

Injury and Poisoning Prevention Questions: 1957-1996

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:

Section O. INJURY CONTROL AND CHILD SAFETY AND HEALTH												
01	<i>Refer to household composition.</i>	1 <input type="checkbox"/> Children under 10 in family (1) 2 <input type="checkbox"/> No children under 10 in family (03)	37									
<i>Read to respondent:</i> These questions are about preventing injuries to children.			38									
1a. Have you ever heard about POISON CONTROL CENTERS?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)										
b. Do you have the telephone number for a Poison Control Center in your area?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39									
2. There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in this household?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	40									
02	<i>Refer to household composition.</i>	1 <input type="checkbox"/> Children under 5 in family (3) 2 <input type="checkbox"/> No children under 5 in family (03)	41									
3. 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?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (03)	42									
4. Did a doctor or other health professional EVER tell you about the importance of using car safety seats for (your) children?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	43									
03 <i>Refer to household composition.</i>		1 <input type="checkbox"/> Children under 18 in family (04) 2 <input type="checkbox"/> No children under 18 in family (10)	44									
		RT23	3-4									
04	<i>Enter person number and name of all children under 18; THEN mark box.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">04</td> <td style="padding: 2px;">Person Number</td> <td style="width: 10%; text-align: right;">5-6</td> </tr> <tr> <td></td> <td style="padding: 2px;">First name</td> <td></td> </tr> <tr> <td></td> <td style="padding: 2px;"> 1 <input type="checkbox"/> Under 5 (5) 2 <input type="checkbox"/> 5-17 (7) </td> <td style="text-align: right; vertical-align: top;">7</td> </tr> </table>	04	Person Number	5-6		First name			1 <input type="checkbox"/> Under 5 (5) 2 <input type="checkbox"/> 5-17 (7)	7	
04	Person Number	5-6										
	First name											
	1 <input type="checkbox"/> Under 5 (5) 2 <input type="checkbox"/> 5-17 (7)	7										
5. When --- was brought home from the hospital following birth, was --- buckled in a car safety seat?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not born in hospital 4 <input type="checkbox"/> Didn't ride home in "car" 9 <input type="checkbox"/> DK	8									
6a. Does --- now have a car safety seat?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)	9									
b. 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?		<table style="width: 100%;"> <tr> <td style="width: 5%;">1 <input type="checkbox"/> All or most of the time</td> <td rowspan="5" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="5" style="vertical-align: middle;">(NP)</td> </tr> <tr> <td>2 <input type="checkbox"/> Some of the time</td> </tr> <tr> <td>3 <input type="checkbox"/> Once in awhile</td> </tr> <tr> <td>4 <input type="checkbox"/> Never</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> </tr> </table> } (7)	1 <input type="checkbox"/> All or most of the time	}	(NP)	2 <input type="checkbox"/> Some of the time	3 <input type="checkbox"/> Once in awhile	4 <input type="checkbox"/> Never	9 <input type="checkbox"/> DK	10		
1 <input type="checkbox"/> All or most of the time	}	(NP)										
2 <input type="checkbox"/> Some of the time												
3 <input type="checkbox"/> Once in awhile												
4 <input type="checkbox"/> Never												
9 <input type="checkbox"/> DK												
7. 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?		1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Uses child safety seat 9 <input type="checkbox"/> DK	11									

The respondent to the child health supplement was asked the following question:

<p>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?</p>	<p>1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Don't ride in car</p>	<p>8</p>
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Questions were asked about the home (also questions about smoke detectors not provided here):

<p>12a. Do you know about what the hot water temperature is in this home?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (13)</p>	<p>19</p>
<p>b. About what temperature is the hot water?</p>	<p>_____ Temperature OR 1 <input type="checkbox"/> High 2 <input type="checkbox"/> Low 3 <input type="checkbox"/> Medium</p>	<p>20-22 23</p>
<p>c. How did you estimate the hot water temperature?</p>	<p>1 <input type="checkbox"/> The setting on hot water heater 2 <input type="checkbox"/> Tested with thermometer 3 <input type="checkbox"/> Guessed 4 <input type="checkbox"/> Other (Specify) _____</p>	<p>24 25</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>26</p>
<p>14. ABOVE what temperature will hot water cause scald injuries?</p>	<p>_____ Temperature 999 <input type="checkbox"/> DK</p>	<p>26-28</p>

Questions were also asked about the sample person's current work environment:

