2005 NATIONAL HEALTH INTERVIEW SURVEY
Episode
injpoiep : Identification Fields
PUBLIC USE
Document Version Date: 06-Jun-06

Question ID: IDN.000_00.000

Record Type

Universe:
Description:

Sources: None
Recodes: None
Keywords: None
Notes: None

File type identifier
10 Household
20 Person
30 Sample Adult
31 Sample Adult Cancer
40 Sample Child
60 Family
70 Injury/Poisoning Episode
75 Injury/Poisoning Verbatim

Question ID: IDN.000_02.000

Survey Year

Universe:
Description:

Sources: None
Recodes: None
Keywords: None
Notes: None

Year of National Health Interview Survey
2005 2005
## Question ID: IDN.000_04.000

**Instrument Variable Name:**

**Final Documentation Name:** HHX

### Household ID

**Universe:**

**Description:**

**Sources:** None

**Recodes:** None

**Keywords:** Household number

**Notes:** Use this variable to identify individual households.

- **HH identifier**

## Question ID: IDN.000_35.000

**RECODE**

**Instrument Variable Name:**

**Final Documentation Name:** FMX

### Family Number

**Universe:**

**Description:** All families

**Sources:** None

**Recodes:** None

**Keywords:** Family number

**Notes:** Use this variable in combination with HHX to identify individual families.

- **Family #**
  
  01-25 Family number 1 - 25

## Question ID: IDN.000_40.000

**Instrument Variable Name:** FPX

**Final Documentation Name:** FPX

### Person Number

**Universe:** ALL

**Description:** All persons

**Sources:** None

**Recodes:** None

**Keywords:** Person number

**Notes:** Use this variable in combination with HHX and FMX to identify individual persons or use this variable in combination with FCTRLNUM to identify individual persons.

- **Person #**
  
  01-25 Person number 1 thru 25
### Injury/Poisoning Episode Number

**Question ID:** IDN.000_55.000  
**Instrument Variable Name:** IPEPNO  
**Final Documentation Name:** IPEPNO

**Universe:**  
'01' <= MTFINJ3M <= '91' or '01' <= MTFPOI3M <= '91'

**Description:** All medically-consulted injury and poisoning episodes that occurred during the past 3 months.

**Sources:** None  
**Recodes:** None  
**Keywords:** injury; poisoning  
**Notes:** Use this variable in combination with HHX, FMX, and FPX to identify injury and/or poisoning episodes for individual persons or use this variable in combination with FCTRLNUM and FPX to identify injury and/or poisoning episodes for individual persons.

#### Injury/Poisoning Episode Number

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>First injury or poisoning</td>
</tr>
<tr>
<td>02</td>
<td>Second injury or poisoning</td>
</tr>
<tr>
<td>03</td>
<td>Third injury or poisoning</td>
</tr>
<tr>
<td>04</td>
<td>Fourth injury or poisoning</td>
</tr>
<tr>
<td>05</td>
<td>Fifth injury or poisoning</td>
</tr>
<tr>
<td>06</td>
<td>Sixth injury or poisoning</td>
</tr>
<tr>
<td>07</td>
<td>Seventh injury or poisoning</td>
</tr>
<tr>
<td>08</td>
<td>Eighth injury or poisoning</td>
</tr>
<tr>
<td>09</td>
<td>Ninth injury or poisoning</td>
</tr>
<tr>
<td>10</td>
<td>Tenth injury or poisoning</td>
</tr>
</tbody>
</table>

### Weight - Final Annual

**Question ID:** IDN.000_70.000  
**Instrument Variable Name:**  
**Final Documentation Name:** WTFA

**Universe:**

**Description:**

**Sources:** None  
**Recodes:** None  
**Keywords:** None  
**Notes:** None

**Weight - Final Annual**
Question ID:  FIJ.050_01.000
Instrument Variable Name:  IPDATEM
Final Documentation Name:  IPDATEM

[If ((MTFINJ3M eq <1>) OR (MTFPOI3M eq <1>))]
When did [person's] [injury/poisoning] happen for which a medical professional was consulted?

[If ((MTFINJ3M eq <2-91> and the most recent injury episode is being asked about) OR (MTFPOI3M eq <2-91> and the most recent poisoning episode is being asked about))]
Now I'm going to ask a few questions about the [^MTFINJ3M/^MTFPOI3M] times [person] {were/was} [injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [injury/poisoning] happen?

[If ((MTFINJ3Meq <2-91> and the other injury episodes are being asked about) OR (MTFPOI3M eq <2-91> and the other poisoning episodes are being asked about))]
You just told me about [person's] [month, day of previous event/"most recent"/"second most recent"/"third most recent"/"fourth most recent"] [injury/poisoning]. What was the date of the [injury/poisoning] before that for which a medical professional was consulted?

Universe:  ('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91')
Description:  All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Sources:  None
Recodes:  None
Keywords:  injury; poisoning; date
Notes:  None

Month of injury/poisoning episode

  01  January
  02  February
  03  March
  04  April
  05  May
  06  June
  07  July
  08  August
  09  September
  10  October
  11  November
  12  December
  97  Refused
  98  Not ascertained
  99  Don't know
Question ID: FIJ.050_03.000
Instrument Variable Name: IPDATEY
Final Documentation Name: IPDATEY

[If ((MTFINJ3M eq <1>) OR (MTFPOI3M eq <1>))]
When did {person's} [injury/poisoning] happen for which a medical professional was consulted?

[If ((MTFINJ3M eq <2-91> and the most recent injury episode is being asked about) OR (MTFPOI3M eq <2-91> and the most recent poisoning episode is being asked about))]
Now I'm going to ask a few questions about the [MTFINJ3M/MTFPOI3M] times {person} {were/was} [injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [injury/poisoning] happen?

[If ((MTFINJ3Meq <2-91> and the other injury episodes are being asked about) OR (MTFPOI3Meq <2-91> and the other poisoning episodes are being asked about))]
You just told me about {person's} [month, day of previous event] [injury/poisoning]. What was the date of the [injury/poisoning] before that for which a medical professional was consulted?

Universe: ('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91') and (('01' <= IPDATED <= '31') or IPDATED = '99')
Description: All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, and a day was entered for the episode or "don't know" was entered for the day of the episode

Sources: None
Recodes: None
Keywords: injury; poisoning; date
Notes: None

Year of injury/poisoning episode

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>2003</td>
</tr>
<tr>
<td>2004</td>
<td>2004</td>
</tr>
<tr>
<td>2005</td>
<td>2005</td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
</tr>
<tr>
<td>9998</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
**Question ID:** FIJ.051_01.000  
**Instrument Variable Name:** IPDATENO  
**Final Documentation Name:** IPDATENO

**Can you tell me approximately how long ago {person's} [injury/poisoning] happened?**

**Universe:**  
\('01' <= MTFINJ3M <= '91'\) or \('01' <= MTFPOI3M <= '91'\) and IPDATEM = '99'

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where "don't know" is entered for the month of the episode

**Sources:** None  
**Recodes:** None  
**Keywords:** injury; poisoning; time period  
**Notes:** None

**Approximate time since injury/poisoning episode: Number**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-91</td>
<td>1-91</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

