## Appendix A

### List of administrative and electoral wards of Pune city

<table>
<thead>
<tr>
<th>Ward No.</th>
<th>Administrative wards</th>
<th>Electoral wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aundh</td>
<td>Sanjay Gandhi Hospital, Bopodi, Pune University, Aundh, Baner-Balewadi *, Sutarwadi, Pashan, Rajbhavan</td>
</tr>
<tr>
<td>2</td>
<td>Sangam wadi (Dhanori)</td>
<td>Vidyanagar, Lohegaon, Tingre Nagar (pumping station), Kalas (Vishrant wadi) *, Nanasaheb Parulekar (Vidyalaya), Yerwada Prison Press, Phulenagar, Yerwada, Netaji Subhash Chandra Bose Vidyalaya, Yerwada Village, Parnakuti, Yerwada Hot mix Plant, Deccan college</td>
</tr>
<tr>
<td>3</td>
<td>Yerawada</td>
<td>Lohegaon Airport, Kharadi village, Kharadi Infotech Park, Sundarabai Marathe High School, Vadgaon Sheri, Ramwadi, Agakhan Palace, Don Bosco School *, Nagpur Chawl</td>
</tr>
<tr>
<td>4</td>
<td>Gole Road</td>
<td>Kamal Nayan Bajaj Garden, Agriculture college, Chatushringi Mandir *, Model colony, Modern college, Pune Municipal Corporation Bhavan, Fergusson College, Dr. Homi Bhabha hospital, Gokhale Nagar</td>
</tr>
<tr>
<td>5</td>
<td>Dhole Patil Road</td>
<td>Law college, Shankarrao More Vidyalaya, Rambaug colony</td>
</tr>
<tr>
<td>No.</td>
<td>Location</td>
<td>Landmarks</td>
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<td>-----</td>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>6</td>
<td>Hadapsar</td>
<td>Magarpatta- Hadapsar, Hadapsar Audyogik Vasahat, St. Patrick Town, Wanwadi Village, Ram Tekdi, Hadapsar Village, Gliding Center *, Sadhana Vidyalaya, Satav wadi, Kalepadal- Hadapsar, Mohammad wadi</td>
</tr>
<tr>
<td>7</td>
<td>Kasaba Peth</td>
<td>Kamla Nehru Hospital, Juna Bazar, Kasba Ganapati, City Post, Ganesh Peth Gurudwara, Swami Samartha Mandir Ganesh peth *, Tilak Ayurved Mahavidyalay, Doke Talim, Panchhaud Mission</td>
</tr>
<tr>
<td>8</td>
<td>Vishram Bag Wada</td>
<td>Shaniwar Wada, New English School (Ramanbaug), Rajendra Nagar, Vishrambag wada *, Mahatma Phule Mandai, Renuka Swarup Prashala, S.P. college, Subhash Nagar, Dandekar Pul (Datta wadi)</td>
</tr>
<tr>
<td>9</td>
<td>Warje Karve Nagar</td>
<td>Mahatma Society, Kothrud, Maj. Tatwade Garden, Kothrud Village, Happy Colony *, Dahanukar Colony, Warje water Works, Popular Nagar Warje, Warje-Malwadi, Maharshi Karve Nagar</td>
</tr>
<tr>
<td>No.</td>
<td>Area</td>
<td>Locations</td>
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<tr>
<td>10</td>
<td>Bhavani Peth</td>
<td>Rajewadi, Harkanagar, Gen. Arun Kumar Vaidya Stadium, Mahatma Phule Memorial, Lohiya Nagar, Ekbote Colony, Gurunanak Nagar, Salisbury Park, Tilak Maharashtra Vidyapeeth</td>
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<tr>
<td>11</td>
<td>Tilak road</td>
<td>Ghorpade garden, Parvati darshan, Parvati Village, Paravati Water works, Paravati Water works, Janata Vasahat, Shahu college, Anand nagar-Hingne Khurd, Vitthal Wadi, Wadgaon Dhayari, Sinhagad institute, Mani baug</td>
</tr>
<tr>
<td>12</td>
<td>Sahakar nagar</td>
<td>Parvati Industrial state, Shankar Maharaj Math, Padmavati-Aryaneshwar, Taljai Mandir, Chavan Nagar, Dhankawadi Ambegaon Pathar, Dhankawadi Village, Chaitanya nagar-Dhankawadi, Balaji Nagar, Katraj Gaon, Rajiv Gandhi Zoo, Bharati Vidyapeeth, Agam Mandir- Katraj</td>
</tr>
<tr>
<td>13</td>
<td>Bibvewadi</td>
<td>Maharashi nagar, Chatrapati Shivaji Market yard, Dad Colony, Kondhwa Khurd, NIBM, Mitha Nagar, Bibwewadi Village, Sukh Sagar Nagar, Vishwakarma Institute (Bibwewadi), Upper Indiranagar (Bibwewadi), Kondhwa Budruk</td>
</tr>
</tbody>
</table>
Appendices

Appendix B

A) Map of Pune city electoral wards: The red colored areas are electoral wards randomly selected from each administrative ward (boundaries of each administrative ward are shown by darker line).

1- Baner Balewadi
3- Ved Bhavan
5- Swami Samartha Mandir Ganesh Peth
7- Don Bosco High School
9- Happy colony
11- Salisbury Park
13- Bharati Vidypeeth

2- Chatushringi Mandir
4- Vishram Bag Wada
6- Bund garden
8- Kalas Vishrant Wadi
10- Shahu College
12- Bibwewadi
14- Gliding Center
B) Map of Bund Garden electoral ward: The yellow highlighted areas show the north-east part of the map, selected for households’ survey. The systematic random sampling with interval of 5 was used in this area to select 150 households.
Appendix C

Questionnaire A (for all the households)

Interviewed by: 
Form No:  
Ward: 
House address:  

Date:

Part 1: Observation of the interviewer:

1) What is the type of Housing?
   a) Permanent House  
   b) Temporary Houses (Pavement dwellers)

2) If the house is permanent, is it a bungalow or flat?
   a) Bungalow  
   b) Flat

3) What is the locale of residence?
   a) Slum  
   b) Non- slum

Part 2: Questions to be asked from head of the household or the spouse of the head of the household or any adult member of the household

4) How many individuals are living in your household?

5) Please specify for each member of the household their relation with you, their age, gender, education and occupation (please write the exact occupation and do not refer to occupation with general terms like service).

<table>
<thead>
<tr>
<th>S. No</th>
<th>Relationship with Respondent</th>
<th>Age</th>
<th>Gender</th>
<th>Education</th>
<th>Occupation</th>
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<tbody>
<tr>
<td>1-</td>
<td>Respondent</td>
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</table>

6) What is your Religion?
   a) Hindu  
   b) Muslim  
   c) Christian  
   d) Sikh  
   e) Buddhist  
   f) Other (Specify)
7) How many rooms do you have in your house?

8) What is the total monthly income of your household?
   a) <2040Rs  
   b) 2041 to 6100 Rs  
   c) 6101 to 10160 Rs  
   d) 10162 to 15280 Rs  
   e) 15281 to 20360  
   f) 20361 to 40700 Rs  
   g) >40701 Rs

9) What is the common mode of transport in your household? (In case mode of transport of children or working members varies please clarify.) Who usually drives/ride in your household? Do they have a driving license? Do they/you use helmet/seat belt? How often? (Please specify using Sr.No in table 1)

<table>
<thead>
<tr>
<th>S No</th>
<th>Usual Mode of transport</th>
<th>Drive/Ride (Y/ N)</th>
<th>License (Y/ N)</th>
<th>Owning helmet</th>
<th>Using helmet (always, mostly, sometimes, rarely, never,)</th>
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</thead>
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<td>10-</td>
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</tbody>
</table>

10) In case the mode of transport is two wheelers, usually how many people sit on one two wheeler?

