

11/9/76

DISCRETIONARY GRANT FINAL TECHNICAL REPORT

Law Enforcement Assistance Administration
U. S. Department of Justice

Grant No. 74-55-99-6003
Grantee: Bureau of Social Science Research, Inc.
Short Title of Project: A Social Indicator of Interpersonal Harm
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NCJRS

NOV 19 1976

ACQUISITIONS

36620
DJP

December 24, 1975

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BSSR 0003-60

ABSTRACT

Two small-scale empirical trials in Washington, D.C., explored a proposed strategy for overcoming response error in victimization survey data on assaultive violence. First, respondents were asked if they were currently experiencing pain or were handicapped because of an injury. Those with injury conditions were then asked if the injury was due to acts of others; if so, whether "negligent, reckless or hostile" acts had been involved, and, finally, whether the respondent regarded the injury-causing act as criminal. Such "current and objective consequences" screening questions were tested (1) in an omnibus survey of quota-selected respondents in a multi-stage probability sample of 641 households and (2) by interviews in 38 households in which someone resided for whom there was a record of ambulance service for an injury during the preceding four weeks, as well as in 20 "control" households. The omnibus survey found a sufficiently high prevalence of injury conditions attributed to crimes (approximately 30/1,000 persons) to suggest the proposed screening strategy has potential value for gaining data on interpersonal violence that might otherwise be lost to (1) vagaries of victims' memories, (2) of their definitions of events as "crimes," or (3) to their reticence about circumstances leading to their victimization. The ambulance service follow-up found serious injury victims concentrated in areas in which survey interviewing proves difficult. The present summary report discusses various problems in both the collection and analysis of data resulting from the proposed approach. It considers various possibilities for pursuing current, objective consequences screening strategies in surveys directed specifically to crime, as well as in surveys of different or broader compass.

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PREFACE

The purpose of this report is to provide in brief summary form the major results and conclusions of an exploration of a survey strategy for developing a social indicator of interpersonal harm. The theoretical orientation underlying this work is presented in greater detail in Biderman 1973, 1975. More detailed analyses of the data from this study are included in a report by Biderman and Curtis (1976), along with more specific suggestions regarding further development and application of the approach explored here.

Acknowledgments

Lynn Curtis collaborated with the principal investigator in planning and directing the present study. The field work was supervised by Gloria Hamilton. For the sample survey of households, the resources of BSSR's The Washington Survey, were used. The difficult task of follow-up interviewing in households of recent injury victims was carried out by the following members of The Washington Survey staff: Martha Berlin, John Fellows, Stanley Clemons, Frank Jefferson, and Gloria Wiggs. Richard Jones provided the computer tabulations of the data. The investigators are indebted to Jack P. Webb, Battalion Fire Chief, Emergency Ambulance Service of the District of Columbia Fire Department and to the District of Columbia government for cooperation in this study.

A SOCIAL INDICATOR OF INTERPERSONAL HARM:
FINAL TECHNICAL REPORT

Problem

Of all crimes, those causing bodily injury are particularly costly, feared, and deplored. They also tend to be relatively inaccessible to current methods of observation and statistical recording. During the last few years, the victimization survey has been widely adopted as a method for recording criminal events that escape official agency attention and recording. Reverse-record tests for the National Crime Panel Survey, however, found the survey method failed to record a large proportion of assaults known to the police. The method was far less successful in gaining valid reports of assaults from known victims than it was for other categories of criminal victimization. These results may be due to: (1) vagaries of victims' memories, (2) of their definitions of events as crimes, or (3) to their reticence about the circumstances leading to their being assaulted. This report deals with a preliminary exploration of survey strategies that attempt to reduce the effects of all three sources of invalidity.

Strategy

Basically, the strategies explored involve use of radically different approaches to the screening portion of the interview. They will be referred to as "objective, current consequences screening" to differentiate them from the "crime event recall" approach of current victim survey screening methods. From the standpoint of the record-check validity criterion, the "screener" is the most critical step of the interview in that it determines what events, if any, of the respondent's history are reported to the interviewer. The screening approaches we tried represent departures in two key respects:

- (1) Rather than past-tense questions asking the respondent to search his mind

to remember events, he is asked initially present-tense questions about things he is experiencing at the time of the interview ("current consequences").

(2) Rather than asking the respondent initially to think about "crimes," he is asked first about a broad class of directly perceived phenomena--physiological consequences of events--of which those caused by criminal assaults constitute a subclass defined in part by relatively elusive, complex, nonobjective and variant criteria.