---

**Question ID:** FIJ.051_02.000  
**Instrument Variable Name:** IPDATETP  
**Final Documentation Name:** IPDATETP

**Can you tell me approximately how long ago {person's} [injury/poisoning] happened?**

**Universe:**  
\('01' <= MTFINJ3M <= '91'\) or \('01' <= MTFPOI3M <= '91'\) and IPDATEM = '99'

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where "don't know" is entered for the month of the episode

**Sources:** None  
**Recodes:** None  
**Keywords:** injury; poisoning; time period  
**Notes:** None

**Approximate time since injury/poisoning episode: Time period**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Days</td>
</tr>
<tr>
<td>2</td>
<td>Weeks</td>
</tr>
<tr>
<td>3</td>
<td>Months</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
### Question ID: FIJ.052_00.000

**Instrument Variable Name:** IPDATEMT

**Final Documentation Name:** IPDATEMT

#### Was this in the beginning of [IPDATEMT (text)], the middle of [IPDATEMT (text)], or the end of [IPDATEMT (text)]?

- **Universe:** '01' <= MTFINJ3M <= '91' or '01' <= MTFPOI3M <= '91' and IPDATED = '99'
- **Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where "don't know" is entered for the day of the episode.

#### Sources:
- None

#### Recodes:
- None

#### Keywords:
- Injury; poisoning

#### Notes:
- None

#### Approximate point in month of injury/poisoning episode

1. Beginning
2. Middle
3. End
7. Refused
8. Not ascertained
9. Don't know

---

### Question ID: FIJ.052_00.000 R01 RECODE

**Instrument Variable Name:** RPCKDMR

**Final Documentation Name:** RPCKDMR

#### Universe:
- '01' <= MTFINJ3M <= '91' or '01' <= MTFPOI3M <= '91'

#### Description:
All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000

#### Sources:
- RPCKD; RPCKM

#### Recodes:
- None

#### Keywords:
- Injury; poisoning; elapsed time

#### Notes:
This variable was calculated by subtracting the date of the injury/poisoning episode from the date the injury/poisoning questions were asked. Only the month, day, and year of the injury/poisoning episode provided by the respondent was used to create this variable. No additional date questions or imputed data were used in the creation of this variable. For more information about this variable see the Survey Description Document.

**Time between the date of the injury/poisoning episode and the date the injury/poisoning questions were asked**

- **000-499** 0-499 days
- **500** Same month as month the injury/poisoning questions were asked
- **501** Month before the month the injury/poisoning questions were asked
- **502-524** 2-24 months before the month the injury/poisoning questions were asked
- **998** Not ascertained
### Question ID: FIJ.052_02.000  R02  RECODE

**Instrument Variable Name:**

Final Documentation Name: RPD

**Recode**

- **Universe:** \(01 \leq MTFINJ3M \leq 91\) or \(01 \leq MTFPOI3M \leq 91\)
- **Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000
- **Sources:** IPDATEM, IPDATED, IPDATEY, IPDATENO, IPDATETP, IPDATEMT, IJDATE
- **Recodes:** None
- **Keywords:** injury; poisoning; elapsed time
- **Notes:** This variable provides the elapsed time in days between the injury/poisoning episode date and the date when the injury/poisoning questions were asked, calculated from date information provided by the respondent and imputed when necessary. For more information about this variable see the Survey Description Document.

#### Days between the date of the injury/poisoning episode and the date the injury/poisoning questions were asked

| 000-999 | 0-999 days |

### Question ID: FIJ.052_00.000  R03  RECODE

**Instrument Variable Name:**

Final Documentation Name: BIETD

**Recode**

- **Universe:** \(01 \leq MTFINJ3M \leq 91\) or \(01 \leq MTFPOI3M \leq 91\)
- **Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000
- **Sources:** IPDATEM, IPDATED, IPDATEY, IPDATENO, IPDATETP, IPDATEMT, IJDATE
- **Recodes:** None
- **Keywords:** injury; poisoning; elapsed time
- **Notes:** The lower boundary of the interval specifying the number of days possibly elapsed between the injury/poisoning episode and the date when the injury/poisoning questions were asked consistent with the date information provided by the respondent. In the case where complete information is given, RPD, BIETD, and EIETD will be equal. For more information about this variable see the Survey Description Document.

#### Lower boundary of elapsed time interval in days

| 000-999 | 0-999 days |

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**2005 NATIONAL HEALTH INTERVIEW SURVEY**

**Episode**

injpoiep : Injuries & Poisoning

**PUBLIC USE**

**Document Version Date:** 06-Jun-06
**Question ID:** FIJ.052_00.000  
**R04**  
**RECODE**  
**Instrument Variable Name:**  
**Final Documentation Name:** EIETD

**Recode**

**Universe:** (‘01’ <= MTFINJ3M <= ’91’) or (‘01’ <= MTFPOI3M <= ’91’)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000

**Sources:** IPDATEM, IPDATED, IPDATEY, IPDATENO, IPDATETP, IPDATEMT, IJDATE

**Recodes:** None

**Keywords:** injury; poisoning; elapsed time

**Notes:** The upper boundary of the interval specifying the number of days possibly elapsed between the injury/poisoning episode and the date when the injury/poisoning questions were asked consistent with the date information provided by the respondent. In the case where complete information is given, RPD, BIETD, and EIETD will be equal. For more information about this variable see the Survey Description Document.

Upper boundary of elapsed time interval in days

000-999 0-999 days before the date the injury/poisoning questions were asked

**Question ID:** FIJ.052_00.000  
**R05**  
**RECODE**  
**Instrument Variable Name:**  
**Final Documentation Name:** EDIPBR

**Recode**

**Universe:** (‘01’ <= MTFINJ3M <= ’91’) or (‘01’ <= MTFPOI3M <= ’91’)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000

**Sources:** IPDATEM, IPDATED, IPDATEY, IPDATENO, IPDATETP, IPDATEMT

**Recodes:** None

**Keywords:** injury; poisoning

**Notes:** None

Episode date information reported by the respondent

1  Month, day, and year
2  Month, beginning of month, and year
3  Month, middle of month, and year
4  Month, end of month, and year
5  Month and year
6  Elapsed time in days
7  Elapsed time in weeks
8  Elapsed time in months
9  No information
**2005 NATIONAL HEALTH INTERVIEW SURVEY**

**Episode**

**injpoiep : Injuries & Poisoning**

**PUBLIC USE**

**Document Version Date: 06-Jun-06**

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**Question ID:** FIJ.052_00.000  R06  RECODE  Instrument Variable Name:

**Final Documentation Name:** IMPMETH

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### Recode

**Universe:** '01' <= MTFINJ3M <= '91' or '01' <= MTFPOI3M <= '91'

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000

**Sources:** IPDATEM, IPDATED, IPDATEY, IPDATENO, IPDATETP, IPDATEMT

**Recodes:** None

**Keywords:** injury; poisoning; elapsed time

**Notes:** This variable indicates the part of the injury/poisoning date or time interval used in the creation of variable RPD that was imputed. For more information about the imputation methods used see the Survey Description Document.