11) Where do your children (<15years) usually play outdoor games?
   a) Building play ground  
   b) Playground outside the building  
   c) Club  
   d) Nearby lane /street  
   e) At home  
   f) Others (Specify)

12) Was there any kind of injury event in your household in last one month? Was there any kind of injury event in your household in last one year? Was there any death due to any kind of injury in your household in last five years?
### Type of Injuries

<table>
<thead>
<tr>
<th>Type of Injuries</th>
<th>Injury/ies in last one month</th>
<th>Injury/ies in last one year</th>
<th>Death/s due to any kind of injury in last five years</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTI</td>
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</tr>
<tr>
<td>Poisoning</td>
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<td>Burn</td>
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<td>Fall</td>
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<tr>
<td>Suffocation</td>
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<td></td>
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<tr>
<td>Animal related injury</td>
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<tr>
<td>Others (cut, pierce, mechanical force, electrocution)</td>
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</tr>
</tbody>
</table>

13) Is there any of the following problems in your households? (Please specify by Sr. No.)

a) Disability (If yes what?) (If yes whom?)

b) Visual Impairment (If yes whom?)

c) Regular Alcohol use (If yes what?) (If yes whom?)
Questionnaire B (For cases of Road Traffic Injury)

Interviewed by: 
Form No: Date: 
Ward: 
Sr. No of the injured (table 1 questionnaire A):

1) Please describe the injury event:

2) What was the mode of transport for injured person?
   a) Car  b) Motorizes two wheeler  c) Bicycle
   d) Bus  e) Other heavy transport vehicle  f) Pedestrian
   g) 3-wheel motor vehicle  h) Others (specify)

3) What was the mode of transport for the other individual involved in accident?
   a) Car  b) Motorizes two wheeler  c) Bicycle
   d) Bus  e) Other heavy transport vehicle  f) Pedestrian
   g) 3-wheel motor vehicle  h) others (specify)

4) What was the role of the injured with respect to mode of transport?
   a) Passenger/pillion rider  b) Pedestrian  c) Boarding or aligning
   d) On outside of moving vehicle  e) Driver/rider  f) others (specify)

5) Was the vehicle of the injured a private or commercial vehicle?
   a) Private  b) commercial

6) What was the type of road on it the injury event occurred?
   a) Proper Asphalt  b) Without Asphalt
   c) Asphalt with bad condition

7) Did the injured person use helmet at the time of the accident? (In case applicable) 
   Yes  No
8) Which of the following factors, do you think, were responsible for the occurrence of transport related injury?

a) High speed
b) Bad road quality
c) Vehicular fault
d) Drowsiness/fatigue of the driver
e) Roadside hazards, such as trees, poles or animals
f) Overcrowded vehicle
g) Driver without driving license/ Untrained driver
h) Drunken driving
i) Driving/riding irrespective of traffic rules
j) Congested road/ high vehicular density
k) Other (specify)

9) Was the police available at the place of injury?  Yes  No

10) What time did the injury occur?
   a) 0-3 hrs  b) 3-6 hrs  c) 6-9 hrs  d) 9-12 hrs
   e) 12-15 hrs  f) 15-18 hrs  g) 18-21 hrs  h) 21-24 hrs

11) In what month of the year did injury occurred?
   Did the date of injury coincide with any festival?
   Yes  No  If yes which festival?

12) How was the health status of the injured person at the time of injury?
   a) Healthy  b) Acute sickness  c) Chronic sickness
d) Disabled  e) Fatigue and very tired  f) Drunken
g) Under drug abuse  h) Visually impaired  i) Other

13) Was the injury single or multiple?  a) Single  b) Multiple

14) What was the site of injury? (Please specify the exact site)
   a) Head /face  b) Neck  c) Abdomen
d) Hands (upper/lower)  e) Legs ( upper /lower)  f) Shoulder/ chest
g) Spinal curt  h) other (specify)

15) What was the nature of injury?
   a) Fracture /joint dislocation  c) Sprain/strain  d) Cut, bite, open wound
e) Bruise  g) Concussion  h) Organ system injury
i) other (Specify)
16) What was the place of injury?
   a) Home                  b) Building ground           c) Work place
   d) Street/highway        e) School or other institution f) Sport place
   g) Farm                 h) Public place               i) Other (specify)

17) Did injury occur inside the city or outside?
   a) Inside                b) Outside

18) What was the activity at the time of injury?
   a) Leisure               b) Traveling                c) Paid work
   d) Unpaid work           e) Educational activity f) Vital activity
   g) other (specify)

19) After the injury occurred did the injured person receive any kind of first aid at the site of injury?  
   Yes  No  If yes by whom?

20) Immediately after occurrence of injury was the injured person conscious?  
   Yes  No  if no for how long?

21) After the injury occurred, what immediately was done for the injured person?
   a) Transported to hospital  
   b) Transported/came (to) home  
   c) Transported to doctor  
   d) Transported to traditional healer  
   e) Carried on the activity  
   f) other, (specify)

22) If injured person was transported to hospital or any medical facility, what mode of transport was used?
   a) Ambulance  
   b) Private car  
   c) Auto  
   d) Bike/cycle  
   e) On foot  
   f) Public vehicle  
   g) Police control room van

23) Was there any public care service available (<1 Km) at the place of injury?  
   Yes  No

24) Was there any private care service available (<1Km) at the place of injury?  
   Yes  No

25) If the injured person was treated in hospital or any medical center, how long after occurrence of injury was the injured person taken to the care center?
   a) Within 1 hour  
   b) Within 3 hours  
   c) Within 6 hours  
   d) Within 24 hours  
   e) Within one week  
   f) More than one week

26) What kind of medical services was utilized?
   a) Public Hospital  
   b) Private Hospital  
   c) Private Clinic  
   d) Home remedy  
   e) Traditional healer  
   f) other (specify)
27) In case home remedy was used, what was it?

28) Was any of the following medical treatment used for the injured person?
   a) Blood transfusion       b) Operation
   c) Admitting in Intensive Care Unit   d) C.T. Scan
   e) X-ray                 f) Vaccination

29) What was the outcome of injury?
   a) Disability followed by recovery (If yes please complete this questionnaire then do section B.1)
   b) Permanent Disability (If yes please complete this questionnaire then do section B.2)

30) Was there any damage or destruction to any property due to accident?
   a) Yes                        b) No if yes what and how much was the cost?

31) Was the injured person the only or primary breadwinner of the household?
   a) Yes                        b) No

32) Was there any change in type of work/schooling or income of injured person after injury?
   a) Yes                        b) No If yes explain the change

33) How much financial burden do you estimate from this accident for your household?

34) Did your family take loan or sold any property to bear the financial burden due to injury?

**Section B.1: (For cases of disability followed by recovery)**

35) How many days did it take for complete recovery of injured person?

36) How many days the injured was absent from school or work place?

37) Was there any absenteeism from work place or school for caretaker? If yes How long?

38) Was it outpatient medical care or inpatient care? In case inpatient how long did the process of recovery take in the health center/hospital? How much was the cost of hospitalization?

39) How much was the cost of treatment?

40) Whether cost covered under Employee State Insurance (ESI) or other health insurance
Appendices

41) Was the cost covered by any other person or institution?
Yes  No  If yes by whom?

