

# **International Classification of External Causes of Injuries**

## **Short Version (Short ICECI) Data Collection Form for A Pilot Study**

*Proposed by*

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# International Classification of External Causes of Injuries Short Version (Short ICECI) Data Collection Form – Pilot Study

Coder I.D. \_\_\_\_\_  
 Hospital I.D. \_\_\_\_\_  
 Patient I.D. \_\_\_\_\_  
 Treatment Date: \_\_\_\_\_  
 (MM/DD/YYYY)

## Mechanism of Injury

5. What was the mechanism or cause of injury?  
*(Check **all** that apply)*
- 01 Motor vehicle  
*(Answer Questions 5.1.a. through 5.1.d.)*
  - 02 Pedestrian-vehicle crash  
*(Answer Questions 5.1.a. and 5.1.d.)*
  - 03 Motorcycle  
*(Answer Questions 5.1.a, 5.1.c., and 5.1.d.)*
  - 04 Pedal cycle  
*(Answer Questions 5.1.a. and 5.1.d.)*
  - 05 Struck by/against or crushed  
*(Answer Questions 5.1.e and 5.1.f)*
  - 06 Fall
  - 07 Gunshot, firearm-related (excludes nonpowder guns)  
*(Answer Question 5.1.g)*
  - 08 Stab/cut/pierce *(Answer Question 5.1.h)*
  - 09 Fire/burn *(Answer Question 5.1.i)*
  - 10 Smoke inhalation
  - 11 Poisoning *(Answer Question 5.1.j)*
  - 12 Near-drowning/drowning/submersion
  - 13 Foreign body
  - 14 Overexertion
  - 15 Other specified mechanism  
*(Answer Question 5.1.k.)*
  - 16 Adverse effects of therapeutic use of drugs
  - 17 Adverse effects of surgical and medical care
  - 99 Not recorded/undetermined

5a. If more than one mechanism was selected in Question 5, which one is the immediate cause of the most severe injury being treated?  
*(Record the number given next to the mechanism in Question 5.)*

*If one of your responses to Question 5. was "Motor vehicle," "Pedestrian-vehicle crash," "Motorcycle," or "Pedal cycle," please answer Questions 5.1.a. through 5.1.d., otherwise go to Question 5.1.e.*

- 5.1.a. Was the crash traffic-related or not? *(Check One)*
- 1 Traffic (occurs on a public highway/street/road)
  - 2 Nontraffic (occurs in any place other than a public highway/street/road)
  - 9 Not recorded/unknown

*If one of your responses to Question 5. was "Motor vehicle," please answer Question 5.1.b., otherwise go to Question 5.1.c.*

- 5.1.b. What type of vehicle was the patient riding in?  
*(Check One)*
- 1 Automobile
  - 2 Pickup truck or van
  - 3 Heavy transport vehicle
  - 4 Bus
  - 5 3-wheel motor vehicle
  - 6 Other specified
  - 9 Not recorded/unknown

*If one of your responses to Question 5. was "Motor vehicle" or "Motorcycle," please answer Question 5.1.c., otherwise go to Question 5.1.d.*

- 5.1.c. What was the patient doing in or on the motor vehicle or on the motorcycle? *(Check One)*
- 1 Driver
  - 2 Passenger
  - 3 Person boarding or alighting
  - 4 Person on outside of motor vehicle
  - 9 Not recorded/unknown

*If one of your responses to Question 5. was "Motor vehicle," "Pedestrian-vehicle crash," "Motorcycle," or "Pedal cycle," please answer Questions 5.1.d., otherwise go to Question 5.1.e.*

- 5.1.d. What was the counterpart to the crash? *(Check One)*
- 01 Automobile
  - 02 Pickup truck or van
  - 03 Heavy transport vehicle
  - 04 Bus
  - 05 3-wheel motor vehicle
  - 06 Motorcycle
  - 07 Railway train/vehicle
  - 08 Pedal cycle
  - 09 Pedestrian
  - 10 Animal or animal-drawn vehicle
  - 11 Fixed or stationary object
  - 12 No counterpart (rollover or overturning)
  - 88 Other specified
  - 99 Not recorded/unknown

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*If one of your responses to Question 5. was "Struck by/ against or crushed," please answer Questions 5.1.e. and 5.1.f., otherwise go to Question 5.1.g.*

