

Supplementary Online Content

Christie SA, Dickson D, Mbeboh SN, et al. Association of health care use and economic outcomes after injury in Cameroon. *JAMA Netw Open*. 2020;3(5):e 205171. doi:10.1001/jamanetworkopen.2020.5171

eAppendix. Community-Based Household Survey

eTable 1. Household Demographic Comparison Between Community-Based Survey (2017) and Demographic and Health Survey (2011) Data for Southwest Region of Cameroon

eTable 2. Factors Associated With Care-Seeking Decisions and Severe Financial Hardship After Injury

eTable 3. Demographics, Injury Characteristics and Use of Care in Interviewed Households

eFigure. Distribution of Disability Type and Severity After Injury in Southwest Region of Cameroon (n= 503)

This supplementary material has been provided by the authors to give readers additional information about their work.

eAppendix. Community-Based Household Survey

STUDY INFORMATION	Health District:	Health Area:	Interviewer Code:	Household Order:	Household #:
CONSENT STATUS	<input type="checkbox"/> Yes Family Representative: _____ Family Name: _____	<input type="checkbox"/> No <i>If consent status switched during the survey was permission given to use previously collected data? Yes / No</i>	<input type="checkbox"/> Not Eligible <i>(Nobody >= age 18, not at home after multiple attempts, or cannot understand consent)</i>		

SECTION 1.1 Socioeconomics

1.1.1	Is the household... <input type="checkbox"/> Rural/ More like a village? <input type="checkbox"/> Urban/More like a city?
1.1.2	Does <u>any</u> member of the household own a cellphone? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.1.3	Does the household... <input type="checkbox"/> Own the home? <input type="checkbox"/> Rent the home? <input type="checkbox"/> Live for free?
1.1.4	Does the household <u>own</u> agricultural land? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.1.5	What types of cooking fuel are used in the household? (<i>select all that apply</i>) <input type="checkbox"/> Wood <input type="checkbox"/> Charcoal <input type="checkbox"/> Liquid Petroleum Gas (LPG) <input type="checkbox"/> Kerosene <input type="checkbox"/> Other
1.1.6a-b	a. What is the highest education level achieved by <u>any</u> member of the household? <input type="checkbox"/> No formal education <input type="checkbox"/> Primary School <input type="checkbox"/> Secondary/High School <input type="checkbox"/> Tertiary/College <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ b. _____

SECTION 1.2 Household Members and Injury (**Household= all persons who normally sleep under the same roof and share the same kitchen and including any such person who died in the last year*)

Starting with yourself, list the age and gender of each person living in your household* If anybody in the household died in the last year what was their age and gender?

Subject #	a. Age (years)	b. Sex (M/F)	c. If deceased, date of death? * (DD/MM/YYYY)	d. Were any of these people injured in the past year in a way that <u>limited normal activities for at least one day</u> or which <u>needed treatment</u> ? **	e. On <u>how many separate occasions</u> was each person injured in the past year? (# separate occasions)	f. Does anybody in the household <u>CURRENTLY</u> have any of the following problems? <i>(write all applicable codes on the right for each person, IF THE PROBLEM IS DUE TO INJURY WITHIN 1 YEAR, STAR)</i>
1 (Respondent)						1. Breast changes like lumps, cancer, skin or nipple changes or discharge 2. Mass/swelling that changes size/sometimes disappears (HERNIA) 3. Other mass, lump or growth 4. Wound/Burn/scald 5. Deformity 6. Bleeding from rectum 7. New blindness or lost most of their vision 8. Abdominal distension OR severe/recurrent pain
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

19							9. Bleeding/sickness within 6 weeks of giving birth
20							10. Can't pass stool/urine or eat
Study #s:	<i>*If deceased, fill out Section 1.3, Cause of Death</i>				TOTAL _____ Occasions **	TOTAL PROBLEMS _____ ***	***Fill out one Section 3 form for each separate problem- EXCLUDING those due to injury < 1 year ago (STARRED)
**For each separate occasion for each injured person, fill out one Section 2 form. The TOTAL Occasions should equal the number of Section 2 forms needed							

