

NOTICE - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

PSU

Segment No.

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FORM **NHS-HIS-3X(1968)**
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**MOTOR VEHICLE ACCIDENT
SUPPLEMENT**

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE
U.S. HEALTH INTERVIEW SURVEY

COMPLETE A SEPARATE COLUMN FOR EACH PERSON INVOLVED IN THIS ACCIDENT				Person Number	Age	
Enter the person number, age and name Record the date of the accident on the line provided below.						
You said that -- (and -- were) was in a motor vehicle accident on:		Month	Day	Year	Name of person	
Interviewer: Check one box -- Number of persons in household in accident <input type="checkbox"/> 1 person--Go to 1b <input type="checkbox"/> 2+ persons--Ask 1a						
1a. Were they in the same accident? <input type="checkbox"/> Yes -- Ask 1b <input type="checkbox"/> No--Fill separate supplement for each different accident						
b. Besides -- was anyone else in the family in this accident? (List name, age, and person number of each family member reported) <input type="checkbox"/> Yes--Fill column for each person and reask b <input type="checkbox"/> No--Ask Qs. 2-4 for each person listed						
2a. Was -- hurt or injured in any way in this accident?		<input type="checkbox"/> Injured Ask b <input type="checkbox"/> Not injured Go to 3		2a.		
b. At the time of the accident, what part of his body was hurt?		Part of body Kind of injury		b.		
c. What kind of injury was it?		1.		c.		
		2.				
		3.				
d. Did -- have any other injuries in this accident?		<input type="checkbox"/> Yes Reask b-d <input type="checkbox"/> No Go to 3		d.		
3a. Did -- ever see or talk to a doctor because of this injury (accident)?		<input type="checkbox"/> Yes Ask b <input type="checkbox"/> No Go to 4		3a.		
b. How long after the accident did -- see the doctor? If less than 1 hour, enter number of minutes.		Minutes	Hours	Days	b.	
4a. Did the (injury from this) accident keep -- in bed all or most of a day?		<input type="checkbox"/> Yes Ask b <input type="checkbox"/> No Go to c		4a.		
b. How many days did the (injury from this) accident keep -- in bed all or most of the day?		Number of bed days -- Go to d		b.		
c. Even though -- didn't have to remain in bed, did this injury (accident) cause him to cut down on the things he usually does for as much as a day?		<input type="checkbox"/> Yes Ask d <input type="checkbox"/> No Go to next person		c.		
d. In total, how many days did -- have to cut down on the things he usually does for as much as a day?		Number of cut down days -- Go to e or f		d.		
If 6-16 years of age, ask:		000 <input type="checkbox"/> None		e.		
e. How many days did the injury (accident) keep -- from school?		Number of school loss days -- Go to g		e.		
If 17+ years of age, ask:		000 <input type="checkbox"/> None		f.		
f. How many days did the injury (accident) keep -- from work (for females, add) not counting work around the house?		Number of work loss days -- Go to g		f.		
If "no injury" AND 1 or more "cut down" days ask:				g.		
g. What condition caused -- to cut down on the things he usually does? Record verbatim response in appropriate column				g.		
0 <input type="checkbox"/> Family member injured--Go to 6 If "no injuries" were reported, ask:				g.		
5. As far as you know, was ANYONE injured in this accident?				g.		
1 <input type="checkbox"/> Yes--Go to 6 2 <input type="checkbox"/> No--STOP, do not fill remainder of supplement.				g.		

6a. How many motor vehicles were involved in this accident?

One - Ask 6b

Two or more - Enter number →

Go to 8

b. Was the motor vehicle moving at the time of the accident?

0 Yes - Go to 8

No - Ask 7

7. How did the accident happen?

1 Moving - Go to 8

Non-moving
Fill category →
then STOP;
DO NOT fill
remainder of
supplement.

2 Caught in door

3 Fell getting in or out

4 Injured while repairing vehicle

Other - Specify _____

If 14 years or over ask:

8. At the time of the accident, was -- outside the vehicle, getting in or out of it, a passenger, or was he the driver?

If under 14 years, ask:

At the time of the accident, was -- outside the vehicle, getting in or out of it, or was he a passenger?

Outside - Ask 9

3 Getting in or out - Go to next person

Passenger - Go to 10a

4 Driver - Go to 10b

If motorcycle, go to 11

9. Was -- on foot, on a bicycle or in some other vehicle?

0 On foot

1 Bicycle

Other - Specify →

} Go to
next
person

10a. Was -- sitting in the front or back seat?

5 Front

6 Back

8 Motorcycle - Go to 11

7 Other - Specify → Go to next person

} Ask 10b

b. Was -- wearing a seat belt?

1 Yes - Go to next person

No - Ask c

4 Motorcycle - Go to 11

c. Were there seat belts where he was sitting?

2 Yes

3 No

} Go to
next
person

If on a motorcycle, ask:

11. Was -- wearing a helmet at the time of the accident?

1 Yes

2 No

INTERVIEWER CHECK BOX

Refer to questions 6 and 8 and check the appropriate box below:

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One motor vehicle with 1 or more family members inside - Go to 15

Two or more motor vehicles with 1 or more family members inside - Go to 13

All family members outside motor vehicle - Go to 12

If all family members outside motor vehicle, ask:

12a. What was the year and make of the motor vehicle involved?