---

**Imputed part of I/P date or elapsed time interval**

- **0** No imputation necessary (month, day, and year reported; or elapsed time interval width = 0)
- **1** Imputed day based on reported beginning, middle, or end of month
- **2** Imputed day of the month (no day of month information reported)
- **3** No imputation necessary (elapsed time reported in days)
- **4** Imputed time interval based on elapsed time reported in weeks
- **5** Imputed time interval based on elapsed time reported in months
- **6** Imputed elapsed time & elapsed time interval using hot deck imputation (no date information reported or no valid date information reported)
**2005 NATIONAL HEALTH INTERVIEW SURVEY**  
**Episode**  
**injpoies : Injuries & Poisoning**  
**PUBLIC USE**  
**Document Version Date: 06-Jun-06**

<table>
<thead>
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<th>Question ID:</th>
<th>FIJ.052_00.000</th>
<th>R08</th>
<th>RECODE</th>
<th>Instrument Variable Name:</th>
</tr>
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<tbody>
<tr>
<td><strong>Recode</strong></td>
<td></td>
<td></td>
<td></td>
<td>Final Documentation Name: MUMON</td>
</tr>
</tbody>
</table>

**Universe:**  
\( '01' \leq \text{MTFINJ}3M \leq '91' \) or \( '01' \leq \text{MTFPOI}3M \leq '91' \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000

**Sources:** IPDATEM, IPDATED, IPDATEY, IPDATENO, IPDATETP, IPDATEMT

**Recodes:** None

**Keywords:** injury; poisoning

**Notes:** This variable contains the value of IPDATEM when no imputation was done, and it contains the imputed month when the month was imputed. For more information about this variable see the Survey Description Document.

**Imputed month**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>January</td>
</tr>
<tr>
<td>02</td>
<td>February</td>
</tr>
<tr>
<td>03</td>
<td>March</td>
</tr>
<tr>
<td>04</td>
<td>April</td>
</tr>
<tr>
<td>05</td>
<td>May</td>
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<td>06</td>
<td>June</td>
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<td>July</td>
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<td>August</td>
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<td>09</td>
<td>September</td>
</tr>
<tr>
<td>10</td>
<td>October</td>
</tr>
<tr>
<td>11</td>
<td>November</td>
</tr>
<tr>
<td>12</td>
<td>December</td>
</tr>
</tbody>
</table>
**Question ID:** FIJ.052_00.000  **R10**  **RECODE**  
Instrument Variable Name: MUYEAR

**Recode**

**Universe:** 
\((01' <= \text{MTFINJ3M} <= '91') \text{ or } (01' <= \text{MTFPOI3M} <= '91)\)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000

**Sources:** IPDATEM, IPDATED, IPDATEY, IPDATENO, IPDATETP, IPDATEMT

**Recodes:** None

**Keywords:** injury; poisoning

**Notes:** This variable contains the value of IPDATEY when no imputation was done, and it contains the imputed year when the year was imputed. For more information about this variable see the Survey Description Document.

**Imputed year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2003</td>
<td>2003</td>
</tr>
<tr>
<td>2004</td>
<td>2004</td>
</tr>
<tr>
<td>2005</td>
<td>2005</td>
</tr>
</tbody>
</table>

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**Question ID:** FIJ.052_00.000  **R11**  **RECODE**  
Instrument Variable Name: ETFLG

**Recode**

**Universe:** 
\((01' <= \text{MTFINJ3M} <= '91') \text{ or } (01' <= \text{MTFPOI3M} <= '91)\)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01 to FIJ.028_00.000

**Sources:** RPD

**Recodes:** None

**Keywords:** injury; poisoning; elapsed time

**Notes:** This variable indicates whether the elapsed time (RPD) between the date of the injury/poisoning episode and the date the injury/poisoning questions were asked is greater than the 3 month (91 days) reference period used in family level questions FIJ.010_01_00.000 and FIJ.020_00.000. A value greater than 91 days occurs if the injury/poisoning episode date information reported by the respondent subsequent to the family level questions is not consistent with the respondent's initial report that the injury/poisoning episode occurred during the past 3 months. For more information about this variable see the Survey Description Document.

**Elapsed time flag**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Elapsed time is &gt; 91 days</td>
</tr>
<tr>
<td>2</td>
<td>Elapsed time is &lt;= 91 days</td>
</tr>
</tbody>
</table>
### Question ID: FIJ.052_00.000

**Injury/Poisoning Episode**

**Final Documentation Name:** BEIFLG

**Sources:** RPD, BIETD, EIETD

**Recodes:** None

**Keywords:** injury; poisoning; elapsed time

**Notes:** This variable indicates if any part of the elapsed time interval is greater than the 3 month (91 days) reference period used in family level questions FIJ.010_01.000 and FIJ.020_00.000. A value greater than 91 days occurs if the injury/poisoning episode date information reported by the respondent subsequent to the family level questions is not consistent with the respondent's initial report that the injury/poisoning episode occurred during the past 3 months. For more information about this variable see the Survey Description Document.

<table>
<thead>
<tr>
<th>Recode</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Only the upper boundary of the interval for elapsed time is &gt; 91 days</td>
</tr>
<tr>
<td>2</td>
<td>Upper and lower boundary of the interval for elapsed time is &gt; 91 days</td>
</tr>
<tr>
<td>3</td>
<td>Upper and lower boundary of the interval for elapsed time is &lt;= 91 days</td>
</tr>
</tbody>
</table>

### Question ID: FIJ.065_00.000

**Cause of Injury Episode**

*Do not read. Enter the number which best describes the cause of the person's injury from the list below.*

**Final Documentation Name:** ICAUS

**Sources:** None

**Recodes:** None

**Keywords:** injury; motor vehicle; fall; burn

**Notes:** None

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>In a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>On a bike, scooter, skateboard, skates, skis, horse, etc.</td>
</tr>
<tr>
<td>03</td>
<td>Pedestrian who was struck by a vehicle such as a car or bicycle</td>
</tr>
<tr>
<td>04</td>
<td>In a boat, train, or plane</td>
</tr>
<tr>
<td>05</td>
<td>Fall</td>
</tr>
<tr>
<td>06</td>
<td>Burned or scalded by substances such as hot objects or liquids, fire, or chemicals</td>
</tr>
<tr>
<td>07</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
**Question ID:** FIJ.065_00.000  
**R03 RECODE**  
**Instrument Variable Name:**  
**Final Documentation Name:** ECAUS

**Universe:**  

('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91')

**Description:**  
All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** ECODE_1

**Recodes:** None

**Keywords:** injury; transportation; fire; fall; poisoning; overexertion; struck by; animal; insect; cut; machinery

**Notes:** Transportation includes motor vehicle/bicycle/motorcycle/pedestrian/train/boat/airplane. This variable describes the cause of the injury/poisoning using categories based on ICD-9-CM external cause codes (E codes). See External Cause Codes included in the variable ECAUS Categories Appendix for a list of E codes found in each category.

**Causes of injury/poisoning based on E codes**

01 Transportation (see Notes above)
02 Fire/burn/scald related
03 Fall
04 Poisoning
05 Overexertion/strenuous movements
06 Struck by object or person
07 Animal or insect bite
08 Cut/pierce
09 Machinery
10 Other
97 Refused
98 Not ascertained
99 Don't know
In this injury, what parts of {person’s} body were hurt?

 partes de {person’s} cuerpo fueron heridos?