The recall task in objective, current consequences screening becomes one of remembering the time and circumstances of the cause of a condition. Events that might not come to a subject's mind when his task is recalling "crimes" thereby become available for exploration by detailed interviewing to determine whether they meet evidentiary and judgmental criteria for counting them as crimes. The technique also allows consideration of victimizing events that fall in large and shadowy gray areas between the criminal and noncriminal.

Specific Approaches

Preliminary explorations of such approaches were undertaken to assess the feasibility of various alternative concrete applications and the utility of the data they might yield. They involved two small-scale field tests in Washington, D.C. The first test "piggy-backed" injury screening questions in a sample survey of households (N=641) with follow-up questioning of those respondents who said they were currently suffering from a handicap or pain due to an injury (N=96). The second test involved interviews in households of "crime related" injury victims who had received ambulance service during a four-week period, in households of an equal number of non-crime-related ambulance cases, and in neighboring "control" households (Total N=58). Both tests were used for

developing and trying out patterns of questioning. The first used brief screening questions such as might be employed economically in any continuing large-scale "omnibus" surveys of citizen attitudes and behavior; the latter adhered closely to the screening questioning procedure used in the national Health Interview Survey (HIS). It employed screening questions involving some items of recall of past events for a very brief reference period, as well as questions on existing conditions.

Efficiencies and Inefficiencies

The household survey test shed light on the degree to which the efficiencies of an objective, current consequences approach were great enough to offset its relative inefficiencies. These differences in efficiency affect the required sample sizes, interview length, and analytic complexity required for a survey with given objectives. Relative to past-event recall, current objective consequences screening will reduce data losses from:

- (1) respondents' failures of recall
- (2) the application of overly restrictive ideas of "crime" in the recall task
- (3) the restriction of the interview to a brief reference period

The approach also eliminates from the interview and the analysis events that are of trivial consequence to victims since the respondent only reports matters that are above a threshold of "current attention." For the proposed approach to be of relative value, these gains must offset the following sources of inefficiency:

- (1) the loss of data on events that do not still have serious consequences at time of interview, including all data on attempted crimes and threats,

however grave these may be from a legal, moral or psychic point of view,

(2) encumbering the interview itself with much nonrelevant information exchange,

(3) the need for complex analysis to estimate the incidence of victimizing events given the variable duration ("mortality") of injury effects.

Consideration of the productiveness of the approach varies depending upon the value attached to causes or effects.

Incidence and Prevalence of Victimization

The current consequences approach directly yields indicators of the prevalence of harmful effects of crime among a population at a particular time. The survey we conducted, for example, found about 15 percent of the respondents were currently suffering from handicaps or pain due to an injury. Acts regarded as criminal by the injured person were responsible for 18 percent of these conditions. Many (29 percent) of those with injuries reported they were suffering effects of more than one injury. Very few of the injuries attributed to crime were of recent origin--over one third of the conditions date back five or more years. (See Figure 1 and Table 1.)

Such indicators of the prevalence of adverse conditions resulting from crime are of great importance and neglected usefulness. Nonetheless, there has always been much greater interest and attention to indicators of the incidence of crime events than in the prevalence of their effects. The current consequences approach could provide incidence estimates only given a large number of observations at many time points, if the estimate was to take account of the decay of effects of injuries with short-lived consequence for the victim. (Although there are no available data on the seriousness or duration of

Injuries from assaults, inferences are possible that most are short-lived.) The sample used in the present test yielded far too few conditions of recent origin to afford a basis for a quantitative one-year estimate of the incidence of assaults producing injuries. Only four of the 17 victims in the present survey who attributed their injuries to crimes had been hurt during the previous 12 months. These results suggest that the method would not be economical for estimating incidence if used alone in a survey. This is true even though it is possible that screening only for current consequences in a survey will yield an equivalently large number of crime events in Washington for a one-year reference period as did the Census-LEAA Washington victimization survey. The events revealed by the current consequences approach would doubtless represent crimes of much greater average severity. To contribute estimates of incidence, however, our conclusion is that the approach can only be used with cost-effectiveness in a crime victimization survey that also uses past-event recall screening, or in a survey that has broader objectives than gaining data on crime events. A third possibility would be to apply the method to a sample of injury victims identified by other surveys or listings.