12a.

Year	Make
------	------

b. Was it a sedan, a convertible, a hardtop, a station wagon, or some other type of motor vehicle?

b.

0 Sedan

1 Convertible

3 Hardtop

2 Station wagon

Other—Specify _____

If truck, determine type: pickup, dump, etc.

c. In what State was this vehicle registered?

c.

State

Go to
18

If inside, and 2 or more motor vehicles, ask:

13a. Was the motor vehicle -- was (they were) in moving at the time of the accident?

13a.

1 Yes—Go to 13c

No—Ask 13b

b. Was it moving the instant before the accident happened?

b.

2 Yes—Ask 13c

3 No—Ask 13c

c. Was the other vehicle moving at the time of the accident?

c.

1 Yes—Go to 14a

No—Ask 13d

d. Was the other vehicle moving the instant before the accident happened?

d.

2 Yes—Go to 14a

3 No—Go to 14a

Hand respondent motor vehicle flash card

14a. Assuming this is the motor vehicle -- was in, in what lettered area of the motor vehicle did the impact occur?

14a.

Family member motor vehicle

1 A

2 B

3 C

4 D

5 E

6 F

7 G

8 H

b. In what lettered area on the other motor vehicle did the impact occur?

b.

Other motor vehicle

1 A

2 B

3 C

4 D

5 E

6 F

7 G

8 H

Go to 16

If inside and 1 motor vehicle, ask:

15a. How did the accident happen; was it a collision with some other object or did it happen in some other way?

15a.

1 Collision with object — Go to c

Other way — Ask b

b. How did the accident happen?

b.

2 Turned over

3 Sudden stop — No collision

Other — Specify → _____

} Go to 16

c. What type of object was it?

c.

Object

16a. What was the year and make of motor vehicle -- was (they were) in?

16a.

Year	Make
------	------

b. Was it a sedan, a convertible, a hardtop, a station wagon, or some other type of motor vehicle?

b.

0 Sedan

1 Convertible

3 Hardtop

2 Station wagon

Other — Specify _____

If truck, determine type: pickup, dump, etc.

c. In what State was this vehicle registered?

c.

State

d. In terms of dollars, about how much damage was done to the motor vehicle -- was (they were) in?

d.

\$ _____

Person number	Age	Person number	Age	Person number	Age
Name of person		Name of person		Name of person	

17a. What was the main purpose of the trip - working, going to or from work, or some other purpose?	17a.	<input type="checkbox"/> Working - Ask 18 <input type="checkbox"/> Going to or from work - Ask 18 <input type="checkbox"/> Other - Ask b
b. What was the purpose? Record verbatim response	b.	
18a. Did the accident happen on the road, on the shoulder of the road or somewhere else?	18a.	<input type="checkbox"/> On road - Ask c <input type="checkbox"/> On shoulder - Ask c <input type="checkbox"/> Other - Ask b
b. Where did it happen?	b.	
c. Did this accident happen within an intersection?	c.	<input type="checkbox"/> Yes-Ask d 1 <input type="checkbox"/> No-Go to 19
d. Did the intersection have a traffic control, such as a policeman, a traffic light, a stop or yield sign or something else?	d.	<input type="checkbox"/> Yes-Ask e 2 <input type="checkbox"/> No-Go to 19
e. What kind of traffic control was it? Check all that apply	e.	3 <input type="checkbox"/> Policeman 4 <input type="checkbox"/> Traffic light 5 <input type="checkbox"/> Stop sign 6 <input type="checkbox"/> Yield sign <input type="checkbox"/> Other-Specify _____
19a. Did the accident happen during daylight, dusk, dark, or dawn?	19a.	1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dusk 3 <input type="checkbox"/> Dark 4 <input type="checkbox"/> Dawn
b. About what time was it?	b.	_____ A.M. <input type="checkbox"/> Midnight _____ P.M. <input type="checkbox"/> Noon
20. Did the accident happen in a residential or business district, in the open country or somewhere else?	20.	1 <input type="checkbox"/> Residential 2 <input type="checkbox"/> Business 3 <input type="checkbox"/> Open country <input type="checkbox"/> Other - Specify _____
21. What was the condition of the road at the time of the accident; was it wet, dry, icy or something else?	21.	1 <input type="checkbox"/> Wet 2 <input type="checkbox"/> Dry 3 <input type="checkbox"/> Icy <input type="checkbox"/> Other - Specify _____
22. What was the weather like at the time of the accident; was it clear, rainy, foggy, snowy, cloudy, or something else?	22.	1 <input type="checkbox"/> Clear 4 <input type="checkbox"/> Rainy 2 <input type="checkbox"/> Foggy 5 <input type="checkbox"/> Snowy 3 <input type="checkbox"/> Cloudy <input type="checkbox"/> Other - Specify _____
23. About how many miles from home did the accident happen?	23.	<input type="checkbox"/> Less than 1 mile _____ Miles

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