Universe: `(‘01’ <= MTFINJ3M <= ‘91’)`

All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

<table>
<thead>
<tr>
<th>Parts of body hurt: 1st body part</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Ankle</td>
<td></td>
</tr>
<tr>
<td>02 Back</td>
<td></td>
</tr>
<tr>
<td>03 Buttocks</td>
<td></td>
</tr>
<tr>
<td>04 Chest</td>
<td></td>
</tr>
<tr>
<td>05 Ear</td>
<td></td>
</tr>
<tr>
<td>06 Elbow</td>
<td></td>
</tr>
<tr>
<td>07 Eye</td>
<td></td>
</tr>
<tr>
<td>08 Face</td>
<td></td>
</tr>
<tr>
<td>09 Finger/thumb</td>
<td></td>
</tr>
<tr>
<td>10 Foot</td>
<td></td>
</tr>
<tr>
<td>11 Forearm</td>
<td></td>
</tr>
<tr>
<td>12 Groin</td>
<td></td>
</tr>
<tr>
<td>13 Hand</td>
<td></td>
</tr>
<tr>
<td>14 Head (not face)</td>
<td></td>
</tr>
<tr>
<td>15 Hip</td>
<td></td>
</tr>
<tr>
<td>16 Jaw</td>
<td></td>
</tr>
<tr>
<td>17 Knee</td>
<td></td>
</tr>
<tr>
<td>18 Lower leg</td>
<td></td>
</tr>
<tr>
<td>19 Mouth</td>
<td></td>
</tr>
<tr>
<td>20 Neck</td>
<td></td>
</tr>
<tr>
<td>21 Nose</td>
<td></td>
</tr>
<tr>
<td>22 Shoulder</td>
<td></td>
</tr>
<tr>
<td>23 Stomach</td>
<td></td>
</tr>
<tr>
<td>24 Teeth</td>
<td></td>
</tr>
<tr>
<td>25 Thigh</td>
<td></td>
</tr>
<tr>
<td>26 Toe</td>
<td></td>
</tr>
<tr>
<td>27 Upper arm</td>
<td></td>
</tr>
<tr>
<td>28 Wrist</td>
<td></td>
</tr>
<tr>
<td>29 Other</td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td></td>
</tr>
<tr>
<td>98 Not ascertained</td>
<td></td>
</tr>
<tr>
<td>99 Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: FIJ.070_02.000  
Instrument Variable Name: IJBODY2  
Final Documentation Name: IJBODY2

**In this injury, what parts of {person's} body were hurt?**

Universe: 

`('01' <= MTFINJ3M <= '91')`

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Sources: None

Recodes: None

Keywords: injury; body part

Notes: None

Parts of body hurt: 2nd body part

00 No second response
01 Ankle
02 Back
03 Buttocks
04 Chest
05 Ear
06 Elbow
07 Eye
08 Face
09 Finger/thumb
10 Foot
11 Forearm
12 Groin
13 Hand
14 Head (not face)
15 Hip
16 Jaw
17 Knee
18 Lower leg
19 Mouth
20 Neck
21 Nose
22 Shoulder
23 Stomach
24 Teeth
25 Thigh
26 Toe
27 Upper arm
28 Wrist
29 Other
97 Refused
98 Not ascertained
99  Don't know
Question ID: FIJ.070_03.000

Instrument Variable Name: IJBODY3

Final Documentation Name: IJBODY3

In this injury, what parts of {person's} body were hurt?

Universe: 

\( 01 \leq MTFINJ3M \leq 91 \)

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Sources: None

Recodes: None

Keywords: injury; body part

Notes: None

Parts of body hurt: 3rd body part

00 No third response
01 Ankle
02 Back
03 Buttocks
04 Chest
05 Ear
06 Elbow
07 Eye
08 Face
09 Finger/thumb
10 Foot
11 Forearm
12 Groin
13 Hand
14 Head (not face)
15 Hip
16 Jaw
17 Knee
18 Lower leg
19 Mouth
20 Neck
21 Nose
22 Shoulder
23 Stomach
24 Teeth
25 Thigh
26 Toe
27 Upper arm
28 Wrist
29 Other
97 Refused
98 Not ascertained
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PUBLIC USE
Document Version Date: 06-Jun-06

99 Don't know
Question ID:  FIJ.070_04.000

In this injury, what parts of {person's} body were hurt?

Universe:  ('01' <= MTFINJ3M <= '91')

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Parts of body hurt: 4th body part

00  No fourth response
01  Ankle
02  Back
03  Buttocks
04  Chest
05  Ear
06  Elbow
07  Eye
08  Face
09  Finger/thumb
10  Foot
11  Forearm
12  Groin
13  Hand
14  Head (not face)
15  Hip
16  Jaw
17  Knee
18  Lower leg
19  Mouth
20  Neck
21  Nose
22  Shoulder
23  Stomach
24  Teeth
25  Thigh
26  Toe
27  Upper arm
28  Wrist
29  Other
97  Refused
98  Not ascertained
### Question ID: FIJ.072_01.000

- **Instrument Variable Name:** IJTYPE11
- **Final Documentation Name:** IJTYPE1A

#### In what way was [person's] [first entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:

- 01 Broken bone or fracture
- 02 Sprain, strain, or twist
- 03 Cut
- 04 Scrape
- 05 Bruise
- 06 Burn
- 07 Insect bite
- 08 Animal bite
- 09 Other
- 97 Refused
- 98 Not ascertained
- 99 Don't know
In what way was {person's} [first entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:

- 00 No second response
- 01 Broken bone or fracture
- 02 Sprain, strain, or twist
- 03 Cut
- 04 Scrape
- 05 Bruise
- 06 Burn
- 07 Insect bite
- 08 Animal bite
- 09 Other
- 97 Refused
- 98 Not ascertained
- 99 Don't know
**Question ID:**  FIJ.074_01.000  
**Instrument Variable Name:**  IJTYPE21  
**Final Documentation Name:**  IJTYPE2A  

**In what way was [person's] [second entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:**

**Universe:**  
(01 <= MTFINJ3M <= 91) and (01 <= IJBODY2 <= 29)  

**Description:**  
All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a second body part was reported to be hurt  

**Sources:**  
None  

**Recodes:**  
None  

**Keywords:**  
injury; type of injury  

**Notes:**  
None  

**How body part 2 was hurt: First response**

01 Broken bone or fracture  
02 Sprain, strain, or twist  
03 Cut  
04 Scrape  
05 Bruise  
06 Burn  
07 Insect bite  
08 Animal bite  
09 Other  
97 Refused  
98 Not ascertained  
99 Don't know
**Question ID:** FIJ.074_02.000  
**Instrument Variable Name:** IJTYPE22  
**Final Documentation Name:** IJTYPE2B

**In what way was [person's] [second entry--^IJBODY (text) or ^IJBODYOS] hurt?** Was it a:

**Universe:**  
\( '01' \leq MTFINJ3M \leq '91'\) and \( '01' \leq IJBODY2 \leq '29'\)

**Description:** All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a second body part was reported to be hurt

**Sources:** None

**Recodes:** None

**Keywords:** injury; type of injury

**Notes:** None

**How body part 2 was hurt: Second response**

- 00 No second response
- 01 Broken bone or fracture
- 02 Sprain, strain, or twist
- 03 Cut
- 04 Scrape
- 05 Bruise
- 06 Burn
- 07 Insect bite
- 08 Animal bite
- 09 Other
- 97 Refused
- 98 Not ascertained
- 99 Don't know
2005 NATIONAL HEALTH INTERVIEW SURVEY
Episode
injpoiep : Injuries & Poisoning
PUBLIC USE
Document Version Date: 06-Jun-06

