International Classification of External Causes of Injuries

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

Proposed by

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Coder I.D. Hospital I.D. Patient I.D. Treatment Date: (MM/DD/YYYY) Patient Information: Age (in years): Sex:	Instructions: This form was designed to record information about circumstances of an injury incident for injured persons treated in an emergency department or a similar health care setting. Ideally this form could become part of the ED record for the patient. Some instructions for completing the form are given in italics. For further details about how an injury is defined and how to code each of the components given below, please see the instruction manual and coding guidelines.
Type of Incident	Intent of Injury
 Was the injury incident work-related (i.e., occur on the job) or not? (Check One) 1 Work-related 2 Not work-related 9 Not recorded/unspecified 	 4. Did the injury result from an unintentional event or intentional act? (Check One) 1 Unintentional 2 Intentionally self-inflicted 3 Assault, confirmed or suspected — Injury purposely inflicted by another person
Locale of Injury Incident	(Answer Questions 4a and 4b) ☐ 4 Legal intervention — Injured by police or other authorities during law enforcement ☐ 5 Operations of war and sight insurrection
2. Where did the injury occur? (Check One) ① 01 Home/mobile home ① 02 Residential institution ② 03 Farm/ranch ② 04 Street/highway ② 05 Trade and service area ② 06 Industrial/construction area ② 07 School/educational area ② 08 Other public building ② 09 Sports and athletic area ② 88 Other specified ③ 99 Not recorded/unknown	 5 Operations of war and civil insurrection 9 Not recorded/undetermined If your response to Question 4. was "Assault" please answer Questions 4a. and 4b., otherwise go to Question 5. 4a. What was the relationship of the perpetrator to the patient? (Check One) 01 Spouse or partner (includes spouse, partner, ex-spouse, ex-partner) 02 Parent 03 Other relative 04 Unrelated care giver 05 Acquaintance or friend 06 Official/legal authorities
3. What type of activity was the patient doing at the time of injury? (Check One) 1 Sports 2 Leisure 3 Traveling 4 Paid work 5 Unpaid work 6 Educational activity 7 Vital activity 8 Other specified 9 Not recorded/unspecified	 □ 07 Multiple perpetrators □ 08 Stranger □ 88 Other specified persons □ 99 Not recorded/unknown 4b. What was the reason for the assault? (Check all that apply) □ 1 Altercation □ 2 During illegal acquisition of money or property (includes completed or attempted) □ 3 Drug-related □ 4 Sexual assault □ 5 Gang-related
	8 Other specified9 Not recorded/unknown

Coder I.D.		
Hospital I.D. Patient I.D.		
Treatment Date:	(MM/DD/YYYY)	
	Mechanism of Injury	
(Check all th	vehicle ver Questions 5.1.a. through 5.1.d.) rian-vehicle crash ver Questions 5.1.a. and 5.1.d.) cycle ver Questions 5.1.a, 5.1.c., and 5.1.d.) cycle ver Questions 5.1.a. and 5.1.d.) by/against or crushed ver Questions 5.1.e and 5.1.f) ot, firearm-related (excludes nonpowder guns) ver Question 5.1.g) at/pierce (Answer Question 5.1.h) rn (Answer Question 5.1.i) inhalation ing (Answer Question 5.1.j) rowning/drowning/submersion body	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
5a. If more than Question 5, void the most s	corded/undetermined one mechanism was selected in which one is the immediate cause severe injury being treated? number given next to the mechanism	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.
If one of your respective hicle," "Pedes or "Pedal cycle," 5.1.d., otherwise 5.1.a. Was the craffic 1 Traffic 12 Nonthan	sponses to Question 5. was "Motor strian-vehicle crash," "Motorcycle," "please answer Questions 5.1.a. through a go to Question 5.1.e. rash traffic-related or not? (Check One) ic (occurs on a public highway/street/road) traffic (occurs in any place other a public highway/street/road) recorded/unknown	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

Coder I.D. Hospital I.D. Patient I.D. Treatment Date: (MM/DD/YYYY)	
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.	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.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 	5.1.i. What type of burn was it? (Check One) O1 Fire/flame O2 Hot object O3 Hot liquid O4 Steam O5 Chemical S8 Other specified O9 Not recorded/unknown
9 Not recorded/unknown	please answer Question 5.1.j., otherwise go to Question 5.1.k.
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	 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
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.	Continue on Page 4 with Question 5.1.k
 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 	

Coder I.D Hospital I.D	
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If one of your responses to Question 5. was "Other specified mechanism," please answer Question 5.1.k.,	Safety Equipment Use
otherwise go to Question 6.	6. Was information given about safety equipment used or
 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 	deployed at the time of injury? (Check One) 1 Yes 2 No If your response to Question 6. was "Yes," please answer
 03 Water transport 04 Air transport 05 Thrown or fallen from animal or animal-drawn vehicle (noncollision) 06 Other transport (not elsewhere specified) 	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)
 O7 Inhalation/ingestion of food (blocking airway) O8 Inhalation /ingestion of other objects (blocking airway) O9 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) 12 Lightning 22 Electrical current (excludes lightning) 23 Radiation 	A=In use or deployed B=Not in use or deployed C=Unknown A B C O O Shoulder belt O O Lap belt O O Seat belt, not otherwise specified O O Passenger's front airbag deployed O O Front air bag deployed, not otherwise specified O O Side air bag deployed O O Child safety seat O O O Child safety seat
☐ 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	 7. Please describe up to three consumer product(s) that were involved in the injury incident. (Please Print) 1
8. Please briefly describe the circumstances of the injury incide	nt. (Please Print)