

ETHIOPIA JIMMA COMMUNITY INJURY SURVEY 2006

Identification particulars

Household identification number _____

Woreda/ kefitegna _____

Kebele _____

For rural areas: Got _____ Gere _____

House number _____

Status of the study site: 1. Urban 2. Semi urban 3. Rural

Starting time of the interview _____

Household size: Total: _____ Male _____ Female

Note to the data collector:

1. Regular household members in this study mean all those individuals who are living together in the same house for at least the last six months and eat together. It does not include sons/daughters and others who either because of marriage or work live in another household. Children aged below six months can however be considered as regular household members.
2. The respondent to this questionnaire should be the head of the household or the spouse of the head. If it becomes necessary to interview another member of the household you should talk to your supervisor or research team and get permission before conducting interview.

I am now going to ask you some questions about your regular household members.

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SECTION A: BASIC DEMOGRAPHIC AND INJURY INFORMATION OF ALL HOUSEHOLD MEMBERS

A1. Socio-Demographic of household members (enter the number corresponding to the answer)

| 101 Person No. | Name of member of Household | 102 Relationship to head of the household | 103 Age | 104 Sex | 105 Educational status for persons greater or equal to 7 years of age | 106 Occupation for persons greater or equal to 10 years of age |
|----------------------|-----------------------------------|--|------------|--------------------|--|--|
| 01 | | | | | | |
| 02 | | | | | | |
| 03 | | | | | | |
| 04 | | | | | | |
| 05 | | | | | | |
| 06 | | | | | | |
| 07 | | | | | | |
| 08 | | | | | | |
| 09 | | | | | | |
| 10 | | | | | | |
| | | 1-Head 2- Spouse 3-Son/Daughter 4- Other relative 5-Non-relative | | 1-Male 2-Female | Highest grade completed _____ 98 = Read and write only 99 = Illiterate | 1. Farmer 10. Private emp. 2. Civil servant 11. Shepherd 3. Merchant 12. Shoe cleaner 4. Student 13. Driver 5. Housewife 14. Other _____ 6. Daily laborer 7. Police/Soldier 8. Unemployed 9. Pensioner |

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107. Who is the respondent? His/Her number (Take it from the household members list):

A-2: Injury information

108. Was there any person in this family who was injured in the past one year? (Since September 2005)

Yes _____ 1 No _____ 2 →115 I don't Know _____ 99 →115

109. If yes, how many people were injured? _____

110. Please List name and person number of injured household numbers from the household list

| | | 110.1 | 110.2 |
|---------|----------------------------------|--|--|
| Ser. No | Name of injured household member | Number of injuries sustained in a year | Month in which injury occurred (State the month for each injury) |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| | | | |

(FILL ONE QUESTIONNAIRE CONTAINING SECTIONS G TO F FOR EACH INJURY ENCOUNTERED)  200

111. Was there any death in this household in the past 5 years?

Yes _____ 1 No _____ 2 →115 I don't Know _____ 99 →115

112. If yes, how many deaths were there? _____

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113. Please fill the following chart for each death.

| | | 113.1 | 113.2 | 113.3 |
|---------|------------------|-------|-------|--|
| Ser. No | Name of Deceased | Sex | Age | Causes of death |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| | | | | 1. Car accident 2. Bullet injury 3. Animal kick/bite/sting 4. Suffocation with smoke/cloth/other 5. Cut or puncture with knife/spear/axe 6. Fall from trees or to valley 7. Drowning in water 8. Poisoning 9. Bicycle or cart accident 10. Commit suicide 11. Electric shock 12. Fire accident 13. Scald 14. Other injury, Specify _____ 15. Other disease, Specify |

Note for Data collector:

If the cause of death is related to injuries listed in 1-14 above, fill questions in sections B, C, E and G. If the cause of death is not related to accident, please proceed to the next household.

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Section B: Detailed injury information for all injured, disabled or dead individuals.