Question ID: FIJ.076_01.000
Instrument Variable Name: IJTYPE31
Final Documentation Name: IJTYPE3A

In what way was [person's] [third entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:

How body part 3 was hurt: First response

01 Broken bone or fracture
02 Sprain, strain, or twist
03 Cut
04 Scrape
05 Bruise
06 Burn
07 Insect bite
08 Animal bite
09 Other
97 Refused
98 Not ascertained
99 Don't know
**Question ID:** FIJ.076_02.000

**Instrument Variable Name:** IJTYPE32

**Final Documentation Name:** IJTYPE3B

**In what way was {person's} [third entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:**

**Universe:** ('01' <= MTFINJ3M <= '91') and ('01' <= IJBODY <= '29')

**Description:** All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a third body part was reported to be hurt.

**Sources:** None

**Recodes:** None

**Keywords:** injury; type of injury

**Notes:** None

**How body part 3 was hurt: Second response**

- **00** No second response
- **01** Broken bone or fracture
- **02** Sprain, strain, or twist
- **03** Cut
- **04** Scrape
- **05** Bruise
- **06** Burn
- **07** Insect bite
- **08** Animal bite
- **09** Other
- **97** Refused
- **98** Not ascertained
- **99** Don’t know
Question ID: FIJ.078_01.000

Instrument Variable Name: IJTYPE41

Final Documentation Name: IJTYPE4A

In what way was [person's] [fourth entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Broken bone or fracture</td>
</tr>
<tr>
<td>02</td>
<td>Sprain, strain, or twist</td>
</tr>
<tr>
<td>03</td>
<td>Cut</td>
</tr>
<tr>
<td>04</td>
<td>Scrape</td>
</tr>
<tr>
<td>05</td>
<td>Bruise</td>
</tr>
<tr>
<td>06</td>
<td>Burn</td>
</tr>
<tr>
<td>07</td>
<td>Insect bite</td>
</tr>
<tr>
<td>08</td>
<td>Animal bite</td>
</tr>
<tr>
<td>09</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Universe: (‘01’ <= MTFINJ3M <= ‘91’) and (‘01’ <= IJBODY4 <= ‘29’)

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, where a fourth body part was reported to be hurt.
In what way was {person's} fourth entry--^JBODY (text) or ^JBODYOS| hurt? Was it a:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No second response</td>
</tr>
<tr>
<td>01</td>
<td>Broken bone or fracture</td>
</tr>
<tr>
<td>02</td>
<td>Sprain, strain, or twist</td>
</tr>
<tr>
<td>03</td>
<td>Cut</td>
</tr>
<tr>
<td>04</td>
<td>Scrape</td>
</tr>
<tr>
<td>05</td>
<td>Bruise</td>
</tr>
<tr>
<td>06</td>
<td>Burn</td>
</tr>
<tr>
<td>07</td>
<td>Insect bite</td>
</tr>
<tr>
<td>08</td>
<td>Animal bite</td>
</tr>
<tr>
<td>09</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

How body part 4 was hurt: Second response
Did {person} get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from...

A phone call to a poison control center?

| Universe: | ('01' <= MTFPOI3M <= '91') |
| Description: | All medically-consulted poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 |

Where received medical care: Call to PCC

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know

Did {person} get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [injury/poisoning] from...

An emergency vehicle, such as an ambulance or fire truck?

| Universe: | ('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91') |
| Description: | All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 |

Where received medical care: Emergency vehicle

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
Question ID: FIJ.080_03.000  
Instrument Variable Name: IPER  
Final Documentation Name: IPER

### Did [person] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [injury/poisoning] from...

#### A visit to an emergency room?

| Universe: | ('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91') |
| Description: | All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 |

Sources: None  
Recodes: None  
Keywords: injury; poisoning; emergency room  
Notes: None

Where received medical care: Emergency room

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

---

Question ID: FIJ.080_04.000  
Instrument Variable Name: IPDO  
Final Documentation Name: IPDO

### Did [person] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [injury/poisoning] from...

#### A visit to a doctor's office or other health clinic?

| Universe: | ('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91') |
| Description: | All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 |

Sources: None  
Recodes: None  
Keywords: injury; poisoning; doctor's office; clinic  
Notes: None

Where received medical care: Doctor's office/clinic

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
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Episode
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Document Version Date: 06-Jun-06

**Question ID:** FIJ.080_05.000

**Instrument Variable Name:** IPPCHCP

**Final Documentation Name:** IPPCHCP

**Did {person} get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [injury/poisoning] from...**

**A phone call to a doctor, nurse, or other health care professional?**

**Universe:** 

\( \{01' \leq \text{MTFINJ3M} \leq '91\} \) or \( \{01' \leq \text{MTFPOI3M} \leq '91\} \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; medical professional

**Notes:** None

Where received medical care: Call to medical prof

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know

**Question ID:** FIJ.080_06.000

**Instrument Variable Name:** IPOTH

**Final Documentation Name:** IPOTH

**Did {person} get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [injury/poisoning] from...**

**Any place else?**

**Universe:** 

\( \{01' \leq \text{MTFINJ3M} \leq '91\} \) or \( \{01' \leq \text{MTFPOI3M} \leq '91\} \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; medical care

**Notes:** None

Where received medical care: Any place else

1  Yes
2  No
7  Refused
8  Not ascertained
9  Don't know
### Question ID: FIJ.090_00.000

**Instrument Variable Name:** IPHOSP  
**Final Documentation Name:** IPHOSP

**{Were/Was} {person} hospitalized for at least one night as a result of this [injury/poisoning]?

**Universe:** 
\[
(\text{MTFINJ3M} \leq 91) \text{ or } (\text{MTFPOI3M} \leq 91) \text{ and IPVER ne '1'}
\]

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** None  
**Recodes:** None  
**Keywords:** injury; poisoning; hospitalized  
**Notes:** None

Hospitalized overnight due to injury/poisoning episode

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Question ID: FIJ.091_00.000

**Instrument Variable Name:** IPIHNO  
**Final Documentation Name:** IPIHNO

**How many nights {were/was} {person} in the hospital?

**Universe:** 
\[
(\text{MTFINJ3M} \leq 91) \text{ or } (\text{MTFPOI3M} \leq 91) \text{ and IPHOSP = '1'}
\]

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, resulting in hospitalization

**Sources:** None  
**Recodes:** None  
**Keywords:** injury; poisoning; hospital  
**Notes:** None

Number of nights in the hospital

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
<td>1-94 nights</td>
</tr>
<tr>
<td>95</td>
<td>95+ nights</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
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Question ID: FIJ.109_00.000
Instrument Variable Name: IMTRAF
Final Documentation Name: IMTRAF

Did this accident occur on a public highway, street, or road? Do not include non-traffic areas such as driveways or parking lots.

Did this accident occur on a public highway, street, or road? Do not include non-traffic areas such as driveways or parking lots.

Injpoiep : Injuries & Poisoning
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Question ID: FIJ.110_00.000
Instrument Variable Name: IMVWHO
Final Documentation Name: IMVWHO

{Were/Was} {person} injured as:

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Question ID: FIJ.110_00.000
Instrument Variable Name: IMVWHO
Final Documentation Name: IMVWHO

{Were/Was} {person} injured as:
Question ID: FIJ.111_00.000
Instrument Variable Name: IMVTYP

What type of vehicle {were/was} {person} in?