Section B .2: (for the cases of permanent disability)

42) What is the type of permanent disability?
   a) Impairment in body function
   b) Impairment in body structure
   c) Appearance of injured person changed
   d) Impairment in mental/ psychological function

43) Briefly explain kind of disability?

44) For how long was there absenteeism from school or work place for the disabled individual?

45) How long the disabled person was admitted in hospital?

46) Was it outpatient medical care or inpatient care? If inpatient for how long?

47) How much was the cost of treatment in the medical care center?

48) Was the cost covered under Employee State Insurance (ESI) or other health insurance scheme?  Yes  No

49) Was the cost covered by any other person or institution?
Yes  No  If yes by whom?

50) Is the disabled person able to do his or her necessary daily activities independently or is dependent on a caretaker?
   a) Independent  b) Dependent

51) Incase disabled person depends on other for his/her daily activity, who provide the support needed?
   (a) Mother/ father  (b) Children
   (c) Employed caretaker  (d) Institution (specify)

52) Was there any absenteeism from work place or school for caretaker?  Yes  No  If yes, how long?

53) Does the disabled person need to frequently visit health care services?
   Yes  No
   If yes what type care?
   If yes; how often?
Questionnaire C (For cases of burns)

Interviewed by:
Id No: Date:
Ward:
Sr. No of the injured (table 1 questionnaire A):

1) Please describe the injury event:

2) Which of the following was the source of burn?
   a) Contact with hot liquid, steam What?
   b) Contact with hot object or solid substance What?
   c) Contact with fire or flame Why?
   d) Exposure to electrical current Why?
   e) Exposure to burning chemicals What?
   f) Explosion What?

3) Was burnt event domestic or occupational related?
   a) Domestic b) Occupational

4) In case burning is the result of explosion or fire, what induced the event?

5) What was the percentage of involvement of body skin in burning/how big was the area of burning?

6) What time did the injury occur?
   a) 0-3 hrs b) 3-6 hrs c) 6-9 hrs d) 9-12 hrs
   e) 12-15 hrs f) 15-18 hrs g) 18-21 hrs h) 21-24 hrs

7) What was the month that injury event happened?
   Did the date of injury coincide with any festival?
   Yes No If yes which festival?

8) How was the health status of the injured person at the time of injury?
   a) Healthy b) Acute sickness c) Chronic sickness d) Disabled
   e) Fatigue and very tired f) Drunken
   g) Under drug abuse or any medication h) Visually impaired
   i) Other

9) What do you think was the cause of injury event?
   a) Being in hurry while doing the work b) Being very tired and fatigue
   c) Carelessness while working d) Inappropriate equipment/ environment
   e) Lack of safety measure f) Being untrained or inexperienced
   g) Other

10) Was the injury single or multiple? a) Single b) Multiple
11) What was the site of injury? (Please specify the exact site)
   a) Head /face   b) Neck   c) Abdomen
   d) Hands (upper/lower)  e) Legs (upper/lower)  f) Shoulder/ chest
   g) Spinal curt  h) other (specify)

12) What was the place of injury?
   a) Home   b) Building ground   c) Work place
   d) Street /highway   e) School or other institution   f) Sport place
   g) Farm   h) Public place   i) Other (specify)

13) Did the injury event occur inside the city or outside?
   a) Inside   b) Outside

14) What was the activity during injury?
   a) Leisure   b) Traveling   c) Paid work
   d) Unpaid work   e) Educational activity   f) Vital activity
   g) other (specify)

15) After the injury occurred did the injured person receive any kind of first aid at the site of injury? Yes No If yes by whom?

16) Immediately after injury occurrence was the injured person conscious? Yes No if no for how long?

17) After the injury occurred, what immediately was done for the injured person?
   a) Transported to hospital   b) Transported/came (to) home
   c) Transported to doctor   d) Transported to traditional healer
   e) Carried on the activity   f) other, (specify)

18) If injured person was transported to hospital or any medical care center, what mode of transport was used?
   a) Ambulance   b) Private car   c) Auto   d) Bike/cycle
   e) On foot   f) Public vehicle   g) Police control room van

19) Was there any public care service available (<1 Km) at the place of injury? Yes No

20) Was there any private care service available (<1Km) at the place of injury? Yes No

21) If the injured person was treated in hospital or any care center, how long after occurrence of injury was the injured person taken to the care center?
   a) Within 1 hour   b) Within 3 hours   c) Within 6 hours
   d) Within 24 hours   e) Within one week
22) What kind of medical services were utilized?
   a) Public Hospital      b) Private Hospital      c) Private Clinic
   d) Home remedy         e) Traditional healer     f) other (specify)

23) In case home remedy was used, what was the home remedy?

24) Was any of the following medical treatment used for the injured person?
   a) Blood transfusion    b) Operation
   c) Admitting in Intensive Care Unit e) C.T. Scan
   d) X-ray               f) Vaccination

25) What was the outcome of injury?
   a) Disability followed by recovery (If yes please complete this questionnaire then do section C.1)
   b) Permanent Disability (If yes please complete this questionnaire then do section C.2)

26) Was there any damage or destruction to any property due to accident?  Yes No
   If yes what and how much was the cost?

27) Was the injured person the only or primary breadwinner of the household?
   a) Yes                  b) No

28) Was there any change in type of work/schooling or income of injured person after injury?
   a) Yes                  b) No  If yes explain the change

29) How much financial burden do you estimate from this accident for your household?

30) Did your family take loan or sold any property to bear the financial burden due to injury?

   Section C.1: (For cases of disability followed by recovery)

31) How many days did it take for complete recovery of injured person?

32) How many days the injured was absent from school or work place?

33) Was there any absenteeism from work place or school for caretaker? If yes How long?

34) Was it outpatient medical care or inpatient care? In case inpatient how long did the process of recovery take in the hospital? How much money was spent on hospitalization?

35) How much was the cost of treatment?
36) Whether cost covered under Employee State Insurance (ESI) or other health insurance scheme?

37) Was the cost covered by any other person or institution?
   Yes  No  If yes by whom?

Section C.2: (for the cases of permanent disability)

38) What is the type of permanent disability?
   a) Impairment in body function
   b) Impairment in body structure
   c) Appearance of injured person changed
   d) Impairment in mental/ psychological function

39) Briefly explain kind of disability?

40) For how long the disabled individuals was absent from school or work place for the disabled individual?

41) How long the disabled person was admitted in hospital?

42) Was it outpatient medical care or inpatient care?

43) How much was the cost of treatment in the hospital?

44) Was the cost covered under Employee State Insurance (ESI) or other health insurance scheme?  Yes  No

45) Was the cost covered by any other person or institution?
   Yes  No  If yes by whom?

46) Is the disabled person able to do his or her necessary daily activities independently or is dependent on a caretaker?
   a) Independent  b) Dependent

47) Incase disabled person depends on others for his/her daily activities, who provide the care needed?
   (a) Mother/ father  (b) Children  (c) Employed caretaker  (d) Institution (specify)

48) Was there any absenteeism from work place or school for caretaker?
   Yes  No  If yes, how long?

49) Does the disabled person need to frequently visit health care services?
   Yes  No
   If yes what type care?
If yes; how often?

Questionnaire D (For cases of poisoning)

Interviewed by: 
Form No: Date: 
Ward: 
Sr. No of the injured (table 1 questionnaire A):

1) Please describe the injury event:

2) What was the substance that induced poisoning? 
   a) Poisoning by solid substance What? 
   b) Poisoning by liquid substance What? 
   c) Poisoning by gaseous substance What? 

3) Was the poisoning due to exposure to chemical in work place? 
   Yes  No  If yes, specify the Chemicals.