Section 1.3 CAUSE OF DEATH				
How many household members died in the past 1 year? _____				
1.3.1a-d		WRITE THE SUBJECT # OF EACH DECEASED FAMILY MEMBER IN THE GREY LEFT COLUMN AND FILL 3.2.1A-D		
If death was due to an injury for which you will fill out a Section 2 select first option for 1.3.1a. You do not need to answer 3.2.1b-d for this person.				
Write the Subject # of all household members who DIED in the past year	a. Did any of the following problems occur the WEEK before death or CAUSE the death? (select all that apply)	b. If <u>any</u> care was sought for this problem, where? (Circle all that apply)	c. Did they have an <u>operation</u> for the problem?	d. If not, what was the reason for NOT SEEING A DOCTOR or for NOT HAVING AN OPERATION?
_____	<input type="checkbox"/> Wound/Injury in the past 1 year <input type="checkbox"/> Wound (other) <input type="checkbox"/> Mass, growth or swelling <input type="checkbox"/> Deformity (they were born with) <input type="checkbox"/> Deformity (they developed) <input type="checkbox"/> Abdominal distention or pain <input type="checkbox"/> Unable to pass stool/urine, or vomits all food <input type="checkbox"/> Bleeding/sickness within 6 weeks of childbirth <input type="checkbox"/> Abnormal appearing newborn <input type="checkbox"/> None <input type="checkbox"/> Unknown	formal / traditional / home / other / none / NA	yes / no / unknown	<input type="checkbox"/> No need <input type="checkbox"/> No money <input type="checkbox"/> No transportation/ Too far <input type="checkbox"/> Facility, Personnel or Equipment not available <input type="checkbox"/> No time <input type="checkbox"/> Preference <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Wound/Injury in the past 1 year <input type="checkbox"/> Wound (other) <input type="checkbox"/> Mass, growth or swelling <input type="checkbox"/> Deformity (they were born with) <input type="checkbox"/> Deformity (they developed) <input type="checkbox"/> Abdominal distention or pain <input type="checkbox"/> Unable to pass stool/urine, or vomits all food <input type="checkbox"/> Bleeding/sickness within 6 weeks of childbirth <input type="checkbox"/> Abnormal appearing newborn <input type="checkbox"/> None <input type="checkbox"/> Unknown	formal / traditional / home / other / none / NA	yes / no / unknown	<input type="checkbox"/> No need <input type="checkbox"/> No money <input type="checkbox"/> No transportation/ Too far <input type="checkbox"/> Facility, Personnel or Equipment not available <input type="checkbox"/> No time <input type="checkbox"/> Preference <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Wound/Injury in the past 1 year <input type="checkbox"/> Wound (other) <input type="checkbox"/> Mass, growth or swelling <input type="checkbox"/> Deformity (they were born with) <input type="checkbox"/> Deformity (they developed) <input type="checkbox"/> Abdominal distention or pain <input type="checkbox"/> Unable to pass stool/urine, or vomits all food <input type="checkbox"/> Bleeding/sickness within 6 weeks of childbirth <input type="checkbox"/> Abnormal appearing newborn <input type="checkbox"/> None <input type="checkbox"/> Unknown	formal / traditional / home / other / none / NA	yes / no / unknown	<input type="checkbox"/> No need <input type="checkbox"/> No money <input type="checkbox"/> No transportation/ Too far <input type="checkbox"/> Facility, Personnel or Equipment not available <input type="checkbox"/> No time <input type="checkbox"/> Preference <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Wound/Injury in the past 1 year <input type="checkbox"/> Wound (other) <input type="checkbox"/> Mass, growth or swelling <input type="checkbox"/> Deformity (they were born with) <input type="checkbox"/> Deformity (they developed) <input type="checkbox"/> Abdominal distention or pain <input type="checkbox"/> Unable to pass stool/urine, or vomits all food <input type="checkbox"/> Bleeding/sickness within 6 weeks of childbirth <input type="checkbox"/> Abnormal appearing newborn <input type="checkbox"/> None <input type="checkbox"/> Unknown	formal / traditional / home / other / none / NA	yes / no / unknown	<input type="checkbox"/> No need <input type="checkbox"/> No money <input type="checkbox"/> No transportation/ Too far <input type="checkbox"/> Facility, Personnel or Equipment not available <input type="checkbox"/> No time <input type="checkbox"/> Preference <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

