
2004 NHIS Public Use Variable Summary

Episode Verbatim**Filename - Section:** injverbt - 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		2
IDN.000_02.000	<input type="checkbox"/>		SRVY_YR	Year of National Health Interview Survey		4
IDN.000_04.000	<input type="checkbox"/>		HHX	HH identifier		6
IDN.000_35.000	<input checked="" type="checkbox"/>		FMX	Family #		2
IDN.000_40.000	<input type="checkbox"/>	FPX	FPX	Person #		2
IDN.000_55.000	<input type="checkbox"/>	IPEPNO	IPEPNO	Injury/Poisoning Episode Number		2
FIJ.060_00.000	<input type="checkbox"/>	IPHOW	IPHOW	Description of injury/poisoning episode		300
FIJ.071_00.000	<input type="checkbox"/>	IJBODYOS	IJBODYOS	"Other" parts of the body hurt		200
FIJ.073_00.000	<input type="checkbox"/>	IJTYP1OS	IJTYP1OS	"Other" way first body part was hurt		100
FIJ.075_00.000	<input type="checkbox"/>	IJTYP2OS	IJTYP2OS	"Other" way second body part was hurt		100
FIJ.077_00.000	<input type="checkbox"/>	IJTYP3OS	IJTYP3OS	"Other" way third body part was hurt		100
FIJ.079_00.000	<input type="checkbox"/>	IJTYP4OS	IJTYP4OS	"Other" way fourth body part was hurt		100
FIJ.081_00.000	<input type="checkbox"/>	IPTHOS	IPTHOS	"Other" place received medical care		100
FIJ.141_00.000	<input type="checkbox"/>	PPOISOS	PPOISOS	"Other" cause of poisoning episode		300
FIJ.151_00.000	<input type="checkbox"/>	IPWHATOT	IPWHATOT	"Other" activity at the time of the injury/poisoning episode		300
