

SRI Lanka Injury Survey Navratne 2009

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35. Does your family receive Samurdhi or another donation? 1/2/3/4/5/6/7

36. Can you tell us the approximate amount of money earned for a month in your family?
1/2/3/4/5/6/7/8

To interviewer: Please remember to discuss on the definition of an injury (describing the 25 types and showing the injury checklist) prior to asking each of the following 4 sections.

Section 4: Information regarding all injuries during last one month

37. During the last one month, in your household, have you had anyone who had any type of injury ? Y/N

If yes, please fill the table below.

Name of injured person 38	Relevant member No 39	How many times was he/she injured during the last one month? 40 (No)	Injury mechanism 41 (1-25 types)	Date of injury 42	Action taken following the injury 43 (1-12)

Section 5: Information regarding injuries that required a hospital admission during the last one year

44. During the last one year (excluding the information during last one month) did anyone in this household have an injury that required a hospital admission? Y/N

If yes, please complete the table below.

Name of the injured person 45	Relevant member No 46	How many times was he/she injured during the last one year excluding the information provided above for last one month? 47	Injury mechanism 48 (1-25 types)	Date of injury 49	Action taken following injury 50

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Section 6: Assessment of an injury that happened prior to one year which has left a disability following that episode

51. During any time in the past, has any individual in this household had an injury that has left him/her disabled since then? Y/N

If yes, please complete the table below.

Name of the injured person 52	Relevant member No 53	Injury Mechanism 54 (1-25 types)	Date of injury 55	Current status of disability 56

Section 7: Assessment on individuals who had died following an injury

57. Has anyone who lived in this household died following an injury anytime in the past? Y/N

If yes, please fill the table below.

Name of the person who died 58	Relationship to main occupant of household 59	Date of injury event 60	Injury mechanism that caused the death (1-25 types) 61	Date of dying 62	Availability of death certificate 63

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Household Survey on Injuries – Galle District 2003

Questionnaire for obtaining detailed injury information

This questionnaire should be administered to individuals identified as having had an injury following screening for injuries. Children below 14 years (approximately) should be interviewed with the mother or another responsible person from the household.

Sampling Information

100. Serial No given to individual

101. Date of survey:

102. Is the information provided by the injured person itself or not? Y/N

103. If no to Q102, what is the relationship of information provider to the injured person?.....

104. Name of the person who provided the information.....

105. Please fill the table below.

Time following the injury	After the injury				
	No of injury episodes	Completely well	Taking treatment currently	Has a disability currently	Died
During last month					
During last year (excluding last month)					
Prior to last year					

Section 1:

106. What is the injury mechanism that affected you?

1	RTI	14	Fall from height (not to water)
2	Train injury	15	Fall from height to water
3	Attacked with body parts without using a weapon	16	Fall on flat ground / slipping
4	Sexual assault	17	Fall to a pit
5	Assault from a sharp instrument	18	Drowning or near drowning
6	Assault from blunt instrument	19	Poisoning
7	Accidental injury from a sharp instrument	20	Choking
8	Accidental injury from a blunt instrument	21	Items falling on to oneself
9	Gunshot injury	22	Animal bite, sting,
10	Bomb injury	23	Electrical injury
11	Detonator injury	24	Lightening
12	Burn	25	Other
13	Fire		

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107. According to your knowledge, what was the intension of the injury?

