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| **Violence and Injury** |

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| **CORE: Injury** | | | |
| The next questions ask about different experiences and behaviours that are related to road traffic injuries. | | | |
| **Question** | **Response** | | **Code** |
| In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle? | All of the time | 1 | V1 |
| Sometimes | 2 |
| Never | 3 |
| Have not been in a vehicle in past 30 days | 4 |
| No seat belt in the car I usually am in | 5 |
| Don't Know | 77 |
| Refused | 88 |
| In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter? | All of the time | 1 | V2 |
| Sometimes | 2 |
| Never | 3 |
| Have not been on a motorcycle or  motor-scooter in past 30 days | 4 |
| Do not have a helmet | 5 |
| Don't Know | 77 |
| Refused | 88 |
| In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist? | Yes (as driver) | 1 | V3 |
| Yes (as passenger) | 2 |
| Yes (as pedestrian) | 3 |
| Yes (as a cyclist) | 4 |
| No | 5 *If No, go to V5* |
| Don’t know | 77 *If don't know, go to V5* |
| Refused | 88  *If Refused, go to V5* |
| Did you have any injuries in this road traffic crash which required medical attention? | Yes | 1 | V4 |
| No | 2 |
| Don't know | 77 |
| Refused | 88 |
| The next questions ask about the most serious accidental injury you have had in the past 12 months. | | | |
| In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention? | Yes | 1 | V5 |
| No | 2 *If No, go to V8* |
| Don't know | 77 *If don't know, go to V8* |
| Refused | 88 *If Refused, go to V8* |
| Please indicate which of the following was the cause of this injury. | Fall | 1 | V6 |
| Burn | 2 |
| Poisoning | 3 |
| Cut | 4 |
| Near-drowning | 5 |
| Animal bite | 6 |
| Other (specify) | 7 |
| Don't know | 77 |
| Refused | 88 |
| Other (please specify) | └─┴─┴─┴─┴─┴─┴─┘ | V6other |

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| **CORE: Injury,** Continued | | | |
| **Question** | **Response** | | **Code** |
| Where were you when you had this injury? | Home | 1 | V7 |
| School | 2 |
| Workplace | 3 |
| Road/Street/Highway | 4 |
| Farm | 5 |
| Sports/athletic area | 6 |
| Other (specify) | 7 |
| Don’t know | 77 |
| Refused | 88 |
| Other (please specify) | └─┴─┴─┴─┴─┴─┴─┘ | V7other |

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| **EXPANDED: Unintentional Injury** | | | | |
| The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger. | | | | |
| **Question** | | **Response** | | **Code** |
| In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle? | Always | | 1 | V8 |
| Sometimes | | 2 |
| Never | | 3 |
| Did not ride in the past 30 days | | 4 |
| Don't Know | | 77 |
| Refused | | 88 |
| In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks?  *(USE SHOWCARD)* | Number of times | | └─┴─┘ | V9 |
| Don't Know | | 77 |
| Refused | | 88 |
| In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks?  *(USE SHOWCARD)* | Number of times | | └─┴─┘ | V10 |
| Don't Know | | 77 |
| Refused | | 88 |

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| **CORE: Violence** | | | | |
| The following questions are about different experiences and behaviours that are related to violence. | | | | |
| **Question** | **Response** | | | **Code** |
| In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention? | Never | | 1  *If never, go to V14* | V11 |
| Rarely (1- 2 times) | | 2 |
| Sometimes (3 – 5 times) | | 3 |
| Often (6 or more times) | | 4 |
| Don’t know | | 77 *If don't know, go to V14* |
| Refused | | 88 *If Refused, go to V14* |
| The next questions ask about the most serious violent incidence you have had in the past 12 months. | | | | |
| Please indicate which of the following caused your most serious injury in the last 12 months.  *(USE SHOWCARDS)* | Being shot with a firearm | | 1 | V12 |
| A weapon (other than a firearm) was used by the person who injured me | | 2 |
| Being injured without any weapon (slapped, pushed…) | | 3 |
| Don’t know | | 77 |
| Refused | | 88 |
| Please indicate the relationship between yourself and the person(s) who caused your injury. | Intimate partner | | 1 | V13 |
| Parent | | 2 |
| Child, sibling, or other relative | | 3 |
| Friend or acquaintance | | 4 |
| Unrelated caregiver | | 5 |
| Stranger | | 6 |
| Official or legal authorities | | 7 |
| Other (specify) | | 8 |
| Refused | | 88 |
| Other (please specify) | | └─┴─┴─┴─┴─┴─┴─┘ | V13other |
| Looking back on your childhood (before age 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you? | Never | 1 | | V14 |
| Very rarely | 2 | |
| Once a month | 3 | |
| Once a week | 4 | |
| Almost daily | 5 | |
| Don't know | 77 | |
| Refused | 88 | |
| Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex? | Yes | 1 | | V15 |
| No | 2 | |
| Refused | 88 | |
| Since your 18th birthday, have you ever experienced a sex act involving either vaginal, oral, or anal penetration **against your will**? | Never | 1 | | V16 |
| Once | 2 | |
| A few times (2 to 3 times) | 3 | |
| Many times (4 or more times) | 4 | |
| Don’t know | 77 | |
| Refused | 88 | |

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| **EXPANDED: Violence** | | | |
| The next questions ask about behaviours related to your safety. | | | |
| **Question** | **Response** | | **Code** |
| In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)? | Yes | 1 | V17 |
| No | 2  *If no, go to V19* |
| Refused | 88 *If refused, go to V19* |
| Please specify of whom you were most often frightened. | Intimate partner | 1 | V18 |
| Parent | 2 |
| Child, sibling, or other relative | 3 |
| Friend or acquaintance | 4 |
| Unrelated caregiver | 5 |
| Stranger | 6 |
| Official or legal authority | 7 |
| Other (specify) | 8 |
| Refused | 88 |
| Other (please specify) | └─┴─┴─┴─┴─┴─┴─┘ | V18other |
| Have you carried a loaded firearm on your person outside the home in the last 30 days? | No | 1 | V19 |
| Yes, for protection | 2 |
| Yes, for work | 3 |
| Yes, for sport (e.g. hunting target practice) | 4 |
| Refused | 88 |