### 2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS Episode

**injpoiep : Identification Fields**

**PUBLIC USE**

Document Version Date: 02-Dec-16

<table>
<thead>
<tr>
<th>Question ID: IDN.000_00.000</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Instrument Variable Name:</td>
<td><strong>Final Documentation Name</strong>: RECTYPE</td>
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</table>

#### Record Type

**Universe:**

**Description:**

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<thead>
<tr>
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<tbody>
<tr>
<td>Recodes:</td>
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</tr>
<tr>
<td>Keywords:</td>
<td>None</td>
</tr>
<tr>
<td>Notes:</td>
<td>None</td>
</tr>
</tbody>
</table>

**File type identifier**

- 10 Household
- 20 Person
- 25 Income Imputation
- 30 Sample Adult
- 38 Functioning and Disability
- 40 Sample Child
- 60 Family
- 63 Family Disability Questions
- 65 Paradata
- 70 Injury/Poisoning Episode
- 75 Injury/Poisoning Verbatim

<table>
<thead>
<tr>
<th>Question ID: IDN.000_02.000</th>
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<tbody>
<tr>
<td>Instrument Variable Name:</td>
<td><strong>Final Documentation Name</strong>: SRVY_YR</td>
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#### Survey Year

**Universe:**

**Description:**

<table>
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<td>Keywords:</td>
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<tr>
<td>Notes:</td>
<td>None</td>
</tr>
</tbody>
</table>

**Year of Native Hawaiian and Pacific Islander Survey (NHPI)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Survey Year</th>
</tr>
</thead>
</table>
### Household Number

**Question ID:** IDN.000_04.000  
**Instrument Variable Name:**  
**Final Documentation Name:** HHX

**Universe:** All households  
**Description:** All households  
**Sources:** None  
**Recodes:** None  
**Keywords:** household number  
**Notes:** Use this variable in combination with SRVY_YR to identify individual households.

### Family Number

**Question ID:** IDN.000_35.000 RECODE  
**Instrument Variable Name:**  
**Final Documentation Name:** FMX

**Universe:** All families  
**Description:** All families  
**Sources:** None  
**Recodes:** None  
**Keywords:** family number  
**Notes:** Use this variable in combination with HHX and SRVY_YR to identify individual families.

01-25 Family number 1 - 25
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Question ID: IDN.000_40.000
Instrument Variable Name: FPX
Final Documentation Name: FPX

Person Number

Universe:
All persons

Description:

Sources: None
Recodes: None
Keywords: person number
Notes: Use this variable in combination with HHX, FMX, and SRVY_YR to identify individual persons.

Person Number (Within family)

01-25 Person number 1 thru 25

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

Injury/Poisoning Episode Number

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

01 First injury or poisoning
02 Second injury or poisoning
03 Third injury or poisoning
04 Fourth injury or poisoning
05 Fifth injury or poisoning
06 Sixth injury or poisoning
07 Seventh injury or poisoning
08 Eighth injury or poisoning
09 Ninth injury or poisoning
10 Tenth injury or poisoning
<table>
<thead>
<tr>
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<th>IDN.000_70.000</th>
<th>Instrument Variable Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final Documentation Name: WTFA</td>
</tr>
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Universe:

Description:

Sources: None

Recodes: None

Keywords: None

Notes: None

Weight - Final Annual

| 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 ((MTFINJ3M eq <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 (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] [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

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<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>
**2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS Episode**

**injpoiep : Injuries & Poisoning**

PUBLIC USE

Document Version Date: 02-Dec-16

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**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:**  
\( '01' \leq \text{MTFINJ3M} \leq '91' \) or \( '01' \leq \text{MTFPOI3M} \leq '91' \) and \( \text{IPDATEM} = '99' \)

**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 of units**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-096</td>
<td>1-96</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>998</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>999</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:**  
\( '01' \leq \text{MTFINJ3M} \leq '91' \) or \( '01' \leq \text{MTFPOI3M} \leq '91' \) and \( \text{IPDATEM} = '99' \)

**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>
Was this in the beginning of [^IPDATEM (text)], the middle of [^IPDATEM (text)], or the end of [^IPDATEM (text)]?

Universe: \((01' \leq MTFINJ3M \leq '91')\) or \((01' \leq MTFPOI3M \leq '91')\) 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.

