoning from 1c. Then go to 1c in next column or question 2.*	g.	_____ / 19 _____ Month Year 9999 ☐ DK	38–41

For each condition mentioned, the following questions were asked (Section P 6):



9a. Did the *(condition)* result from an accident, injury or poisoning?	1 ☐ Yes 2 ☐ No } *(NC)* 9 ☐ DK **Condition 1**	36
b. Did this occur within the last 12 months?	1 ☐ Yes 2 ☐ No	37
c. Did you already tell me about this accident, injury or poisoning?	1 ☐ Yes 2 ☐ No *(9e)*	38
d. Which accident, injury, or poisoning was it?	Condition No. _____ *(NC)*	39–40
e. What kind of accident or injury or poisoning was it?	Brief description _____ _____ _____ _____	41–45
Hand Card P3, read list if telephone interview. **f. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the *(entry in 9c)*.** *Mark all that apply in chart and ask 9g.*	01 ☐ Broken or dislocated bones 02 ☐ Sprain, strain, or pulled muscle 03 ☐ Cuts, scrapes, or puncture wounds 04 ☐ Head injury, concussion 05 ☐ Bruise, contusion, or internal bleeding 06 ☐ Burn, scald 07 ☐ Poisoning from chemicals, medicines, drugs 08 ☐ Respiratory problem, such as breathing, cough, pneumonia 88 ☐ Other 99 ☐ Don't know type of condition } *(9h)* 00 ☐ None	46–47 48–49 50–51 52–53 54–55 56–57 58–59 60–61 62–63 64–65 66–67
g. Were there ANY other conditions that resulted from this accident, injury or poisoning? *Mark any additional conditions.*	☐ Yes *(Reask 9f, THEN 9h)* ☐ No	
h. Where did this accident or injury or poisoning happen? *DO NOT READ CATEGORIES* *Mark only one box.*	1 ☐ Home (not necessarily child's) 2 ☐ Day care location (preschool/nursery) 3 ☐ School (including grounds and athletic areas) 4 ☐ Street or highway 5 ☐ Public building or space (other than street or school) 6 ☐ Farm or agricultural area, except farm home 7 ☐ Place of recreation or sports, except at school 8 ☐ Other 9 ☐ Don't know	68
i. In what month and year did the accident, injury, or poisoning happen?	_____ / 19 _____ Month Year 9999 ☐ DK	69–72

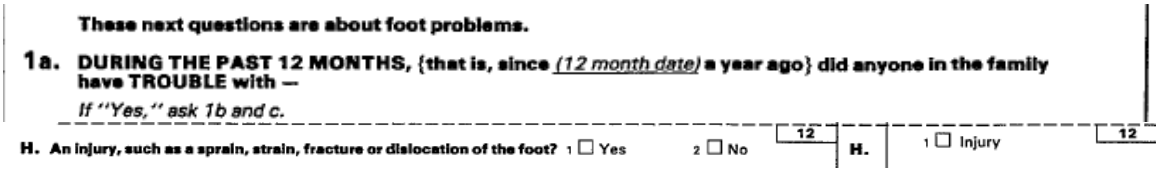
Survey year: 1989

Only the same basic core questions were asked as in 1982 forward.

Survey year: 1990

The same basic core questions (post 1982) were asked, but there one question on injuries in the Podiatry supplement:

In a (one-time) supplement on Podiatry:



These next questions are about foot problems.

1a. DURING THE PAST 12 MONTHS, (that is, since *(12 month date)* a year ago) did anyone in the family have TROUBLE with —

