DEMOGRAPHIC AND HEALTH SURVEYS
ACCIDENT AND INJURY MODULE
MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)	
PLACE NAME _____	
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	
RESULT*	_____	_____	_____	RESULT*	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

*RESULT CODES:

1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT
        AT HOME AT TIME OF VISIT
3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4   POSTPONED
5   REFUSED
6   DWELLING VACANT OR ADDRESS NOT A DWELLING
7   DWELLING DESTROYED
8   DWELLING NOT FOUND
9   OTHER _____
                        (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE**	**0 1**	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**		TRANSLATOR USED (YES = 1, NO = 2)	

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**_____

**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE 3   05 LANGUAGE 5
02 LANGUAGE 2   04 LANGUAGE 4   06 LANGUAGE 6

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME	NUMBER	NAME	NUMBER	NUMBER	NUMBER

Note: Brackets [ ] indicate items that should be adapted on a country-specific basis.

ACCIDENTS AND INJURIES

A01	Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in during the last 12 months. Was anyone in your household killed in a road traffic accident in the past 12 months or injured in a road traffic accident with injuries severe enough that for at least one day they could not carry out their normal daily activities?	YES . . . . 1 NO 2	→ A14
A02	What is the name of the persons injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED IN A03. IF THERE ARE MORE THAN TWO PERSONS, USE ADDITIONAL QUESTIONNAIRE(S).		
A03	ENTER THE NAME OF EACH PERSON INJURED OR KILLED	NAME _____	NAME _____
A04	Was (NAME) in a car, truck, bus, motorcycle, bicycle, another kind of vehicle, or a pedestrian? IF A PERSON HAD MORE THAN ONE ROAD TRAFFIC ACCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT ACCIDENT ONLY.	CAR . . . . 01 TRUCK . . . . 02 BUS . . . . 03 MOTORCYCLE . . . . 04 BICYCLE . . . . 05 PEDESTRIAN . . . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	CAR . . . . 01 TRUCK . . . . 02 BUS . . . . 03 MOTORCYCLE . . . . 04 BICYCLE . . . . 05 PEDESTRIAN . . . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98
A05	Is (NAME) still alive?	YES . . . . 1 (SKIP TO A09) NO . . . . 2 DON'T KNOW . . . . 8 (SKIP TO A09)	YES . . . . 1 (SKIP TO A09) NO . . . . 2 DON'T KNOW . . . . 8 (SKIP TO A09)
A06	Was (NAME)'s death related to the road traffic accident?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
A07	Was (NAME) male or female?	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2
A08	What was (NAME)'s age when (NAME) died? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . [___][___] DON'T KNOW . . . . 98 (SKIP TO A13)	YEARS . . . . [___][___] DON'T KNOW . . . . 98 (SKIP TO A13)

A03	ENTER THE NAME OF EACH PERSON INJURED OR KILLED	NAME _____	NAME _____
A09	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER ..... ☐☐ (SKIP TO A12) ← NOT IN HOUSEHOLD 00	LINE NUMBER ..... ☐☐ (SKIP TO A12) ← NOT IN HOUSEHOLD 00
A10	Is (NAME) male or female?	MALE .... 1 FEMALE 2	MALE .... 1 FEMALE 2
A11	How old is (NAME)? IF LESS THAN ONE YEAR, RECORD	YEARS .... ☐☐ DON'T KNOW 98	YEARS .... ☐☐ DON'T KNOW 98
A12	What kind of injuries did (NAME) have as a result of the accident? RECORD ALL MENTIONED.	PARALYZED .... A BRAIN DAMAGE............. B DISFIGUREMENT .... C LOSS OF LIMB .... D LOSS OF LIMB FUNCTION .. E LOSS OF EYE SIGHT .... F CHRONIC PAIN .... G BURN .... H CUTS .... I BROKEN BONE .... J EMOTIONAL TRAUMA .... K OTHER _____ X (SPECIFY)	PARALYZED .... A BRAIN DAMAGE............. B DISFIGUREMENT .... C LOSS OF LIMB .... D LOSS OF LIMB FUNCTION .. E LOSS OF EYE SIGHT .... F CHRONIC PAIN .... G BURN .... H CUTS .... I BROKEN BONE .... J EMOTIONAL TRAUMA .... K OTHER _____ X (SPECIFY)
A13		GO BACK TO A04 IN NEXT COLUMN, OR IF NO MORE PERSONS WITH ACCIDENTS, GO TO A14.	GO BACK TO A04 IN FIRST COLUMN OF A NEW QUESTIONNAIRE, OR IF NO MORE PERSONS WITH ACCIDENTS, GO TO A14.