Approximate point in month of injury/poisoning episode

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

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

<table>
<thead>
<tr>
<th>Days</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>000-099</td>
<td>0-99 days</td>
</tr>
<tr>
<td>100</td>
<td>100 or more days</td>
</tr>
</tbody>
</table>
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Question ID: FIJ.052_00.000 R05 RECODE
Instrument Variable Name:
Final Documentation Name: EDIPBR

Rencode

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

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 or valid date information reported)
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Episode
injpoiep : Injuries & Poisoning
PUBLIC USE
Document Version Date: 02-Dec-16

Question ID: FIJ.052_00.000 R08 RECODE Instrument Variable Name:
Final Documentation Name: MUMON

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: 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

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Question ID: FIJ.052_00.000 R10 RECODE Instrument Variable Name:
Final Documentation Name: MUYEAR

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: 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

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

### Recode

**Universe:**

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

**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_01.000 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**

1. Elapsed time is > 91 days
2. Elapsed time is <= 91 days

---

**Question ID:** FIJ.052_00.000  
**R12 RECODE**  
**Instrument Variable Name:**  
**Final Documentation Name:** BEIFLG

### Recode

**Universe:**

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

**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; 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.

**Elapsed time interval boundary flag**

1. Only the upper boundary of the interval for elapsed time is > 91 days
2. Upper and lower boundary of the interval for elapsed time is > 91 days
3. Upper and lower boundary of the interval for elapsed time is <= 91 days
<table>
<thead>
<tr>
<th>Cause of injury episode</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>
<tr>
<td>Question ID:</td>
<td>FIJ.065_00.000 R13 RECODE</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------</td>
</tr>
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<td>Final Documentation Name:</td>
<td>ECAUS</td>
</tr>
<tr>
<td>Universe:</td>
<td>('01' &lt;= MTFINJ3M &lt;= '91') or ('01' &lt;= MTFPOI3M &lt;= '91')</td>
</tr>
<tr>
<td>Description:</td>
<td>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</td>
</tr>
<tr>
<td>Sources:</td>
<td>ECODE_1</td>
</tr>
<tr>
<td>Recodes:</td>
<td>None</td>
</tr>
<tr>
<td>Keywords:</td>
<td>injury; transportation; fire; fall; poisoning; overexertion; struck by; animal; insect; cut; machinery</td>
</tr>
<tr>
<td>Notes:</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of injury/poisoning based on E codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
</tr>
<tr>
<td>02</td>
</tr>
<tr>
<td>03</td>
</tr>
<tr>
<td>04</td>
</tr>
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<td>10</td>
</tr>
<tr>
<td>97</td>
</tr>
<tr>
<td>98</td>
</tr>
<tr>
<td>99</td>
</tr>
</tbody>
</table>
In this injury, what parts of {person's} body were hurt?

Universe: ('01' <= MTFINJ <= '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: 1st body part

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
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
In this injury, what parts of {person's} body were hurt?

<table>
<thead>
<tr>
<th>Universe</th>
<th>('01' &lt;= MTFINJ &lt;= '91')</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sources</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recodes</td>
<td>None</td>
</tr>
<tr>
<td>Keywords</td>
<td>injury; body part</td>
</tr>
<tr>
<td>Notes</td>
<td>None</td>
</tr>
</tbody>
</table>

Parts of body hurt: 2nd body part

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No second response</td>
</tr>
<tr>
<td>01</td>
<td>Ankle</td>
</tr>
<tr>
<td>02</td>
<td>Back</td>
</tr>
<tr>
<td>03</td>
<td>Buttocks</td>
</tr>
<tr>
<td>04</td>
<td>Chest</td>
</tr>
<tr>
<td>05</td>
<td>Ear</td>
</tr>
<tr>
<td>06</td>
<td>Elbow</td>
</tr>
<tr>
<td>07</td>
<td>Eye</td>
</tr>
<tr>
<td>08</td>
<td>Face</td>
</tr>
<tr>
<td>09</td>
<td>Finger/thumb</td>
</tr>
<tr>
<td>10</td>
<td>Foot</td>
</tr>
<tr>
<td>11</td>
<td>Forearm</td>
</tr>
<tr>
<td>12</td>
<td>Groin</td>
</tr>
<tr>
<td>13</td>
<td>Hand</td>
</tr>
<tr>
<td>14</td>
<td>Head (not face)</td>
</tr>
<tr>
<td>15</td>
<td>Hip</td>
</tr>
<tr>
<td>16</td>
<td>Jaw</td>
</tr>
<tr>
<td>17</td>
<td>Knee</td>
</tr>
<tr>
<td>18</td>
<td>Lower leg</td>
</tr>
<tr>
<td>19</td>
<td>Mouth</td>
</tr>
<tr>
<td>20</td>
<td>Neck</td>
</tr>
<tr>
<td>21</td>
<td>Nose</td>
</tr>
<tr>
<td>22</td>
<td>Shoulder</td>
</tr>
<tr>
<td>23</td>
<td>Stomach</td>
</tr>
<tr>
<td>24</td>
<td>Teeth</td>
</tr>
<tr>
<td>25</td>
<td>Thigh</td>
</tr>
<tr>
<td>26</td>
<td>Toe</td>
</tr>
<tr>
<td>27</td>
<td>Upper arm</td>
</tr>
<tr>
<td>28</td>
<td>Wrist</td>
</tr>
<tr>
<td>29</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>
In this injury, what parts of {person's} body were hurt?

