

APPENDIX 9

EXAMPLE HOUSEHOLD SURVEY QUESTIONNAIRE: UGANDA

The questionnaire given below was used to conduct a community survey of injury prevalence (fatal and non-fatal injuries) in a rural and an urban area of Uganda in 1999 (1).

A. Home environment and occupant demographic information

1. Interviewer name _____ Date of interview _____

We are going to talk about the following injury causes:

1. Traffic	1a. Pedestrian	1b. Occupant	1c. Cyclist
2. Unintentional fall	3. Burn	4. Gun shot	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 remember 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 neighbourhood.

2. ID number for household _____ Zone _____

3. a) Type of dwelling 1. Temporary 2. Semi-permanent 3. Permanent _____

b) Number of habitable rooms (including kitchen) _____

4. Name or initials of respondent _____
(optional)

5. How long have you been living here? _____ years _____
months

6. Status in home 1. Head of household 2. Other (specify) _____

7. What is the most common cooking facility you use? (choose only one)
1. Electricity 2. Gas 3. Paraffin 4. Coal/charcoal
5. Wood 6. Other (specify) _____

8. What is your primary source for lighting? (choose only one)
1. Electricity 2. Gas 3. Paraffin lamp 4. Candles
5. Other (specify) _____

9. The accuracy of the following table is crucial for this survey. Please follow the steps carefully.

UGANDA INJURY
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A. List all people currently in household AND also those who have died of injury in the last 5 years.

Record the number of injury events for each individual. If an individual has no event place a 0 in that cell so that all cells are filled. Some households will have more than one injury form and some individuals will require more than one injury form as well.

Individual no.	Name or initials	Gender (M/F)	Present age or death age (years)	Morning alcohol (Y/N)	Number of injury events		
					Recovered 6 months	Disabled current	Death 5 years
#1. Respondent							
#2.							
#3.							
#4.							
#5.							
#6.							
#7.							
#8.							

NOW GO TO SECTION B.

FILL OUT A SEPARATE FORM FOR:

- EACH DEATH
- EACH CURRENT DISABILITY
- EACH INJURY WITH RECOVERY IN THE LAST 6 MONTHS.

B. Individual injury event form

DETAILED INJURY INFORMATION FOR ALL DEAD, DISABLED, OR INDIVIDUALS INJURED. THERE SHOULD BE ONE FORM FOR EACH DEATH IN THE LAST 5 YEARS, ALL CURRENT DISABILITIES AND FOR RECOVERED INJURIES IN THE LAST 6 MONTHS.

Some people may have more than one form.

Check one from the box:

<input type="checkbox"/> Death (last 5 years)	<input type="checkbox"/> Disability (current)	<input type="checkbox"/> Recovered injury (last 6 months)
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1. Household ID number _____ Individual number _____ (from table)
Total number of injury events for this person in the last 6 months _____

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2. From the list below, what caused that death, disability or injury checked in the box above? _____

1. Traffic	1a. Pedestrian	1b. Occupant	1c. Cyclist
2. Unintentional fall	3. Burn	4. Gun shot	5. Stab
6. Blunt injury	7. Poisoning	8. Drowning	
9. Dog, snake or other animal bite	10. Landmine	11. Other causes	

3. Did the death, disability or recovered injury occur in the last 6 months? _____
1. Yes 2. No

4. Did the event happen in the study area? _____
1. Yes 2. No

5. Date of injury leading to death or disability _____ year _____ month

6. Age (at death, disability, or injury) _____ years _____ months

7. Occupation of person _____
 1. Peasant farmer 2. Student/pupil 3. Housewife
 4. Pre-school child/baby 5. Civil servant/private employee
 6. Casual labourer 7. Driver/turn boy/conductor
 8. Small business owner 9. Large business owner
 10. Unemployed 11. Other (specify) _____

8. Where did the injury happen? _____
 1. Home 2. Farm 3. Industry
 4. Bar/disco 5. Road in town 6. Road in country
 7. Public or office building 8. School 9. Sport
 10. Cinema or theatre 11. Other (specify) _____

9. Was the injury intentional or unintentional? _____
 1. Unintentional
 2. Intentional
 a. Assault/homicide b. Abuse c. Self-inflicted d. Legal intervention
 e. Terrorism/war
 3. Undetermined

10. How did it happen? _____

11. Who initially tried to help the deceased, disabled or injured person in this event? _____
 1. Bystander 2. Friend/family 3. Police
 4. Ambulance 5. Fire brigade 6. No help
 7. Other (specify) _____ 8. Unknown

12. Did he/she seek treatment outside the household? _____
 1. Yes 2. No

13. If yes, where did he/she seek treatment? _____
 1. Hospital 2. Health centre 3. Clinic
 4. Community health worker 5. Untrained practitioner or drug store
 6. Traditional practitioner 7. Other (specify) _____

14. If a hospital, which hospital? _____

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SURVEY 1999**

8a. Why are there traffic injuries in this neighbourhood? (no opinion or short narrative)

8b. What can be done to stop traffic injuries in this neighbourhood? _____

9a. Why are there injuries in the home? _____

9b. What can be done to stop home injuries? _____

10. Do you know of any groups that are working to make this neighbourhood a safer place?

1. Yes 2. No

If yes, specify _____

Reference

1. Kobusingye O, Guwatudde D, Lett R. Injury patterns in rural and urban Uganda. *Injury Prevention*, 2001, 7:46–50.