4) Poisonous substance induced poisoning through which of the following root? 
   a) Oral (consumption)  b) Inhalation (breathing the gases) 
   c) Contact with skin

5) In case poisoning occur in a child less than five years, who was caretaker before 
   the incidence of poisoning? 
   a) Mother  b) Father  c) Sibling/ relative 
   d) Grandmother/grandfather  e) Employed person  f) Institute

6) In case poisoning has occurred in a child less than five years, how the child had 
   access the poison? 
7) What time did the injury occur? 
   a) 0-3 hrs  b) 3-6 hrs  c) 6-9 hrs  d) 9-12 hrs 
   e) 12-15 hrs  f) 15-18 hrs  g) 18-21 hrs  h) 21-24 hrs

8) In which month did the injury event happen? 
Did the date of injury coincide with any festival? 
   Yes  No  If yes which festival?

9) How was the health status of the injured person at the time of injury? 
   a) Healthy  b) Acute sickness  c) Chronic sickness 
   d) Disabled  e) Fatigue and very tired  f) Drunken 
   g) Under drug abuse  h) Visually impaired  i) Other

10) Was the injury single or multiple? 
   a) Single  b) Multiple
11) **What was the site of injury?** (Please specify the exact site)
   a) Head /face    b) Neck       c) Abdomen
   d) Hands (upper/lower)  e) Legs ( upper /lower)  f) Shoulder/ chest
   g) Spinal curt      h) other (specify)

12) **What was the place of injury?**
   a) Home          b) Building ground     c) Work place
   d) Street /highway e) School or other institution  f) Sport place
   g) Farm          h) Public place        i) Other (specify)

13) **Did injury occur inside the city or outside?**    a) Inside     b) Outside

14) **What was the activity during injury?**
   a) Leisure       b) Traveling    c) Paid work
   d) Unpaid work   e) Educational activity  f) Vital activity
   g) other (specify)

15) **After the injury occurred did the injured person receive any kind of first aid at the site of injury?**
    Yes      No  If yes by whom?

16) **Immediately after the injury occurrence was the injured person conscious?**
    Yes    No    if no for how long?

17) **After the injury occurred, what immediately was done for the injured person?**
    a) Transported to hospital  b) Transported/came (to) home
    c) Transported to doctor     d) Transported to traditional healer
    e) Carried on the activity    f) other, (specify)

18) **If injured person was transported to hospital or any medical care center, what mode of transport was used?**
    a) Ambulance  b) Private car  c) Auto
    d) Bike/cycle  e) On foot    f) Public vehicle
    g) Police control room van

19) **Was there any public care service available (<1 Km) at the place of injury?**
    Yes       No

20) **Was there any private care service available (<1Km) at the place of injury?**
    Yes       No

21) **If the injured person was treated in hospital or any care center, how long after occurrence of injury was the injured person taken to the care center?**
    a) Within 1 hour  b) Within 3 hours  c) Within 6 hours
    d) Within 24 hours e) Within one week

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22) What kind of medical services were utilized?
   a) Public Hospital    b) Private Hospital    c) Private Clinic
   d) Home remedy       e) Traditional healer  f) other (specify)

23) In case home remedy was used, what was it?

24) Was any of the following medical treatment used for the injured person?
   a) Blood transfusion   b) Operation
   c) Admitting in Intensive Care Unite  d) C.T. Scan
   e) X-ray              f) Vaccination

25) What was the outcome of injury?
   a) Disability followed by recovery (If yes please complete this questionnaire then do section D.1)
   b) Permanent Disability (If yes please complete this questionnaire then do section D.2)

26) Was the injured person the only or primary breadwinner of the household?
   a) Yes    b) No

27) Was there any change in type of work/schooling or income of injured person after injury?
   a) Yes    b) No    If yes explain the change

28) How much financial burden do you estimate from this accident for your household?

29) Did your family take loan or sold any property to bear the financial burden due to injury?

Section D.1: (For cases of disability followed by recovery)

30) How many days did it take for complete recovery of injured person?

31) How many days was there absenteeism from school or work place?

32) Was there any absenteeism from work place or school for caretaker? If yes How long?

33) Was it outpatient medical care or inpatient care? In case inpatient how long did the process of recovery take in the health center/hospital?

34) How much was the cost of treatment?

35) Whether cost covered under Employee State Insurance (ESI) or other health insurance scheme?

36) Was the cost covered by any other person or institution?
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Section D.2: (for the cases of permanent disability)

37) What was the type of permanent disability?
   a) Impairment in body function
   b) Impairment in body structure
   c) Appearance of injured person changed
   d) Impairment in mental/ psychological function

38) Briefly explain kind of disability?

39) For how long the disabled individuals were absent from school or work place?

40) How long the disabled person was admitted in hospital?

41) How much was the cost of treatment in Hospital?

42) Was the cost covered under Employee State Insurance (ESI) or other health insurance scheme?  Yes  No

43) Was the cost covered by any other person or institution?  Yes  No  If yes by whom?

44) Is the disabled individual able to do his/ her necessary daily activities independently or is dependent on a caretaker?  a) Independent b) Dependent

45) Incase disabled person depends on other for his/her daily activities, who provide the support needed?
   (a) Mother/ father  (b) Children  (c) Employed caretaker  (d) Institution (specify)

46) Was there any absenteeism from work place or school for the caretaker?  Yes  No  If yes, how long?

47) Does the disabled person need to frequently visit health care services?  Yes  No
   If yes what type care?  If yes; how often?
Questionnaire E (For cases of fall)

Interviewed by:  
Form No:  
Ward:  
Sr. No of the injured (table 1 questionnaire A):

1) Please describe the injury event:

2) Was the fall from a higher place or on the same level?
   a) Higher place  
   b) on the same level
   If from higher place, what was the height?

3) Fall was due to which of the following event?
   a) Falling  
   b) Stumbling  
   c) Jumping  
   d) Sliding  
   e) Being pushed

4) Did fall happen in work place?  
   Yes  
   No

5) Was fall due to lack of safety measures in work place?  
   Yes  
   No

6) Did the injured wear any kind of protective equipment at the time of injury?  
   Yes  
   No if yes  
   What?

7) What time did the injury occur?
   a) 0-3 hrs  
   b) 3-6 hrs  
   c) 6-9 hrs  
   d) 9-12 hrs  
   e) 12-15 hrs  
   f) 15-18 hrs  
   g) 18-21 hrs  
   h) 21-24 hrs

8) In which month did the injury event happen?
   Did the date of injury coincide with any festival?  
   Yes  
   No  
   If yes which festival?

9) How was the health status of the injured person at the time of injury?
   a) Healthy  
   b) Acute sickness  
   c) Chronic sickness  
   d) Disabled  
   e) Fatigue and very tired  
   f) Drunken  
   g) Under drug abuse  
   h) Visually impaired  
   i) Other

10) What do you think was the cause of the injury event?
    a) Being in hurry while doing the work  
    b) Being very tired and fatigue  
    c) Carelessness while working  
    d) Inappropriate equipment/ environment  
    e) Lack of safety measure  
    f) Being untrained or inexperienced  
    g) Other

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11) Was the injury single or multiple?
   a) Single  
   b) Multiple

12) What was the site of injury? (Please specify the exact site)
   a) Head /face  
   b) Neck  
   c) Abdomen  
   d) Hands (upper/lower)  
   e) Legs (upper/lower)  
   f) Shoulder/ chest  
   g) Spinal curt  
   h) other (specify)

13) What was the nature of injury?
   a) Fracture  
   b) Joint dislocation  
   c) Sprain/strain  
   d) Cut, bite, open wound  
   e) Bruise  
   f) Concussion  
   g) Organ system injury  
   h) other

14) What was the place of injury?
   a) Home  
   b) Building ground  
   c) Work place  
   d) Street /highway  
   e) School or other institution  
   f) Sport place  
   g) Farm  
   h) Public place  
   i) Other (specify)

15) Did injury occur inside the city or outside?  
   a) Inside  
   b) Outside

16) What was the activity during injury?
   a) Leisure  
   b) Traveling  
   c) Paid work  
   d) Unpaid work  
   e) Educational activity  
   f) Vital activity  
   g) other (specify)

17) After the injury occurred did the injured person receive any kind of first aid at the site of injury?  
   Yes  
   No  
   If yes by whom?

