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Variable Name | Question | Question No. | Location | Universe | Universe Description | Variable Label | Value / Value Labels | Freq. | Value / Value Labels |
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<td>Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months</td>
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Sources: None
Recodes: None
Keywords: person number
Notes: Use this variable in combination with HHX and FMX to identify individual persons.

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<td>17-18</td>
<td>Number of injury/poisoning</td>
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<td>01 First injury or poisoning</td>
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<tr>
<td></td>
<td>02 Second injury or poisoning</td>
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<tr>
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<td>08 Eighth injury or poisoning</td>
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<td>09 Ninth injury or poisoning</td>
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<tr>
<td></td>
<td>10 Tenth injury or poisoning</td>
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Sources: None
Recodes: None
Keywords: injury; poisoning
Notes: Use this variable in combination with HHX, FMX, and PX to identify injury and/or poisoning episodes for individual persons.
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<tr>
<td>IJBODY1</td>
<td>At the time, what part(s) of {person} body was/were hurt? What kind of injury/poisoning was it? Anything else?</td>
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<td>FIJ.050</td>
<td>AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes</td>
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<td>Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months</td>
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<tr>
<td>19-53</td>
<td>Body part injured/poisoned</td>
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<td>Text description of body part injured/poisoned</td>
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Sources: None  
Recodes: None  
Keywords: injury; poisoning; body part  
Notes: See Survey Description document.

| IJBODY2       | At the time, what part(s) of {person} body was/were hurt? What kind of injury/poisoning was it? Anything else? |
| FIJ.050       | AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes |
|               | Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months |
| 54-88         | Body part injured/poisoned |
|               | Text description of body part injured/poisoned |

Sources: None  
Recodes: None  
Keywords: injury; poisoning; body part  
Notes: See Survey Description document.
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<td>IJBODY3</td>
<td>At the time, what part(s) of (person) body was/were hurt? What kind of injury/poisoning was it? Anything else?</td>
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<td>AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes</td>
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<td>Body part injured/poisoned</td>
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<td>IJBODY4</td>
<td>At the time, what part(s) of (person) body was/were hurt? What kind of injury/poisoning was it? Anything else?</td>
<td>FIJ.050</td>
<td>AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes</td>
<td>Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months</td>
<td>124-158</td>
<td>Body part injured/poisoned</td>
<td>Text description of body part injured/poisoned</td>
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<td>IJKIND1</td>
<td>At the time, what part(s) of {person} body was/were hurt? What kind of injury/poisoning was it? Anything else?</td>
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<td>159-203</td>
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<p>| IJKIND2       | At the time, what part(s) of {person} body was/were hurt? What kind of injury/poisoning was it? Anything else? |  |
| FIJ.050       | AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes |  |
|               | Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months |  |
| 204-248       | Kind of injury/poisoning |  |
|               | Text description of kind of injury/poisoning |  |
| Sources       | None |  |
| Recodes       | None |  |
| Keywords      | injury; poisoning; kind of injury; kind of poisoning |  |
| Notes         | See Survey Description document. |  |</p>
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<td>249-293 Kind of injury/poisoning</td>
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Sources: None
Recodes: None
Keywords: injury; poisoning; kind of injury; kind of poisoning
Notes: See Survey Description document.

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<td>294-338 Kind of injury/poisoning</td>
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Sources: None
Recodes: None
Keywords: injury; poisoning; kind of injury; kind of poisoning
Notes: See Survey Description document.
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<table>
<thead>
<tr>
<th>IJHOW1</th>
<th>How did (person) injury/poisoning happen? Please describe fully the circumstances or events leading to the injury/poisoning, and any object, substance, or other person involved.</th>
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<td>Description of injury/poisoning</td>
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Sources: None
Recodes: None
Keywords: injury; poisoning
Notes: See Survey Description document.

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<th>IJHOW2</th>
<th>How did (person) injury/poisoning happen? Please describe fully the circumstances or events leading to the injury/poisoning, and any object, substance, or other person involved.</th>
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<td>AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes</td>
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Sources: None
Recodes: None
Keywords: injury; poisoning
Notes: See Survey Description document.
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<tr>
<td>Freq.</td>
<td>Variable Label</td>
<td>Value / Value Labels</td>
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</tbody>
</table>

**IJHOW3**

How did (person) injury/poisoning happen? Please describe fully the circumstances or events leading to the injury/poisoning, and any object, substance, or other person involved.

**FIJ.070**

AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes

Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months

509-593 Description of injury/poisoning

Text description of injury/poisoning

Sources: None
Recodes: None
Keywords: injury; poisoning
Notes: See Survey Description document.

**IJHOW4**

How did (person) injury/poisoning happen? Please describe fully the circumstances or events leading to the injury/poisoning, and any object, substance, or other person involved.

**FIJ.070**

AGE = ALL and PINJ3M = 1 / All injury and/or poisoning episodes

Injury and/or poisoning episodes for persons who had at least one injury or poisoning during the past 3 months

594-678 Description of injury/poisoning

Text description of injury/poisoning

Sources: None
Recodes: None
Keywords: injury; poisoning
Notes: See Survey Description document.