The results of the pilot survey show the importance for the etiology of injury of human agency and of failures of legal and other social controls. Almost half of the injured respondents attributed the harm from which they were suffering to actions of others. One fourth of injuries from all causes were blamed upon "negligent," "reckless" or "hostile" behavior by other parties; in most of these instances, acts the victim regarded as "criminal." These results indicate that norm violations as a cause of injury merit greater attention than they currently receive in data collection in the health field.

Ambulance Victim Follow-Up

An ambulance service victim follow-up test was undertaken for the present study. It combined the objectives of a validity check of injury screening for identifying crime-caused injuries with a trial of the adaptability of the approach to procedures used in one major continuing survey--the Health Interview Survey (HIS).

This follow-up encountered serious completion difficulties because of apparent inaccuracies in the ambulance records used to identify known victims. Also, information given the respondent concerning the nature and purposes of this follow-up seemingly aroused much more frequent respondent suspicion and evasiveness than was encountered among injury cases interviewed in the omnibus general population survey. Recipients of ambulance service were found to concentrate in areas of the city in which survey completions are particularly difficult to achieve. Completion rates were below 50 percent for victims' households. Nonstandard household compositions, furthermore, may have aggravated the nonreporting of morbidity by a household respondent asked about other members of the household. The unreliability of proxy informants is known to be a serious problem with the HIS procedure that was followed in this test. The follow-up interviews produced injury reports from only 52 percent of the interviewed households in which an injury requiring ambulance service presumably had occurred during the relevant four-week period. Given this low success rate, no effort was made at detailed matching to determine how many of these reports may have involved some injury other than that which led to selection of the household from the ambulance records. Interview success for assigned cases involving an injury that had been classified by the responding

ambulance squad as "crime related" was about equal to that for "not crime-related" cases. Some very recent injuries were reported by "control group" households selected from the same block as the ambulance service cases (three injuries among the 20 such households interviewed), suggesting an exceptionally high incidence rate for these particular neighborhoods. (See Table 2.)

Since so many of the problems experienced in this test stemmed from the source of records, it is not definitive as a validity test of the HIS technique. Nonetheless, it does cast some doubt on the usefulness the HIS procedure for gaining the data desired. These include severe problems in locating, contacting, and gaining the cooperation of precisely those kinds of citizens most prone to serious injury. For those injury cases that are routinely identified in HIS interviewing, the trial indicates that a set of brief, simple follow-up questions could produce important information on criminal events as causes of injury and, more broadly, on the role of human agents in the etiology of injury.

Semantic Problems

Economizing on interviewing time in the omnibus survey led to compromises of what would have been ideal procedure. The screening questions used deviated somewhat from the rigorous application of the logic of our theory regarding sources of response error in surveys. The respondent was asked to report pain or handicap due to injury. The questions thereby directed the respondent's attention to matters of both present and past--his present physical condition and a past cause of the condition which qualified it as being due to an "injury." The logically and psychologically nicer procedure would be to first have the respondent identify any conditions he is currently experiencing and then, for each, have him provide information as to its origins.

The screening questions we used also involved the ambiguity in meaning the word "injury" has in the English language, in that "injury" can refer to both the act that harms and the resulting damage. Additional confusion may enter into the respondent's psychological set because of other semantic baggage carried by the word "injury"--its meanings embrace moral and legal matters (it is etymologically related to "justice"). The differentiation in speech of injuries from such other sources of physiological harm as micro-organisms, congenital disorders, or degenerative conditions is imprecise and freighted with complex linguistic survivals.

In the ambulance service follow-up, where the screening format of the HIS was followed, we retained the words "accident or injury" that are used in the HIS. In common speech, "accident" can imply an event free of fault or harmful intent on the part of an actor. It therefore involves a prejudgment with regard to one crucial concern of the present survey that makes it unsuitable. Used together in the phrase, "injury or accident;" however, unsuitable implicit meanings of the two terms offset each other.

Presumably, many conditions that are sequelae of injuries are not identified as such by respondents, particularly those with delayed reactions, with prolonged low-level effects, or involving complex interaction with other agencies of morbidity. Our procedure elicits no data concerning complaints of unknown or uncertain origin even where expert examination might have concluded that a contusion, laceration or other qualifying insult must have been involved.

The HIS procedure we followed involves essentially event recall rather than current condition screening questions. It uses mostly past and past-

imperfect tense constructions in its screen questions. The reasoning underlying our recommended approach indeed suggests that the HIS procedure fails to yield reports of some conditions and events that would be yielded by present-imperfect grammar.

