

A Questionnaire Intended to Identify the Capacities and Weaknesses of Emergency Medical Systems for Victims of Road Traffic Incidents in the Greater Kampala Metropolitan Area

Consent form

Research Title: Risk Mapping of Road Traffic Incidents in Greater Kampala Metropolitan Area for Planning of Emergency Medical Services

I am (or representing) Balikuddembe Kimuli Joseph from the School of Public Health, Department of Disaster and Emergency Health, Tehran University of Medical Science.

I am (he is) conducting a study on Risk Mapping of Road Traffic Incidents in Greater Kampala Metropolitan Area for Planning of Emergency Medical Services

Study purpose

You are kindly requested to take part in this third phase of study whose purpose is mainly to; “*Identify the Capacities and Weaknesses of Emergency Medical Systems for Victims of Road Traffic Incidents in the Greater Kampala Metropolitan Area*”. Your feedback will be based on/ or used in developing the final report/ or paper aimed at improving the emergency medical services system in Kampala Metropolitan Area in particular and Uganda in general. Afterwards, the report/ or paper shall be disseminated to all the concerned policy makers and stakeholders for appropriate actions.

Study procedure, recruitment of respondents and data collection

1. During the study you will be asked several questions and you are free not to answer to any question
2. Section **A** applies to all respondents, **B** only to victims involved in Road Traffic Incidents (RTIs) within the Greater Kampala Metropolitan Area (GKMA), **C** to experts on Emergency Medical Service (EMS), and **D** applies to Emergency Medical Service key informants, policy makers and analysts
3. Permission was first sought from the concerned authorities to involve you (their subjects) in this study

4. For the victim (s), the interviewer before beginning to the interview process need to find-out whether he/ she was involved in the road traffic crashes within Greater Kampala Metropolitan Area
a. If not the case, then should not proceed with the interview
6. The consent of the interviewee shall be acquired before the beginning of interview
7. An interview questionnaire designed in a semi-structure format with pre-identified questions shall be used in acquiring answers/ or opinions of respondents
8. The interview will be conducted both in English and Luganda (common languages used in Greater Kampala Metropolitan Area)
9. For victims of road traffic incidents who are unable to be interviewed, their caretakers can answer to the questions on their behalf
10. In some circumstances at the end of the interview the patient(s), a simple token of quick recovery shall be given to them

Benefits of the study

There is no immediate benefit but the results of this study will be communicated to the Emergency Medical Service providers and the policy makers to improve the planning of Emergency Medical Service all over the country. There is no financial benefit in participating in this study.

Risk /Discomfort

There are no risks posed to you since you will only be required to respond to some questions.

Rights of participant

Participation in this study is voluntary and no penalty will be incurred for non-participation. You are free to leave any part(s) which you are not conversant with or not applicable to you. You also are free to withdraw from the study.

In case of any queries, please contact myself (Balikuddembe Kimuli Joseph) at 0772950519/0752950519 OR Email: jbalikuddembe.k@gmail.com

Questionnaire ID

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A: Demographic information		
A.1	Age	
A.2	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
A.3	Place of living	
A.4	Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Not married <input type="checkbox"/> Others (specify)
A.5	Nationality	<input type="checkbox"/> Ugandan <input type="checkbox"/> Others (specify)
A.6	Employment/ occupation	
A.7	Organization/ Agency	
A.8	Job title/ position	
A.8	Level of education	<input type="checkbox"/> Diploma <input type="checkbox"/> Primary School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Secondary School <input type="checkbox"/> Master's Degree <input type="checkbox"/> None <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others (specify)
A.9	Years of work	<input type="checkbox"/> > 20 years <input type="checkbox"/> 10 – 6 years <input type="checkbox"/> 16 – 20 years <input type="checkbox"/> 5 – 1 years <input type="checkbox"/> 11 – 15Years <input type="checkbox"/> < 1 <input type="checkbox"/> Have never worked
A.10	Any specialized training	
B: Victims of Road Traffic Incident		
B.1	Where did you get involved in the road traffic crash?	<input type="checkbox"/> Within the city center <input type="checkbox"/> Other areas within GKMA (specify)
B.2	What was the mode of the road traffic crash?	<input type="checkbox"/> Private car <input type="checkbox"/> Boda – boda <input type="checkbox"/> Heavy omnibus (Bus) <input type="checkbox"/> Heavy truck

		<input type="checkbox"/> Light omnibus (Taxi) <input type="checkbox"/> Others
B.3	When did the road traffic crash happen?	<input type="checkbox"/> Morning hours <input type="checkbox"/> Evening hours <input type="checkbox"/> Afternoon hours <input type="checkbox"/> Night hours
B.4	Who provided you with the initial care at the crash scene (if you recall, and were not unconscious)?	<input type="checkbox"/> Lay people <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> others (specify)
B.5	How long did the responder reach you at the scene following the accident (please estimate the time if you can)?	<input type="checkbox"/> Within 5 - 10 Minutes <input type="checkbox"/> Beyond 1 hour <input type="checkbox"/> Within 30 - 1 Minutes <input type="checkbox"/> Cannot recall
B.6	How were you transported from the crash scene to the hospital or any medical unit?	<input type="checkbox"/> Police vehicle <input type="checkbox"/> Samaritan's car <input type="checkbox"/> Ambulance <input type="checkbox"/> Public transport <input type="checkbox"/> Others (specify)
B.7	Did you receive any treatment before reaching the hospital or any medical unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot recall
B.8	If Yes, what kind of treatment?	<input type="checkbox"/> Bandaging <input type="checkbox"/> Fracture immobilization <input type="checkbox"/> Wound dressing <input type="checkbox"/> Airway management <input type="checkbox"/> Others (specify)
B.9	What kind of injuries did you sustain and your body parts that were affected following the crash?	<input type="checkbox"/> Head <input type="checkbox"/> Abdominal and back <input type="checkbox"/> Neck <input type="checkbox"/> Limbs <input type="checkbox"/> Chest <input type="checkbox"/> Others (specify)

C: Emergency Care Specialists, First Responders, Rescuers or Experts

C.1	Do you have a functional ambulance on standby?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.2	How do you or your ambulance attendants receive notification about traffic accident?	<input type="checkbox"/> Two way radio signal <input type="checkbox"/> Samaritan notification <input type="checkbox"/> Toll free call <input type="checkbox"/> Emergency call <input type="checkbox"/> Others (specify)
C.3	How does the ambulance dispatch team communicate with drivers?	<input type="checkbox"/> Two way radio signal <input type="checkbox"/> Mobile phone <input type="checkbox"/> Surveillance system <input type="checkbox"/> Others (specify)