Universe: ('01' <= MTFINJ3M <= '91') and ICAUS IN('01','02','03') and IMVWHO IN('1','2')

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while a driver or passenger of a vehicle

Sources: None
Recodes: None
Keywords: injury; vehicle
Notes: None

Type of vehicle injured person was in

01 Passenger car
02 Passenger truck, such as a pickup truck, van, or SUV
03 Bus
04 Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05 Motorcycle (including mopeds and minibikes)
06 All terrain vehicle or ski/snow-mobile
07 Farm equipment (such as a tractor)
08 Industrial or construction vehicle
09 Other
97 Refused
98 Not ascertained
99 Don’t know
**Question ID:** FIJ.112_00.000  
**Instrument Variable Name:** ISBELT  
**Final Documentation Name:** ISBELT

**[Were/Was] {person} restrained at the time of the accident?**

**Universe:** (01' <= MTFINJ3M <= '91') and ICAUS IN (01',02',03') and IMVWHO IN (1',2') and IMVTYP IN (01',02',04')

**Description:** All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while a driver or passenger of a car or truck.

**Restrained at time of accident**

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know

---

**Question ID:** FIJ.113_00.000  
**Instrument Variable Name:** IHELMT  
**Final Documentation Name:** IHELMT

**[Were/Was] {person} wearing a helmet at the time of the accident?**

**Universe:** (01' <= MTFINJ3M <= '91') and ICAUS IN (01',02',03') and (IMVWHO IN (4',5') or IMVTYP IN (05',06'))

**Description:** All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, that occurred while riding a bicycle or tricycle; a scooter, skateboard, skates, or other non-motorized vehicle; a motorcycle; or an all terrain vehicle or ski/snowmobile.

**Wearing a helmet at the time of the accident**

1. Yes
2. No
7. Refused
8. Not ascertained
9. Don't know
Question ID: FIJ.130_01.000

How did {person} fall? Anything else?

Universe: (01 <= MTFINJ3M <= '91) and ICAUS = '05' and IPVER ne '1'

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, due to a fall

How person fell: First response

01 Stairs, steps, or escalator
02 Floor or level ground
03 Curb (including sidewalk)
04 Ladder or scaffolding
05 Playground equipment
06 Sports field, court, or rink
07 Building or other structure
08 Chair, bed, sofa, or other furniture
09 Bathtub, shower, toilet, or commode
10 Hole or other opening
11 Other
97 Refused
98 Not ascertained
99 Don't know
Question ID: FIJ.130_02.000  
Instrument Variable Name: IFALL2  
Final Documentation Name: IFALL2

How did {person} fall? Anything else?

Universe: \( (01 \leq \text{MTFINJ3M} \leq 91) \) and \( \text{ICAUS} = '05' \) and \( \text{IPVER} \neq '1' \)

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, due to a fall.

Sources: None
Recodes: None
Keywords: injury; fall
Notes: None

How person fell: Second response

- 00 No second response
- 01 Stairs, steps, or escalator
- 02 Floor or level ground
- 03 Curb (including sidewalk)
- 04 Ladder or scaffolding
- 05 Playground equipment
- 06 Sports field, court, or rink
- 07 Building or other structure
- 08 Chair, bed, sofa, or other furniture
- 09 Bathtub, shower, toilet, or commode
- 10 Hole or other opening
- 11 Other
- 97 Refused
- 98 Not ascertained
- 99 Don't know
What caused {person} to fall?

Universe: \(01' \leq \text{MTFINJ3M} \leq '91') and ICAUS = '05' and IPVER ne '1'

Description: All medically-consulted injury episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000, due to a fall

Sources: None
Recodes: None
Keywords: injury; fall
Notes: None

Cause of fall

1. Slipping or tripping
2. Jumping or diving
3. Bumping into an object or another person
4. Being shoved or pushed by another person
5. Losing balance or having dizziness (becoming faint or having a seizure)
6. Other
7. Refused
8. Not ascertained
9. Don't know
What did [person's] poisoning result from?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Swallowing a drug or medical substance mistakenly or in overdose</td>
</tr>
<tr>
<td>2</td>
<td>Swallowing or touching a harmful solid or liquid substance</td>
</tr>
<tr>
<td>3</td>
<td>Inhaling harmful gases or vapors</td>
</tr>
<tr>
<td>4</td>
<td>Eating a poisonous plant or other substance mistaken for food</td>
</tr>
<tr>
<td>5</td>
<td>Being bitten by a poisonous animal</td>
</tr>
<tr>
<td>6</td>
<td>Other, please specify</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>8</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
### Question ID: FIJ.150_01.000  
**Instrument Variable Name:** IPWHAT1  
**Final Documentation Name:** IPWHAT1

**What activity {were/was} {person} involved in at the time of the [injury/poisoning]?**

**Universe:**  
\((01 \leq MTFINJ3M \leq 91) \text{ or } (01 \leq MTFPOI3M \leq 91)) \text{ and IPVER ne '1'}\)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; activity

**Notes:** None

**Activity at time of inj/pois episode: First response**

<table>
<thead>
<tr>
<th>Code</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Driving or riding in a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>Working at a paid job</td>
</tr>
<tr>
<td>03</td>
<td>Working around the house or yard</td>
</tr>
<tr>
<td>04</td>
<td>Attending school</td>
</tr>
<tr>
<td>05</td>
<td>Unpaid work (such as volunteer work)</td>
</tr>
<tr>
<td>06</td>
<td>Sports and exercise</td>
</tr>
<tr>
<td>07</td>
<td>Leisure activity (excluding sports)</td>
</tr>
<tr>
<td>08</td>
<td>Sleeping, resting, eating, or drinking</td>
</tr>
<tr>
<td>09</td>
<td>Cooking</td>
</tr>
<tr>
<td>10</td>
<td>Being cared for (hands-on care from other person)</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
2005 NATIONAL HEALTH INTERVIEW SURVEY
Episode
injpoiep : Injuries & Poisoning
PUBLIC USE
Document Version Date: 06-Jun-06

**Question ID:** FIJ.150_02.000  
**Instrument Variable Name:** IPWHAT2  
**Final Documentation Name:** IPWHAT2

**What activity {were/was} {person} involved in at the time of the [injury/poisoning]?**

**Universe:**

```
(('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91')) and IPVER ne '1'
```

**Description:**
All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; activity

**Notes:** None

**Activity at time of inj/pois episode: Second response**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No second response</td>
</tr>
<tr>
<td>01</td>
<td>Driving or riding in a motor vehicle</td>
</tr>
<tr>
<td>02</td>
<td>Working at a paid job</td>
</tr>
<tr>
<td>03</td>
<td>Working around the house or yard</td>
</tr>
<tr>
<td>04</td>
<td>Attending school</td>
</tr>
<tr>
<td>05</td>
<td>Unpaid work (such as volunteer work)</td>
</tr>
<tr>
<td>06</td>
<td>Sports and exercise</td>
</tr>
<tr>
<td>07</td>
<td>Leisure activity</td>
</tr>
<tr>
<td>08</td>
<td>Sleeping, resting, eating, or drinking</td>
</tr>
<tr>
<td>09</td>
<td>Cooking</td>
</tr>
<tr>
<td>10</td>
<td>Being cared for (hands on care from other person)</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Question ID: FIJ.160_01.000
Instrument Variable Name: IPWHER1
Final Documentation Name: IPWHER1

Where {were/was} {person} when the [injury/poisoning] happened?

