

Appendix 1 (as supplied by the authors): Survey Instrument

Relevant questions used from the Canadian Community Health Survey¹ - Injury Module

Variable Name	INJ_01
Question	In the past 12 months, that is, from (date one year ago) to yesterday, were you injured?
Responses	
YES	1
NO	2
DON'T KNOW	7
REFUSAL	8
Variable Name	INJ_02
Question	How many times were you injured?
Responses	
NUMBER OF TIMES	1 - 30
NOT APPLICABLE	96
DON'T KNOW	97
NOT STATED	98
Variable Name	INJ_03
Question	Thinking about the most serious injury, in which month did it happen?
Responses	
JANUARY	1
FEBRUARY	2
MARCH	3
APRIL	4
MAY	5
JUNE	6
JULY	7
AUGUST	8
SEPTEMBER	9
OCTOBER	10
NOVEMBER	11
DECEMBER	12
NOT APPLICABLE	96
DON'T KNOW	97
REFUSAL	98
NOT STATED	99
Variable Name	INJ_05
Question	What type of injury did you have? For example, a broken bone or burn.
Responses	
MULTIPLE INJURIES (EXC. MINOR INJ.)	1
BROKEN OR FRACTURED BONES	2
BURN, SCALD, CHEMICAL BURN	3
DISLOCATION	4
SPRAIN OR STRAIN (INCL. TORN LIG.)	5
CUT, PUNCTURE, ANIMAL BITE	6
SCRAPE(S), BRUISE(S), BLISTER(S)	7
CONCUSSION OR OTHER BRAIN INJURY	8
POISONING(EXC. FOOD POIS, POISON IVY)	9
INJURY TO INTERNAL ORGANS	10
OTHER	11
NOT APPLICABLE	96
DON'T KNOW	97
REFUSAL	98
NOT STATED	99

Variable Name	INJ_08
Question	Where were you when you were injured? For example, someone's house, an office building, construction site.
Responses	
IN A HOME OR ITS SURROUNDING AREA	1
RESIDENTIAL INSTITUTION	2
SCHOOL, COLLEGE, UNIVERSITY	3
SPORTS OR ATHLECTICS AREA OF SCHOOL	4
OTHER SPORTS OR ATHLETICS AREAS	5
OTHER INSTITUTION	6
STREET, HIGHWAY, SIDEWALK	7
COMMERCIAL AREA	8
INDUSTRIAL OR CONSTRUCTION AREA	9
FARM	10
COUNTRYSIDE, FOREST, LAKE, OCEAN, ...	11
OTHER	12
NOT APPLICABLE	96
DON'T KNOW	97
REFUSAL	98
NOT STATED	99

Variable Name	INJ_09
Question	What were you doing when you were injured?
Responses	
SPORTS OR PHYSICAL EXERCISE	
LEISURE OR HOBBY	
WORKING AT A JOB OR BUSINESS	
HOUSEHOLD CHORES, OTHER UNPAID WORK	
SLEEPING, EATING, PERSONAL CARE	
GOING UP AND DOWN STAIRS	
DRIVER OR PASSENGER IN/ON ROAD MOTOR VE.	
DRIVER OR PASSENGER IN/ON OFF-R. MOTOR V	
WALKING	
OTHER	
NOT APPLICABLE	
DON'T KNOW	
REFUSAL	
NOT STATED	

Variable Name	INJ_10
Question	Was the injury the result of a fall?
Responses	
YES	1
NO	2
NOT APPLICABLE	6
DON'T KNOW	7
REFUSAL	8
NOT STATED	

Variable Name	INJDCAU
Question Name	Cause of injury - (Derived variable)
Responses	
FALL	1
TRANSPORTATION ACCIDENT	2
BUMPED, PUSHED, BITTEN	3
STRUCK OR CRUSHED BY OBJECT(S)	4
CONTACT W/SHARP OBJECT, TOOL OR MACHINE	5

SMOKE, FIRE, FLAMES	6
CONTACT W/HOT OBJECT, LIQUID OR GAS	7
EXTREME WEATHER OR NATURAL DISASTER	8
OVEREXERTION OR STRENUOUS MOVEMENT	9
PHYSICAL ASSAULT	10
OTHER	11
NOT APPLICABLE	98
NOT STATED	99

References:

1. Statistics Canada. Canadian Community Health Survey, Annual Component – 2014.