

Household surveys

# Injury questions on household surveys from around the world

M Heinen, K S McGee, M Warner

Household surveys provide useful information on injury and associated risk factors

Household surveys are used around the world to gather information on many health related topics including non-fatal injuries. Household surveys can produce population based estimates of injuries that may stand on their own or may supplement surveillance systems tied to medical care. They are not subject to the same biases as medical records reviews. For example, household surveys can obtain a wealth of detail on the circumstances of the injury, which are often not in the medical record, and they can capture injuries that were not medically treated. They are, however, subject to different types of bias such as non-response and recall bias.

National estimates of non-fatal injuries can be derived based on the responses to specific questions about injuries. Estimates are often compared across countries despite the fact that the injury screening questions and inclusion criteria vary between countries. The estimate—whether it is of injured persons or injury episodes or injury related conditions—is often based on the response to a single screening question on injury; therefore, the way this question is asked is critical. Based on the screening question, the respondent needs to understand the definition of “injury”, remember if they had an injury during the specified recall period, and decide whether to accurately report the event.

Since there is currently no standard or recommended set of injury related questions or inclusion criteria for questions to be asked in a household survey, the International Collaborative Effort on Injury Statistics (Injury ICE)<sup>1</sup> set out to learn how some countries are asking questions to determine the burden of non-fatal injuries. This brief report presents an overview of the compiled information. The detailed results are available on the ICE on Injury Statistics website (<http://www.cdc.gov/nchs/advice>) along with the complete questions and response categories for all the elements reviewed in the surveys.

## METHODS

A convenience sample of 14 household surveys from 14 different countries was reviewed. A list of references used to glean the information about each survey is provided (see box 1). A collaborator for each country assisted and offered country specific knowledge. The collaborators listed before the reference section verified the accuracy of the information for their country. For the remaining countries for which a collaborator could not be identified, we relied on information in publications or the internet that was reviewed. In some cases surveys were translated to English by the contact. However, in

other countries (for example, Ghana, Uganda, and Pakistan) English language versions as well as versions in the local language or languages are available.

The results from this analysis are available on the ICE on Injury Statistics website (<http://www.cdc.gov/nchs/advice>) and also on the journal website (<http://www.injuryprevention.com/supplemental>). Table 1 presents selected survey elements (for example, population/setting) and methodologies (for example, recall period and severity threshold) listed by country. Table 2 presents the introduction to the injury questions and the screening question. Table 3 compares the minimum data elements (for example, activity and nature of injury) on injury collected by each country.

## SUMMARY

Many countries have household based injury surveys, but the survey methodology and questions vary greatly between countries. Some surveys allowed self and proxy reporting of injuries while others allowed only self reporting of injuries (table 1). Some surveys included only unintentional injuries while others included all injuries

### Box 1: Websites and other references used for each survey listed by country

- Australia: [www.abs.gov.au](http://www.abs.gov.au) (click on themes and then health)
- Austria: [http://www.statistik.at/fachbereich\\_03/mikrozensus\\_gesetz.shtml](http://www.statistik.at/fachbereich_03/mikrozensus_gesetz.shtml)
- Bangladesh: Fazlur Rahman AKM. *A model for injury surveillance at the local level in Bangladesh: implications for low-income countries*. Stockholm: Karolinska Institute, 2000.
- Canada: [http://www.statcan.ca/english/concepts/health/cycle2\\_1/index.htm](http://www.statcan.ca/english/concepts/health/cycle2_1/index.htm)
- England: <http://www.official-documents.co.uk/document/deps/doh/survey01/nfa/nfa01.htm>
- Denmark: [www.niph.dk](http://www.niph.dk)
- France: [www.cnamsts.fr](http://www.cnamsts.fr)
- Germany: [www.baua.de](http://www.baua.de)
- Ghana: Mock CN, Abantanga F, Cummings P, et al. Incidence and outcome of injury in Ghana: a community-based survey. *Bulletin of the World Health Organization* 1999;77:955–64.
- Israel: [www.cbs.gov.il](http://www.cbs.gov.il)
- Pakistan: Ghaffar A. *National Injury Survey of Pakistan, 1997–1999*. Islamabad: National Injury Research Centre, Health Service Academy, Ministry of Health, Government of Pakistan, 2000.
- Spain: [http://www.msc.es/salud/epidemiologia/ies/encuesta2001/avance\\_resultados.htm](http://www.msc.es/salud/epidemiologia/ies/encuesta2001/avance_resultados.htm)
- Uganda: Kobusingye O, Guwatudde D, Lett R. Injury patterns in rural and urban Uganda. *Inj Prev* 2001;7:46–50.
- United States: <http://www.cdc.gov/nchs/nhis.htm>

