

2004 NHIS Public Use Variable Summary

Episode

Filename - Section: injpoiep - IDN

Document Version Date: February 15, 2006

Question #	Recode	Instrument	Variable Name	FinalDocName	Processing Variable Label	Location	Length
IDN.000_00.000	<input type="checkbox"/>			RECTYPE	File type identifier	1 - 2	2
IDN.000_02.000	<input type="checkbox"/>			SRVY_YR	Year of National Health Interview Survey	3 - 6	4
IDN.000_04.000	<input type="checkbox"/>			HHX	HH identifier	7 - 12	6
IDN.000_35.000	<input checked="" type="checkbox"/>			FMX	Family #	13 - 14	2
IDN.000_40.000	<input type="checkbox"/>	FPX		FPX	Person #	15 - 16	2
IDN.000_55.000	<input type="checkbox"/>	IPEPNO		IPEPNO	Injury/Poisoning Episode Number	17 - 18	2
IDN.000_70.000	<input type="checkbox"/>			WTFA	Weight - Final Annual	19 - 24	6
FIJ.050_01.000	<input type="checkbox"/>	IPDATEM		IPDATEM	Month of injury/poisoning episode	25 - 26	2
FIJ.050_03.000	<input type="checkbox"/>	IPDATEY		IPDATEY	Year of injury/poisoning episode	27 - 30	4
FIJ.051_01.000	<input type="checkbox"/>	IPDATENO		IPDATENO	Approximate time since injury/poisoning episode: Number	31 - 32	2
FIJ.051_02.000	<input type="checkbox"/>	IPDATETP		IPDATETP	Approximate time since injury/poisoning episode: Time period	33	1
FIJ.052_00.000	<input type="checkbox"/>	IPDATEMT		IPDATEMT	Approximate point in month of injury/poisoning episode	34	1
FIJ.052_00.000	R01	<input checked="" type="checkbox"/>		RPCKDMR	Time between the date of the injury/poisoning episode and the date the injury/poisoning questions were asked	35 - 37	3
FIJ.052_00.000	R02	<input checked="" type="checkbox"/>		RPD	Days between the date of the injury/poisoning episode and the date the injury/poisoning questions were asked	38 - 40	3
FIJ.052_00.000	R03	<input checked="" type="checkbox"/>		BIETD	Lower boundary of elapsed time interval in days	41 - 43	3
FIJ.052_00.000	R04	<input checked="" type="checkbox"/>		EIETD	Upper boundary of elapsed time interval in days	44 - 46	3
FIJ.052_00.000	R05	<input checked="" type="checkbox"/>		EDIPBR	Episode date information reported by the respondent	47	1
FIJ.052_00.000	R06	<input checked="" type="checkbox"/>		IMPMETH	Imputed part of I/P date or elapsed time interval	48	1
FIJ.052_00.000	R08	<input checked="" type="checkbox"/>		MUMON	Imputed month	49 - 50	2
FIJ.052_00.000	R10	<input checked="" type="checkbox"/>		MUYEAR	Imputed year	51 - 54	4
FIJ.052_00.000	R11	<input checked="" type="checkbox"/>		ETFLG	Elapsed time flag	55	1
FIJ.052_00.000	R12	<input checked="" type="checkbox"/>		BEIFLG	Elapsed time interval boundary flag	56	1
FIJ.065_00.000		<input type="checkbox"/>	ICAUS	ICAUS	Cause of injury episode	57 - 58	2
FIJ.065_00.000	R03	<input checked="" type="checkbox"/>		ECAUS	Cause of injury/poisoning based on E codes	59 - 60	2
FIJ.070_01.000		<input type="checkbox"/>	IJBODY1	IJBODY1	Parts of body hurt: 1st body part	61 - 62	2
FIJ.070_02.000		<input type="checkbox"/>	IJBODY2	IJBODY2	Parts of body hurt: 2nd body part	63 - 64	2
FIJ.070_03.000		<input type="checkbox"/>	IJBODY3	IJBODY3	Parts of body hurt: 3rd body part	65 - 66	2
FIJ.070_04.000		<input type="checkbox"/>	IJBODY4	IJBODY4	Parts of body hurt: 4th body part	67 - 68	2
FIJ.072_01.000		<input type="checkbox"/>	IJTYPE11	IJTYPE1A	How body part 1 was hurt: First response	69 - 70	2
FIJ.072_02.000		<input type="checkbox"/>	IJTYPE12	IJTYPE1B	How body part 1 was hurt: Second response	71 - 72	2
FIJ.074_01.000		<input type="checkbox"/>	IJTYPE21	IJTYPE2A	How body part 2 was hurt: First response	73 - 74	2
FIJ.074_02.000		<input type="checkbox"/>	IJTYPE22	IJTYPE2B	How body part 2 was hurt: Second response	75 - 76	2
FIJ.076_01.000		<input type="checkbox"/>	IJTYPE31	IJTYPE3A	How body part 3 was hurt: First response	77 - 78	2
FIJ.076_02.000		<input type="checkbox"/>	IJTYPE32	IJTYPE3B	How body part 3 was hurt: Second response	79 - 80	2
FIJ.078_01.000		<input type="checkbox"/>	IJTYPE41	IJTYPE4A	How body part 4 was hurt: First response	81 - 82	2
FIJ.078_02.000		<input type="checkbox"/>	IJTYPE42	IJTYPE4B	How body part 4 was hurt: Second response	83 - 84	2
FIJ.080_01.000		<input type="checkbox"/>	PPCC	PPCC	Where received medical care: Call to PCC	85	1