**5.1.e.** What was the source of the force applied?

**(Check One)**

- 1 Human
- 2 Animal
- 3 Inanimate object or force
- 9 Not recorded/unknown

**5.1.f.** What type of force was applied? **(Check One)**

- 1 Struck by
- 2 Crushed by
- 3 Striking against
- 9 Not recorded/unknown

*If one of your responses to Question 5. was "Gunshot," please answer Question 5.1.g., otherwise go to Question 5.1.h.*

**5.1.g.** What was the type of firearm used? **(Check One)**

- 1 Handgun
- 2 Rifle
- 3 Shotgun
- 4 Larger firearm
- 9 Not recorded/unknown

*If one of your responses to Question 5. was "Stab/cut/ pierce," please answer Question 5.1.h., otherwise go to Question 5.1.i.*

**5.1.h.** What type of stabbing instrument, weapon, or object was involved? **(Check One)**

- 1 Knife
- 2 Sharp instrument/tool other than knife
- 3 Sharp glass
- 8 Other specified
- 9 Not recorded/unknown

*If one of your responses to Question 5. was "Fire/burn," please answer Question 5.1.i., otherwise go to Question 5.1.j.*

**5.1.i.** What type of burn was it? **(Check One)**

- 01 Fire/flame
- 02 Hot object
- 03 Hot liquid
- 04 Steam
- 05 Chemical
- 88 Other specified
- 99 Not recorded/unknown

*If one of your responses to Question 5. was "Poisoning," please answer Question 5.1.j., otherwise go to Question 5.1.k.*

**5.1.j.** What type of poisoning was it? **(Check One)**

- 1 Drug (excludes alcohol)
- 2 Alcohol
- 3 Chemical (includes solid, liquid, gas or vapor, excludes drugs and alcohol)
- 8 Other specified
- 9 Not recorded/unknown

**Continue on Page 4 with Question 5.1.k**

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*If one of your responses to Question 5. was "Other specified mechanism," please answer Question 5.1.k., otherwise go to Question 6.*

**Safety Equipment Use**

- 5.1.k.** What was the other specified mechanism or cause of injury? **(Check One)**
- 01 Railway/streetcar (occupant) in motor vehicle crash
  - 02 Other railway/streetcar transport
  - 03 Water transport
  - 04 Air transport
  - 05 Thrown or fallen from animal or animal-drawn vehicle (noncollision)
  - 06 Other transport (not elsewhere specified)
  - 07 Inhalation/ingestion of food (blocking airway)
  - 08 Inhalation /ingestion of other objects (blocking airway)
  - 09 Hanging or strangulation
  - 10 Suffocation by plastic bag, sheet, cloth or other material
  - 11 Entrapment in closed space
  - 12 Venomous bite or sting
  - 13 Human bite
  - 14 Dog bite
  - 15 Bite by animal other than dog
  - 16 Sting (other than venomous animal or plant)
  - 17 Fireworks explosion
  - 18 Explosive blast (other than fireworks)
  - 19 BB or pellet gunshot
  - 20 Other firearm (other than gunshot)
  - 21 Lightning
  - 22 Electrical current (excludes lightning)
  - 23 Radiation
  - 24 Welding
  - 25 Machinery
  - 26 Exposure to excessive natural heat
  - 27 Exposure to excessive natural cold
  - 28 Sunlight
  - 29 Natural disaster
  - 88 Other specified, not elsewhere classified

- 6.** Was information given about safety equipment used or deployed at the time of injury? **(Check One)**
- 1 Yes
  - 2 No

*If your response to Question 6. was "Yes," please answer Question 6a., otherwise go to Question 7.*

- 6a.** Which of the following types of safety equipment were described to be (in/not in) use or deployed at the time of injury? **(Check all that apply)**

A=In use or deployed B=Not in use or deployed C=Unknown

- | A                        | B                        | C                        |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 Shoulder belt                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 02 Lap belt  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 03 Seat belt, not otherwise specified              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 04 Driver's front airbag deployed                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 05 Passenger's front air bag deployed              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 06 Front air bag deployed, not otherwise specified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 07 Side air bag deployed                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 08 Air bag deployed, not otherwise specified       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 09 Child safety seat                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 Helmet  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 Eye protection                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 Protective clothing                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 Personal flotation device                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 88 Other protective gear                           |

- 7.** Please describe up to three consumer product(s) that were involved in the injury incident. **(Please Print)**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

- 8.** Please briefly describe the circumstances of the injury incident. **(Please Print)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_