	<input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Wound/Injury in the past 1 year <input type="checkbox"/> Wound (other) <input type="checkbox"/> Mass, growth or swelling <input type="checkbox"/> Deformity (they were born with) <input type="checkbox"/> Deformity (they developed) <input type="checkbox"/> Abdominal distention or pain <input type="checkbox"/> Unable to pass stool/urine, or vomits all food <input type="checkbox"/> Bleeding/sickness within 6 weeks of childbirth <input type="checkbox"/> Abnormal appearing newborn <input type="checkbox"/> None <input type="checkbox"/> Unknown	<i>formal / traditional / home / other / none / NA</i>	<i>yes / no / unknown</i>	<input type="checkbox"/> Other: _____ <input type="checkbox"/> No need <input type="checkbox"/> No money <input type="checkbox"/> No transportation/ Too far <input type="checkbox"/> Facility, Personnel or Equipment not available <input type="checkbox"/> No time <input type="checkbox"/> Preference <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
--	--	--	---------------------------	--

SECTION 2: INJURY OCCASION	
2.1 Subject # _____	Separate Occasion # _____ (1 st occasion=1, 2 nd occasion=2, etc.) (NAME _____)
2.1.1	Date of Injury (approximate date if cannot remember) _____ DD/MM/YYYY
2.2 Pre-Injury Activities	
2.2.1	How many years of school has the injured person completed? _____ years
2.2.2a-c	a. In the 30 days prior to injury what job or activity did the injured person spend <u>most</u> of their time doing? _____
	<i>When entering data, select occupation and industry based on this description and using the ECONOMIC CODE SHEET.</i> i. OCCUPATION # _____ ii. INDUSTRY # _____ Coder _____
	b. How many hours per week did they do this activity? _____ hours/week
	c. About <u>how much</u> did they earn doing this activity? _____ CFA per (circle one) day / week / month / year
2.2.3	Did the person have another major job or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If "NO" or "UNKNOWN" skip to Section 2.3</i>	
2.2.4a-c	a. If yes, describe: _____
	<i>When entering data, select occupation and industry based on this description and using the ECONOMIC CODE SHEET.</i> i. OCCUPATION # _____ ii. INDUSTRY # _____ Coder _____
	b. How many hours per week did they do this activity? _____ hours/week
	c. About <u>how much</u> did the person earn doing this activity? _____ CFA per (circle one) day / week / month / year
2.3 Injury Characteristics	
2.3.1a-b	a. What was the person doing when they became injured? <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Travel/Transit <input type="checkbox"/> Sport <input type="checkbox"/> Leisure/Play <input type="checkbox"/> Unknown <input type="checkbox"/> Other: b. _____
2.3.2a-b	a. Where did the injury occur? <input type="checkbox"/> At home <input type="checkbox"/> Railway line <input type="checkbox"/> Farm <input type="checkbox"/> Sports area <input type="checkbox"/> Unknown <input type="checkbox"/> Someone else's home <input type="checkbox"/> Construction site <input type="checkbox"/> Body of water <input type="checkbox"/> School <input type="checkbox"/> Other: <input type="checkbox"/> Street/highway <input type="checkbox"/> Trade/Service area <input type="checkbox"/> Open land <input type="checkbox"/> Public area <input type="checkbox"/> b. _____