Universe: 

- "('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91')" and IPVER ne '1'

Description: All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

Location at time of inj/pois episode: First response

<table>
<thead>
<tr>
<th>Code</th>
<th>Location Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Home (inside)</td>
</tr>
<tr>
<td>02</td>
<td>Home (outside)</td>
</tr>
<tr>
<td>03</td>
<td>School (not residential)</td>
</tr>
<tr>
<td>04</td>
<td>Child care center or preschool</td>
</tr>
<tr>
<td>05</td>
<td>Residential institution (exclude hospital)</td>
</tr>
<tr>
<td>06</td>
<td>Health care facility (include hospital)</td>
</tr>
<tr>
<td>07</td>
<td>Street or highway</td>
</tr>
<tr>
<td>08</td>
<td>Sidewalk</td>
</tr>
<tr>
<td>09</td>
<td>Parking lot</td>
</tr>
<tr>
<td>10</td>
<td>Sport facility, athletic field, or playground</td>
</tr>
<tr>
<td>11</td>
<td>Shopping center, restaurant, store, bank, gas station, or other place of business</td>
</tr>
<tr>
<td>12</td>
<td>Farm</td>
</tr>
<tr>
<td>13</td>
<td>Park or recreation area (include bike or jog path)</td>
</tr>
<tr>
<td>14</td>
<td>River, lake, stream, or ocean</td>
</tr>
<tr>
<td>15</td>
<td>Industrial or construction area</td>
</tr>
<tr>
<td>16</td>
<td>Other public building</td>
</tr>
<tr>
<td>17</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Where {were/was} {person} when the [injury/poisoning] happened?

- **Question ID:** FIJ.160_02.000
- **Instrument Variable Name:** IPWHER2
- **Final Documentation Name:** IPWHER2
- **Universe:** `(('01' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91')) and IPVER ne '1'
- **Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Location at time of inj/pois episode: Second response**

- **00** No second response
- **01** Home (inside)
- **02** Home (outside)
- **03** School (not residential)
- **04** Child care center or preschool
- **05** Residential institution (exclude hospital)
- **06** Health care facility (include hospital)
- **07** Street or highway
- **08** Sidewalk
- **09** Parking lot
- **10** Sport facility, athletic field, or playground
- **11** Shopping center, restaurant, store, bank, gas station, or other place of business
- **12** Farm
- **13** Park or recreation area (include bike or jog path)
- **14** River, lake, stream, or ocean
- **15** Industrial or construction area
- **16** Other public building
- **17** Other
- **97** Refused
- **98** Not ascertained
- **99** Don't know
**2005 NATIONAL HEALTH INTERVIEW SURVEY**

**Episode**

*injpoiep: Injuries & Poisoning*

PUBLIC USE

Document Version Date: 06-Jun-06

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**Question ID:** FIJ.170_00.000  
**Instrument Variable Name:** IPEMP  
**Final Documentation Name:** IPEMP

**At the time of this [injury/poisoning], [were/was] [person] employed full-time, part-time, or not employed?**

**Universe:** 
\( '01' \leq \text{MTFINJ3M} \leq '91' \) or \( '01' \leq \text{MTFPOI3M} \leq '91' \) and \( \text{AGE} \geq '013' \) and \( \text{IPVER} \neq '1' \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 13 years of age or older

**Sources:** None  
**Recodes:** None  
**Keywords:** injury; poisoning; employed  
**Notes:** None

Employed at the time of the injury/poisoning episode

1. Full-time
2. Part-time
3. Not employed
7. Refused
8. Not ascertained
9. Don't know

---

**Question ID:** FIJ.171_00.000  
**Instrument Variable Name:** IPWKLS  
**Final Documentation Name:** IPWKLS

**As a result of this [injury/poisoning], how many days of work did [person] miss?**

**Universe:** 
\( '01' \leq \text{MTFINJ3M} \leq '91' \) or \( '01' \leq \text{MTFPOI3M} \leq '91' \) and \( \text{AGE} \geq '013' \) and \( \text{IPEMP} \in ('1', '2') \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 13 years of age or older, where the person was employed at the time

**Sources:** None  
**Recodes:** None  
**Keywords:** injury; poisoning; work missed  
**Notes:** None

Days of work missed

1. None
2. Less than one day
3. One to five days
4. Six or more days
7. Refused
8. Not ascertained
9. Don't know
### Question ID: FIJ.180_00.000

**At the time of this [injury/poisoning], [were/was] [person] a full-time student, part-time student or not a student?**

**Universe:** \( (('01' <= MTFINJ3M <= '91') \text{ or } ('01' <= MTFPOI3M <= '91')) \text{ and } AGE \geq '005' \text{ and } IPVER \neq '1' \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 5 years of age or older

**Student at the time of the injury/poisoning episode**

1. Full-time
2. Part-time
3. Not a student
4. Refused
5. Not ascertained
6. Don't know

---

### Question ID: FIJ.181_00.000

**As a result of this [injury/poisoning], how many days of school did [person] miss?**

**Universe:** \( (('01' <= MTFINJ3M <= '91') \text{ or } ('01' <= MTFPOI3M <= '91')) \text{ and } (AGE \geq '005') \text{ and } (IPSTU \text{ IN}('1','2')) \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 to persons 5 years of age or older, where the person was a student at the time

**Days of school missed**

1. None
2. Less than one day
3. One to five days
4. Six or more days
5. Refused
6. Not ascertained
7. Don't know
### Question ID: FIJ.181_01.000  R14

**Instrument Variable Name:**

**Final Documentation Name:** ICD9_1

**Universe:**

`(01' <= MTFINJ3M <= '91') or (01' <= MTFPOI3M <= '91')`

**Description:**

All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; ICD-9-CM

**Notes:**

ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.

**ICD-9-CM diagnosis code**

ICD-9-CM codes

### Question ID: FIJ.181_02.000  R15

**Instrument Variable Name:**

**Final Documentation Name:** ICD9_2

**Universe:**

`((01' <= MTFINJ3M <= '91') or (01' <= MTFPOI3M <= '91')) and there was more than one injury or poisoning during the episode`

**Description:**

All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than one injury or poisoning during the episode

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; ICD-9-CM

**Notes:**

ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.

**ICD-9-CM diagnosis code**

ICD-9-CM codes
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.181_03.000 R16</th>
<th>Instrument Variable Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final Documentation Name: ICD9_3</td>
</tr>
</tbody>
</table>

**Universe:** \( (’01’ \leq MTFINJ3M \leq ’91’) \) or \( (’01’ \leq MTFPOI3M \leq ’91’) \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than two injuries or poisonings during the episode.

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; ICD-9-CM

**Notes:** ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.

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<table>
<thead>
<tr>
<th>Question ID:</th>
<th>FIJ.181_04.000 R17</th>
<th>Instrument Variable Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final Documentation Name: ICD9_4</td>
</tr>
</tbody>
</table>

**Universe:** \( (’01’ \leq MTFINJ3M \leq ’91’) \) or \( (’01’ \leq MTFPOI3M \leq ’91’) \)

**Description:** All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than three injuries or poisonings during the episode.