A14	Now I would like to ask you about other incidents that anyone in your household may have been involved in during the last 12 months. Was anyone in your household killed in the last 12 months or injured in any other incident such as a fire, violent attack, animal bite, fall, drowning or anything else with injuries severe enough that for at least one day they could not carry out their normal daily activities?	YES . . . . 1 NO . . . . 2 → END	
A15	What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED IN A16. IF THERE ARE MORE THAN TWO PERSONS, USE ADDITIONAL QUESTIONNAIRE(S).		
A16	ENTER THE NAME OF EACH PERSON INJURED OR KILLED:	NAME _____	NAME _____
A17	In what type of incident was (NAME) injured or killed? IF A PERSON HAD MORE THAN ONE INCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT INCIDENT ONLY.	VIOLENCE/ASSAULT . . . . 01 FIRE/BURNING . . . . 02 ANIMAL BITE . . . . 03 ACCIDENTAL FALL . . . . 04 DROWNING . . . . 05 POISONING . . . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	VIOLENCE/ASSAULT . . . . 01 FIRE/BURNING . . . . 02 ANIMAL BITE . . . . 03 ACCIDENTAL FALL . . . . 04 DROWNING . . . . 05 POISONING . . . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98
A18	Is (NAME) still alive?	YES . . . . 1 (SKIP TO A22) ← NO . . . . 2 DON'T KNOW . . . . 8 (SKIP TO A22) ←	YES . . . . 1 (SKIP TO A22) ← NO . . . . 2 DON'T KNOW . . . . 8 (SKIP TO A22) ←
A19	Was (NAME)'s death related to this incident?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
A20	Was (NAME) male or female?	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2
A21	What was (NAME)'s age when (NAME) died? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS . . . . [ ][ ] DON'T KNOW . . . . 98 (SKIP TO A26) ←	YEARS . . . . [ ][ ] DON'T KNOW . . . . 98 (SKIP TO A26) ←

A16	ENTER THE NAME OF EACH PERSON INJURED OR KILLED:	NAME _____	NAME _____
A22	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER . . . . . ☐☐ (SKIP TO A25) ← NOT IN HOUSEHOLD 00	LINE NUMBER . . . . . ☐☐ (SKIP TO A25) ← NOT IN HOUSEHOLD 00
A23	Is (NAME) male or female?	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2
A24	How old is (NAME)? IF LESS THAN ONE YEAR, RECORD	YEARS . . . . ☐☐ DON'T KNOW 98	YEARS . . . . ☐☐ DON'T KNOW 98
A25	What kind of injuries did (NAME) have as a result of the incident? RECORD ALL MENTIONED.	PARALYZED . . . . A BRAIN DAMAGE . . . . B DISFIGUREMENT . . . . C LOSS OF LIMB . . . . D LOSS OF LIMB FUNCTION . . E LOSS OF EYE SIGHT . . . . F CHRONIC PAIN . . . . G BURN . . . . H CUTS . . . . I BROKEN BONE . . . . J EMOTIONAL TRAUMA . . . . K OTHER _____ X (SPECIFY)	PARALYZED . . . . A BRAIN DAMAGE . . . . B DISFIGUREMENT . . . . C LOSS OF LIMB . . . . D LOSS OF LIMB FUNCTION . . E LOSS OF EYE SIGHT . . . . F CHRONIC PAIN . . . . G BURN . . . . H CUTS . . . . I BROKEN BONE . . . . J EMOTIONAL TRAUMA . . . . K OTHER _____ X (SPECIFY)
A26		GO BACK TO A17 IN NEXT COLUMN, OR IF NO MORE PERSONS WITH INJURIES, END.	GO BACK TO A17 IN FIRST COLUMN OF A NEW QUESTIONNAIRE, OR IF NO MORE PERSONS WITH INJURIES, END.