Household ID number _____ Individual number _____

Kebele _____ House number _____

Name of the injured/deceased individual _____

200. Who is the respondent for this interview?

The injured person _____ 1 → 203 A proxy _____ 2

201. If a proxy is the respondent, what is the relationship of the proxy to the injured/dead person?

Mother or father _____ 1

Grand parent _____ 2

Brother/ sister _____ 3

Spouse _____ 4

Son/daughter _____ 5

Other Relative _____ 6

Non relative _____ 7

202. Sex of the respondent:

Male _____ 1

Female _____ 2

203. Age at the time of injury or death (in years and/or months). _____

204. Sex of the injured person:

Male _____ 1

Female _____ 2

205. What is the highest educational level achieved by the injured/dead person? (For those aged 7 years and above)

Highest grade completed _____

Read and write only _____ 98

Cannot read and write _____ 99

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206. What is the injured/dead person's occupation at the time of injury/death?

| | | | |
|--|----|-----------------------------|----|
| Farmer_____ | 1 | Retired_____ | 09 |
| Government employee_____ | 2 | Shepherd_____ | 12 |
| Employed in private firms (including bars, hotels etc)_____ | 3 | Shoe polisher_____ | 13 |
| Merchant_____ | 4 | Driver/assistant_____ | 14 |
| Self employee (as selling local drinks) __ | 5 | Unemployed(able to work) __ | 15 |
| Student_____ | 6 | Maid/Servant_____ | 16 |
| Housewife_____ | 7 | Guard_____ | 17 |
| Daily laborer_____ | 8 | Waiter_____ | 18 |
| Police /Soldier_____ | 9 | Unknown_____ | 98 |
| Tella /Arekie seller/CSW_____ | 10 | Other (specify) _____ | 99 |

Section C: Injury event factors

207. What was the cause of the injury?

| | | | |
|---------------------------------------|----|-----------------------------------|----|
| Road traffic accident _____ | 1 | Fire, flames or heat_____ | 8 |
| Fall (from tree, horse, hole etc.)__ | 2 | Drowning or near-drowning_____ | 9 |
| Struck/hit by person or object_____ | 3 | Poisoning_____ | 10 |
| Stabbed (knife, spear etc.)_____ | 4 | Electricity shock_____ | 11 |
| Gun shot_____ | 5 | Animal bite/kicked by animal_____ | 12 |
| Cut by a sharp object (axe, knife) __ | 6 | Scald_____ | 13 |
| Suffocated (by smock, clothing)____ | 7 | Suicide/hanging_____ | 14 |
| Other (specify)_____ | 15 | Unknown_____ | 99 |

208. How did the injury happen? (You can read the options)

| | |
|--|----|
| It was an accident (unintentional)_____ | 1 |
| Someone else did it to deliberately (intentional)_____ | 2 |
| Did it to himself/herself _____ | 3 |
| Don't know_____ | 99 |

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209. Where was the injured person when the injury occurred? (READ THE OPTIONS TO THE RESPONDENT)

| | | | |
|--------------------------------|----|---|----|
| Home _____ | 1 | Industrial or construction site _____ | 7 |
| School _____ | 2 | Farm (excluding home) _____ | 8 |
| Street _____ | 3 | Commercial area (shop, store, hotel, bar, office) _____ | 9 |
| Residential area _____ | 4 | Bush/forest _____ | 10 |
| Sports and athletic area _____ | 5 | War front _____ | 11 |
| At work place _____ | 6 | site for fetching water _____ | 12 |
| Other (specify) _____ | 98 | don't know _____ | 99 |

210. What was the injured person doing when he/she was injured? (READ THE OPTIONS TO THE RESPONDENT)

| | | | |
|----------------------------------|---|--|----|
| Routine work/play _____ | 1 | Doing activities in home _____ | 07 |
| Traveling to and from work _____ | 2 | Vital activity (sleeping, eating, washing) _____ | 08 |
| Education/learning _____ | 3 | Unspecified activities (hanging around, doing nothing) _____ | 09 |
| Physical exercise _____ | 4 | Battlefield _____ | 10 |
| Leisure activity/relaxing _____ | 5 | Other (specify) _____ | 11 |
| Traveling (long distance) _____ | 6 | Don't know _____ | 99 |

211. What physical injuries did the injured person sustain? (more than one answer is possible)

| | | | |
|-------------------------------------|----|--------------------------------|----|
| Fracture (broken bone) _____ | 1 | Burn _____ | 7 |
| Sprain or strain _____ | 2 | Poisoning _____ | 8 |
| Dislocation _____ | 3 | Concussion/head injury _____ | 9 |
| Cut, bite or other open wound _____ | 4 | Internal injury/internal _____ | 10 |
| Bruise or superficial injury _____ | 5 | Blindness _____ | 11 |
| Deafness _____ | 6 | loss of teeth _____ | 12 |
| Other (specify) _____ | 98 | Unknown _____ | 99 |

212. In the 6 hours before the injury, did he/she drink any alcohol (even one drink)?

| | | | | | | | |
|-----------|---|----------|---|---------------|----|---------------------------------|----|
| Yes _____ | 1 | No _____ | 2 | Refused _____ | 77 | Don't know/can't remember _____ | 99 |
|-----------|---|----------|---|---------------|----|---------------------------------|----|