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; ICD-9-CM

**Notes:** ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.
Question ID: FIJ.181_05.000    R18  

Universe: \((01 \leq MTFINJ3M \leq 91) \text{ or } (01 \leq MTFPOI3M \leq 91)\) and there were more than four injuries or poisonings during the episode

Description: All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than four injuries or poisonings during the episode

Sources: None

Recodes: None

Keywords: injury; poisoning; ICD-9-CM

Notes: ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.

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Question ID: FIJ.181_06.000    R19  

Universe: \((01 \leq MTFINJ3M \leq 91) \text{ or } (01 \leq MTFPOI3M \leq 91)\) and there were more than five injuries or poisonings during the episode

Description: All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than five injuries or poisonings during the episode

Sources: None

Recodes: None

Keywords: injury; poisoning; ICD-9-CM

Notes: ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.
### Question ID: FIJ.181_07.000  R20

**Instrument Variable Name:**

Final Documentation Name: ICD9_7

**Universe:**

\[ (('01' <= MTFINJ3M <= '91') \text{ or } ('01' <= MTFPOI3M <= '91')) \text{ and there were more than six injuries or poisonings during the episode} \]

**Description:**

All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than six injuries or poisonings during the episode

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; ICD-9-CM

**Notes:**

ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.

### ICD-9-CM diagnosis code

ICD-9-CM codes

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### Question ID: FIJ.181_08.000  R21

**Instrument Variable Name:**

Final Documentation Name: ICD9_8

**Universe:**

\[ (('01' <= MTFINJ3M <= '91') \text{ or } ('01' <= MTFPOI3M <= '91')) \text{ and there were more than seven injuries or poisonings during the episode} \]

**Description:**

All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than seven injuries or poisonings during the episode

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; ICD-9-CM

**Notes:**

ICD-9-CM codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of ICD-9-CM codes.

### ICD-9-CM diagnosis code

ICD-9-CM codes
### Question ID: FIJ.181_10.000  R22

**Instrument Variable Name:**

**Final Documentation Name:** ECODE_1

**Universe:**

'01' <= MTFINJ3M <= '91' or '01' <= MTFPOI3M <= '91'

**Description:**

All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000

**Sources:** None

**Recodes:** ECAUS

**Keywords:** injury; poisoning; E code

**Notes:**

External cause codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of E codes.

**ICD-9-CM external cause code**

<table>
<thead>
<tr>
<th>E8000-</th>
<th>E codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E999</td>
<td></td>
</tr>
</tbody>
</table>

### Question ID: FIJ.181_20.000  R23

**Instrument Variable Name:**

**Final Documentation Name:** ECODE_2

**Universe:**

'01' <= MTFINJ3M <= '91' or '01' <= MTFPOI3M <= '91') and there was more than one external cause for the episode

**Description:**

All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than one external cause for the episode

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; E code

**Notes:**

External cause codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of E codes.

**ICD-9-CM external cause code**

<table>
<thead>
<tr>
<th>E8000-</th>
<th>E codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E999</td>
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<tr>
<td>Question ID:</td>
<td>FIJ.181_30.000</td>
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**Instrument Variable Name:**
Final Documentation Name: ECODE_3

**Universe:**

\((\text{'01'} \leq \text{MTFINJ3M} \leq \text{'91'}) \text{ or } (\text{'01'} \leq \text{MTFPOI3M} \leq \text{'91'}))\) and there were more than two external causes for the episode

**Description:**
All medically-consulted injury/poisoning episodes that reportedly occurred during the past 3 months based on responses to family level questions FIJ.010_01.000 to FIJ.028_00.000 that had more than two external causes for the episode

**Sources:**
None

**Recodes:**
None

**Keywords:**
injury; poisoning; E code

**Notes:**
External cause codes were assigned according to responses given to questions FIJ.060_00.000 to FIJ.079_00.000 and FIJ.109_00.000 to FIJ.160_02.000. See the ICD-9-CM Code Book for text descriptions of E codes.

**ICD-9-CM external cause code**

- E8000-E999: E codes
<table>
<thead>
<tr>
<th>ECAUS Category</th>
<th>External Cause Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>E810.0 to E819.9, E958.5, E988.5, E800.3, E801.3, E802.3, E803.3, E804.3, E805.3,</td>
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<td>E806.3, E807.3, E820.6, E821.6, E822.6, E823.6, E824.6, E825.6, E826.1, E826.9,</td>
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<td>E807.2, E820.7, E821.7, E822.7, E823.7, E824.7, E825.7, E826.0, E827.0, E828.0,</td>
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<td>E829.0, E800.0, E801.0, E802.0, E803.0, E804.0, E805.0, E806.0, E807.0, E800.1,</td>
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<td>E801.1, E802.1, E803.1, E804.1, E805.1, E806.1, E807.1, E800.8, E801.8, E802.8,</td>
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<td>E803.8, E804.8, E805.8, E806.8, E807.8, E800.9, E801.9, E802.9, E803.9, E804.9,</td>
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<td>E821.1, E822.1, E823.1, E824.1, E825.1, E820.2, E821.2, E822.2, E823.2, E824.2,</td>
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<td>E823.4, E824.4, E825.4, E820.5, E821.5, E822.5, E823.5, E824.5, E825.5, E820.8,</td>
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<td>E825.9, E826.2, E826.3, E826.4, E826.5, E826.6, E826.7, E826.8, E827.2, E827.3,</td>
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<td>E828.6, E828.7, E828.8, E828.9, E829.2, E829.3, E829.4, E829.5, E829.6, E829.7,</td>
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<td>E829.8, E829.9, E831.0 to E831.9, E833.0 to E845.9, E958.6, E968.5, E988.6, E825,</td>
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<td>E826, E828</td>
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<td>Fire/burn/scald related</td>
<td>E890.0 to E899, E924.0 to E924.9, E958.1, E958.2, E958.7, E961, E968.0, E968.3, E979.3, E988.1, E988.2, E988.7</td>
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<tr>
<td>ECAUS Category</td>
<td>External Cause Codes</td>
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<td>----------------------------------------</td>
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<tr>
<td>Fall</td>
<td>E880.0 to E886.9, E888, E888.0, E888.1, E888.8, E888.9, E957.0 to E957.9, E968.1, E987.0 to E987.9</td>
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<td>Poisoning</td>
<td>E850.0 to E869.9, E950.0 to E952.9, E962.0 to E962.9, E980.0 to E982.9, E972</td>
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<td>Overexertion/strenuous movements</td>
<td>E927</td>
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<td>Struck by object or person</td>
<td>E916 to E917.9, E960.0, E968.2, E973, E975</td>
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<td>Animal or insect bite</td>
<td>E905.0, E905.1, E905.2, E905.3, E905.4, E905.5, E905.6, E905.9, E906.0, E906.1, E906.2, E906.3, E906.4, E906.5, E906.9</td>
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<td>Cut/pierce</td>
<td>E920.0 to E920.9, E956, E966, E986, E974</td>
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<td>Machinery</td>
<td>E919.0 to E919.9</td>
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<tr>
<td>Other</td>
<td>All E codes not listed above</td>
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