V1	Refer to "Wa/Wb" boxes in C1 on HIS-1.		<input type="checkbox"/> Wa or Wb box marked (1) <input type="checkbox"/> Other (Cover page)	5
Read to respondent: These questions are about your present job.				6
1a. In your present job, are you exposed to any SUBSTANCES that could endanger your health, such as chemicals, dusts, fumes, or gases?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (2)	
b. What substances are you exposed to that could endanger your health? Enter each substance in a separate column. Any others? Ask 1c for each response in 1b.			SUBSTANCE 1 7-8 9-16 99 <input type="checkbox"/> DK	SUBSTANCE 2 17-18 19-20 99 <input type="checkbox"/> DK
c. How can (response in 1b) endanger your health? Record verbatim response(s). Any other way?				RTB 3-4 5
2a. In your present job, are you exposed to any WORK CONDITIONS that could endanger your health, such as loud noise, extreme heat or cold, physical or mental stress, or radiation?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (3)	
b. What work conditions are you exposed to that could endanger your health? Enter each work condition in a separate column. Any others? Ask 2c for each response in 2b.			WORK CONDITION 1 6-7 8-15 99 <input type="checkbox"/> DK	WORK CONDITION 2 16-17 18-19 99 <input type="checkbox"/> DK
c. How can (response in 2b) endanger your health? Record verbatim response(s). Any other way?				
3a. In your present job are you exposed to any risks of accidents or injuries?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Cover Page)	66
b. What (other) risks of accidents or injuries are you exposed to? Record verbatim response(s).				67-1
c. Any others?			<input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No <input type="checkbox"/> DK } (Cover Page)	

Survey year: 1987

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

1. On your current job, are you exposed to any substances that would be harmful if you breathed them or got them on your skin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3a)	6
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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:

These next questions are about your job as a <i>(occupation in Check Item 7)</i> for <i>(employer in Check Item 7)</i> .		73
10a. Did your job require you to do REPEATED STRENUOUS PHYSICAL ACTIVITIES such as lifting, pushing or pulling heavy objects?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (11)	
b. During a typical work day, how many minutes or hours altogether did you spend doing STRENUOUS PHYSICAL ACTIVITIES?	Number } 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours	74-76
11a. Did this job require you to do REPEATED bending, twisting or reaching?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12)	77
b. During a typical work day, how many minutes or hours altogether did you spend bending, twisting or reaching?	Number } 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours	78-80
12a. Did this job require you to BEND or TWIST your hands or wrists MANY TIMES AN HOUR?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (13)	81
b. During a typical workday, how many minutes or hours altogether did you spend bending or twisting your hands or wrists?	Number } 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours	82-84
13a. On this job, did you work with hand-held or hand-operated vibrating tools or machinery?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14)	85
b. During a typical work day, how many minutes or hours altogether did you spend working with hand-held or hand-operated vibrating machinery?	Number } 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours	86-88
14. I am going to read a list of substances that some people get on their skin AT WORK. Tell me if you got any of these things on your HANDS or ARMS at your job as a <i>(occupation in Check Item 7)</i> for <i>(employer in Check Item 7)</i> DURING THE FAST 12 MONTHS --		89
a. Did you get solvents or degreasers on your hands or arms?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Petroleum products other than solvents? For example, grease, oil, or fuel?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	90
c. Soaps, detergents, or cleaning and disinfecting solutions used in performing your job?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	91
d. Cutting oils, machine coolants, or metal working fluids?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	92
e. Paints, varnishes, lacquers, or other coatings?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	93
f. Glues, pastes, or other adhesives?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	94
g. Acids or alkalis?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	95
h. Pesticides, insecticides, herbicides, fungicides, or fumigants?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	96
i. Foods or food products handled as part of your job duties?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	97
j. Plants, trees or shrubs handled as part of your job duties?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	98
k. Did you get any other chemicals or substances on your hands or arms that could irritate the skin?	1 <input type="checkbox"/> Yes -- Specify <input type="checkbox"/> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	99 100-101

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:

ITEM S1 <i>Refer to household composition.</i>	1 <input type="checkbox"/> Children under 10 in family (1) 2 <input type="checkbox"/> No children under 10 in family (S2)		
	These questions are about preventing injuries to children.		8006
	1a. Have you ever heard about POISON CONTROL CENTERS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)	
		b. Do you have the telephone number for a Poison Control Center in your area?	8007
		2. There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in this household?	8008
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		

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

For children under age five:

3. When — was brought home from the hospital following birth, was — buckled in a car safety seat?	3. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not born in hospital 4 <input type="checkbox"/> Didn't ride home in "car" 9 <input type="checkbox"/> DK	8108
4a. Does — now have a car safety seat?	4a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK	8109
b. 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?	b. 1 <input type="checkbox"/> All or most of the time } (54) 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never } (5) 9 <input type="checkbox"/> DK	8110

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.) 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?	5. 1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Uses child safety seat 9 <input type="checkbox"/> DK	8111
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The sample adult was asked:

(The next questions are about preventing injuries.) 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?	1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Don't ride in car	8205
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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?	_____ Times 000 <input type="checkbox"/> None 996 <input type="checkbox"/> Don't drive	8929
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Survey year: 1991

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

ITEM D5	<i>Refer to age.</i>	1 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 5–15 (11) 3 <input type="checkbox"/> 16–17 (12)	41
These next questions are about child safety.			42
10a.	Does — — now have a child safety seat?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
b.	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?	1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Doesn't ride in car 9 <input type="checkbox"/> DK	43
These next questions are about child safety.			44
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?	1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Doesn't ride in car 9 <input type="checkbox"/> DK	44
These next questions are about child safety.			45
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?	1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Doesn't ride in car 9 <input type="checkbox"/> DK	45

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) (<i>sport in 13b</i>), 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) (<i>sport in 13b</i>), how often did — — wear protective headgear — all or most of the time, some of the time, once in awhile or never?
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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.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	18
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And finally, in Clinical and Preventive Services (Section L), the following two questions on car safety were included:

Section L – CLINICAL AND PREVENTIVE SERVICES		3-4
<p>The next questions are about prevention of injury and illness.</p> <p>1 a. 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?</p>		5
<p>1 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 awhile, or never?</p>		6

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		3-4
ITEM J1	Refer to "Work" box in C1 of HIS-1 for the SP.	1 <input type="checkbox"/> Wa/Wb box marked (1) 2 <input type="checkbox"/> All others (Section K)
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
b.	On your current job, are you exposed to radiation, not counting computer screen exposure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
ITEM J2	Refer to 1a and 1b.	1 <input type="checkbox"/> "Yes" in 1a OR 1b (2) 2 <input type="checkbox"/> All others (Section K)
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?	1 <input type="checkbox"/> Very concerned 2 <input type="checkbox"/> Somewhat concerned 3 <input type="checkbox"/> Slightly concerned 4 <input type="checkbox"/> Not at all concerned
<i>HAND CARD J1. Read each category if telephone interview.</i>		
3.	From which of these did you find out that you were working with [harmful substances/(and) radiation]? Mark each mentioned.	1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Co-workers 4 <input type="checkbox"/> Previous training/education 5 <input type="checkbox"/> By reading about it 8 <input type="checkbox"/> Other (Specify) _____ 9 <input type="checkbox"/> 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 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section K)
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 <input type="checkbox"/> Never 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Most of the time 4 <input type="checkbox"/> Always (Section K)
<i>HAND CARD J2. Read each category if telephone interview.</i>		
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 <input type="checkbox"/> Because it doesn't work properly 2 <input type="checkbox"/> Because it interferes with job performance 3 <input type="checkbox"/> Because it is uncomfortable 4 <input type="checkbox"/> Because I don't know how to use it 5 <input type="checkbox"/> Because it is not needed 8 <input type="checkbox"/> 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:

<p>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.</p>	<p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }</p>	<p>12</p>
<p>b. 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.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>13</p>

In a section on Clinical and Preventive services, the following two questions were asked:

YG – CLINICAL AND PREVENTIVE SERVICES		3-4
<p>The next questions are about prevention of injury and illness.</p>		5
<p>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?</p>	<p> <input type="checkbox"/> 1 All or most of the time <input type="checkbox"/> 2 Some of the time <input type="checkbox"/> 3 Once in awhile <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 Don't ride in front seat <input type="checkbox"/> 6 Don't ride in a car (2) <input type="checkbox"/> 9 DK (1b) </p>	
<p>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 awhile, or never?</p>	<p> <input type="checkbox"/> 1 All or most of the time <input type="checkbox"/> 2 Some of the time <input type="checkbox"/> 3 Once in awhile <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 Don't ride in back seat <input type="checkbox"/> 6 Don't ride in a car <input type="checkbox"/> 9 DK </p>	6

Survey year: 1994

The 1994 Year 2000 Objectives supplement contained questions on firearm safety:

<p>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.</p> <p><i>Read if necessary: Sometimes the use of firearms can lead to injury, which is a health problem.</i></p> <p>1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, truck or car.</p>	<p style="text-align: right;">72</p> <p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (End of interview)</p>
<p>2. Is there one or more than one firearm?</p>	<p style="text-align: right;">73</p> <p>1 <input type="checkbox"/> One (3) 2 <input type="checkbox"/> More than one 9 <input type="checkbox"/> DK } (4 on page 66)</p>
<p>3a. What kind of firearm is it?</p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">74</p> <p>1 <input type="checkbox"/> Handgun, including pistol or revolver 2 <input type="checkbox"/> Shotgun 3 <input type="checkbox"/> Rifle 4 <input type="checkbox"/> Other - Specify _____ 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD YG1. Read categories if telephone interview.</i></p> <p>b. Which statement best describes the PLACE the firearm is kept?</p>	<p style="text-align: right;">75</p> <p>1 <input type="checkbox"/> The firearm is kept in a LOCKED PLACE, such as a drawer, cabinet, or closet 2 <input type="checkbox"/> The firearm is kept in an UNLOCKED place 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD YG2. Read categories if telephone interview.</i></p> <p>c. Which statement best describes the WAY the firearm is kept?</p>	<p style="text-align: right;">76</p> <p>1 <input type="checkbox"/> Taken apart (3f) 2 <input type="checkbox"/> With a trigger lock or other locking mechanism 3 <input type="checkbox"/> Assembled without a locking mechanism 4 <input type="checkbox"/> Other - Specify _____ (3d) 9 <input type="checkbox"/> DK (3d)</p>
<p>d. Is the firearm kept loaded or unloaded?</p>	<p style="text-align: right;">77</p> <p>1 <input type="checkbox"/> Loaded (3e) 2 <input type="checkbox"/> Unloaded 9 <input type="checkbox"/> DK } (3f)</p>
<p>e. Besides the ammunition in the firearm, is any other ammunition now kept in or around your home?</p>	<p style="text-align: right;">78</p> <p>1 <input type="checkbox"/> Yes (3g) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (End interview)</p>
<p>f. Is any ammunition now kept in or around your home?</p>	<p style="text-align: right;">79</p> <p>1 <input type="checkbox"/> Yes (3g) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (End interview)</p>
<p>g. How much of the ammunition is kept in a locked place? Would you say all, some or none?</p>	<p style="text-align: right;">80</p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None 9 <input type="checkbox"/> DK</p>
<p>h. Where is this ammunition kept - is it kept with the firearm, or kept in a separate place away from the firearm?</p>	<p style="text-align: right;">81</p> <p>1 <input type="checkbox"/> With the firearm 2 <input type="checkbox"/> In a separate place 9 <input type="checkbox"/> DK } (End interview)</p>

4a. What kinds of firearms are they? <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Handgun, including pistol or revolver	82
	2 <input type="checkbox"/> Shotgun	83
	3 <input type="checkbox"/> Rifle	84
	4 <input type="checkbox"/> Other - <i>Specify</i> _____	85
	9 <input type="checkbox"/> DK	86
<i>HAND CARD YG3. Read categories if telephone interview.</i>		
b. Which statement best describes the PLACES the firearms are kept?	1 <input type="checkbox"/> ALL the firearms are kept in LOCKED PLACES, such as drawers, cabinets, or closets	87
	2 <input type="checkbox"/> One or more firearms are kept in an UNLOCKED place	
	9 <input type="checkbox"/> DK	
<i>HAND CARD YG2. Read categories if telephone interview.</i>		
c. Which statements describe the WAYS in which the firearms are kept? <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> Taken apart	88
	2 <input type="checkbox"/> With a trigger lock or other locking mechanism	89
	3 <input type="checkbox"/> Assembled without a locking mechanism	90
	4 <input type="checkbox"/> Other - <i>Specify</i> _____	91
	9 <input type="checkbox"/> DK	92
d. Are the firearms kept loaded or unloaded?	1 <input type="checkbox"/> One or more are kept loaded (4e)	93
	2 <input type="checkbox"/> All are kept unloaded } (4f)	
	9 <input type="checkbox"/> DK	
e. Besides the ammunition kept in any firearm, is any other ammunition now kept in or around your home?	1 <input type="checkbox"/> Yes (4g)	94
	2 <input type="checkbox"/> No } (4i)	
	9 <input type="checkbox"/> DK	
f. Is any ammunition now kept in or around your home?	1 <input type="checkbox"/> Yes (4g)	95
	2 <input type="checkbox"/> No } (End of interview)	
	9 <input type="checkbox"/> DK	
g. How much of the ammunition is kept in a locked place? Would you say all, some or none?	1 <input type="checkbox"/> All	96
	2 <input type="checkbox"/> Some	
	3 <input type="checkbox"/> None	
	9 <input type="checkbox"/> DK	
h. Where is this ammunition kept - is it kept with a firearm, or kept in a separate place away from all firearms?	1 <input type="checkbox"/> With a firearm	97
	2 <input type="checkbox"/> In a separate place	
	3 <input type="checkbox"/> Both	
	9 <input type="checkbox"/> DK	
i. Is at least one of the firearms kept loaded and unlocked?	1 <input type="checkbox"/> Yes	98
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> DK	

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