18) Immediately after the injury occurrence was the injured person conscious?  
   Yes  
   No  
   if no for how long?

19) After the injury occurred, what immediately was done for the injured person?  
   a) Transported to hospital  
   b) Transported/came (to) home  
   c) Transported to doctor  
   d) Transported to traditional healer  
   e) Carried on the activity  
   f) other, (specify)

20) If injured person was transported to hospital or any medical care center, what mode of transport was used?  
   a) Ambulance  
   b) Private car  
   c) Auto  
   d) Bike/cycle  
   e) On foot  
   f) Public vehicle  
   g) Police control room van
21) Was there any public care service available (<1 Km) at the place of injury?
   Yes  No

22) Was there any private care service available (<1Km) at the place of injury?
   Yes  No

23) If the injured person was treated in hospital or any care center, how long after occurrence of injury was the injured person taken to the care center?
   a) Within 1 hour  b) Within 3 hours  c) Within 6 hours
   d) Within 24 hours  e) Within one week

24) What kind of medical services were utilized?
   a) Public Hospital  b) Private Hospital  c) Private Clinic
   d) Home remedy  e) Traditional healer  f) other (specify)

25) In case home remedy was used, what was it?

26) Was any of the following medical treatment used for the injured person?
   a) Blood transfusion  b) Operation
   c) Admitting in Intensive Care Unite  d) C.T. Scan
   e) X-ray  f) Vaccination

27) What was the outcome of injury?
   a) Disability followed by recovery (If yes please complete this questionnaire then do section E.1)
   b) Permanent Disability (If yes please complete this questionnaire then do section E.2)

28) Was there any damage or destruction to any property due to accident?
   Yes  No  if yes what and how much was the cost?

29) Was the injured person the only or primary breadwinner of the household?
   a) Yes  b) No

30) Was there any change in type of work/schooling or income of injured person after injury?
   a) Yes  b) No  If yes explain the change

31) How much financial burden do you estimate from this accident for your household?

32) Did your family take loan or sold any property to bear the financial burden due to injury?

**Section E.1: (For cases of disability followed by recovery)**

33) How many days did it take for complete recovery of injured person?
34) How many days was there absenteeism from school or work place?
35) Was there any absenteeism from work place or school for caretaker? If yes, how long?

36) Was it outpatient medical care or inpatient care? In case inpatient how long did the process of recovery take in the health center/hospital?

37) How much was the cost of treatment?

38) Whether cost covered under Employee State Insurance (ESI) or other health insurance scheme?

39) Was the cost covered by any other person or institution?
   Yes  No  If yes by whom?

Section E.2: (for the cases of permanent disability)

40) What was the type of permanent disability?
   a) Impairment in body function
   b) Impairment in body structure
   c) Appearance of injured person changed
   d) Impairment in mental/psychological function

41) Briefly explain kind of disability?

42) For how long the disabled individuals were absent from school or work place?

43) How long the disabled person was admitted in hospital?

44) How much was the cost of treatment in Hospital?

45) Was the cost covered under Employee State Insurance (ESI) or other health insurance scheme?  Yes  No

46) Was the cost covered by any other person or institution?
   Yes  No  If yes by whom?

47) Is the disabled individual able to do his/her necessary daily activities independently or is dependent on a caretaker?
   a) Independent  b) Dependent

48) Incase disabled person depends on other for his/her daily activities, who provide the support needed?
   (a) Mother/father  (b) Children
   (c) Employed caretaker  (d) Institution (specify)
49) Was there any absenteeism from work place or school for the caretaker?
Yes  No  If yes, how long?
50) Do the disabled person need to frequently visit health care services?
Yes  No  If yes, what type care?
If yes, how often?
Questionnaire F (For cases of suffocation)

Interviewed by:
Form No: Date:
Ward:
Sr. No of the injured (table 1 questionnaire A):

1) Please describe the injury event:

2) Was the cause of breathlessness?
   a) Near/Drowning Where?
   b) Strangulation (choking) What object?
   c) Confinement in oxygen-deficient place How? Where?
   d) Other (Specify)

3) In case the suffocation was due to drowning, what was the source of water?
   a) River b) Well d) Pool
e) Pond f) An open water tank

4) If the drowned person was less than 12 years, did any person accompany the child at the time of exposure to water? Yes No

5) Did the drowned person know swimming? Yes No

6) Was there any lifeguard available at the place of drowning? Yes No

7) Were there any air tube/mechanical safeguards available at the place of drowning? Yes No

8) What time did the injury occur?
a) 0-3 hrs b) 3-6 hrs c) 6-9 hrs d) 9-12 hrs
e) 12-15 hrs f) 15-18 hrs g) 18-21 hrs h) 21-24 hrs

9) In which month did the injury event happen? Did the date of injury coincide with any festival? Yes No If yes which festival?

10) How was the health status of the injured person at the time of injury?
a) Healthy b) Acute sickness c) Chronic sickness
d) Disabled e) Fatigue and very tired f) Drunken
g) Under drug abuse h) Visually impaired i) Other
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11) What do you think was the cause of the injury event?
   a) Being in hurry while doing the work
   b) Being very tired and fatigue
   c) Carelessness while working
   d) Inappropriate equipment/ environment
   e) Lack of safety measure
   f) Being untrained or inexperienced
   g) Other

12) What was the place of injury?
   a) Home
   b) Building ground
   c) Work place
   d) Street /highway
   e) School or other institution
   f) Sport place
   g) Farm
   h) Public place
   i) Other (specify)

13) Did injury occur inside the city or outside?
   a) Inside
   b) Outside

14) What was the activity during injury?
   a) Leisure
   b) Traveling
   c) Paid work
   d) Unpaid work
   e) Educational activity
   f) Vital activity
   g) other (specify)

15) After the injury occurred did the injured person receive any kind of first aid at the site of injury?  
   Yes  No  If yes by whom?

16) Immediately after the injury occurrence was the injured person conscious?  
   Yes  No  if no for how long?

17) After the injury occurred, what immediately was done for the injured person?
   a) Transported to hospital
   b) Transported/came (to) home
   c) Transported to doctor
   d) Transported to traditional healer
   e) Carried on the activity
   f) other, (specify)

18) If injured person was transported to hospital or any medical care center, what mode of transport was used?
   a) Ambulance
   b) Private car
   c) Auto
   d) Bike/cycle
   e) On foot
   f) Public vehicle
   g) Police control room van

19) Was there any public care service available (<1 Km) at the place of injury?  
   Yes  No

20) Was there any private care service available (<1Km) at the place of injury?  
   Yes  No

21) If the injured person was treated in hospital or any care center, how long after occurrence of injury was the injured person taken to the care center?  
   a) Within 1 hour
   b) Within 3 hours
   c) Within 6 hours
   d) Within 24 hours
   e) Within one week
22) What kind of medical services were utilized? 
   a) Public Hospital       b) Private Hospital      c) Private Clinic
   d) Home remedy          e) Traditional healer   f) other (specify)

23) In case home remedy was used, what was it?