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Section D: Injury-related disability (not applicable in injury related death)

213. Did the injured person suffer a physical disability as a result of being injured?

Yes ___1 No ___2→215 Refused ___77→215 Don't know/can't remember ___99

214. If yes to question number 213, In what ways was the injured person physically disabled? (more than one answer possible)

| | | | |
|------------------------------------|----|---------------------------------|----|
| Unable to use hand or arm _____ | 1 | Inability to remember _____ | 8 |
| Difficulty using hand or arm _____ | 2 | Inability to chew food _____ | 9 |
| Unable to walk _____ | 3 | Limping _____ | 10 |
| difficulty to use leg _____ | 4 | Unable to move body parts _____ | 11 |
| Loss of hearing _____ | 5 | Unable to see _____ | 12 |
| Weakness _____ | 6 | Shortness of breath _____ | 13 |
| Hearing problem _____ | 7 | Refused _____ | 77 |
| Other (specify _____) | 98 | Don't know/can't remember _____ | 99 |

Section E: Medical care and treatment of injury

215. After he/she was injured, did the injured person seek attention/treatment? (Seeking attention includes care at home, traditional treatment, Holy water, modern health care and others).

Yes ___1 No ___2→220 Refused ___77→ 220
Don't know/can't remember ___99→220

216. If yes to question Number 215, where did the injured person first seek medical treatment for his/her injury?

| | | | |
|---|---|------------------------------------|----|
| Hospital _____ | 1 | Pharmacy/drug store _____ | 6 |
| Health centre _____ | 2 | Home _____ | 7 |
| Health post government clinic _____ | 3 | Refused _____ | 77 |
| Private clinic _____ | 4 | Other (specify) _____ | 98 |
| Traditional practitioner/healer/bone setter _____ | 5 | Don't know/can't remember 99 _____ | 99 |

217. The health institution in which he/she was treated is:

Governmental _____1 Private _____2 Non Governmental _____3
Don't know _____99 Other, Specify _____4

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218. Was the injured person admitted to a hospital or health facility for treatment of his/her injury at least for one day?

Yes _____ 1 No _____ 2→220
Refused _____ 77→220 Don't know/can't remember _____ 99→220

219. If yes to the question number 218, how many days did the injured person stay in the health facility for treatment of his/her injury? _____ days.

Don't know _____ 99

F. Post-injury impact (not applicable to injury related death)

220. How many days of work or school were lost by the injured person due to the injury being discussed? _____ days.

221. Did anyone in the household lose days of work or school to take care of the injured person?

Yes _____ 1 No _____ 2→224
Refused _____ 77→224 Don't know/can't remember _____ 99→224

222. If yes to the above question, how many people were involved in the care? _____

223. If yes to question number, 222, how many days of work or school were lost? (If more than one individual was involved in the care, put the total number of days lost for all individuals involved) _____ days

224. As a result of the injury, did the injured person suffer any impairment that prevented him/her from performing his/her usual activities (e.g. going to work or school, doing a housework etc.)

Yes _____ 1 No _____ 2
Refused _____ 77 Don't know/can't remember _____ 99

225. Did the injured person lose or quit his/her job as a result of being injured?

Yes _____ 1 No _____ 2
Refused _____ 77 Don't know/can't remember _____ 99

226. Did the usual household income decline as a result of the injury event?

Yes _____ 1 No _____ 2
Refused _____ 77 Don't know/can't remember _____ 99

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G. Injury-related death (not applicable to injuries that did not result in death)

229. How old was the injured person when he/she died? _____ years

230. Where did the injured person die?

- At the place where the injury occurred _____ 1
- At a health facility (e.g. hospital, clinic, health centre) _____ 2
- At home _____ 3
- Refused _____ 77
- Other (specify) _____ 98
- Don't know/can't remember _____ 99

231. In which month did the injury that caused the death occurred? _____

232. In which year did the injury that caused the death occurred? _____

233. How long after the injury occurred did the injured person die?

_____ hours

_____ weeks

_____ days

_____ months

_____ years

I have finished the interview; I thank you very much for your cooperation.

The interviewer's confirmation:

I confirm that the interview has been made as per the training and the guideline given and all the data recorded are correct and valid.

Name and signature of the interviewer: _____ Date: _____

Time at which the interview

ended: _____

Confirmation by:

Supervisor's name _____

Signature _____

Date _____