### Key points

- Household surveys can produce population based estimates of injuries that may stand on their own or may supplement surveillance systems tied to medical care.
- International Collaborative Effort on Injury Statistics (Injury ICE) presents how some countries are asking questions to determine the burden of non-fatal injuries.
- Many countries have household based injury surveys, but the survey methodology and questions vary greatly between countries.
- This paper provides a range of options when developing a new survey or redesigning a current survey aimed at gathering population level data on injuries.

regardless of intent. The time periods in which the respondent was asked to recall the injury event in the surveys reviewed ranged from 15 days to 12 months. The severity threshold for inclusion in the survey was injuries "requiring medical attention" in some countries while others limited inclusion to those injuries "causing some limitation in activity". The severity of the injuries included affects both the quantity of injuries captured and the quality of the data. Some countries analyzed the most severe injuries occurring during the reference period, others used the most recent, and some analyzed all injuries. Additionally, some of the surveys, particularly those from low and middle income countries, collect information on fatal injuries suffered by members of the household within a specified recall period. Collecting data on fatal injuries is particularly important in countries where there is no death registration system or where the quality of death registration is poor. Sampling design and the use of sample weights are also important factors related to prevalence estimates based on sample data. We did ask about sample design and found that it varied from the use of simple random samples to multistage probability samples. We did not specifically ask about the application of sample weights.

Table 2 shows the variation among countries in the placement of the text defining injury for the respondent, the implicit inclusion criteria given to the respondent, and the number and choice of example injuries. Both the introduction to the section and screening question(s) need to be considered when assessing the comparability among countries. In many countries important information about the definition of injury is contained in the introduction to the injury section, and so the definition of injury used for the survey should be included in any comparison. Table 3 illustrates that the amount of detail

collected on each injury varied by country with some not including activity, location, or intent of the injury.

### COMMENT

The tables show the variety of ways the populations in different countries are surveyed about injury. Currently, there is not a recommended standard basic injury module that applies to all countries and this may be appropriate, as some of the variation in surveys is needed based on many factors such as cultural differences, socioeconomic differences, timing of the survey (for example, continuous, annual, or biannual), and scope of the survey (for example, regional or national). By presenting alternative approaches, this paper provides a range of options when developing a new survey or redesigning a current survey.

In an attempt to provide guidance on conducting community based (not necessarily national) household surveys, the World Health Organization (WHO), in collaboration with an international group of experts, developed a document entitled, *Guidelines for Conducting Community Surveys on Injuries and Violence*.<sup>2</sup> These guidelines provide a standardized methodology for designing and conducting community based household surveys and promote the use of a standard set of variables to collect the data. The guidelines are intended for injury prevention practitioners in low and middle income countries and provide guidance on conducting surveys that are local as opposed to national in scope. The recommendations made in the guidelines are based on household surveys conducted in many countries and some of the surveys are included in this paper. However, the majority of the household surveys in this paper are from high income countries and are national in scope. Another set of guidelines for conducting injury surveillance, the *Injury Surveillance Guidelines*,<sup>3</sup> focused on hospital based injury surveillance in

less resourced environments and has been successfully implemented in numerous countries. Many definitions between the two guidelines are similar and designed to provide consistency with other international initiatives.

The International Classification of External Causes of Injury (ICECI)<sup>4</sup> is also a resource to promote the international standardization of injury data. The aim of the ICECI is to assist researchers in defining the domain of injuries they are studying, answer questions on the circumstances of the injuries, and provide more detailed information about specific injury categories. In October of 2003, the WHO adopted the ICECI as a related classification into the family of classifications. Some of the response categories in the Australian and United States household surveys are based on previous versions of the ICECI. More detail and documentation on the ICECI can be found at [www.iceci.org](http://www.iceci.org).

Household surveys can provide useful information on the burden of injury and associated risk factors. We hope the information provided here will stimulate further discussion on the question wording and other methodological issues related to household injury surveys and prompt more work in the area.