Implications for Future Work

This study was undertaken to evaluate the feasibility of the use of injury screening for the identification of victims of criminal interpersonal violence and, if the approach was found fruitful, to recommend "a full-fledged injury survey" or alternative approaches.

Although this small exploratory effort suggests potential utility for the strategies investigated, the results are not sufficiently definitive to allow recommendations of immediate alterations or supplementations of the National Criminal Victimization Survey. The results do suggest the value of further research exploration of screening for injury and other consequences of crime as approaches in victimization surveys. Some of the avenues we see worth pursuing are of direct and exclusive pertinence to criminal justice statistical endeavors, others involve linking of criminal justice to other concerns and yet others are of such broad methodological or substantive pertinence as to transcend the immediate interest in criminal justice statistics.

The implications of the exploratory work are also separable into those that relate to the general strategy of focusing screening on injuries (or, yet more generally, on the larger, more objectively identifiable classes of harms of which those due to crime form a relatively elusive subset), as contrasted with the more specific approach of restricting the screening to currently existing conditions. Since we have tested only the latter, more restricted

approach in a general population survey, we have little basis for determining how productive injury screening would be were it to be used in an event recall procedure. This merits trial. The current consequences approach deals with memory-fade as a function of time, but other facilitations of the reporting task might be contributed by recall of past objective consequences. This would be true, presumably, in those cases where the harm is more memorable, less ambiguous, and less threatening for the respondent to remember and mention than is the law violation involved as its cause.

The objective consequences strategy has substantive as well as procedural significance. It affords a basis for gaining data on phenomena that fall in a grey area--which from standpoint of given criteria of evidence and judgment involve some degree of ambiguity as to whether they did or did not involve crimes. It is important to develop information on the size of this grey area relative to that we unambiguously label "crime" and, should it prove large, to develop means for taking account of such phenomena in analyses of the incidence of crime and the significance of its effects.

In the work completed, attention concentrated on the potential feasibility and usefulness of identifying crime as a cause of current injury conditions. For estimating the sample size requirements for a survey of criminal injury victimization using current consequences screening, the results of our trial have the following implications (accepting data from Washington as not grossly atypical). A survey of 1,000 adults might be expected to yield approximately 30 (± 10) who possessed one or more injuries they attributed to crimes. For data sufficient for substantially detailed statistical analysis, therefore, one would need to screen a sample including not fewer than 10,000 completed cases.

Such a sample would be expected to yield on the order of 200 to 400 persons suffering from injuries due to "criminal" acts. An equivalent number of cases for causes within a one-year reference period would require roughly four times as large a sample. (Since some proportion of the respondents would be suffering from effects of more than one crime event, the number of events would be greater than the number of victims in the sample.) To identify these cases for detailed interviewing, the survey would have to permit administration of simple screening questions (two-to-four straightforward questions) to everyone in the sample and then detailed follow-up questioning to those suffering from any injuries (judging from our results, about one-sixth of the total sample).

Presumably, improvements in the screen questioning techniques are possible that would make the survey at least somewhat more productive of eligible cases than was true in this first trial. On the other hand, some of the injury causes which respondents were willing to label "criminal" in response to a single question would not accord with desired external definitions of "crime" that might be applied to more detailed information from the respondent.

Clearly, it would be wastefully inefficient to undertake a survey devoted exclusively to current injury screening for the purpose of identifying crime victims; particularly so if analyses of incidence of crime rather than prevalence of effects were of primary importance. Although the technique has value, economy requires that it be pursued operationally in conjunction with surveys directed to other purposes or which also use other approaches.

While our results suggest that the strategies explored in these tests have value that merit their consideration for use within surveys oriented exclusively to the generation of crime statistics, a more important implication of the present study is the need for bridging the institutional compartmentalization of statistical systems. From the standpoint of data collection

efficiency, great economies would be realized by pursuing information regarding crime as cause of injury within surveys directed more broadly toward the topic of injury, or even toward health in general. From the standpoint of the meanings and uses data may have, there is also great value from examining crime as source of harm to physical well-being within the context of inquiries into the topic of physical well-being. The ordinary perspective of crime statistics asks: "What number or proportion of crimes involve injuries to victims?" The methodology pursued here asks "What proportion of injuries involve crimes?" The latter type of question provides a metric for many problems of social evaluation and social policy within the criminal justice field that are not given by the former. It, furthermore, affords a source of information regarding the ways in which criminal justice matters are bound up with those in the realm of health and safety.