1	Unintentional
2	Suicidal
3	Intentional
4	War / Gang related

Unintentional Injuries
Road and train injuries

108. Did the RTI occur following a collision? Y/N

109. When this injury occurred to you, what was your mode of travel?

1	Pedestrian
2	Driver (Motorcycle, cyclist, motor vehicle, train)
3	Passenger (motor vehicle, bus, train, bicycle, Motor cycle, lorry etc)

110. When this injury happened to you what was the vehicle you were in?

1	Bicycle	9	Private bus
2	Motor cycle	10	Public Bus
3	Trishaw	11	Cart
4	Van	12	Train
5	Car	13	Lorry
6	Tractor	14	Other
7	Hand tractor	15	Do not know
8	Heavy vehicle	16	Not relevant

111. What was the other vehicle involved in the crash?

1	Bicycle	9	Private bus
2	Motor cycle	10	Public Bus
3	Trishaw	11	Cart
4	Van	12	Train
5	Car	13	Lorry
6	Tractor	14	Other
7	Hand tractor	15	Do not know
8	Heavy vehicle	16	Not relevant

112. What did the vehicle you were in collide with?

1	With a pedestrian	5	Wall
2	With a vehicle	6	Animal
3	Tree	7	Other
4	Post	8	Do not know

113. In your opinion, please explain the causes for this RTI?.....

Injuries following using a weapon

114. What was the weapon used for your injury?

1	Sharp instrument	4	Firearm
2	Blunt instrument	5	Other

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3	Item that can blow up		
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115. In your opinion, please explain the causes for this injury?.....
Injuries due to falls

116. Where did you fall?

1	Flat ground	4	Fall to a pit (below surface)
2	Slope	5	Other
3	From height		

117. If you fell from a height, from where did you fall?

1	Stairs	5	Ladder
2	Tree	6	wall
3	Roof	7	Bed
4	scaffolding	8	Other

118. If you fell to a pit, where did you fall into?

1	Mine	4	river
2	Pit	5	Other
3	Well		

119. In your opinion, please explain the causes for this fall?.....

Burn injuries

120. How did the burn injury occur?

1	Hot liquid	6	Cigarette butt
2	Steam	7	Electrical
3	Hot instrument	8	Lightening
4	Burning item like acid	9	Other
5	Fire	10	Do not know

121. In your opinion, please explain the causes for this burn related injury?

Animal Bites

122. What animal caused the injury?

1	Dog	6	Wasp
2	Cat	7	Bee
3	Rat	8	Scorpion
4	Bull/ Cow	9	Other
5	Snakes	10	Do not know

122. In your opinion, please explain the causes for this animal bite?.....

Items falling on one self

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124. What fell on you?

1	Branch / tree		
2	Roof	5	Concrete
3	Wall	6	Other
4	Coconut or similar object	7	Do not know

125. In your opinion, please explain the causes for this injury?

Other unintentional injuries that can occur

126. Please write the information.....

Intentional Injuries (including war related events)

Assault

127. What was the weapon used for the assault?

1	With body parts
2	With a weapon
3	Other

128. If a weapon was used what was the weapon used?

1	Rod	7	Knife
2	Mamoty blade	8	Hammer
3	Mamoty handle	9	Gun shaft
4	Sword	10	Dagger
5		11	Other
6		12	Do not know

129. If another method was used,

1	Shooting	6	Acid or other burning item
2	Bomb thrown	7	Attempting to choke
3	Other blasting material	8	Attempting sexual assault
4	Fire	9	Sexual assault
5	Burn (cig, hot water etc)	10	Other

130. What is your relationship with the person who attacked?

1	Present partner	11	Son – in – law
2	Partner (earlier/ extramarital)	12	Daughter-in-law
3	Father	13	Another relative
4	Mother	14	Known person or persons
5	Step mother	15	Unknown persons for person

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6	Step father	16	Guardian
7	Mother-in law	17	High official / law enforcing officer
8	Father-in-law	18	Other
9	Daughter	19	Do not know
10	Son		

131. In your opinion, please explain the causes for this attack?

132. Did you inform Police about this assault incident? Yes/ No

Pushing and falling

133. Where did the pushing incident happen?

1	Flat ground	4	Fall to a pit (below surface)
2	Slope	5	Other
3	From height	6.	do not know

134.

Where did you fall to?

135. If you fell to a lower level, please indicate .

1	Mine	4	River/waterway
2	Pit	5	Other
3	Well		

136. . In your opinion, please explain the causes for this attack?