2.3.3a-b	a. What caused the injury? <input type="checkbox"/> Road Traffic Injury <input type="checkbox"/> Firearm wound <input type="checkbox"/> Burn from flame/heat <input type="checkbox"/> Poisoning <input type="checkbox"/> Unknown <input type="checkbox"/> Fall <input type="checkbox"/> Other sharp injury <input type="checkbox"/> Scald from hot liquid <input type="checkbox"/> Drowning <input type="checkbox"/> Other: <input type="checkbox"/> Blunt force (object/person) <input type="checkbox"/> Electrocutation <input type="checkbox"/> Smoke inhalation <input type="checkbox"/> Animal bite <input type="checkbox"/> b. _____ <input type="checkbox"/> Blade/knife cut <input type="checkbox"/> Explosive blast
<i>If "Road Traffic Injury" was NOT selected, skip to Question 2.3.5</i>	
2.3.4a-d	a. If <u>Road Traffic Injury</u>, what type(s) of transportation were involved? (select all that apply) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Taxi <input type="checkbox"/> Truck/Lorrie <input type="checkbox"/> Bicycle <input type="checkbox"/> Private car <input type="checkbox"/> Mototaxi <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Private motorcycle <input type="checkbox"/> Minivan/minibus <input type="checkbox"/> Train <input type="checkbox"/> Other b. _____
	c. If RTI, were seatbelts used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA d. If RTI, were helmets worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.3.5	Was the injury accidental or did somebody do this on purpose? <input type="checkbox"/> It was an accident (unintentional) <input type="checkbox"/> Someone else did it to them on purpose <input type="checkbox"/> They did it to themselves on purpose <input type="checkbox"/> Unknown/Unsure
2.3.6	Point to and tell me which part(s) of the body were injured... (select all that apply) <input type="checkbox"/> Head <input type="checkbox"/> Back at/above 12 th rib <input type="checkbox"/> Abdomen <input type="checkbox"/> Upper extremities <input type="checkbox"/> Face <input type="checkbox"/> Back below 12 th rib <input type="checkbox"/> Pelvis <input type="checkbox"/> Lower extremities <input type="checkbox"/> Neck <input type="checkbox"/> Chest and torso <input type="checkbox"/> Genitals <input type="checkbox"/> Unknown
2.3.7a-b	a. How was the person hurt? (Select all that apply) <input type="checkbox"/> Broken bone <input type="checkbox"/> Cut/bite/wound <input type="checkbox"/> Concussion/Brain injury <input type="checkbox"/> Unknown/unsure <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Bruise or scrape <input type="checkbox"/> Internal organ injury <input type="checkbox"/> Other: <input type="checkbox"/> Dislocation <input type="checkbox"/> Burn <input type="checkbox"/> Pain (not otherwise specified) <input type="checkbox"/> b. _____
2.3.8	On the day of the injury, did the injured person? (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Die <input type="checkbox"/> Stop breathing <input type="checkbox"/> Lose Consciousness <input type="checkbox"/> Forget the injury <input type="checkbox"/> Act confused <input type="checkbox"/> Unknown