24) Was any of the following medical treatment used for the injured person? 
   a) Blood transfusion     b) Operation
   c) Admitting in Intensive Care Unite d) C.T. Scan
   e) X-ray                f) Vaccination

25) What was the outcome of injury? 
   a) Disability followed by recovery (If yes please complete this questionnaire then do section F.1) 
   b) Permanent Disability (If yes please complete this questionnaire then do section F.2)

26) Was there any damage or destruction to any property due to accident? 
   Yes  No  if yes what and how much was the cost?

27) Was the injured person the only or primary breadwinner of the household? 
   a) Yes  b) No

28) Was there any change in type of work/schooling or income of injured person after injury? 
   a) Yes  b) No  If yes explain the change

29) How much financial burden do you estimate from this accident for your household?

30) Did your family take loan or sold any property to bear the financial burden due to injury?

Section F.1: (For cases of disability followed by recovery)

31) How many days did it take for complete recovery of injured person?

32) How many days was there absenteeism from school or work place?

33) Was there any absenteeism from work place or school for caretaker? If yes How long?

34) Was it outpatient medical care or inpatient care? In case inpatient how long did the process of recovery take in the health center/ hospital?

35) How much was the cost of treatment?
36) Whether cost covered under Employee State Insurance (ESI) or other health insurance scheme?

37) Was the cost covered by any other person or institution?

Yes  No  If yes by whom?

Section F .2: (for the cases of permanent disability)

38) What was the type of permanent disability?
   a) Impairment in body function
   b) Impairment in body structure
   c) Appearance of injured person changed
   d) Impairment in mental/ psychological function

39) Briefly explain kind of disability?

40) For how long the disabled individuals were absent from school or work place?

41) How long the disabled person was admitted in hospital?

42) How much was the cost of treatment in Hospital?

43) Was the cost covered under Employee State Insurance (ESI) or other health insurance scheme?  Yes  No

44) Was the cost covered by any other person or institution?

Yes  No  If yes by whom?

45) Is the disabled individual able to do his/ her necessary daily activities independently or is dependent on a caretaker?
   a) Independent  b) Dependent

46) In case disabled person depends on other for his/her daily activities, who provide the support needed?
   (a) Mother/ father  (b) Children
   (c) Employed caretaker  (d) Institution (specify)

47) Was there any absenteeism from work place or school for the caretaker?
   Yes  No  If yes, how long?

48) Does the disabled person need to frequently visit health care services?
   Yes  No
   If yes what type care?
   If yes; how often?
Questionnaire G (For cases of animal-related injuries)

Interviewed by: [Name]
Form No: [Number]
Date: [Date]
Ward: [Ward]
Sr. No of the injured (table 1 questionnaire A):

1) Please describe the injury event:

2) What is the type of injury induced by the animal?
   a) Poisoning (due to bite or sting)  b) fall  c) pierce or cut
   d) biting  e) stinging

3) Which animal was related to injury?

4) Was the animal stray?  Yes  No

5) What was the cause of contact with animal?
   a) Work related  Type of work?
   b) Incident with a stray animal  Where?
   c) Playing/leisure
   d) Sport  Type of sport?
   e) Other (specify)

6) Was there any previous history of animal related injury?  Yes  No  if yes When?

7) In case it was snake or scorpion bite, was the antitoxin available at the nearest care center?  Yes  No

8) If it was dog or monkey bite, did injured person received vaccine injection after injury?  Yes  No

9) What time did the injury occur?
   a) 0-3 hrs  b) 3-6 hrs  c) 6-9 hrs  d) 9-12 hrs
   e) 12-15 hrs  f) 15-18 hrs  g) 18-21 hrs  h) 21-24 hrs

10) In which month did the injury event happen?
    Did the date of injury coincide with any festival?
    Yes  No  If yes which festival?

11) How was the health status of the injured person at the time of injury?
    a) Healthy  b) Acute sickness  c) Chronic sickness
    d) Disabled  e) Fatigue and very tired  f) Drunken
    g) Under drug abuse  h) Visually impaired  i) Other
12) What do you think was the cause of the injury event?
   a) Being in hurry while doing the work   b) Being very tired and fatigue
   c) Carelessness while working   d) Inappropriate equipment/environment
   e) Lack of safety measure   f) Being untrained or inexperienced
   g) Other

13) Was the injury single or multiple?
   a) Single   b) Multiple

14) What was the site of injury? (Please specify the exact site)
   a) Head /face   b) Neck
   d) Hands (upper/lower)   e) Legs (upper/lower)
   g) Spinal curt   h) other (specify)
   c) Abdomen
   f) Shoulder/ chest

15) What was the nature of injury?
   a) Fracture   b) Joint dislocation
   d) Cut, bite, open wound   e) Bruise
   h) Organ system injury   i) other
   c) Sprain/strain
   g) Concussion

16) What was the place of injury?
   a) Home   b) Building ground
   d) Street/highway   e) School or other institution
   g) Farm   h) Public place
   c) Work place
   f) Sport place
   i) Other (specify)

17) Did injury occur inside the city or outside?
   a) Inside   b) Outside

18) What was the activity during injury?
   a) Leisure   b) Traveling
   d) Unpaid work   e) Educational activity
   g) other (specify)
   c) Paid work
   f) Vital activity

19) After the injury occurred did the injured person receive any kind of first aid at the site of injury? Yes No If yes by whom?

20) Immediately after the injury occurrence was the injured person conscious? Yes No if no for how long?

21) After the injury occurred, what immediately was done for the injured person?
   a) Transported to hospital   b) Transported/came (to) home
   c) Transported to doctor   d) Transported to traditional healer
   e) Carried on the activity   f) other, (specify)
22) If injured person was transported to hospital or any medical care center, what mode of transport was used?
   a) Ambulance  
   b) Private car  
   c) Auto  
   d) Bike/cycle  
   e) On foot  
   f) Public vehicle  
   g) Police control room van

23) Was there any public care service available (<1 Km) at the place of injury?
   Yes  
   No

24) Was there any private care service available (<1Km) at the place of injury?
   Yes  
   No

25) If the injured person was treated in hospital or any care center, how long after occurrence of injury was the injured person taken to the care center?
   a) Within 1 hour  
   b) Within 3 hours  
   c) Within 6 hours  
   d) Within 24 hours  
   e) Within one week

26) What kind of medical services were utilized?
   a) Public Hospital  
   b) Private Hospital  
   c) Private Clinic  
   d) Home remedy  
   e) Traditional healer  
   f) other (specify)

27) In case home remedy was used, what was it?

28) Was any of the following medical treatment used for the injured person?
   a) Blood transfusion  
   b) Operation  
   c) Admitting in Intensive Care Unite  
   d) C.T. Scan  
   e) X-ray  
   f) Vaccination

29) What was the outcome of injury?
   a) Disability followed by recovery (If yes please complete this questionnaire then do section G.1)  
   b) Permanent Disability (If yes please complete this questionnaire then do section G.2)

30) Was there any damage or destruction to any property due to accident?
   Yes  
   No  
   if yes  what and how much was the cost?

31) Was the injured person the only or primary breadwinner of the household?
   a) Yes  
   b) No

32) Was there any change in type of work/schooling or income of injured person after injury?
   a) Yes  
   b) No  
   If yes explain the change

33) How much financial burden do you estimate from this accident for your household?
34) Did your family take loan or sold any property to bear the financial burden due to injury?