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Tables 1-3 appear on  
<http://www.injuryprevention.com/supplemental>

### Authors' affiliations

**M Heinen, M Warner**, Office of Analysis and Epidemiology, National Center for Health Statistics, Centers for Disease Control and Prevention, Hyattsville, Maryland, USA  
**K S McGee**, Department of Injuries and Violence Prevention, World Health Organization, Geneva, Switzerland

Correspondence to: Ms Kara S McGee, University of North Carolina Injury Prevention Research Center, 137 East Franklin Street, CB# 7505, Chapel Hill, NC 27599-7505, USA; [ksmcgee@email.unc.edu](mailto:ksmcgee@email.unc.edu)

## REFERENCES

- 1 **Centers for Disease Control and Prevention, National Center for Health Statistics.** *International collaborative effort (ICE) on injury statistics.* Hyattsville, MD: NCHS (available at: <http://www.cdc.gov/nchs/advice.htm>).
- 2 **Sethi D, Habibula S, McGee K, et al.** *Guidelines for conducting community surveys on injuries and violence.* Geneva: World Health Organization (in press).
- 3 **Holder Y, Peden M, Krug E, et al, eds.** *Injury surveillance guidelines.* Geneva: World Health Organization, 2001.
- 4 **WHO Working Group on Injury Surveillance Methods.** *International classification of external causes of injuries (ICECI): data dictionary, version 1.1a.* Adelaide: Consumer Safety Institute, Amsterdam and AIHW National Injury Surveillance Unit, 2003.

## Calendar

**RoSPA Road Safety Congress**

28 February–2 March 2005, Brighton, UK. The theme of the 70th Road Safety Congress is "Driving Deaths Down". The organisers pose the questions "Have the 'easy wins' been achieved? Will further reductions be much harder to achieve, especially for drivers, car occupants and motorcyclists?" The review of the Road Safety Strategy highlights the need for further action in key areas, and the congress will explore what more can be done in these areas to influence driver and rider behaviour to prevent crashes from happening in the first place. Visit the road safety section of the [www.rospa.com](http://www.rospa.com) for more information.

**19th International Technical Conference on the Enhanced Safety of Vehicles Conference (ESV)**

6–9 June 2005, Washington, DC, USA. Visit [www-esv2005.nhtsa.dot.gov](http://www-esv2005.nhtsa.dot.gov).

**14th International Safe Communities Conference**

13–15 June 2005, Bergen, Norway. Further information: [www.safebergen.com](http://www.safebergen.com).

**1st World Congress on Sports Injury Prevention**

23–25 June 2005, Oslo, Norway. The 1st World Congress on Sports Injury Prevention will provide an overview of how injuries in sports can be effectively prevented. The second announcement and programme are now available at the conference website [www.ostrc.no/congress2005](http://www.ostrc.no/congress2005).

**3rd New Zealand Injury Prevention Conference**

2–4 November 2005, Wellington, New Zealand. "Living and playing safely in Aotearoa New Zealand" is the theme of this meeting. Visit [www.ipn.org.nz](http://www.ipn.org.nz) for more information.

**8th World Conference on Injury Prevention and Safety Promotion**

19–22 March 2006, Johannesburg, South Africa. Further information and key dates: [www.safety2006.info](http://www.safety2006.info).

**Table 1: Injury-related Household Surveys**

Country	Organization	Name of Survey	Year	Population/Setting	Respondent		Recall period (months)	Severity threshold	Unit of Analysis
					Self	Proxy			
AUSTRALIA	Australian Bureau of Statistics	National Health Survey	2001	Noninstitutionalized civilian residents	√*	√*	1**	Consulting a health professional, seeking medical advice, receiving medical treatment, reducing usual activities, and treating the injury.	Nonfatal, unintentional and intentional injuries
AUSTRIA	Statistiks Austria	Microcensus	1997	Noninstitutionalized residents	√	√	12	Received medical treatment	Nonfatal, unintentional injuries
BANGLADESH	Institute of Child and Mother Health, Dhaka, Bangladesh and Department of Public Health Sciences, Karolinska Institute, Sweden	NA	1996	All individuals living in the Sherpur Sader Thana region of Bangladesh	√	√	Fatal injury: 5 years Nonfatal injury: 15 days	Any injury that was serious enough to warrant medical treatment or to alter "normal" activity for one or more days	Fatal and nonfatal, intentional and unintentional injuries
CANADA	Statistics Canada	Canadian Community Health Survey	2003	Household residents age 12 and over in all provinces and territories (excluding: Indian Reserves, Canadian Forces Bases and some remote areas)	√	***	12	Limitation of normal activities	Most serious nonfatal injury-related event (No mention of intent, therefore, both intentional and unintentional are allowed)
DENMARK	National Institute of Public Health	The Danish Health and Morbidity Survey	2000	Danish citizens aged 16 or more (includes persons living in institutions).	√		Any injury: 12 months Senior (≥ 60 years) falls: 6 months	Difficult to carry out usual activities the day after the accident or mishap	Nonfatal, unintentional injuries

