

Unique Identification Code (UIC): _____

Data Collection Instrument for Telephone Interview among Injury Survivors

Date of Interview: _____

Name of data Collector: _____

Individuals involved in the interview: a) Injury survivor only b) Survivor plus an assistant

Language used during the interview: a) Amharic b) Afaan Oromo

I will try read the questions to you, clearly. But feel free to stop me if my voice or the question itself is not clear for you so I can adjust and repeat questions.

Let us start with some background information.

Ser. No.	Sociodemographic Information	Response Options	Instruction/Skip
1.	What is the highest grade that you completed in school?	a. Can't read and write b. Elementary (1-4 th grade) c. Junior (5 th - 8 th grade) d. Highschool (9 th -12 th grade) e. College/University (undergraduate/certificate) f. Graduate study	
2.	What is your religion?	a. Orthodox b. Muslim c. Protestant d. Catholic g. Others (specify): _____	
3.	What is your marital status?	a. Single / never married b. Married c. Divorced / separated d. Widow/er	
4.	How many family members are living with you in the same house?	_____	
5.	Do you live in an urban or rural area?	a. Urban b. Rural	

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Injury Related Information		Instruction/ Skip
6.	Did the traumatic injury happened while you are on activities related to your work?	a. Yes b. No
7.	How long did you stay admitted in the hospital because of the injury?	_____ days
8.	Have you ever received rehabilitation treatment or support for effects associated with the traumatic injury?	a. Yes b. No
		If No, skip to Q#10
9.	If yes to above, from where did you receive rehabilitation service/support and what type of support have you received? Note: More than one option is possible.	a. From a rehabilitation institution: _____ b. From traditional medicine: _____ c. From a religious institution: _____ d. Others (specify): _____

10. Tell me if there is any assistive device you are using as a result of the injury:

- I am not using, because I do not need it
- I am not using, because I don't have access or capacity
- Yes, I am using: Type/s: _____; _____

11. We would like to know about any potential residual impairments. I am going to read questions and you will choose one that best describe about your current level of difficulty in functioning domains. There are five options, '0-4, these include:

- 0 = I have no difficulty
- 1 = Mild difficulty
- 2 = Moderate difficulty
- 3 = Severe difficulty
- 4 = Extreme difficulty

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Domains	How difficult is it for you to do the following?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Extreme difficulty
Cognition	Concentrating on doing something for 10 minutes?	0	1	2	3	4
	Learning a new task, for example, learning how to get to a new place?	0	1	2	3	4
Mobility	Standing for long periods, 30 min?	0	1	2	3	4
	Walking a long distance such as 1km or equivalent?	0	1	2	3	4
Self-care	Washing your whole body?	0	1	2	3	4
	Getting dressed?	0	1	2	3	4
Interpersonal relationships	Dealing with people you don't know?	0	1	2	3	4
	Maintaining a friendship?	0	1	2	3	4
Activities of daily living	Taking care of your day-to-day activity, e.g., housework, leading the family, childcare, managing cattle's etc.	0	1	2	3	4
	Managing your day-to-day work/study?	0	1	2	3	4
Participation	Joining in community activities, for example, how often do you find yourself at religious or social event/gatherings, just like any other person?	0	1	2	3	4
	How much have you been emotionally affected by your health problems?	0	1	2	3	4

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12. Do you have any of the following chronic health conditions confirmed by a health professional? I will read the lists for you and indicate if they are 'Yes or No'.

Health Conditions	Response
12.1 Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.3 Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.5 Angina (chest pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.7 Arthritis (rheumatoid and osteoarthritis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.9 Osteoporosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.11 Neurological disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.13 Peripheral vascular disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.15 Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.17 Anxiety or panic disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.19 Diabetes (type I or II)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.21 Degenerative disc disease (back/spinal pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.23 Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.25 Unspecified pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.27 Dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.29 Gastrointestinal disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.31 Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.33 Chronic respiratory/lung disease (COPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.35 Skin problem	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.37 Any allergy (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the following sensory impairments (sight and hearing); if yes, indicate if this is before or after the injury?	
12.40 Reduced visual acuity or complete inability to see	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.42 Reduced hearing capacity/complete inability to hear	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Employment Related Information			Instruction / Skip
13.	Are you currently returned to any work/job?	a. Yes b. No	
14.	How do you describe your current status to RTW? Listen to what I am saying and choose one of the statements that best describe your current state. Note:- ask questions: 'a-c' for off-work groups 'd-f' for working groups	<p style="text-align: center;"><u>For off-work groups</u></p> a. I am not thinking about starting work b. I have started to think about returning to work, but has no concrete plan c. I have started to seek information and have concrete plans for RTW (preparation) <p style="text-align: center;"><u>For on-work groups</u></p> d. I have returned to work, but struggling to maintain (uncertain maintenance) e. I have returned and found good strategy to manage the work (active maintenance) f. I have returned and attempting to promotion/improvement (advancement)	
15.	How do you rate your current work ability compare to your ability before the traumatic injury?	0 = I can't work at all 1 = Very low work ability 2 = Low work ability 3 = Medium work ability 4 = High work ability 5 = Very high work ability	If currently working, skip to Q#17