**Question ID:** FIJ.070_03.000  
**Instrument Variable Name:** IJBODY3  
**Final Documentation Name:** IJBODY3  

**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: 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>Not ascertained</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
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: 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
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:

- Universe: ('01' <= MTFINJ3M <= '91') and ('01' <= IJBODY1 <= '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 first body part was reported to be hurt.
- Sources: None
- Recodes: None
- Keywords: injury; type of injury
- Notes: None

How body part 1 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
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
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
In what way was {person's} [third entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:

- Broken bone or fracture
- Sprain, strain, or twist
- Cut
- Scrape
- Cut
- Burn
- Insect bite
- Animal bite
- Other
- Refused
- Not ascertained
- Don't know
In what way was {person's} [third 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
In what way was {person's} [fourth entry--^IJBODY (text) or ^IJBODYOS] hurt? Was it a:

**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--^IJBODY (text) or ^IJBODYOS] hurt?  Was it a:

- 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.

How body part 4 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
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?**

<table>
<thead>
<tr>
<th>Universe:</th>
<th>('01' &lt;= MTFINJ3M &lt;= '91') or ('01' &lt;= MTFPOI3M &lt;= '91')</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>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</td>
</tr>
</tbody>
</table>

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

Where received medical care: Emergency room

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

### 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?**

<table>
<thead>
<tr>
<th>Universe:</th>
<th>('01' &lt;= MTFINJ3M &lt;= '91') or ('01' &lt;= MTFPOI3M &lt;= '91')</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>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</td>
</tr>
</tbody>
</table>

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

Where received medical care: Doctor's office/clinic

| 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...

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

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: Call to medical prof
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...

Any place else?

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: 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:**  
\((01' <= MTFINJ3M <= '91') \text{ or } (01' <= MTFPOI3M <= '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 R01 RECODE

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

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

**Universe:**  
\((01' <= MTFINJ3M <= '91') \text{ or } (01' <= MTFPOI3M <= '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:** IPIHNO  
**Recodes:** None  
**Keywords:** injury; poisoning; hospital  
**Notes:** Some values collapsed for the Public Use file.

Number of nights in the hospital

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-07</td>
<td>1-7 nights</td>
</tr>
<tr>
<td>08</td>
<td>8-14 nights</td>
</tr>
<tr>
<td>09</td>
<td>15-21 nights</td>
</tr>
<tr>
<td>10</td>
<td>22+ 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>
Did this accident occur on a public highway, street, or road? Do not include non-traffic areas such as driveways or parking lots.

**Universe:**
\[ ('01' \leq MTFINJ3M \leq '91') \text{ and } ICAUS \text{ IN} ('01','02','03') \text{ and } IPVER \text{ ne} '1' \]

**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, that occurred while in a motor vehicle; while on a bike, scooter, skateboard, skis, horse, etc.; or as a pedestrian struck by a vehicle.

**Traffic-related injury**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<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>

**Injured as . . .**

<table>
<thead>
<tr>
<th></th>
<th>The driver of a motor vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A passenger in a motor vehicle</td>
</tr>
<tr>
<td>3</td>
<td>A pedestrian</td>
</tr>
<tr>
<td>4</td>
<td>A bicycle rider or tricycle rider</td>
</tr>
<tr>
<td>5</td>
<td>The rider of a scooter, skateboard, skis, horse, etc.; or as a pedestrian struck by a vehicle</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.111_00.000

**R01 RECODE**  
Instrument Variable Name: IMVTYP  
Final Documentation Name: IMVTYP_P

**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

<table>
<thead>
<tr>
<th>IMVTYP</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Passenger car</td>
</tr>
<tr>
<td>02</td>
<td>Passenger truck, such as a pick-up truck, van, or SUV</td>
</tr>
<tr>
<td>03</td>
<td>Bus</td>
</tr>
<tr>
<td>05</td>
<td>Motorcycle (including mopeds and minibikes)</td>
</tr>
<tr>
<td>06</td>
<td>All terrain vehicle or ski/snow-mobile</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>