In connection with this study, some preliminary discussions were held with representatives of other agencies regarding the feasibility of pursuing some of the criminal justice statistics interest in injury events, and other classes of misfortune, jointly with other current or prospective data collection efforts. Such cooperative arrangements merit vigorous pursuit.

The use of objective and current consequences approaches may also prove valuable for investigating the impact of crime on life domains other than physiological health. Something close to this orientation has already figured in a number of victimization surveys in the form of questioning about residence and neighborhood; for example, questions about actual, intended, or desired changes of residence with follow-up questioning to determine whether these were provoked by direct victimization. Other domains that could be

explored in this fashion are social relations, personal property, working life, and psychological and sexual adjustment. One strategic multipurpose vehicle might be general screening surveys of the impacts of various kinds of severe disruptions of the normal course of life of individuals and families, with follow-up interviewing carried out of those cases pertinent to interests of specific agencies charged with preventing, offsetting, or compensating for social misfortune.

With regard to the modification or supplementation of National Crime Survey Panel data by use of objective and current consequences screening strategies, further exploratory study is needed in order to:

1. establish more reliably and for national samples how productive of data various alternative approaches would be,
2. to improve and validate interviewing and analytic procedures,
3. to examine the feasibility of applying these strategies to areas other than physical injury.

Of various alternatives we have considered, the following appear to us of most immediate merit:

1. Validational and instrument development studies using mechanisms such as those of the Consumer Product Safety Division's NEISS system to identify victims for follow-up who have suffered from those classes of injury most commonly characteristic of interpersonal violence.
2. Cumulation of a sufficient number of cases from national samples to establish the order of magnitude of the prevalence of crime-caused injury among the population. This may be accomplished by incorporating items similar to those used for the present test in omnibus national surveys.

3. A limited special survey to explore question patterns covering a range of crime-caused conditions broader than injuries alone, as a means of determining the more general utility of a consequences-oriented questioning procedure for gaining criminal victimization data. This special survey might well include short reference period recall items as well as current conditions in its screening battery. Data should be developed in sufficient detail to provide a basis for treating analytically events that fall in the grey area between criminal and noncriminal. By identifying the variable factors that determine when victimization is defined and acted on as criminal victimization by victims and others, such a study would provide bases for improvements in both the methodology and the interpretation of crime statistics.

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_____ and Lynn A. Curtis. "Toward a Measure of Interpersonal Harm: Results of a Pilot Study." Washington, D.C.: Bureau of Social Science Research, Inc., 1976 (in preparation).

