
There were no injury/poisoning prevention questions in the 1957 to 1984 surveys.

Survey year: 1985

Some questions relating to injury control for children were embedded in the Health Promotion Disease Prevention Supplement:

<table>
<thead>
<tr>
<th>Section</th>
<th>INJURY CONTROL AND CHILD SAFETY AND HEALTH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Refer to household composition.</td>
<td></td>
</tr>
<tr>
<td>1a.</td>
<td>Have you ever heard about POISON CONTROL CENTERS?</td>
<td></td>
</tr>
<tr>
<td>1b.</td>
<td>Do you have the telephone number for a Poison Control Center in your area?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>There is a medication called IPECAC (p'k a k) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in this household?</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Refer to household composition.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Have you heard about child safety seats, sometimes called car safety carriers, which are designed to carry children while they are riding in a car?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Did a doctor or other health professional EVER tell you about the importance of using car safety seats for your children?</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Refer to household composition.</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Enter person number and name of all children under 18, THEN mark box.</td>
<td></td>
</tr>
</tbody>
</table>

The respondent to the child health supplement was asked the following question:
Questions were asked about the home (also questions about smoke detectors not provided here):

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. When driving or riding in a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?</td>
<td>1. All or most of the time 2. Some of the time 3. Once in awhile 4. Never 5. Don’t ride in car</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. Do you know about what the hot water temperature is in this home?</td>
<td>1. Yes 2. No</td>
</tr>
<tr>
<td>b. About what temperature is the hot water?</td>
<td>20-22</td>
</tr>
<tr>
<td>c. How did you estimate the hot water temperature?</td>
<td>24</td>
</tr>
<tr>
<td>13. In the past 12 months, have you or has anyone in your household used a thermometer to test the temperature of the hot water here?</td>
<td>25</td>
</tr>
<tr>
<td>14. ABOVE what temperature will hot water cause scald injuries?</td>
<td>20-22</td>
</tr>
</tbody>
</table>
Questions were also asked about the sample person’s current work environment:

1a. In your present job, are you exposed to any SUBSTANCES that could endanger your health, such as chemicals, dusts, fumes, or gases? Enter each substance in a separate column. Any others?

2a. In your present job, are you exposed to any WORK CONDITIONS that could endanger your health, such as local noise, extreme heat or cold, physical or mental stress, or radiation? Enter each work condition in a separate column. Any others?

3a. In your present job, are you exposed to any risks of accidents or injuries? Any others?
Survey year: 1987

An exposure question was asked in the Occupational Exposure section of the Cancer Control supplement.

Survey year: 1988

One question for sample children under age four was included in the Child Health supplement (section P 7).

When riding in a car, does – wear a seat belt or restraint all or most of the time, some of the time, once in a while, or never?
A set of exposure questions was asked in an Occupational Health supplement:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Did your job require you to do REPEATED STRENuous PHYSICAL ACTIVITIES such as lifting, pushing or pulling heavy objects?</td>
<td>☐ Yes  ☒ No (11)</td>
</tr>
<tr>
<td>11a. Did this job require you to do REPEATED bending, twisting or reaching?</td>
<td>☐ Yes  ☒ No (12)</td>
</tr>
<tr>
<td>11b. During a typical work day, how many minutes or hours altogether did you spend bending, twisting or reaching?</td>
<td>☐ Minutes  ☒ Hours</td>
</tr>
<tr>
<td>12a. Did this job require you to BEND or TWIST your hands or wrists MANY TIMES AN HOUR?</td>
<td>☐ Yes  ☒ No (13)</td>
</tr>
<tr>
<td>12b. During a typical workday, how many minutes or hours altogether did you spend bending or twisting your hands or wrists?</td>
<td>☐ Minutes  ☒ Hours</td>
</tr>
<tr>
<td>13a. On this job, did you work with hand-held or hand-operated vibrating tools or machinery?</td>
<td>☐ Yes  ☒ No (14)</td>
</tr>
<tr>
<td>13b. During a typical work day, how many minutes or hours altogether did you spend working with hand-held or hand-operated vibrating machinery?</td>
<td>☐ Minutes  ☒ Hours</td>
</tr>
<tr>
<td>14. I am going to read a list of substances that some people get on their hands AT WORK. Tell me if you got any of these things on your HANDS or ARMS at your job as a [occupation in Check Item 7] for (empolyee in Check Item 7) DURING THE PAST 12 MONTHS —</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>a. Did you get solvents or degreasers on your hands or arms?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>b. Petroleum products other than solvents? For example, grease, oil, or fuel?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>c. Soaps, detergents, or cleaning and disinfecting solutions used in performing your job?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>d. Cutting oils, machine coolants, or metal working fluids?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>e. Paints, varnishes, lacquers, or other coatings?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>f. Glues, pastes, or other adhesives?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>g. Acids or alkalies?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>h. Pesticides, insecticides, herbicides, fungicides, or fumigates?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>i. Foods or food products handled as part of your job duties?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>j. Plants, trees or shrubs handled as part of your job duties?</td>
<td>☐ Yes  ☒ No</td>
</tr>
<tr>
<td>k. Did you get any other chemicals or substances on your hands or arms that could irritate the skin?</td>
<td>☐ Yes — Specify  ☒ No  ☒ DK</td>
</tr>
</tbody>
</table>