Section G.1: (For cases of disability followed by recovery)

35) How many days did it take for complete recovery of injured person?

36) How many days was there absenteeism from school or work place?

37) Was there any absenteeism from work place or school for caretaker? If yes How long?

38) Was it outpatient medical care or inpatient care? In case inpatient how long did the process of recovery take in the health center/ hospital?

39) How much was the cost of treatment?

40) Whether cost covered under Employee State Insurance (ESI) or other health insurance scheme?

41) Was the cost covered by any other person or institution?
Yes No If yes by whom?

Section G .2: (for the cases of permanent disability)

42) What was the type of permanent disability?
   a) Impairment in body function
   b) Impairment in body structure
   c) Appearance of injured person changed
   d) Impairment in mental/ psychological function

43) Briefly explain kind of disability?

44) For how long the disabled individuals were absent from school or work place?

45) How long the disabled person was admitted in hospital?

46) How much was the cost of treatment in Hospital?

47) Was the cost covered under Employee State Insurance (ESI) or other health insurance scheme? Yes No

48) Was the cost covered by any other person or institution?
Yes No If yes by whom?
49) Is the disabled individual able to do his/her necessary daily activities independently or is dependent on a caretaker?
   a) Independent            b) Dependent

50) In case disabled person depends on other for his/her daily activities, who provide the support needed?
   (a) Mother/ father     (b) Children
   (c) Employed caretaker (d) Institution (specify)

51) Was there any absenteeism from work place or school for the caretaker?
   Yes    No    If yes, how long?

52) Does the disabled person need to frequently visit health care services?
   Yes    No
   If yes what type care?
   If yes, how often?
Questionnaire H (For cases of other category)

Interviewed by:
Form No: Date:
Ward:
Sr. No of the injured (table 1 questionnaire A):

1) Please describe the injury event:

2) What is the type of injury?

3) What time did the injury occur?
   a) 0-3 hrs   b) 3-6 hrs   c) 6-9 hrs   d) 9-12 hrs
   e) 12-15 hrs  f) 15-18 hrs  g) 18-21 hrs  h) 21-24 hrs

4) In which month did the injury event happen?
   Did the date of injury coincide with any festival?
   Yes No If yes which festival?

5) How was the health status of the injured person at the time of injury?
   a) Healthy   b) Acute sickness   c) Chronic sickness
   d) Disabled   e) Fatigue and very tired   f) Drunken
   g) Under drug abuse  h) Visually impaired  i) Other

6) What do you think was the cause of the injury event?
   a) Being in hurry while doing the work   b) Being very tired and fatigue
   c) Carelessness while working   d) Inappropriate equipment/ environment
   e) Lack of safety measure   f) Being untrained or inexperienced
   g) Other

7) Was the injury single or multiple?
   a) Single  b) Multiple

8) What was the site of injury? (Please specify the exact site)
   a) Head /face   b) Neck   c) Abdomen
   d) Hands (upper/lower)  e) Legs ( upper /lower)  f) Shoulder/ chest
   g) Spinal curt  h) other (specify)

9) What was the nature of injury?
   a) Fracture   b) Joint dislocation   c) Sprain/strain
   d) Cut, bite, open wound  e) Bruise   g) Concussion
   h) Organ system injury  i) other
10) What was the place of injury?
   a) Home  
   b) Building ground  
   c) Work place  
   d) Street /highway  
   e) School or other institution  
   f) Sport place  
   g) Farm  
   h) Public place  
   i) Other (specify)

11) Did injury occur inside the city or outside?
   a) Inside  
   b) Outside

12) What was the activity during injury?
   a) Leisure  
   b) Traveling  
   c) Paid work  
   d) Unpaid work  
   e) Educational activity  
   f) Vital activity  
   g) other (specify)

13) After the injury occurred did the injured person receive any kind of first aid at the site of injury?  
   Yes  
   No  
   If yes by whom?

14) Immediately after the injury occurrence was the injured person conscious?  
   Yes  
   No  
   if no for how long?

15) After the injury occurred, what immediately was done for the injured person?  
   a) Transported to hospital  
   b) Transported/came (to) home  
   c) Transported to doctor  
   d) Transported to traditional healer  
   e) Carried on the activity  
   f) other, (specify)

16) If injured person was transported to hospital or any medical care center, what mode of transport was used?  
   a) Ambulance  
   b) Private car  
   c) Auto  
   d) Bike/cycle  
   e) On foot  
   f) Public vehicle  
   g) Police control room van

17) Was there any public care service available (<1 Km) at the place of injury?  
   Yes  
   No

18) Was there any private care service available (<1Km) at the place of injury?  
   Yes  
   No

19) If the injured person was treated in hospital or any care center, how long after occurrence of injury was the injured person taken to the care center?  
   a) Within 1 hour  
   b) Within 3 hours  
   c) Within 6 hours  
   d) Within 24 hours  
   e) Within one week

20) What kind of medical services were utilized?  
   a) Public Hospital  
   b) Private Hospital  
   c) Private Clinic  
   d) Home remedy  
   e) Traditional healer  
   f) other (specify)

21) In case home remedy was used, what was it?
22) Was any of the following medical treatment used for the injured person?
   a) Blood transfusion  b) Operation
   c) Admitting in Intensive Care Unit  d) C.T. Scan
   e) X-ray  f) Vaccination

23) What was the outcome of injury?
   a) Disability followed by recovery (If yes please complete this questionnaire then do section H.1)
   b) Permanent Disability (If yes please complete this questionnaire then do section H.2)

24) Was there any damage or destruction to any property due to accident?
   Yes  No  if yes what and how much was the cost?

25) Was the injured person the only or primary breadwinner of the household?
   a) Yes  b) No

26) Was there any change in type of work/schooling or income of injured person after injury?
   a) Yes  b) No  If yes explain the change

27) How much financial burden do you estimate from this accident for your household?

28) Did your family take loan or sold any property to bear the financial burden due to injury?

   Section H.1: (For cases of disability followed by recovery)

29) How many days did it take for complete recovery of injured person?

30) How many days was there absenteeism from school or work place?

31) Was there any absenteeism from work place or school for caretaker? If yes How long?

32) Was it outpatient medical care or inpatient care? In case inpatient how long did the process of recovery take in the health center/ hospital?

33) How much was the cost of treatment?

34) Whether cost covered under Employee State Insurance (ESI) or other health insurance scheme?

35) Was the cost covered by any other person or institution?
   Yes  No  If yes by whom?
Section H .2: (for the cases of permanent disability)

36) What was the type of permanent disability?
   a) Impairment in body function
   b) Impairment in body structure
   c) Appearance of injured person changed
   d) Impairment in mental/ psychological function

37) Briefly explain kind of disability?

38) For how long the disabled individuals were absent from school or work place?

39) How long the disabled person was admitted in hospital?

40) How much was the cost of treatment in Hospital?

41) Was the cost covered under Employee State Insurance (ESI) or other health insurance scheme?  Yes  No

42) Was the cost covered by any other person or institution?  
   Yes  No  If yes by whom?

43) Is the disabled individual able to do his/ her necessary daily activities independently or is dependent on a caretaker?  
   a) Independent  b) Dependent

44) Incase disabled person depends on other for his/her daily activities, who provide the support needed?  
   (a) Mother/ father  (b) Children  
   (c) Employed caretaker  (d) Institution (specify)

45) Was there any absenteeism from work place or school for the caretaker?  
   Yes  No  If yes, how long?