2.6.2	Did the injured person lose their job or completely stop going to school because they had been injured?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA	
2.6.3a-d	a. Has the patient been readmitted to the hospital or needed additional treatment for problems related to their injury? <small>(NOT including scheduled follow-up visits)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	b. How many.. _____ re-admissions? _____ consultations/ visits? _____ operations?	
2.6.4	Will the injured person likely need further medical care in the future for problems related to their injury?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2.7 Economic Impact		
2.7.1	After being hurt, was there at least one day the injured person was not able to perform their <u>main job/ activity</u> by themselves?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<i>If "NO" or "UNKNOWN" skip to Question 2.7.3</i>		
2.7.2 a-c	a. If yes, for how many days? _____ days b. How much of the job/activity was completed by others? <input type="checkbox"/> All of it <input type="checkbox"/> Most of it <input type="checkbox"/> Some of it <input type="checkbox"/> Unknown/NA c. Who performed or helped them perform the job/activity? <input type="checkbox"/> Family <input type="checkbox"/> Non-family <input type="checkbox"/> Nobody <input type="checkbox"/> Unknown/NA	
<i>If the injured person DID NOT have a second major job or activity (Question 2.2.3), skip to Question 2.7.5</i>		
2.7.3	After being hurt, was there at least one day the injured person could not perform their <u>secondary job/activity</u> by themselves?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<i>If "NO" or "UNKNOWN" skip to Question 2.7.5</i>		
2.7.4a-c	a. If yes, for how many days? _____ days b. How much of the job/activity was completed by others? <input type="checkbox"/> All of it <input type="checkbox"/> Most of it <input type="checkbox"/> Some of it <input type="checkbox"/> Unknown/NA c. Who performed or helped them perform the job/activity? <input type="checkbox"/> Family <input type="checkbox"/> Non-family <input type="checkbox"/> Nobody <input type="checkbox"/> Unknown/NA	
2.7.5a-b	a. After being hurt, was there even one day another family member had to shift their usual activities to care for the injured person (CARETAKER)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. If yes, for how many days? _____ days	
<i>If "NO" or "UNKNOWN" skip to Question 2.7.9</i>		
2.7.6a-c	a. In the 30 days prior to the person's injury what job/activity did the CARETAKERS spend most of their time doing _____? b. How many hours per week did they do this activity? _____ hours/week c. About how much did the person earn doing this activity? _____ CFA per (circle one) day / week / month / year	<i>When entering data, select occupation and industry based on this description and using the ECONOMIC CODE SHEET.</i> i. OCCUPATION # _____ ii. INDUSTRY # _____ Coder _____
2.7.7	In the 30 days prior to the injury, did the CARETAKER have another major job/activity?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<i>If "NO" or "UNKNOWN" skip to Question 2.7.9</i>		
2.7.8a-c	a. If yes, describe: _____ _____	<i>When entering data, select occupation and industry based on this description and using the ECONOMIC CODE SHEET.</i> i. OCCUPATION # _____ ii. INDUSTRY # _____ Coder _____
	b. How many hours per week did they do this activity? _____ hours/week c. About how much did the person earn doing this activity? _____ CFA per (circle one) day / week / month / year	
2.7.9	Following the injury, did it become more difficult for the family to afford expenses such as food and rent?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2.7.10a-d	a. Following the injury did the family do any of the following? (select all which apply) <input type="checkbox"/> Sell assets (livestock, vehicles, property etc.) b. If so, how much was made from the sale? _____ CFA <input type="checkbox"/> Spend saved money c. If so, how much was spent? _____ CFA <input type="checkbox"/> Borrow money d. If so, how much was borrowed? _____ CFA <input type="checkbox"/> None <input type="checkbox"/> Unknown	
2.7.11	How long do you expect the injured person's new limitations to last?	
	<input type="checkbox"/> They recovered <input type="checkbox"/> _____ (circle one) day / week / month / year <input type="checkbox"/> Forever <input type="checkbox"/> Unknown	