Country	Organization	Name of Survey	Year	Population/Setting	Respondent		Recall period (months)	Severity threshold	Unit of Analysis
					Self	Proxy			
ENGLAND	Department of Health	Health Survey of England	2001	The noninstitutionalized population living in private households in England. The 2001 survey is the first in the series to include children aged under 2.	√	√	Major injury: 6 months Minor injury: 4 weeks	'Major accidents' which include all those about which a doctor was consulted or a hospital was visited, and 'minor accidents' which include all other accidents that caused pain or discomfort for over 24 hours	Nonfatal, unintentional injuries
FRANCE	CNAM TS – Caisse Nationale de l'assurance Maladie des Travailleurs Salaries	National Health Insurance Agency on Accidents in Daily Living	1995	All households with at least one member insured by Social Security System (exclude: non-salary workers or farmers)	√	√	12	All accidents, including those needing and those not needing medical treatment	Nonfatal, unintentional injuries (exclude: traffic injuries)
GERMANY	BAUA – Bundesanstalt für Arbeitsschutz and Arbeitsmedizin	Home and Leisure Accidents, Representative Survey in Germany in 2000	2000/2001	Resident population	√	√	3	Medically treated or affected for at least 14 days	Nonfatal, unintentional home and leisure injuries
GHANA	University of Washington, Seattle and Kwame Nkrumah University of Science and Technology, Kumasi, Ghana	NA	1995-6	All persons living in Urban (Kumasi) and rural (Brong-Ahafo region) areas.	√	√	12	Any injury that resulted in death or at least one day of lost activity involving any person who had been living in the surveyed house during the preceding year.	Fatal and nonfatal, intentional and unintentional injuries
ISRAEL	Central Bureau of Statistics	Health Survey	1996/1997	Entire population of Israel, residing in the state of Israel as well as Jews residing in Judea, Samaria, the Gaza Area and Israeli residents who had remained abroad for less than one year.	√	√	6	Medically treated	Nonfatal, unintentional and intentional injuries (no information about intent)

Country	Organization	Name of Survey	Year	Population/Setting	Respondent		Recall period (months)	Severity threshold	Unit of Analysis
					Self	Proxy			
PAKISTAN	National Injury Research Center (NIRC) Ministry of Health, Government of Pakistan, Islamabad	National Injury Survey of Pakistan	1997-1999	All households belonging to the rural and urban areas of all the four provinces (Punjab, Sindh, North West Frontier Province [NWFP], and Baluchistan) of Pakistan and Islamabad Capital Territory as defined in the 1981 population census (excluding some federally administered areas, military areas, and tribal areas which constitutes about four percent of the total population (FBS 1985).	√	√	3 months (fatal and nonfatal)	Sought treatment into a hospital/clinic (including informal) or could not perform the routine work for half a day due to this injury.	Fatal and nonfatal injury (No mention of intent, therefore, both intentional and unintentional are allowed)
SPAIN	Ministry of Health and Consumption, Public Health Directorate	National Health Survey	2001	All individuals residing in Spain	√*	√*	12	1. Restriction of daily activity for more than 10 days, 2. any level of health care needed	Nonfatal, intentional and unintentional injuries
UGANDA	Makerere University, Kampala, Uganda and Canadian Network for International Surgery, Vancouver, Canada	NA	1998	All individuals living in Urban (Kawempe division of Kampala city) and rural (Mukono) areas	√	√	Fatal injury: 5 years Nonfatal injury: 6 months	All injuries and injury-related deaths occurring within recall period	Fatal and nonfatal, intentional and unintentional injuries
UNITED STATES	National Center for Health Statistics, Centers for Disease Control and Prevention	National Health Interview Survey	2004	Civilian, noninstitutionalized population residing in the United States.	√	√	3	Medical advice or treatment	Nonfatal injury (No mention of intent, therefore, both intentional and unintentional are allowed)

\*Australia's and Spain's surveys use adults to self report and an adult proxy for children.