No injury/poisoning prevention questions were asked in the 1989 survey.
Survey year: 1990

A set of questions were asked in a section on Injury Control and Child Safety and Health (section S), for families with members under age 10:

3. When —— was brought home from the hospital following birth, was —— buckled in a car safety seat?

4a. Does —— now have a car safety seat?

4b. When riding in a car, is —— buckled in a car safety seat all or most of the time, some of the time, once in awhile, or never?

For children under age five:

5. When riding in a car, does —— wear a seat belt all or most of the time, some of the time, once in awhile, or never?

The sample adult was asked:

7. When driving or riding in a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

And the last question in the Alcohol Use section (Section Y) was:

6. During the past year, how many times did you drive when you had too much to drink?

Car safety questions for different age groups were asked in a section on Injury Control and Child Safety and Health (section S).

For children less than age 18 years for whom the answer to question 4b was not 1, 2, or 3:

These questions are about preventing injuries to children.

1a. Have you ever heard about POISON CONTROL CENTERS?

b. Do you have the telephone number for a Poison Control Center in your area?

2. There is a medication called Ipecac (ip’ ı kık) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in this household?
Survey year: 1991

Car safety questions were asked in a section on child health (Section D) in the Prevention Supplement:

**ITEM D5**
Refer to age.

```
<table>
<thead>
<tr>
<th>ITEM D5</th>
<th>Refer to age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. These next questions are about child safety.</td>
<td></td>
</tr>
<tr>
<td>10b. When riding in a car, is — — buckled in (a child safety seat or) a seat belt all or most of the time, some of the time, once in awhile, or never?</td>
<td></td>
</tr>
<tr>
<td>11. When riding in a car, does — — wear a seat belt all or most of the time, some of the time, once in awhile, or never?</td>
<td></td>
</tr>
<tr>
<td>12. When driving or riding in a car, does — — wear a seat belt all or most of the time, some of the time, once in awhile, or never?</td>
<td></td>
</tr>
</tbody>
</table>
```

In addition, for each organized sport the child played during the last 12 months, the following two questions were asked:

**c.** During the past 12 months, when (playing) (sport in 13b), how often did — — wear a mouth guard to protect — — mouth and teeth — all or most of the time, some of the time, once in awhile, or never?

**d.** During the past 12 months, when (playing) (sport in 13b), how often did — — wear protective headgear — all or most of the time, some of the time, once in awhile or never?

In section I for working adults who use a motor vehicle for work, the following injury prevention question was asked:

**d.** Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.

```
<table>
<thead>
<tr>
<th>d. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>2. No</td>
</tr>
<tr>
<td>3. DK</td>
</tr>
</tbody>
</table>
```
And finally, in Clinical and Preventive Services (Section L), the following two questions on car safety were included:

<table>
<thead>
<tr>
<th>Section L — CLINICAL AND PREVENTIVE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>The next questions are about prevention of injury and illness.</td>
</tr>
</tbody>
</table>

1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in a while, or never?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All or most of the time</td>
<td>2. Some of the time</td>
<td>3. Once in a while</td>
<td>4. Never</td>
</tr>
<tr>
<td>5. Don’t ride in front seat</td>
<td>6. Don’t ride in a car (2)</td>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>

b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in a while, or never?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All or most of the time</td>
<td>2. Some of the time</td>
<td>3. Once in a while</td>
<td>4. Never</td>
</tr>
<tr>
<td>5. Don’t ride in back seat</td>
<td>6. Don’t ride in a car</td>
<td></td>
<td>DK</td>
</tr>
</tbody>
</table>
Survey year: 1992

The same core questions were asked, and a few questions in the Cancer Control supplement were asked on preventing injuries.