Section 4: Opinions of Formal Care and Health Knowledge Assessment									
4.1	Where would your family <u>most likely go</u> for medical care after injury? _____								
4.2	<p>In your opinion, what is the biggest problem with formal medical care services in Southwest Cameroon?</p> <table border="0"> <tr> <td><input type="checkbox"/> Too expensive</td> <td><input type="checkbox"/> Traditional medicine is preferred</td> </tr> <tr> <td><input type="checkbox"/> Too far away/difficult to reach</td> <td><input type="checkbox"/> Faith treatment is preferred</td> </tr> <tr> <td><input type="checkbox"/> The treatments don't work</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Rude behavior by staff</td> <td><input type="checkbox"/> Other: ii. _____</td> </tr> </table>	<input type="checkbox"/> Too expensive	<input type="checkbox"/> Traditional medicine is preferred	<input type="checkbox"/> Too far away/difficult to reach	<input type="checkbox"/> Faith treatment is preferred	<input type="checkbox"/> The treatments don't work	<input type="checkbox"/> None	<input type="checkbox"/> Rude behavior by staff	<input type="checkbox"/> Other: ii. _____
<input type="checkbox"/> Too expensive	<input type="checkbox"/> Traditional medicine is preferred								
<input type="checkbox"/> Too far away/difficult to reach	<input type="checkbox"/> Faith treatment is preferred								
<input type="checkbox"/> The treatments don't work	<input type="checkbox"/> None								
<input type="checkbox"/> Rude behavior by staff	<input type="checkbox"/> Other: ii. _____								
4.3 a-b	<p>a. Do you know how to get to the nearest health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If "Yes" what <u>type</u> of transportation would you most likely use to travel there? _____</p> <p>c. Using this method, approximately <u>how long</u> do you think it would take to travel there? _____ hours</p>								
4.4	<p>Which of the following conditions do <u>you</u> believe can be treated or reversed with surgery? <input type="checkbox"/> None</p> <p>(select all that apply)</p> <p><input type="checkbox"/> Some types of blindness <input type="checkbox"/> Some types of cancer <input type="checkbox"/> Injury <input type="checkbox"/> Burns <input type="checkbox"/> Deformities</p>								
<i>If the respondent is MALE please skip to Section 5</i>									
4.5 a-c	<p>Do you know how to perform breast self-exam?</p> <p><input type="checkbox"/> No, I've never heard of it <input type="checkbox"/> No, I have heard of it but don't know how to do it <input type="checkbox"/> Yes, I know how to do it</p>								
<i>If "No..." was selected, skip to Section 5</i>									
	<table border="0"> <tr> <td style="vertical-align: top;"> <p>b. How often have you done breast self-exam in the past year?</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Several times</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> I have NEVER done it</p> </td> <td style="vertical-align: top;"> <p>c. What time of the month do you perform self-breast exam?</p> <p><input type="checkbox"/> At any time</p> <p><input type="checkbox"/> First week after menses</p> <p><input type="checkbox"/> Second week after menses</p> <p><input type="checkbox"/> Menses</p> </td> </tr> </table>	<p>b. How often have you done breast self-exam in the past year?</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Several times</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> I have NEVER done it</p>	<p>c. What time of the month do you perform self-breast exam?</p> <p><input type="checkbox"/> At any time</p> <p><input type="checkbox"/> First week after menses</p> <p><input type="checkbox"/> Second week after menses</p> <p><input type="checkbox"/> Menses</p>						
<p>b. How often have you done breast self-exam in the past year?</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Several times</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> I have NEVER done it</p>	<p>c. What time of the month do you perform self-breast exam?</p> <p><input type="checkbox"/> At any time</p> <p><input type="checkbox"/> First week after menses</p> <p><input type="checkbox"/> Second week after menses</p> <p><input type="checkbox"/> Menses</p>								