\*\* Actual wording is 4 weeks

\*\*\* For Canada's survey proxy reporting is allowed only if the selected respondent is unable to complete the interview because of health problems.

**Table 2: Section introduction and screening questions**

Country	Injury Section Introduction	Injury Screen Question
AUSTRALIA	Injuries are a major health problem. In order to develop new ways to help prevent both accident and intentional injuries, we need to know more about them. (Some people remember their injuries by thinking about the types of injury received, while others find it easier to recall injuries by remembering how the injury happened.)	In the last 4 weeks have any of these happened to you? 1. Any accidents (for example: falling over, being hit by something, hitting something, vehicle accident). 2. Any harmful incident (for example: bites/stings, being attacked by another person, choking, near drowning). 3. Any exposure to harmful factors (for example: swallowing poisons, inhaling fumes, loud sounds, electric shock). 4. Anything else, which resulted in injuries (such as: cuts, burns and scalds, bruising, dislocations, sprains and strains, internal injuries, fractures and broken bones, other injuries).
AUSTRIA	You will now be asked to answer questions regarding the topics of sport, leisure time and home injuries, as well as smoking habits. The data will be used strictly for statistical purposes and will remain confidential.	Injury between December 1, 1996 and November 30, 1997? Responses: Traffic accident with injury, Work injury (excluding traffic), Leisure time injury, Home injury, No injury
BANGLADESH	No introduction provided	1) Over the past 12 months, have you had any illness or injury that has restricted your daily activities for more than 10 days? What type of problem? And one of the choices is fractures, trauma, luxations of ligaments, bones 2) Have you had any accident, including aggression, intoxication or burns over the past 12 months?
CANADA	Now some questions about OTHER injuries, which occurred in the past 12 months, and were serious enough to limit (your/FNAME's) normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning. (Note: OTHER refers to repetitive strain injuries. Information about repetitive strain injuries is collected separately.)	(Not counting repetitive strain injuries), in the past 12 months, that is from ## to yesterday, were you injured?
DENMARK	The purpose of the Danish Health and Morbidity Survey is to describe the status and trends in health and morbidity in the adult population and in the factors that influence health status, including health behaviour and health habits, lifestyles, environment and occupational health risks and health resources. Note: Questions concerning accidents are not placed in a separate section with specific introduction but together with other questions about morbidity.	1. Have you been involved in any accident or mishap outside working hours within the past year that made it difficult for you to carry out your usual activities the day after? (e.g., sprained an ankle, got burned, was exposed to chemical poisoning, etc.)
ENGLAND	Now I would like to ask you about accidents that may have happened to you recently. By this I mean accidental events which resulted in injury or physical harm to you personally	1. In the last 6 months, that is since (date) have/has you/name had any kind of accident which caused you/him/her to see a doctor or go to hospital? 2. How many accidents did you/name have in the last six months where you/he/she saw a doctor or went to hospital?
FRANCE	Falling in the stairs, burning oneself with hot oil or in bathwater that is too hot (kids notably), poisoning oneself by mistakenly drinking a chemical substance, tripping on a slippery sidewalk while grocery shopping, fracturing one's leg during a sports activity, getting hurt from	No screening question (interviewer directed to proceed to mechanism, location, activity, body region and nature questions).