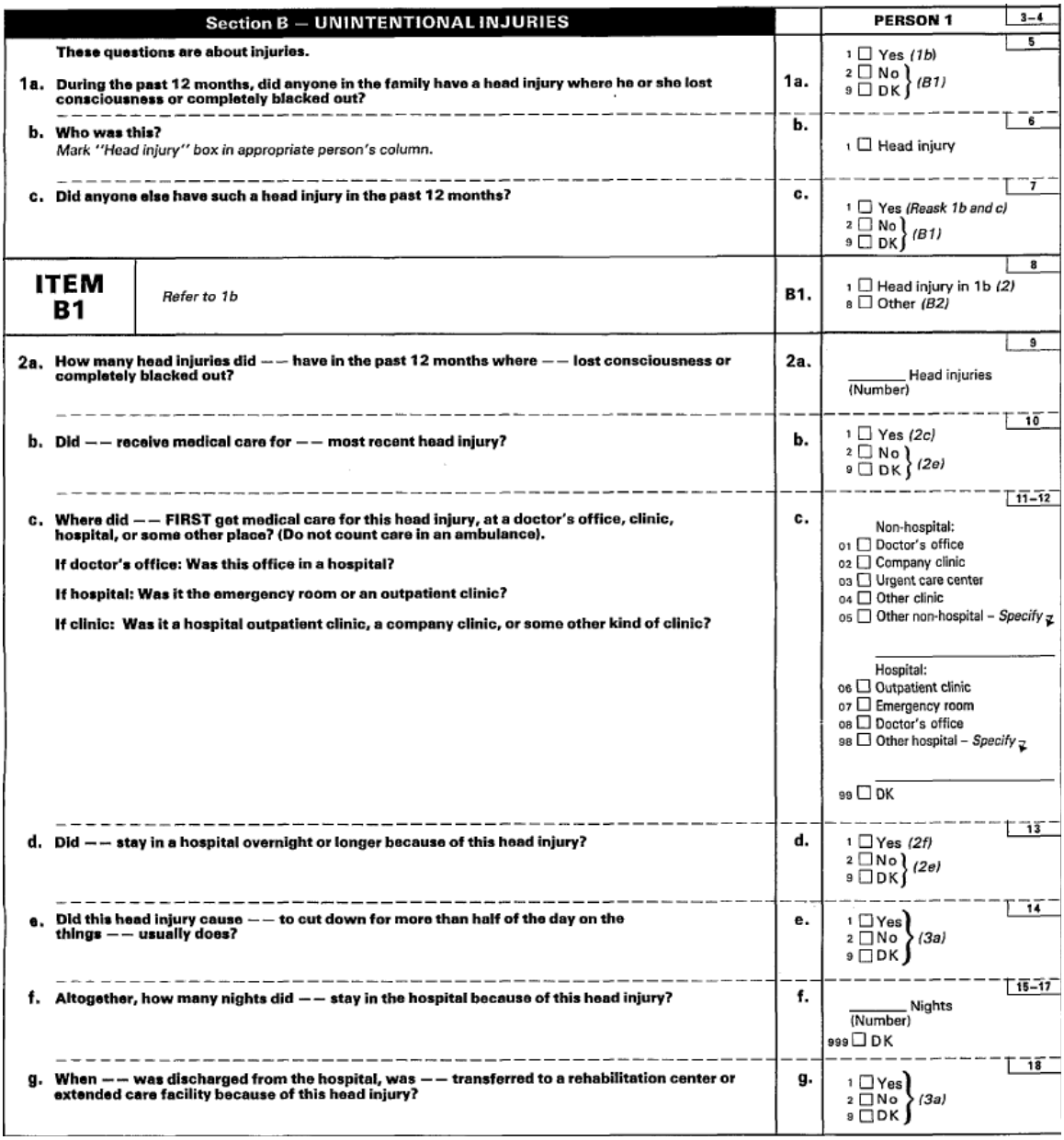
If "Yes," ask 1b and c.

H. An injury, such as a sprain, strain, fracture or dislocation of the foot? 1 ☐ Yes 2 ☐ No — 12

H. 1 ☐ Injury — 12

Survey year: 1991

The core questions were the same as post 1982, and, in addition one part of the Health Promotion/Disease Prevention supplement (Section B) addressed unintentional injuries:



Section B — UNINTENTIONAL INJURIES		PERSON 1 (3–4)
These questions are about injuries.		(5)
1a. During the past 12 months, did anyone in the family have a head injury where he or she lost consciousness or completely blacked out?	1a.	1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK *(B1)*
b. Who was this? *Mark "Head injury" box in appropriate person's column.*	b.	(6) 1 ☐ Head injury
c. Did anyone else have such a head injury in the past 12 months?	c.	(7) 1 ☐ Yes *(Reask 1b and c)* 2 ☐ No 9 ☐ DK *(B1)*
ITEM B1 *Refer to 1b*	B1.	(8) 1 ☐ Head injury in 1b *(2)* 8 ☐ Other *(B2)*
2a. How many head injuries did — — have in the past 12 months where — — lost consciousness or completely blacked out?	2a.	(9) _____ Head injuries (Number)
b. Did — — receive medical care for — — most recent head injury?	b.	(10) 1 ☐ Yes *(2c)* 2 ☐ No 9 ☐ DK *(2e)*
c. Where did — — FIRST get medical care for this head injury, at a doctor's office, clinic, hospital, or some other place? (Do not count care in an ambulance). **If doctor's office: Was this office in a hospital?** **If hospital: Was it the emergency room or an outpatient clinic?** **If clinic: Was it a hospital outpatient clinic, a company clinic, or some other kind of clinic?**	c.	(11–12) Non-hospital: 01 ☐ Doctor's office 02 ☐ Company clinic 03 ☐ Urgent care center 04 ☐ Other clinic 05 ☐ Other non-hospital – *Specify* Hospital: 06 ☐ Outpatient clinic 07 ☐ Emergency room 08 ☐ Doctor's office 98 ☐ Other hospital – *Specify* 99 ☐ DK
d. Did — — stay in a hospital overnight or longer because of this head injury?	d.	(13) 1 ☐ Yes *(2f)* 2 ☐ No 9 ☐ DK *(2e)*
e. Did this head injury cause — — to cut down for more than half of the day on the things — — usually does?	e.	(14) 1 ☐ Yes 2 ☐ No 9 ☐ DK *(3a)*
f. Altogether, how many nights did — — stay in the hospital because of this head injury?	f.	(15–17) _____ Nights (Number) 999 ☐ DK
g. When — — was discharged from the hospital, was — — transferred to a rehabilitation center or extended care facility because of this head injury?	g.	(18) 1 ☐ Yes 2 ☐ No 9 ☐ DK *(3a)*

3a. Where did —— head injury happen?

3a. 19

1 ☐ At home (inside house or adjacent premises)
2 ☐ Street or highway (includes roadway and public sidewalks)
3 ☐ Industrial place (includes premises)
4 ☐ School (includes premises)
5 ☐ Place of recreation and sports, except at school
8 ☐ Other
9 ☐ DK

b. Was —— at work at —— job or business when this head injury occurred?

b. 20

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. What was the cause of this head injury?

c. 21

1 ☐ Motor vehicle accident
2 ☐ Other accident – *Specify* ↓ _____
3 ☐ Assault *(Item B2)*
4 ☐ Other non-accident – *Specify* ↓ _____
9 ☐ DK

Mark box or ask.

d. At the time of the head injury, was —— playing sports or engaged in some other physical activity or exercise?

d. 22

1 ☐ Playing sports
2 ☐ Other physical activity – *Specify* ↓ _____
3 ☐ Not playing sports or other physical activity
9 ☐ DK

ITEM B2 *Refer to age*

B2. 23

1 ☐ Under 65 *(Item B1 for NP)*
2 ☐ 65 and over *(4)*

4a. During the past 12 months, has —— fallen?

4a. 24

1 ☐ Yes *(4b)*
2 ☐ No } *(Item B1 for NP)*
9 ☐ DK }

b. How many times?

b. 25

_____ Times
(Number)
9 ☐ DK

c. Did —— break —— hip as a result of [this/any of these] fall(s)?

c. 26

1 ☐ Yes *(Item B1 for NP)*
2 ☐ No } *(4d)*
9 ☐ DK }

d. [Did this fall result/how many of these falls resulted] in an injury where —— had to cut down for more than half of the day on the things —— usually does?

d. 27

0 ☐ No/None
_____ Fall(s)
(Number)
9 ☐ DK

e. (For how many of these falls) Did —— receive medical care?

e. 28

0 ☐ No/None
_____ Fall(s) } *(Item B1 for NP)*
(Number)
9 ☐ DK

Survey years: 1992-1993

The same (post 1982) core questions were asked.

Survey year: 1994

The same (post 1982) core questions were asked, however, in addition, the same core injury questions were asked in the additional condition records resulting from the Phase I Disability Survey supplement to the NHIS.

For each Functional Limitation (lifting 10 pounds, walking up 10 steps, walking a quarter of a mile, standing for 20 minutes, bending down to pick up an object, reaching up or out, using fingers to grasp or handle objects, holding a pen or pencil) reported, the following question was asked:

Those respondents considered to have a disability were reinterviewed in a second phase (Phase II) for both children and adults separately. Those who were not considered disabled but were age 70 years and older, were reinterviewed in the Supplement on Aging. Many of the same questions were asked in the adult and aging Phase II supplements. And, lastly, those who were reported to have had polio previously when interviewed in Phase I, were reinterviewed in a Polio Survivor supplement.

