

APPENDIX A

BILGE-KAUFMAN RESEARCH
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INTERVIEW SCHEDULE FOR THE ACCIDENT VICTIM AND/OR FAMILY

I - BACKGROUND INFORMATION:

For all respondents and other household members:

- A. Name
- B. Age
- C. Sex
- D. Marital Status (Single, Living Together, Married, Divorced, or Widowed).
- E. Relationship to Victim.
- F. Ethnic Identification.
- G. Religious Identification.

II - THE ACCIDENT AND ITS IMMEDIATE AFTERMATH:

This information is to be elicited primarily from the victim, if alive, or from surviving kin.

- A. When was the accident?
- B. Where did it happen?
- C. How did the accident happen?
- D. Why do you think the accident happened?

As respondents answer questions (C) and (D), find out

- 1. the make, year, and perceived condition (in need of repair, recently tuned up, etc.) of all motor vehicles involved in the accident.
 - 2. who was driving, who was riding, where each person was seated in all vehicles, and whether or not safety-belts were fastened.
 - 3. the condition of the driver(s) (alert or fatigued, under the influence of alcohol or not, etc.).
 - 4. how drivers and passengers perceived road and weather conditions.
- E. What happened just after the accident?
- 1. Who arrived on the scene?
 - 2. When?
 - 3. Who helped?
 - 4. What did they do?

III - POST ACCIDENT CARE:

A. PHYSICAL PROBLEMS AND MEDICAL CARE:

(1) through (10) to be directed to the victim, if alive; (1) through (5) also to surviving kin.

1. Did you go to the hospital?
2. How did you get there?
3. What happened at the hospital?
4. What did the doctors do?
5. How do you feel about the doctors and other medical personnel who assisted you?
6. Do you still see a doctor?
7. If so, what for?
8. What does he/she do?
9. Does it help?
10. Do you still receive any other kind of medical help (physical therapy, etc.)?

B. PSYCHOLOGICAL AND SOCIAL COUNSELING:

To be directed to the victim, if alive, and/or surviving kin.

1. Has a social worker, psychologist, or psychiatrist worked with you?
2. If so, do you feel that he/she has been helpful? Why?
3. Have any community agencies helped you (voluntary association, church, rehabilitation agency, etc.)?
4. If so, how do you feel about this assistance?

IV - LEGAL ASSISTANCE:

To be addressed to the victim, if alive, and/or surviving kin.

- A. Did you have a lawyer?
- B. If so, did he/she help you?
- C. How do you feel about him/her?
- D. Was there a court trial?
- E. If so, what happened at the trial?
- F. Do you feel the judgment was fair?

V - ECONOMIC EFFECTS OF THE ACCIDENT:

A. EMPLOYMENT:

This information is to be obtained from the victim, if alive, and all other members of the victim's household, covering a period from three years before the accident to the present. For each job held, indicate

1. hiring date.
2. physical demands.
3. qualifications (diplomas, degrees, licenses, special skills, etc.).
4. expectations for advancement.
5. degree of work satisfaction.
6. income, raises.
7. leaving date, reasons for leaving.

B. LIVING STANDARD:

1. Total income and all sources of income for each year, from three years before the accident to the present. Distinguish between household income and that of individual household members.
2. Percentage of income allocated each year for
 - a. rent/mortgage payment.
 - b. property taxes.
 - c. homeowner's insurance.
 - d. home repair and improvement.
 - e. utilities
 - f. food
 - g. payments on automobile loan.
 - h. automobile insurance.
 - i. automobile repairs.
 - j. clothing
 - k. medical and dental bills.
 - l. medical and dental insurance.
 - m. life insurance.
 - n. recreation
 - o. other
 - p. savings

VI - ADJUSTMENT AND FEELINGS:

Information is to be gathered from the victim(s), if alive, and all surviving household members, as appropriate.

A. PERSONAL LIFE:

1. What was the worst thing about the accident?
2. Who gave you the most emotional support during your crisis? How?
3. Who else helped? How?
4. Who helps you now? How?
5. To whom can you not speak about the accident and your injuries (or the victim(s)' injuries)?
6. What effects has the accident had on your life? (Probe for changes in the victim(s)' self-perception).
7. Are you able to take care of your personal needs yourself? If not, who helps you?
8. Are there some activities that you used to do that you cannot do now? What kinds of activities?
9. Do you have more worries now than you had before the accident? Describe them.
10. What do you do when you are troubled or worried?

B. FAMILY DYNAMICS:

1. What did you do around the house before the accident? What do you do around the house now?

- a. Shopping for
 - i. food
 - ii. clothing
 - iii. appliances, furniture.
 - iv. other
- b. Cooking
- c. Cleaning (specify).
- d. Laundry.
- e. Home repairs and maintenance.
- f. Lawn and garden.
- g. Automobile maintenance.
- h. Other

2. Did the accident have any effect on your relationship with other family members (spouse, siblings, parents, etc.)? Why? Describe any changes in these relationships (sexual, emotional closeness, companionship, communication, activities together).

VII - ATTITUDES ABOUT MOTOR VEHICLE AND TRAFFIC SAFETY:

- A. How do you feel about driving or riding in a car now?
- B. Do you wear a seat belt? Why?
- C. Do you have any ideas about how to make driving safer?