137. Did you inform Police about this assault incident? Yes/ No

Burn

138. How did you get burnt?

1	Hot liquid	5	Cig butt burn
2	Fire	6	Electrical burn
3	Heated instrument	7	Other
4	Acid like material	8	Do not know

139.

In your opinion, please explain the causes for this attack?

140. Did you inform Police about this assault incident? Yes/ No

Poisoning

141. How were you exposed to the poison?

.....

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142. What were the causes for the poisoning?

143. Did you inform Police about this assault incident? Yes/ No

Domestic Violence

144. What type of domestic violence did you undergo?

1	Sexual
2	Physical
3	1 and 2 above

145. Who was responsible?

1	Spouse	9	Son
2	Father	10	Daughter-in-law
3	Mother	11	Son-in-law
4	Step mother	12	Somewhat known person
5	Step father	13	High official / law enforcing officer
6	Mother-in law	14	Unknown person
7	Father-in-law	15	Other
8	Daughter		

146. According to your view, was the attacker after the influence of alcohol?

1. Yes 2. No 3. do not know

147. What was the reason for the incident?.....

148. Did you inform Police about this assault incident? Yes/ No

Suicide / attempted suicide

149. Please describe the reasons behind your suicidal attempt.

150. Based on the answer above please fill the table below.

1	Argument with friends	8	Mental problem
2	To scare others	9	Economic problem
3	To relieve of the child rearing responsibility	10	legal problem
4	Get away from society	11	Family members death
5	Issue with business / enterprise	12	Following a sexual or physical violence episode
6	Issue/ argument with lover	13	Other
7	Issue / argument with spouse		

151. What was the method used to attempt suicide or for the suicide?

1	Swallowing of poison (weedicide, insecticide etc)	5	Jumping from a height
2	Eating a poisonous substance (rat poison, natural plant products)	6	Jumping to a well, river, pit
3	Drug overdose	7	Cutting oneself with a sharp

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			object
4	Choking or hanging	8	Other

152. Have you ever attempted suicide before? Yes / No

153. If yes, how many times before?

During the last one year>>.....

During ever in the past.....

154. Did you inform Police about this assault incident? Yes/ No

Section 2

155. Date of injury event:

156. What day was it?

1	Monday	5	Friday
2	Tuesday	6	Saturday
3	Wednesday	7	Sunday
4	Thursday		

157. Approximate time of the injury event

1	Mid night to 3.59 am	5	4.00pm to 7.59 am
2	4.00 am to 7.59 am	6	8.00 pm to 11.59 pm
3	8.00 am to 11.59 am	7	Cannot remember
4	12 noon to 3.59 pm		

158. What were you engaged in when the injury occurred?

1	Engaged in work	8	Resting – watching TV, reading a paper
2	Educational activities	9	Prison / police custody/ military camp
3	Sports	10	In the water
4	Traveling	11	Gardening (sweeping, planting)
5	Household work	12	When visiting another place
6	Leisure activity	13	While doing nothing
7	Sleeping	14	Other

159. Where did the injury occur?

1	At home / home garden	14	Field
2	Another house / garden	15	Chena cultivation
3	Open land area	16	Farm
4	Hotel	17	Water tank / river / water way
5	Shop	18	Well and surroundings
6	School / pre school	19	Sea
7	Main road	20	Marsh area
8	Lane / rural road	21	Temple / church
9	Railway line	22	Prison
10	Sports ground	23	Police

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11	Institute (educational, service)	24	Military post
12	Factory	25	Military detention centre
13	Construction site	26	Other

Section 3: Injuries following the injury event

160. Following the injury event, what kind of injury did you have?
Please use the table immediately below and fill the table below that.