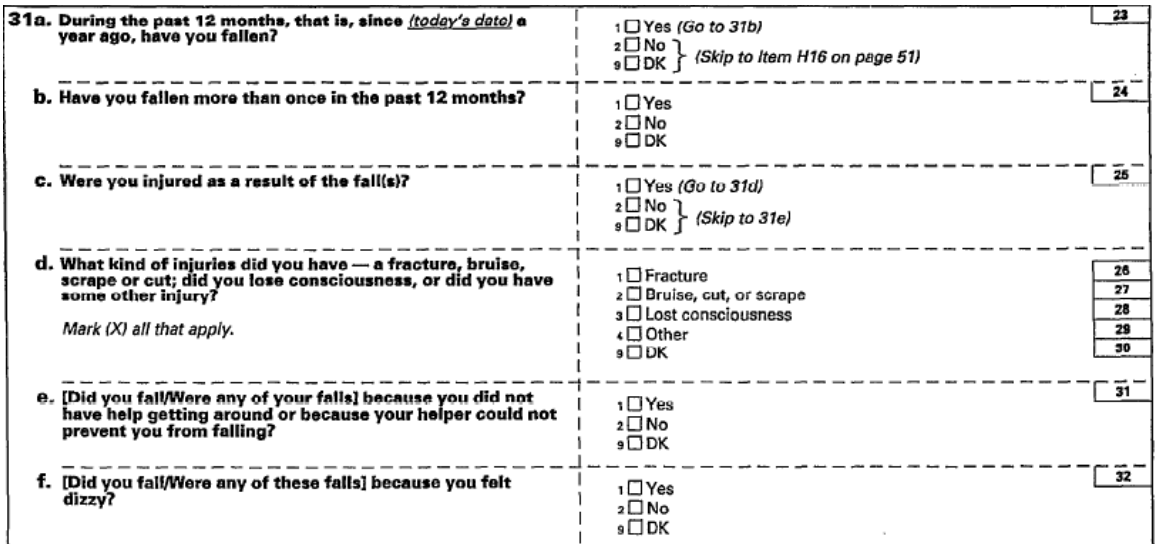
In the Phase II adult questionnaire, a similar question was asked about conditions causing difficulty with key activities (ADLs and IADLs) (Section H). However, this question was not asked in the Supplement on Aging:

[Was this/Were any of these] condition(s) a result of a motor vehicle accident?

For the bathing or showering activity only, there was one additional question:

During the past month, did you experience a burn or scald caused by bathing with water that was too hot?

There were also questions about falls in the Adult and Supplement on Aging Phase II questionnaires:



31a. During the past 12 months, that is, since *(today's date)* a year ago, have you fallen?
1 ☐ Yes *(Go to 31b)*
2 ☐ No
9 ☐ DK
(Skip to Item H16 on page 51)
23

b. Have you fallen more than once in the past 12 months?
1 ☐ Yes
2 ☐ No
9 ☐ DK
24

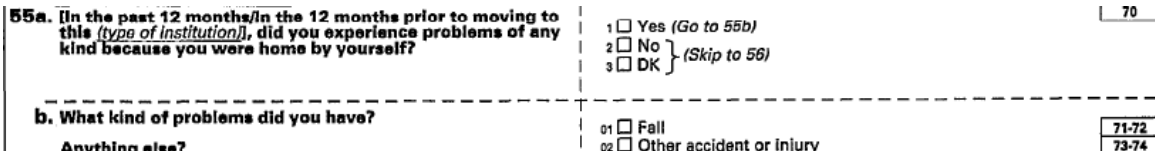
c. Were you injured as a result of the fall(s)?
1 ☐ Yes *(Go to 31d)*
2 ☐ No
9 ☐ DK
(Skip to 31e)
25

d. What kind of injuries did you have — a fracture, bruise, scrape or cut; did you lose consciousness, or did you have some other injury?
Mark (X) all that apply.
1 ☐ Fracture — 26
2 ☐ Bruise, cut, or scrape — 27
3 ☐ Lost consciousness — 28
4 ☐ Other — 29
9 ☐ DK — 30

e. [Did you fall/Were any of your falls] because you did not have help getting around or because your helper could not prevent you from falling?
1 ☐ Yes
2 ☐ No
9 ☐ DK
31

f. [Did you fall/Were any of these falls] because you felt dizzy?
1 ☐ Yes
2 ☐ No
9 ☐ DK
32