For those currently working:

### Section J – OCCUPATIONAL EXPOSURE

<table>
<thead>
<tr>
<th>ITEM J1</th>
<th>Refer to “Work” box in C1 of HIS-1 for the SP.</th>
</tr>
</thead>
</table>

1a. On your current job, do you WORK WITH any substances that you believe may be harmful if you breathed them or got them on your skin?

1. Yes
2. No
3. OK

1b. On your current job, are you exposed to radiation, not counting computer screen exposure?

1. Yes
2. No
3. OK

**ITEM J2**

Refer to 1a and 1b.

1. “Yes” in 1a OR 1b (2)
2. All others (Section K)

<table>
<thead>
<tr>
<th>2. How concerned are you about your exposure to (these substances/and radiation) on your current job? Are you very concerned, somewhat concerned, slightly concerned, or not at all concerned?</th>
</tr>
</thead>
</table>
| 1. Very concerned
2. Somewhat concerned
3. Slightly concerned
4. Not at all concerned |

**HAND CARD J1. Read each category if telephone interview.**

3. From which of these did you find out that you were working with (harmful substances/and radiation)?

   Mark each mentioned.

   1. Employer
   2. Union
   3. Co-workers
   4. Previous training/education
   5. By reading about it
   6. Other (Specify) *
   7. DK

4. Is protective gear available for your use in your current job? Examples of protective gear are gloves, respirator, filter mask, boots, ear plugs, and film badge.

   1. Yes (6)
   2. No *(Section K)*
   3. DK *

**HAND CARD J2. Read each category if telephone interview.**

5. When you have contact with (substances that might be harmful/and radiation), how often do you use protective gear? Never, some of the time, most of the time, or always?

   1. Never
   2. Some of the time
   3. Most of the time
   4. Always *(Section K)*

6. Which of these reasons for not wearing protective gear are true for you? (Please give me the numbers from the card.)

   Mark each mentioned.

   1. Because it doesn’t work properly
   2. Because it interferes with job performance
   3. Because it is uncomfortable
   4. Because I don’t know how to use it
   5. Because it is not needed
   6. Some other reason *(Specify) *
These questions were included in the self-administered Youth Risk Behavior Survey for those age 12-21 years:

The first questions ask about some things that may affect health and safety.

1. How often do you wear a seat belt when riding in a car driven by someone else?
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

2. During the past 12 months, how many times did you ride a motorcycle?
   - 0 times
   - 1 to 10 times
   - 11 to 20 times
   - 21 to 39 times
   - 40 or more times

3. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?
   - This question does not apply to me because I have not done this during the past 12 months.
   - Never wore a helmet
   - Rarely wore a helmet
   - Sometimes wore a helmet
   - Most of the time wore a helmet
   - Always wore a helmet

6. During the past 12 months, when you went swimming in places such as a pool, lake, or ocean, how often was an adult or a lifeguard watching you?
   - This question does not apply to me because I did not go during the past 12 months.
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always
10. During the past 30 days, on how many _days_ did you carry a weapon such as a gun, knife, or club?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

11. During the past 30 days, what one kind of weapon did you carry most often?

- You did not carry a weapon during the past 30 days
- A handgun
- Other guns, such as a rifle or shotgun
- A knife or razor
- A club, stick, bat, or pipe
- Some other weapon

26. During the past 30 days, how many _times_ did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

27. During the past 30 days, how many _times_ did you drive a car or other vehicle when you had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

Survey year: 1993

The Year 2000 Objectives supplement included two sets of questions used to track objectives related to safety.