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FIJ.080_02.000	<input type="checkbox"/>	IPEV	IPEV	IPEV	Where received medical care: Emergency vehicle	86	1
FIJ.080_03.000	<input type="checkbox"/>	IPER	IPER	IPER	Where received medical care: Emergency room	87	1
FIJ.080_04.000	<input type="checkbox"/>	IPDO	IPDO	IPDO	Where received medical care: Doctor's office/clinic	88	1
FIJ.080_05.000	<input type="checkbox"/>	IPPCHCP	IPPCHCP	IPPCHCP	Where received medical care: Call to medical prof	89	1
FIJ.080_06.000	<input type="checkbox"/>	IPOTH	IPOTH	IPOTH	Where received medical care: Any place else	90	1
FIJ.090_00.000	<input type="checkbox"/>	IPHOSP	IPHOSP	IPHOSP	Hospitalized overnight due to injury/poisoning episode	92	1
FIJ.091_00.000	<input type="checkbox"/>	IPIHNO	IPIHNO	IPIHNO	Number of nights in the hospital	93 - 94	2
FIJ.109_00.000	<input type="checkbox"/>	IMTRAF	IMTRAF	IMTRAF	Traffic-related injury	95	1
FIJ.110_00.000	<input type="checkbox"/>	IMVWHO	IMVWHO	IMVWHO	Injured as . . .	96	1
FIJ.111_00.000	<input type="checkbox"/>	IMVTYP	IMVTYP	IMVTYP	Type of vehicle injured person was in	97 - 98	2
FIJ.112_00.000	<input type="checkbox"/>	ISBELT	ISBELT	ISBELT	Restrained at time of accident	99	1
FIJ.113_00.000	<input type="checkbox"/>	IHELMT	IHELMT	IHELMT	Wearing a helmet at the time of the accident	100	1
FIJ.130_01.000	<input type="checkbox"/>	IFALL1	IFALL1	IFALL1	How person fell: First response	101 - 102	2
FIJ.130_02.000	<input type="checkbox"/>	IFALL2	IFALL2	IFALL2	How person fell: Second response	103 - 104	2
FIJ.131_00.000	<input type="checkbox"/>	IFALLWHY	IFALLWHY	IFALLWHY	Cause of fall	105	1
FIJ.140_00.000	<input type="checkbox"/>	PPOIS	PPOIS	PPOIS	Cause of poisoning episode	106	1
FIJ.150_01.000	<input type="checkbox"/>	IPWHAT1	IPWHAT1	IPWHAT1	Activity at time of inj/pois episode: First response	107 - 108	2
FIJ.150_02.000	<input type="checkbox"/>	IPWHAT2	IPWHAT2	IPWHAT2	Activity at time of inj/pois episode: Second response	109 - 110	2
FIJ.160_01.000	<input type="checkbox"/>	IPWHERE1	IPWHERE1	IPWHERE1	Location at time of inj/pois episode: First response	111 - 112	2
FIJ.160_02.000	<input type="checkbox"/>	IPWHERE2	IPWHERE2	IPWHERE2	Location at time of inj/pois episode: Second response	113 - 114	2
FIJ.170_00.000	<input type="checkbox"/>	IPEMP	IPEMP	IPEMP	Employed at the time of the injury/poisoning episode	115	1
FIJ.171_00.000	<input type="checkbox"/>	IPWKLS	IPWKLS	IPWKLS	Days of work missed	116	1
FIJ.180_00.000	<input type="checkbox"/>	IPSTU	IPSTU	IPSTU	Student at the time of the injury/poisoning episode	117	1
FIJ.181_00.000	<input type="checkbox"/>	IPSCLS	IPSCLS	IPSCLS	Days of school missed	118	1
FIJ.181_01.000	R14	<input type="checkbox"/>	ICD9_1	ICD9_1	ICD-9-CM diagnosis code	119 - 123	5
FIJ.181_02.000	R15	<input type="checkbox"/>	ICD9_2	ICD9_2	ICD-9-CM diagnosis code	124 - 128	5
FIJ.181_03.000	R16	<input type="checkbox"/>	ICD9_3	ICD9_3	ICD-9-CM diagnosis code	129 - 133	5
FIJ.181_04.000	R17	<input type="checkbox"/>	ICD9_4	ICD9_4	ICD-9-CM diagnosis code	134 - 138	5
FIJ.181_05.000	R18	<input type="checkbox"/>	ICD9_5	ICD9_5	ICD-9-CM diagnosis code	139 - 143	5
FIJ.181_06.000	R19	<input type="checkbox"/>	ICD9_6	ICD9_6	ICD-9-CM diagnosis code	144 - 148	5
FIJ.181_07.000	R20	<input type="checkbox"/>	ICD9_7	ICD9_7	ICD-9-CM diagnosis code	149 - 153	5
FIJ.181_08.000	R21	<input type="checkbox"/>	ICD9_8	ICD9_8	ICD-9-CM diagnosis code	154 - 158	5
FIJ.181_10.000	R22	<input type="checkbox"/>	ECODE_1	ECODE_1	ICD-9-CM external cause code	159 - 163	5
FIJ.181_20.000	R23	<input type="checkbox"/>	ECODE_2	ECODE_2	ICD-9-CM external cause code	164 - 168	5
FIJ.181_30.000	R24	<input type="checkbox"/>	ECODE_3	ECODE_3	ICD-9-CM external cause code	169 - 173	5