

63. Below are some ways that people get hurt or injured. If you answer Yes in the first column to any item, please fill in an answer to each of the follow-up questions. IN THE PAST 6 MONTHS:

	Were you injured this way?		IF YES, then: Were you treated by a doctor or nurse for the injury?		Did this injury limit your physical activity?		Had you been drinking alcohol or using drugs at the time of the injury?		Where did the injury occur? H = home W = work S = school O = other
	Yes	No	Yes	No	Yes	No	Yes	No	
A. By being in a physical fight with someone?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
B. By getting cut?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
C. By a gun, BB gun, or pellet gun?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
D. By being hit by something, like a rock or glass?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
E. By nearly drowning?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
F. By falling?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
G. By being burned by fire, chemicals, electricity, or hot liquids?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
H. By an animal bite or serious insect bite?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
I. While driving a car, truck, or bus?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
J. While riding in a car, truck, or bus?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
K. While riding a bicycle, skateboard, rollerblades, or rollerskates?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
L. While riding a moped, motorcycle, all-terrain vehicle (ATV), or snowmobile?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
M. During a team sport, athletic activity, or exercise?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
N. By being hit by a moving vehicle while walking?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
O. By drinking or eating a dangerous substance?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
P. By being physically attacked?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O
Q. Injured in some other way?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<b>If Yes:</b> <input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O

If yes to Q, please describe how you were injured: \_\_\_\_\_

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