

QID: _____

WHO/NG/RTI2005/2

WORLD HEALTH ORGANISATION
ROAD TRAFFIC INJURY SURVEY
INTERVIEW SCHEDULE

A. IDENTIFICATION		NAME	CODE		
A.1	State				
A.2	L.G.A				
A.3	Locality				
A.4	Cluster				
A.5	E.A.				
A.6	Sector (U=1; R=2)				
A.7	Sample Household				

A.8. Household Size: Male Female Total

Field Work:

Date of Interview: _____

Interviewer: _____
Name

Supervisor: _____
Name

Coordinator: _____
Name

Interview Status:

Completed 1	Refused 2
Partially completed 3	Not located 4
Moved away 5	

NIGERIA INJURY SURVEY 2006

Section B: SOCIO DEMOGRAPHIC BACKGROUND (For All members of Household)

List all people currently in household AND also those who might have died of injury in the last 12 months.

Some households will have more than one injury form.

B0	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10
Line No.	NAME (Optional)	Relationship to Head	Sex M=1 F=2	Age (Yrs)	Education	Marital Status	Present in last 6 months? Yes=1 No=2	Occupation	Any injury within last 12 mths? Yes=1 No=2	Any road traffic injury within last 12 mths? Yes=1 No=2
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Head of HH 1

Spouse 2

Own Child 3

Foster Child 4

Parent of Head 5

Friend 6

Others 7

No formal Educ ... 1

Pre Primary 2

Some Primary... .. 3

Complete Pry... ..4

Some Sec5

Complete Sec ... 6

Post Sec 7

Never married... .. 1

Currently Married ...2

Separated 3

Divorced 4

Widowed 5

B.11. Number of persons with injury

B.12. Number of persons with road traffic injury ...

NIGERIA INJURY SURVEY 2006

Section C: CASE OF TRAFFIC INJURY: (For members with road traffic injury or death)

List all members who had cases of road traffic injuries INCLUDING those who might have died of injury in the last 12 months. (i.e. those who sustained injuries which prevented the victim from carrying out his/her normal daily activities for at least one day or for which he/she paid for any type of treatment) Use B10=1 as filter.

C0	C1	C2	C3	C4	C5	C6
Line No.	Date Injury occurred	Time Injury occurred Morning1 Afternoon ... 2 Evening3 Night4	Type of injury	If motor vehicle-crash, was (victim) a driver or a passenger? Prof Driver ... 1 Self driver ... 2 Passenger... 3	Where injury occurred	What part of the body was injured and how was it injured?

Jan ... 01	Jul ... 07
Feb ... 02	Aug ... 08
Mar ... 03	Sep ... 09
Apr ... 04	Oct ... 10
May... 05	Nov ... 11
Jun ... 06	Dec ... 12

Motor vehicle crash ... 1
Motorcycle crash..... 2
Tricycle crash. 3
Pedestrian 4
Bicycle 5
Others (specify) ... 6

Home – inside..... 1
Home – outside..... 2
Other building 3
Road – paved 4
Road – unpaved 5
Intersection – paved 6
Intersection – unpaved ... 7
Farm 8
Other places 9

Head 1
Face 2
Neck 3
Chest 4
Abdomen5
Upper extremity .6
Hand 7
Lower extremity .8

Section C: CASE OF TRAFFIC INJURY: (For members with road traffic injury or death)

C0	C7	C8	C9	C10
Line No.	If the victim was injured in/or by a motor vehicle, what type of vehicle was involved?	Was (name) able to return to previous occupation? Yes=1 No=2	If yes, How long was (name) not able to perform usual activities?	How severe was the injury?

Taxi 1
Private auto – victim’s own ... 2
Private auto – other’s 3
Public passenger bus 4
Public passenger lorry 5
Commercial cargo lorry 6
Other types (specify)7

One day... .. 1
2 - 4 days 2
5 – 7 days 3
1 – 2 weeks 4
3 – 4 weeks 5
Over 1 month ... 6

Slight Injury 1
Serious (Hospitalized) ... 2
Permanently disabled. ... 3
Death at crash site ... 4
Death in hospital ... 5
Death after discharge ... 6

NIGERIA INJURY SURVEY 2006

VI. Treatment of the injury

Section D: TREATMENT OF INJURY: (For members who survived road traffic injury)

Which of the following treatments was rendered for the victims? (CODE ALL THAT ARE APPLICABLE)

D0	D1	D2				D3				D4			D5				D6
Line No.	Home Yes = 1 No = 2	Traditional				Primary Health Care Site				Hospital			Order of treatments				Main reason for utilizing the 1 st site Money/cost... 1 Proximity ... 2 Preference ... 3 Others ... 4
		D21	D22	D23	D24	D31	D32	D33	D34	D41	D42	D43	D51	D52	D53	D54	
		Herbalist	Bone Setter	Spiritual Healer	Others	Village Health Post	Rural Clinic	Other PHC	Private MD	General Hospital	Specialist Hospital	Teaching Hospital	1 ST	2 ND	3 RD	4 TH	

NB: For D1 - D4 (Yes = 1, No = 2.)

Section D: COST OF TREATMENT: (For members who survived road traffic injury)

Give cost for each of the treatments rendered for the victims where applicable.

D0	D7	D8				D9				D10			D11
Line No.	Home Treatment	Traditional				Primary Health Care Site				Hospital			TOTAL (₦)
		D81	D82	D83	D84	D91	D92	D93	D94	D101	D102	D103	
		Herbalist	Bone Setter	Spiritual Healer	Others	Village Health Post	Rural Clinic	Other PHC	Private MD	General Hospital	Specialist Hospital	Teaching Hospital	

NIGERIA INJURY SURVEY 2006

Section E: DISABILITY RESULTING FROM ROAD TRAFFIC INJURY:

(For members who suffered any disability as a result of road traffic injury)

E0	E1	E2				E3	E4
Line No.	Is (victim) able to perform usual activities? Yes = 1 No = 2	In which of the following ways is the (victim) disabled? Yes = 1 No = 2				Does the disability cause loss of job?	Does the disability cause reduction in wage?
		Inability to use hand or arm or decreased strength or pain on motion of extremity	Walk with a limp or unable to walk at all	Loss of vision	Weakness or shortness of breath		

Section F: DEATH FROM ROAD TRAFFIC INJURY:

(For members who died as a result of road traffic injury)

F0	F1	F2	F3	F4
Line No.	Age at time of death	Was (name's) remains of (name) taken to morgue before burial? Yes = 1 No = 2	What was (name's) usual job or activity?	If Self-employed or employed for wages, state type of work

- Employment for wages ... 1
 - Self-employed 2
 - Trading 3
 - Farming 4
 - House keeping 5
 - Artisan 6
 - Schooling 7

- Administration 1
 - Professional Service ... 2
 - Technician 3
 - Office Assistance 4
 - Driving 5
 - Artisan 6