1	Abrasions	9	Bite
2	Contusion	10	Sting
3	Prick	11	Eye injury
4	Cut	12	Ear, Nose, throat injury
5	Sprain / strain	13	Teeth, mouth related injury
6	Dislocation	14	Unconscious / shock
7	Fracture	15	Nothing happened
8	Damage to internal organs	16	Other

Site of injury	Nature of injury	% burnt
Head		
Face		
Eyes		
Ears		
Nose		
Throat		
Mouth		
Teeth		
Neck		
Chest		
Abdomen		
Back of chest		
Loin		
Upper limb right		
Upper limb left		
Lower limb right		
Lower limb left		
Groin		
Hips		
Skeletal system		

161. What was the treatment taken by you following the injury?

1	Nothing was done
2	Wound/s dressing done
3	Stitches done for injuries
4	Plaster of parries cast done for injury
5	Taken to theatre and cleaned wound, wound dressing and / or did stitches
6	Underwent a minor surgery
7	Underwent major (long) surgery
8	Received treatment in the ICU

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9	Was treated for unconsciousness
10	Died following the injury

Treatment taken

162. Since the time of injury, please provide the places you sort treatment from. (Please mark the order of care received in the column in front of the description)

1	No treatment was taken	7	Private Hospital OPD
2	Treatment was taken at home	8	Private Hospital in patient care
3	Treatment was taken from a unregistered practitioner (nurse, wound dressing clinics etc)	9	Public Hospital OPD
4	Ayurveda care was taken	10	Public Hospital in patient care
5	Allopathic GP care	11	Received care following being transferred from one hospital to another
6	Allopathic specialist care	12	Other kind of treatment

163. Please mark the number of days of treatment taken for each of the above indicated types of care. If the person is currently receiving treatment please indicate this too.

Place of treatment	Number of days

164. Please indicate the number of days taken to get back to the following described activities / tasks.

1	Attending to your personal needs	Days.....
2	Household / family chores	Days.....
3	Educational activities	Days....
4	Getting back to employment	Days....
5	Leisure time activities	Days....
6	Sexual activities	Days....

Information from relatives of persons who died following an injury event

165. How long after the injury did the person actually die?

1	At place of injury	6	Within one week of injury
2	Within one hour of injury	7	Within one month of injury
3	Within 1-6 hours of injury	8	After one month following the injury episode
4	Within 6-12 hours of injury	9	Do not know
5	Within 12-24 hours of injury		

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166. Where did the injure person die?

1	At place of injury
2	In hospital
3	At home
4	Enroute to hospital
5	Other
6	Do not know

Section 4

Other factors that can influence an injury event

Alcohol related questions (please ask only if over 14 years of age)

167. Have you ever used alcohol? Yes / No

168. If yes, what are the types of alcohol/substance used?

1	Illicit liquor	4	Drugs (heroin etc)
2	Arrack	5	Drugs (in tablets form)
3	Cannabis	6	Other

169. How often do you use these substances?

1	Daily	4	Few times a month
2	Every few days	5	At occasions only
3	Once a week	6	Very rarely

170. How much of alcohol/substance do you to usually take at one occasion?

1	Illicit liquor- 1,3/4,1/2,1/4, <1/4	4	Drugs , 1,2,3,4,...packets
2	Arrack - 1,3/4,1/2,1/4, <1/4	5	Drugs (in tablets) 1,2,3,4...tablets
3	Cannabis	6	other

171. At time of injury, were after the influence of alcohol or a substance? Yes / no

172. If yes, how long before the event had you taken alcohol / substance? Please answer in minutes.....

173. If you have a physical deformity (not related to the injury episode) please indicate in the table below.

1	Hearing defect	6	Dumb
2	Dumb	7	Poor smell detection
3	Poor Vision	8	Difficulty in walking
4	Blind	9	Another difficulty related to doing daily work
5	Stammering / speech defect	10	Other

174. Please explain the reasons for your disability above.

1	Physical defect from birth	5	Mental disorder
2	Due to an injury event in the past	6	Epilepsy like condition
3	Due to an illness that happened before -Stroke or other nerve related	7	Other
4	Mentally retarded		