Country	Injury Section Introduction	Injury Screen Question
	bumping into a school friend during recess, being bitten by a dog that is usually not aggressive, ALL OF THESE RISKS, we are exposed to on a daily basis, and many more. A large number of these could have been prevented if they were better documented. For this reason, we ask you to answer the following questions.	
GERMANY	We are interested in all accidents, which occurred in the past three months in your home or in your leisure time and due to which you had to see a doctor or due to which you were disabled for a long time or at least 14 days. Poisonings are also included. Accidents occurring on public transportation during leisure time are also included. Not included are accidents during work, school, or in traffic.	Did you have a home accident, sports, or leisure accident that was medically treated or affected you for at least 14 days that occurred in the past three months?
GHANA	The Holy Family Hospital ( <i>for the rural Berekum district</i> ) /University of Science and Technology ( <i>for Kumasi</i> ) is asking the people of Berekum district/Kumasi these questions to get information about how many injuries are occurring. This will help us to plan what is needed at these hospitals and the associated health posts in order to better care for people who are injured. We are seeking information about whether you or any member of your household has had an injury. (Note to interviewer: If necessary, explain what is meant by the word "injury" and list road traffic accidents, knockdowns, falls, burns, cuts, snakebites, etc.)	Have you or any member of your family who live in this house (spend at least 6 months per year living in this house) had <u>any type of injury</u> within the last year? Please limit your comments to those injuries which prevented the victim from carrying out his/her normal daily activities for at least one day or for which you paid for any type of treatment. Is there anyone living in your household who has a <u>permanent disability</u> as a result of an injury?
ISRAEL	In the last six months was anyone of the family members injured? such as: cut, burn, blow, exposure to toxic substance, fracture or sprain, and received medical care as a result of the injury	<ol style="list-style-type: none"> <li>1. Who in the family was injured (name all family members that were injured)</li> <li>2. How many times was "x" injured in the past six months</li> <li>3. For the last injury, did "x" visit an emergency clinic such as (MDA, MRM -Israeli initials for different types of community emergency clinic)</li> <li>4. For the last injury, did "x" visit a hospital Emergency Room</li> <li>5. For the last injury, was "x" hospitalized</li> <li>6. For the last injury, did "x" see a doctor</li> </ol>
PAKISTAN	The Holy Family Hospital/University of Science and Technology is asking the people of Berekum district/Kumasi these questions to get information about how many injuries are occurring. This will help us to plan what is needed at these hospitals and the associated health posts in order to better care for people who are injured. We are seeking information about where you or any member of your household has had an injury. Not read: If necessary, explain what is meant by the word "injury" and list road traffic accidents, knockdowns, falls, burns, cuts, snakebites, etc.	Have you been involved in any accident or mishap outside working hours within the past year that made it difficult for you to carry out your usual activities the day after? (e.g., sprained an ankle, got burned, was exposed to chemical poisoning, etc.)?

Country	Injury Section Introduction	Injury Screen Question
SPAIN	No introduction provided	<ol style="list-style-type: none"> <li>1. Have you or any member of your family who live in this house (spend at least 6 months per year living in this house) had any type of injury within the last year? Please limit your comments to those injuries, which prevented the victim from carrying out his/her normal activities for at least one day, or for which you paid for any type of treatment.</li> <li>2. Has anyone who lived in your household died from an injury or from tetanus within the last year?</li> <li>3. Is there anyone living in your household who has a permanent disability as a result of an injury?</li> </ol>
UGANDA	<p>We are going to talk about the following injury causes: 1. Traffic, 1a. Pedestrian, 1b. Occupant, 1c. Cyclist, 2. Unintentional fall, 3. Burn, 4. Gunshot, 5. Stab, 6. Blunt injury, 7. Poisoning, 8. Drowning, 9. Dog, snake or other animal bite, 10. Landmine, 11. Other causes. When we talk please member to include all of these causes, both for injuries that happened on purpose (intentional) and those that happened by accident (unintentional). I will also ask you some questions about how many people stay in your household, what kinds of home fuels and energy sources are used, and how it is for you to live in this neighborhood.</p>	<p>How many times in the past six months have you been injured? Are you currently disabled due to injury? Did anyone in the house die from an injury over that last 5 years?</p>
UNITED STATES	<p>The next set of questions is about INJURIES and POISONINGS. People can be injured or poisoned unexpectedly, accidentally, or on purpose. They may have hurt themselves or others may have caused them to be hurt.</p>	<p>Injuries: DURING THE PAST THREE MONTHS, that is since ###, (did you/did you or anyone in your family) have an injury where any part of (your/the) body was hurt, for example, with a [(random set of examples) cut or wound, broken bone, sprain, or burn]?</p> <p>Poisoning: DURING THE PAST THREE MONTHS, that is since ###, (were you/ were you or anyone in your family) poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.</p>

**Table 3: Data collected on injury event**

Country	Location where injury occurred	Activity of injured person when injured	Nature of injury sustained	Body region injured	Intent of injury	Mechanism of injury
AUSTRALIA	√	√	√	√		√
AUSTRIA		√	√			√
BANGLADESH	√	√		√	√	√
CANADA	√	√	√	√		√
DENMARK			√			√
ENGLAND	√	√	√	√		√
FRANCE	√	√	√	√		√
GERMANY	√	√	√	√		√
GHANA	√	This was included as an open ended question: “How did the injury happen?”	√	√	Only asked whether injury was self-inflicted*	√
ISRAEL						
PAKISTAN	√					√
SPAIN	√		√			
UGANDA	√				√	√
UNITED STATES	√	√	√	√		√

\*In addition, several of the injury mechanisms included the designation: “Intentional”