In the section on Occupational Safety and Health, the following two questions were included:

<table>
<thead>
<tr>
<th>2a. During the past 2 weeks, did you drive or travel in a motor vehicle AS PART OF YOUR JOB? Do not count air travel or time spent traveling to and from work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.</td>
</tr>
</tbody>
</table>
In a section on Clinical and Preventive services, the following two questions were asked:

<table>
<thead>
<tr>
<th>YG - CLINICAL AND PREVENTIVE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?</strong></td>
</tr>
<tr>
<td>1. □ All or most of the time</td>
</tr>
<tr>
<td>2. □ Some of the time</td>
</tr>
<tr>
<td>3. □ Once in awhile</td>
</tr>
<tr>
<td>4. □ Never</td>
</tr>
<tr>
<td>5. □ Don't ride in front seat</td>
</tr>
<tr>
<td>6. □ Don't ride in a car</td>
</tr>
<tr>
<td>7. □ DK</td>
</tr>
</tbody>
</table>

| **1b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?** |
| 1. □ All or most of the time |
| 2. □ Some of the time |
| 3. □ Once in awhile |
| 4. □ Never |
| 5. □ Don't ride in back seat |
| 6. □ Don't ride in a car |
| 7. □ DK |
The 1994 Year 2000 Objectives supplement contained questions on firearm safety:

### Survey year: 1994

The next questions are about safety and firearms. Firearms include pistols, shotguns, rifles, and other types of guns. Do not include guns that cannot fire, starter pistols, or BB guns.

Read if necessary: Sometimes the use of firearms can lead to injury, which is a health problem.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, truck or car.
   - Yes (2)
   - No (2b)  (End of interview)
   - DK

2. Is there one or more than one firearm?
   - One (2a)
   - More than one (4 on page 66)
   - DK

3a. What kind of firearm is it?
   - Mark (X) only one.
   - Handgun, including pistol or revolver
   - Shotgun
   - Rifle
   - Other – Specify

   HAND CARD YG:1. Read categories if telephone interview.

b. Which statement best describes the PLACE the firearm is kept?
   - The firearm is kept in a LOCKED PLACE, such as a drawer, cabinet, or closet
   - The firearm is kept in an UNLOCKED place
   - DK

   HAND CARD YG:2. Read categories if telephone interview.

c. Which statement best describes the WAY the firearm is kept?
   - Taken apart (2b)
   - With a trigger lock or other locking mechanism
   - Assembled without a locking mechanism
   - Other – Specify (2b)

   (3b)

   DK (3d)

d. Is the firearm kept loaded or unloaded?
   - Loaded (2b)
   - Unloaded (2b)
   - DK

   (3a)

c. Besides the ammunition in the firearm, is any other ammunition now kept in or around your home?
   - Yes (2g)
   - No (2g)
   - DK  (End interview)

f. Is any ammunition now kept in or around your home?
   - Yes (2g)
   - No (2g)
   - DK  (End interview)

g. How much of the ammunition is kept in a locked place? Would you say all, some or none?
   - All
   - Some
   - None
   - DK

h. Where is this ammunition kept – is it kept with the firearm, or kept in a separate place away from the firearm?
   - With the firearm
   - In a separate place  (End interview)
4a. What kinds of firearms are they?
Mark (X) all that apply.
- □ Handgun, including pistol or revolver
- □ Shotgun
- □ Rifle
- □ Other – Specify
□ DK

b. Which statement best describes the places the firearms are kept?

HAND CARD Y32. Read categories if telephone interview.

- □ ALL the firearms are kept in LOCKED PLACES, such as drawers, cabinets, or closets
- □ One or more firearms are kept in an UNLOCKED place
□ DK

c. Which statements describe the ways in which the firearms are kept?
Mark (X) all that apply.

HAND CARD Y32. Read categories if telephone interview.

- □ Taken apart
- □ With a trigger lock or other locking mechanism
- □ Assembled without a locking mechanism
- □ Other – Specify
□ DK

d. Are the firearms kept loaded or unloaded?

- □ One or more are kept loaded (4a)
- □ All are kept unloaded
□ DK

e. Besides the ammunition kept in any firearm, is any other ammunition now kept in or around your home?

- □ Yes (4p)
- □ No (4l)
□ DK

f. Is any ammunition now kept in or around your home?

- □ Yes (4p)
- □ No
□ DK (End of interview)

g. How much of the ammunition is kept in a locked place?
Would you say all, some or none?

- □ All
- □ Some
- □ None
□ DK

h. Where is this ammunition kept – is it kept with a firearm, or kept in a separate place away from all firearms?

- □ With a firearm
- □ In a separate place
- □ Both
□ DK

i. Is at least one of the firearms kept loaded and unlocked?

- □ Yes
- □ No
□ DK

No injury/poisoning prevention questions were in the 1995-1996 surveys.