Section 5: LANGUAGE BARRIERS IN FORMAL HEALTHCARE							
5.1a-c	<p>a. What is your region of origin? <input type="checkbox"/> Other region in Cameroon <input type="checkbox"/> Other country</p> <p><input type="checkbox"/> Southwest, Cameroon b. Specify: _____ c. Specify country: _____</p>						
5.2a-b	<p>a. Which language <u>is</u> spoken by the household <u>most often</u> at home?</p> <p><input type="checkbox"/> Pidgin English <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Local language or other: b. _____</p>						
5.3a-b	<p>a. Which <u>other languages</u> are spoken by household members? (select all that apply)</p> <p><input type="checkbox"/> Pidgin English <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Local language or other: b. _____</p>						
5.4	<p>If you felt a doctor did not understand you, what would you <u>most likely</u> do?</p> <table border="0"> <tr> <td><input type="checkbox"/> Find another patient or family member to help translate</td> <td><input type="checkbox"/> Leave and go to a traditional healer</td> </tr> <tr> <td><input type="checkbox"/> Follow instructions to my best ability using what I do understand</td> <td><input type="checkbox"/> Leave and treat the problem at home</td> </tr> <tr> <td><input type="checkbox"/> Find a different doctor</td> <td><input type="checkbox"/> Other: b. _____</td> </tr> </table>	<input type="checkbox"/> Find another patient or family member to help translate	<input type="checkbox"/> Leave and go to a traditional healer	<input type="checkbox"/> Follow instructions to my best ability using what I do understand	<input type="checkbox"/> Leave and treat the problem at home	<input type="checkbox"/> Find a different doctor	<input type="checkbox"/> Other: b. _____
<input type="checkbox"/> Find another patient or family member to help translate	<input type="checkbox"/> Leave and go to a traditional healer						
<input type="checkbox"/> Follow instructions to my best ability using what I do understand	<input type="checkbox"/> Leave and treat the problem at home						
<input type="checkbox"/> Find a different doctor	<input type="checkbox"/> Other: b. _____						
5.5	<p>Has <u>anyone</u> in the household ever gone to a hospital/medical center for any reason?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>						
<i>If "Yes" ask questions 5.5 – 5.9. If "No" or "Unknown" end survey</i>							
5.6a-b	<p>a. If yes, what languages were spoken with staff? (select all that apply)</p> <p><input type="checkbox"/> Pidgin English <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Local language or other: b. _____</p>						
5.7a-c	<p>How much did the household member(s) understand: (For each letter circle <u>best</u> answer)</p> <table border="0"> <tr> <td>a. what the doctor told them about the problem?</td> <td>All of it / Most of it / Some of it / Very little / None of it / Unknown / NA</td> </tr> <tr> <td>b. instructions for how to take medicines correctly?</td> <td>All of it / Most of it / Some of it / Very little / None of it / Unknown / NA</td> </tr> <tr> <td>c. instructions for caring for the problem after returning home?</td> <td>All of it / Most of it / Some of it / Very little / None of it / Unknown / NA</td> </tr> </table>	a. what the doctor told them about the problem?	All of it / Most of it / Some of it / Very little / None of it / Unknown / NA	b. instructions for how to take medicines correctly?	All of it / Most of it / Some of it / Very little / None of it / Unknown / NA	c. instructions for caring for the problem after returning home?	All of it / Most of it / Some of it / Very little / None of it / Unknown / NA
a. what the doctor told them about the problem?	All of it / Most of it / Some of it / Very little / None of it / Unknown / NA						
b. instructions for how to take medicines correctly?	All of it / Most of it / Some of it / Very little / None of it / Unknown / NA						
c. instructions for caring for the problem after returning home?	All of it / Most of it / Some of it / Very little / None of it / Unknown / NA						
5.8	<p>Did the hospital staff understand what the household member(s) said to them? (circle best answer)</p> <p>All of it / Most of it / Some of it / Very little / None of it / Unknown</p>						
5.9	<p>Has <u>anyone</u> in the household brought another person to the hospital/medical center to help them translate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>						

eTable 1. Household Demographic Comparison Between Community-Based Survey (2017) and Demographic and Health Survey (2011) Data for Southwest Region of Cameroon

		Community-Based Survey (2017) <i>n= 8065</i>	Demographic and Health Survey (2011)^a
		Mean ± Std. Err. or Percentage	Mean ± Std. Err. or Percentage
Age		23.9 ± 0.2	22.2 ± 0.3
Gender			
	<i>Male</i>	48%	48%
	<i>Female</i>	52%	52%
Household owns cellphone		95%	77%
Household members		6.3 ± 0.2	6.0 ± 0.1
Household owns agricultural land		65%	66%
Household home ownership			
	<i>Owens the home</i>	63%	57%
	<i>Rents the home</i>	25%	32%
	<i>Lives for free</i>	11%	11%
Urban^b		58%	44%
Petroleum gas fuel used^c		43%	18%
Wood fuel used^c		92%	81%

^a Data from 2011 Cameroon Demographic and Health Survey (DHS)(11)

^b Cameroonian Community Based Survey defined urban as multiple tarred road access whereas DHS data reports population size over 10,000.