### Notes: Some values collapsed for the Public Use file.

### 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

<table>
<thead>
<tr>
<th>ISBELT</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>

### Notes: None
Question ID: FIJ.113_00.000  
Instrument Variable Name: IHELM

Final Documentation Name: IHELM

{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

Sources: None

Recodes: None

Keywords: injury; helmet

Notes: None

Wearing a helmet at the time of the accident

1 Yes
2 No
7 Refused
8 Not ascertained
9 Don't know
How did {person} fall? Anything else?

**Question ID:** FIJ.130_01.000

**Instrument Variable Name:** IFALL1

**Final Documentation Name:** IFALL1

**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

<table>
<thead>
<tr>
<th>Source</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recode</td>
<td>None</td>
</tr>
<tr>
<td>Keywords</td>
<td>injury; fall</td>
</tr>
<tr>
<td>Notes</td>
<td>None</td>
</tr>
</tbody>
</table>

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
2014 NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) NHIS
Episode
injpoep : Injuries & Poisoning
PUBLIC USE
Document Version Date: 02-Dec-16

Question ID: FIJ.130_02.000
Instrument Variable Name: IFALL2
Final Documentation Name: IFALL2

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

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
Question ID: FIJ.131_00.000  Instrument Variable Name: IFALLWHY
Final Documentation Name: IFALLWHY

What caused {person} to fall?

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

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

Question ID: FIJ.140_00.000 R01 RECODE  Instrument Variable Name: PPOIS
Final Documentation Name: PPOIS_P

What did {person's} poisoning result from?

Universe: ('01' <= MTFPOI3M <= '91') and IPVER ne '1'

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

Sources: PPOIS
Recodes: None
Keywords: poisoning
Notes: Some values collapsed for the Public Use file.

Cause of poisoning episode

1. Swallowing a drug or medical substance mistakenly or in overdose
2. Swallowing or touching a harmful solid or liquid substance
3. Inhaling harmful gases or vapors
4. Eating a poisonous plant or other substance mistaken for food
5. Other, please specify
6. Refused
7. Not ascertained
8. Don't know
What activity {were/was} {person} involved in at the time of the [injury/poisoning]?

Activity at time of inj/pois episode: First response

01  Driving or riding in a motor vehicle
02  Working at a paid job
03  Working around the house or yard
04  Attending school
05  Unpaid work (such as volunteer work)
06  Sports and exercise
07  Leisure activity (excluding sports)
08  Sleeping, resting, eating, or drinking
09  Cooking
10  Being cared for (hands-on care from other person)
11  Other
97  Refused
98  Not ascertained
99  Don't know
**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]?**

<table>
<thead>
<tr>
<th>Activity 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>

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; activity

**Notes:** None
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

Sources: None

Recodes: None

Keywords: injury; poisoning; location

Notes: None

Location at time of inj/pois episode: First 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
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

**Sources:** None

**Recodes:** None

**Keywords:** injury; poisoning; location

**Notes:** None

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>00</td>
<td>No second response</td>
</tr>
<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>
### 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' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91') and AGE GE '013' 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 to persons 13 years of age or older

<table>
<thead>
<tr>
<th>Employed at the time of the injury/poisoning episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>

### 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' <= MTFINJ3M <= '91') or ('01' <= MTFPOI3M <= '91') and AGE GE '013' and 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

<table>
<thead>
<tr>
<th>Days of work missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>
### Question ID: FIJ.180_00.000

**Instrument Variable Name:** IPSTU  
**Final Documentation Name:** IPSTU

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

**Universe:** 
\((01 \leq MTFINJ3M \leq 91) \text{ or } (01 \leq MTFPOI3M \leq 91)\) and \(AGE \geq '005'\) 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 where the person was a student.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full-time</td>
</tr>
<tr>
<td>2</td>
<td>Part-time</td>
</tr>
<tr>
<td>3</td>
<td>Not a student</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.181_00.000

**Instrument Variable Name:** IPSCLS  
**Final Documentation Name:** IPSCLS

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

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

**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.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Less than one day</td>
</tr>
<tr>
<td>3</td>
<td>One to five days</td>
</tr>
<tr>
<td>4</td>
<td>Six or more days</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>
## ECAUS Category

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