46) Dose the disabled person need to frequently visit health care services?  
   Yes  No  
   If yes what type care?  
   If yes; how often?

In case the injury is occupational injury please feel section one and in case injury is sport related, please fill section 2

Section 1

1) What kind of work was the injured person doing that lead to injury?
2) Were safety measures properly used in work place?
a) Yes         b) Partially         c) No         d) Don’t know

3) How long was the injured person associated with the work that caused injury?  
H.5) Did the injured person receive any safety training for that kind of work?

Section 2

4) What was the place of injury (sport)?
  a) Street         b) School
  c) Authorized play ground (gym)         d) Unauthorized play ground

5) Was the injured person a professional sportsman?  Yes         No

6) Did injured person receive any training for this special kind of sport before the event?  Yes         No

7) Was there any trainer or supervisor available while accident happened?
    Yes         No

8) Was there any first aid kit available at the place of sport?
    Yes         No

9) Were the safety measures properly used in the sport place?
    Yes         Partially         No
Questionnaire X
(For cases of death in last five years)

Interviewed by:
Form No: Date:
Ward:
1) Please describe the injury event

2) What was the age of deceased person at the time of death?

3) What was the gender of deceased person? F M

4) What was the marital status of deceased person?
   (a) Never married (b) Married
   (c) Widow (d) Separated/Divorced

5) What was the level of education of deceased person?

6) What was the occupation of deceased person (If applicable):

7) Was the deceased person the only or primary breadwinner of the household?
   a) Yes b) No

8) What was the type of injury?
   a) Road traffic injury b) Poisoning c) Falls and domestic injury
   d) Fires/burn e) Drowning f) Occupational injury
   g) Animal related injury h) Other (specify)

9) What was the site of injury?
   a) Head /face b) Neck c) Abdomen
   d) Hands e) Legs f) Shoulder/ chest

10) If it was road traffic event:

10.1) What was the role of injured person in transport?
   a) Passenger b) Pedestrian c) Boarding or aligning
   d) On outside of moving vehicle e) Driver f) other (specify)

10.2) What was the mode of transport?
   a) Car b) Motorizes two wheeler c) Bicycle
   d) Bus e) Other heavy transport vehicle f) Pedestrian
   g) 3-wheel motor vehicle h) Other specified
11) What was the place of injury?
   a) Home                   b) inside/outside city limit   c) work place
   d) Street /highway        e) School or other institution  f) sport place
   g) farm                   h) Public place               i) other

12) What was the place of death?
   a) At the site of occurrence of injury   b) at home
   c) In the vehicle during transportation  d) at care center

13) How long after injury did death occur?
   a) Immediately             b) Within 24 hours          c) within one week
      d) Within two weeks       e) within one month

14) Was there any permanent psychological disturbance in your family due
to loss of the deceased person? In case yes please explain?
(please explain)

15) Did the death of injured person affect the education or occupation of the
other members of household? Please explain.

16) How much financial burden do you estimate from this accident for your
household?

17) Did your family take loan or sold any property to bear the financial burden due to
injury?
Appendices

Appendix D

Case reports of injury related deaths

Case 1: A 60 year old married man, educated only up to the primary school level, and working as a construction labourer, was hit by a truck while crossing the street in the evening. He was the only earning member of the family, and upon his death his children were forced to discontinue their education so as to provide for the family.

Case 2: A 48 year old married man, with professional education level, and once mayor of Pune, died due to collision into the barrier on the road which he was unable to see, while driving on the highway. His wife has suffered from depression since his death.

Case 3: A 60 year old widowed housewife educated up to the primary school level, fell down at home and injured her head, which in turn resulted in paralysis. She was admitted to a public hospital for treatment, and then returned home, where she passed away.

Case 4: A 14 year old boy educated up to the secondary school level died of electrocution when an electric pole in his school fell on him. His brother has left his education after his passing away.

Case 5: A 39 year old male, the sole bread-winner of the family, illiterate and employed as a semi-skilled worker, was drunk while crossing the road, a car dashed him. In this hit and run incidence, the man was left on the road to died.

Case 6: A 45 year old married woman educated up to the post-graduate level and working as an engineer met with an accident while driving on her scooter on a highway, resulting in multiple injuries. She was taken to the hospital, where she passed away.

Case 7: A 95 year old married man educated up to the secondary level, slipped in the bathroom and fell down and fractured his femur bone. He was admitted to hospital where he died within a week.

Case 8: An 86 year old married housewife educated up to the primary level slipped in the bathroom and broke her femur. She was operated in hospital and sent home where she remained for 4 months without any sign of recovery until she died.

Case 9: A 42 year old married man, sole breadwinner of the family, with a post graduate educational level, was driving a car on a highway at high speed. The cars struck a barrier. He was injured in his chest and abdomen and suffered from brain trauma. He was taken to a hospital, where he was operated. His family took a loan for Rs. 150,000/- for his treatment, but he died within two weeks.
Case 10- A 27 year old bachelor educated up to the secondary level died due to drowning. His head was injured and he drowned in the river.

Case 11: A 36 year old with a graduate educational level, bachelor, fell from a ladder while trying to reach out to the second floor, and died on the spot as a result of injury to his spinal cord.

Case 12: A 38 year old bachelor, with secondary level education, employed in a welding service was the only bread winner of his family. He was drunk and while crossing a railway track, fell down and injured his head. He was admitted to hospital but he died within 24 hours.

Case 13: A 33 year old married male, educated up to the secondary level and employed as a driver by a public sector electric company, died of electrocution while holding up a ladder for another worker.

Case 14: A 20 year old married male with graduate educational level, engaged in service job, was returning home at mid night on his two-wheeled vehicle. He was unable to see a divider on the road. His vehicle crashed on the divider and he died on the spot.

Case 15: A 25 year old married male with graduate educational level, sole earning member of the family, engaged in a service job, was driving a two wheeler and had an accident with a car. He was taken to a hospital where he died within one week.

Case 16: A 3 year old girl drowned in the swimming pool in the premises of the building, while playing nearby.

Case 17- A 65 year old graduate married male, the only earning member of his family, was hit from behind while taking a morning walk on the highway. He was admitted to hospital where he died within a week.

Case 18: A 31 year old bachelor educated up to the higher secondary level and the only earning member of his family. He took part in a party the night before and was found dead the next day morning. His mother remains unsure of the exact cause of death.

Case 19: A 26 year old bachelor with higher secondary educational level was returning from work by bike when he was struck by a truck. He was admitted to a public hospital in an unconscious state where he died after 15 days.

Case 20: A 54 year old married male with higher secondary educational level was working as an electrician, suffered an electric shock at home, and upon admission to hospital, died.
Case 21: A 77 year old bachelor holding a post graduate degree injured his head by falling down in the bathroom. He was admitted to a hospital where he died due to his injury.

Case 22: An 86 year old widow with secondary educational level died at home after a head injury. The injury accused as she fell down the stairs.

Case 23: A 45 year old man, the sole earning member of his family, with a secondary level of education, employed as public transport bus conductor, was injured by an auto rickshaw while crossing the road. He was admitted to a public hospital where, he passed away within a month as a result of a circulating blood clot.

Case 24: A 35 year old married man, sole bread winner of his family, educated up to the secondary level and an unskilled worker, was killed by a drunk driver.

Case 25: A 36 years old married man, educated up to the secondary level the sole earning member of his family, died from a head injury that area as a consequence of crashing his two-wheeler into a road divider under poor visibility conditions including fog. He died on the spot.

Case 26: A 14 years old male, at the secondary educational level, died whilst playing in a train corridor and falling down from the open door of the train. His head was crushed by the train.