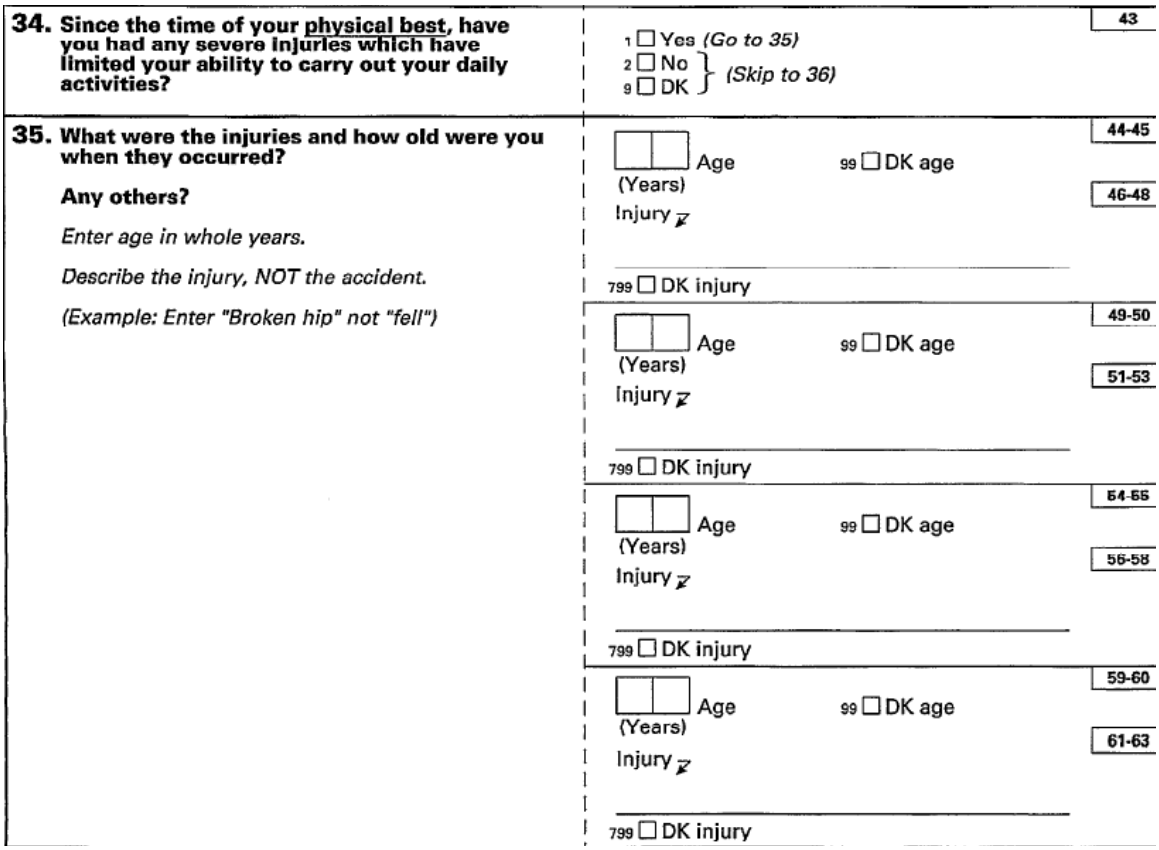
On both the Adult and Aging questionnaires, there was a question asking about injuries and conditions in the 12 months prior to moving to their current residence:



55a. [In the past 12 months/In the 12 months prior to moving to this *(type of institution)*], did you experience problems of any kind because you were home by yourself?
1 ☐ Yes *(Go to 55b)*
2 ☐ No
3 ☐ DK
(Skip to 56)
70

b. What kind of problems did you have?
Anything else?
01 ☐ Fall — 71-72
02 ☐ Other accident or injury — 73-74

In the Polio Survivor supplement, there were two questions about injuries since the time of one's physical best:



Survey year: 1995

The same post 1982 core questions were asked and Phase I questions were identical to the questions in 1994.

The questions in the Phase II Adult questionnaire and the Polio questionnaire were the same as in the previous year.

There was no separate Supplement on Aging questionnaire in 1995.

There were no injury-related questions in the Healthy People 2000 supplement.

Survey year: 1996

The same post 1982 core questions were asked.