

**AMEND 2009**

**Amend Programme Evaluation: Comprehensive Injury Worksheet**

Location: _____	Interviewer name: _____
Date: _____	Secretary name: _____
Cluster number: _____	Language(s) survey conducted in: 1 – English, 2 – Twi, 3 – Hausa, 4 – Other: _____
Cluster Sheet Number: _____	Age of crash victim: _____

Q 1. When did the incident occur?

- 0. Within the last 12 months
- 1. Greater than 12 months ago

Q 2. Who is answering the survey?

- 0. Person involved in incident
- 1. Person not involved in incident because it is a child
- 2. Person not involved in incident because the person is out of the house currently
- 3. Person not involved in the incident because the person involved has died

Q 3. Sex of injured person:

- 0. Male
- 1. Female

Q 4. Daily activity of injured person:

- 0. Work
- 1. Attend school
- 2. Tend to the household
- 3. Permanently disabled
- 4. Retired
- 5. Pre-school
- 6. Other. Specify: \_\_\_\_\_
- 7. \_\_\_\_\_

**Injuries Sustained**

Q 5. Body part most severely injured:

- 0. Head
- 1. Face
- 2. Neck
- 3. Chest
- 4. Abdomen
- 5. Back
- 6. Arms
- 7. Legs

8. Other. Specify: \_\_\_\_\_

Q 6. What type of injury was sustained? (Pick only the most serious one)

- 0. Cut
- 1. Bruise
- 2. Broken bone
- 3. Amputation
- 4. Burn
- 5. Very minor, none of the above
- 6. Other. Specify: \_\_\_\_\_

Q 7. As a result of the incident is the injured person permanently unable to work, move one of their hands, walk, or missing a limb?

- 0. No
- 1. Yes

**Mechanism of Injury**

Q 8. Type of incident:

- 0. Hit by a tro-tro
- 1. Hit by car
- 2. Hit by taxi
- 3. Hit by motorcycle
- 4. Hit by bicycle
- 5. Hit by non-motorized vehicle
- 6. Injured while riding in a tro-tro
- 7. Injured while riding in a car
- 8. Injured while riding in a taxi
- 9. Injured while riding on a motorcycle
- 10. Injured while riding a bicycle
- 11. Injured while on a non-motorized vehicle
- 12. Other. Specify: \_\_\_\_\_

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Q 9. What was the injured person doing when the injury happened?

- 0. Playing
- 1. Walking to school
- 2. Walking from school
- 3. Walking to work
- 4. Walking from work
- 5. Walking elsewhere
- 6. Riding to school
- 7. Riding from school
- 8. Riding to work
- 9. Riding from work
- 10. Riding (other)
- 11. Working (as a taxi or tro-tro driver)
- 12. Working (as a seller)
- 13. Going to/from place of worship
- 14. Other. Specify:  
\_\_\_\_\_

Q 10. What type of road did the injury occur on?

- 0. Highway
- 1. Paved non-highway road
- 2. Non-paved road
- 3. Small side street
- 4. Parking lot
- 5. Do not remember
- 6. Other. Specify:  
\_\_\_\_\_

Q 11. Did this injury occur going to school or work?

- 0. No
- 1. Yes

Q 12. What time was the incident?

- 0. In the morning
- 1. During the day
- 2. At sunset
- 3. At night

**Treatment Sought**

Q 13. Was medical attention sought for the injury?

- 0. No
- 1. Yes

Q 14. Where was attention sought?

- 0. Hospital
- 1. Clinic
- 2. Pharmacy
- 3. Traditional healer
- 4. Other. Specify:  
\_\_\_\_\_

**Cost of Treatment**

Q 15. Was any money spent on treatment of the injured person?

- 0. No
- 1. Yes

**Economic Consequences**

Q 16. Is the injured person permanently unable to perform their normal daily activities because of this injury?

- 0. No
- 1. Yes

Q 17. Did the injured person lose any income as a result of the injury?

- 0. No
- 1. Yes

**Length of Disability**

Q 18. How many days of normal activity including work, school, worship, or travel were missed as a result of the injury?

\_\_\_\_\_ Days

Q 19. Did the person die out of the crash?

- 0. No
- 1. Yes

**Interviewer Comments**