^c Cameroonian Community Based Survey asked about all cooking types used in the home whereas DHS data reports the most prevalent cooking type used by the household.

eTable 2. Factors Associated With Care-Seeking Decisions and Severe Financial Hardship After Injury

	Adjusted Odds Ratio	95% CI
Delayed or Non-Presentation		
Age	0.99	0.98 -1.00
Injury severity	0.37	0.21 -0.67
Blunt trauma mechanism	2.42	1.33 - 4.41
Fall	2.42	1.52 -3.84
Absence of first responder	1.92	1.18 - 3.13
Formal Care Use		
Age		
Injury severity at scene		
Road traffic injury	2.17	1.24 - 3.78
Bystander first responder	2.65	1.25 - 5.60
Injury sustained to torso	4.61	1.53 - 13.95
Injury sustained to head & neck	2.41	1.33 - 4.39
Severe Financial Hardship		
Road traffic injury	2.13	1.29 -3.53
Formal care use	1.67	1.05 -2.65
Disability days	1.02	1.01 -1.02
Age, per 20 years	1.35	1.04 – 1.76
Caretaker needed	1.01	0.99 – 1.03
Urban household	0.47	0.29 -0.74
Treatment cost, per US\$20	1.13	1.05 -1.21

Legend: Multivariate logistic regression models were built using a stepwise regression analysis process.

eTable 3. Demographics, Injury Characteristics and Use of Care in Interviewed Households

Interview	Age	Gender	Region	Mechanism	Severity	Care Type(s)
1	Adult	F	Urban	RTI	Moderate	Formal Care
2	Adult	F	Urban	RTI	Severe	Formal Care
3	Adult	M	Semi-Rural	Burn	Minor	Informal Care
4	Child	M	Urban	RTI	Moderate	Formal Care
5	Child	M	Urban	RTI	Moderate	Multiple Care
6	Child	F	Semi-Rural	RTI	Moderate	Multiple Care
7	Adult	M	Rural	RTI	Minor	Multiple Care
8	Adult	F	Rural	Fall	Severe	Multiple Care
9	Adult	M	Rural	Blade/Knife	Moderate	Multiple Care
10	Adult	M	Urban	Blunt (other)	Severe	Multiple Care
11	Child	M	Semi-Rural	Fall	Severe	Informal Care
12	Adult	F	Urban	Burn	Moderate	Informal Care
13	Adult	F	Urban	Fall	Severe	Informal Care
14	Child	F	Urban	RTI	Severe	Multiple Care
15	Adult	F	Urban	RTI	Severe	Multiple Care
16	Child	F	Semi-Rural	RTI	Severe	Death Prior to Care
17	Adult	F	Rural	RTI	Severe	Informal Care
18	Adult	F	Rural	Burn	Severe	Formal Care
19	Adult	M	Urban	RTI	Severe	Multiple Care
20	Adult	M	Urban	RTI	Moderate	Informal Care
21	Adult	F	Urban	RTI/Fall	Moderate	Multiple Care
22	Child	M	Rural	Burn	Moderate	Multiple Care
23	Child	M	Rural	Sharp	Moderate	Formal Care
24	Adult	F	Rural	Fall	Severe	Informal Care
25	Child	F	Rural	Fall	Moderate	Informal Care
26	Adult	F	Rural	Fall	Severe	Death Prior to Care

27	Adult	M	Semi-Rural	Blunt	Severe	Multiple Care
28	Adult	M	Rural	Fall	Moderate	Formal Care
29	Adult	M	Rural	Assault	Severe	Multiple Care
30	Adult	M	Rural	RTI	Severe	Formal Care
31	Adult	M	Semi-Rural	RTI	Severe	Formal Care
32	Child	M	Urban	Blade/Knife	Moderate	Informal Care
33	Adult	M	Urban	Assault	Severe	Formal Care
34	Adult	F	Urban	RTI	Moderate	Formal Care

Legend: Adult, >18 years old; Child, <18 years old; F, Female; M, Male; RTI, Road Traffic Injury; Minor, injury likely to lead to minimal to no disability regardless of care type sought; Moderate, untreated injury likely to lead to significant permanent disability or complications; Severe, life or limb threatening injury. Age and gender are reported for injured subject; respondent may be of a different age/gender. Severity designations assigned by authors on the basis of injury descriptions provided in interviews.

eFigure. Distribution of Disability Type and Severity After Injury in Southwest Region of Cameroon (n= 503)

