

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
50	Was any person of your household injured or killed in an accident in the past 12 months?	YES 1 NO 2 (GO TO 59) ←	
51	What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED. IF THERE ARE MORE THAN TWO PEOPLE, USE AN ADDITIONAL QUESTIONNAIRE.		
52	NAME INJURED/KILLED	NAME _____	NAME _____
53	Could you tell me in what type of accident (NAME) was injured or killed?	LANDMINE/UNEXPLODED BOMB (UXO) 01 GUN SHOT/WEAPON 02 ROAD ACCIDENT 03 FIRE/BURNING 04 SNAKE/ANIMAL BITE 05 FALL FROM TREE/BUILDING 06 DROWNING 07 POISONING (CHEMICAL) 08 VIOLENCE 09 OTHER 96 DON'T KNOW 98	LANDMINE/UNEXPLODED BOMB (UXO) 01 GUN SHOT/WEAPON 02 ROAD ACCIDENT 03 FIRE/BURNING 04 SNAKE/ANIMAL BITE 05 FALL FROM TREE/BUILDING 06 DROWNING 07 POISONING (CHEMICAL) 08 VIOLENCE 09 OTHER 96 DON'T KNOW 98
54	Is (NAME) still alive?	YES 1 NO 2 (GO TO 57) ←	YES 1 NO 2 (GO TO 57) ←
55	In your opinion, was (NAME)'s injury serious, moderate, or slight?	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8
56	IF ALIVE: RECORD LINE NUMBER FROM COLUMN (1).	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 58) ←	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 58) ←
57	Was (NAME)'s death due to the accident?	YES 1 NO 2	YES 1 NO 2
58		GO BACK TO 52 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 59.	GO TO 52 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 59.
59	Is there any person who usually lives in your household who has any type of physical impairment?	YES 1 NO 2 (GO TO 65) ←	
60	Please give me the name of each individual who has a physical impairment. ENTER THE LINE NUMBER AND NAME OF EACH PERSON WITH A PHYSICAL IMPAIRMENT. IF THERE ARE MORE THAN TWO PEOPLE WITH A PHYSICAL IMPAIRMENT, USE ADDITIONAL QUESTIONNAIRE.		
61	LINE NUMBER AND NAME FROM COL. (1) AND (2).	NAME _____ <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
62	Has (NAME) been physically impaired since birth, or was (NAME)'s impairment due to an illness or accident?	SINCE BIRTH 1 (SKIP TO 64) ← FROM ILLNESS 2 ACCIDENT 3 DON'T KNOW 8	SINCE BIRTH 1 (SKIP TO 64) ← FROM ILLNESS 2 ACCIDENT 3 DON'T KNOW 8

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63	What type of accident?	LANDMINE/UNEXPLODED BOMB (UXO) 01 GUN SHOT/WEAPON 02 ROAD ACCIDENT 03 SEVERE BURNING 04 SNAKE/ANIMAL BITE 05 FALL FROM TREE/BUILDING 06 DROWNING 07 POISONING (CHEMICAL) 08 VIOLENCE 09 OTHER 96 DON'T KNOW 98	LANDMINE/UNEXPLODED BOMB (UXO) 01 GUN SHOT/WEAPON 02 ROAD ACCIDENT 03 SEVERE BURNING 04 SNAKE/ANIMAL BITE 05 FALL FROM TREE/BUILDING 06 DROWNING 07 POISONING (CHEMICAL) 08 VIOLENCE 09 OTHER 96 DON'T KNOW 98	
64		GO BACK TO 61 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 65.	GO TO 61 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 65.	