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16.	If not working currently, have you ever returned to work after the injury?	<ul style="list-style-type: none"> a. Yes b. No (never returned) 	If b, skip to Q#18
17.	If you had ever returned to work after the injury, when did you first resume work after the injury?	_____ (Weeks)	
18.	If you are not working currently, why are you not on the job?	<ul style="list-style-type: none"> a. Serious disability or illness b. Unable to find job c. Failed to cope up with job-related demands after the injury: d. Retirement e. Pregnancy or maternity/parental leave f. Studying or on training g. Caring for child/ren of own/relative(s) g. Personal choice h. Other (specify): _____ 	
19.	Have you experienced any impact on your job due to the current national situation or related to COVID-19? If yes, please let me know:	<ul style="list-style-type: none"> a. No, I did not have/experienced any impact b. Yes, in connection with current national conditions: _____ c. Yes, in connection with the COVID-19: _____ 	
20.	Do you have any vocational skill set or profession with formal education or training?	<ul style="list-style-type: none"> a. Yes: tell me what it is: Professional: _____ Vocational: _____ b. No, I did not receive any formal education or vocational training 	

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Instruction for data collectors: If returned, ask <u>both the pre and post injury</u> If not returned, ask <u>only the preinjury</u>		Preinjury job	Current job	Same/different/remark
21.	What is the type of job you do?			
22.	Where/in which organization/sector do you work?			
23.	What is your employment relationship? 1. Definite/temporary: contractual for a specific period 2. Indefinite/permanent 3. Daily labour/seasonal: without contract/unstable jobs 4. Self-employed/family business			
24.	Approximately how many people work in your workplace? a. <10 workers b. 10-30 workers c. 31-100 workers d. >100 workers: _____			
25.	How long have you worked in that job?	_____	_____	
26.	How many hours do you work per week?	_____ hrs/wk	_____ hrs/wk	
27.	How much do you earn from the employment/job monthly?	_____ birr	_____ birr	

Note for data collector: If the participant has not returned to work currently, skip to Q#29.

28. Where do you get supports in relation to work after the injury?

Sources of support	Type of support
<input type="radio"/> Co-workers	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<input type="radio"/> Management/employer	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<input type="radio"/> Trauma care provider	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<input type="radio"/> Rehabilitation provider	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<input type="radio"/> Family	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<input type="radio"/> Personal network/friends	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<input type="radio"/> Spiritual leader/groups/institution	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<input type="radio"/> Other (specify): _____	

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29. Dis any of the following job-related demands affected your performance at work post injury?

○ **Pressure/demand from physical Environment:**

- | | | |
|---------------------------------------|-----------------------------|------------------------------|
| 1. Work space/station inconvenience | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Discomfort with material at work | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Inconvenience for movement | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Discomfort with light/illumination | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Noise pollution | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. High temperature | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Low temperature | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Other (specify): _____ | | |

○ **Psychological demand:**

- | | | |
|--|-----------------------------|------------------------------|
| 9. Poor work controls | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10. Unable to cope with work speed | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 11. Inconvenience with work process/flow | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 12. Poor control on rest/break periods | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 13. Other (specify): _____ | | |

○ **Demand from social environment:**

- | | | |
|--|-----------------------------|------------------------------|
| 14. Unable to get support when needed | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 15. Poor relationship with supervisor/employer | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 16. Poor access to information | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 17. Dissatisfied with promotion/feedback | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 18. Other (specify): _____ | | |

30. Do you prefer to go to/show up at workplace, even though your health condition is not good enough to the extent it compromises your productivity? Why?

- Always: _____
- Often: _____
- Sometimes: _____
- Rarely: _____
- Never: _____

31. Have you received any compensation or benefits for effects related to the traumatic injury?

- Yes
- Process/partially paid
- Not at all; why? _____

32. This is my last question; if there is anything you want to tell or ask me, I am here to listen to you before closing our conversation. Please, it is your turn.

Thank you for your cooperation and for your time!

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