Figure 1

EVENTS ELIMINATED AND SURVIVING AT EACH STAGE OF THE INJURY FILTER-QUESTION SEQUENCE

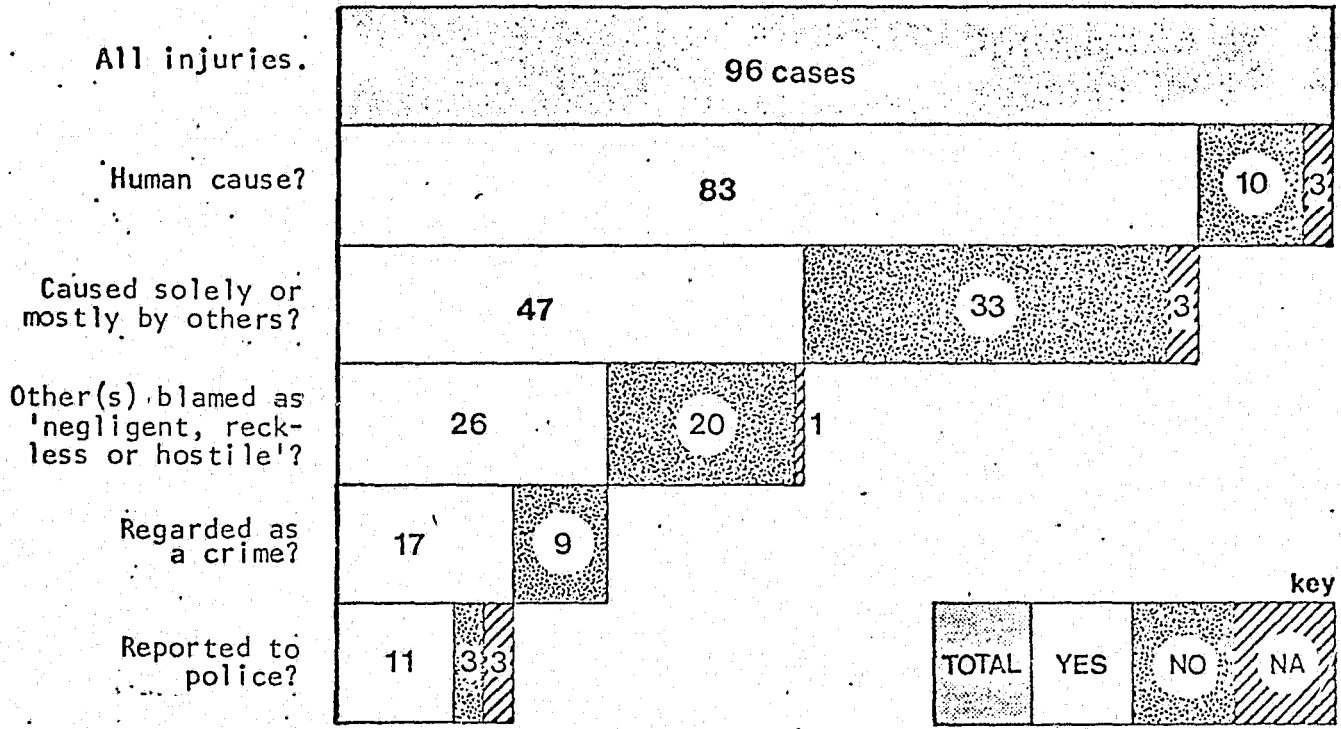


Table 1

For Washington Survey Respondents Reporting Injuries

"WHEN DID THIS INJURY TAKE PLACE?"

Less than 3 months ago	3%
3 months but less than 1 year	11%
1 year but less than 2	16%
2-5 years ago	20%
6-10 years ago	18%
More than 10 years	<u>32%</u>
	100%
	(96)

Table 2

AMBULANCE CASE FOLLOW-UP: OUTCOMES
OF INTERVIEWS ASSIGNED

	Group 1	Group 2	Group 3
	Households with "Crime-Related" Injuries	Households with Non "Crime-Related" Injuries	Community Sample
Completed	42% (21)	36% (17)	50% (20)
Respondent Refused	30% (15)	32% (15)	35% (14)
Incorrect Address Information - No such address or no such resident	14% (7)	21% (10)	10% (4)
No Answer	10% (5)	9% (4)	0% (0)
Interviewer Refused	4% (2)	2% (1)	5% (2)
Total Assigned	100% (50)	100% (47)	100% (40)

EXHIBIT 1

Injury Screen Questions Used in Washington Survey



THE WASHINGTON SURVEY
Bureau of Social Science Research, Inc.
1990 M Street, N.W., Washington, D.C. 20036
(202) 223-4300

BSSR:706-03

ID

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6-8

March 1975

SURVEY OF PUBLIC OPINION

Hello, I'm _____, an interviewer with The Washington Survey. We are conducting another of our studies to find out how people feel about some issues of interest in Washington, D.C.

Your household is part of a scientifically drawn sample of households throughout the District of Columbia. In your household I need to interview a (PERSON NEEDED TO FILL QUOTA).

Is there someone here who fits that description?

IF NO, THANK PERSON, RECORD CALL ON HOUSING UNIT LISTING SHEET AND GO ON TO NEXT HOUSING UNIT.

IF YES, FIND PERSON FILLING QUOTA, AND SAY:

I want to assure you that your answers will be kept strictly confidential; we guarantee that you will never be identified in any way as a participant. We do this so that people will feel free to express their opinions frankly. You can of course skip any questions that you'd rather not answer or break off the interview at any time. (It'll take only about 45 minutes.)

PROCEED WITH INTERVIEW.

Census Tract Number:

--	--	--	--	--	--

9-14/9

Block Number:

--	--	--

15-17/9

Housing Unit (HU) Number:

--	--	--

18-20/9

Now I would like to ask you a couple of questions about injuries. We are interested in accidents or injuries that might have happened any time in your life, but from which you still have effects--such as your not having full use of any part of your body for the things you do at work (or school), in recreation, work around the house, or anything else you do.

107. At the present time, are you handicapped or impaired in any way because of an injury you received at any time in your life?

Yes (SKIP TO Q. 109) . . .	0	
No	1	19/2

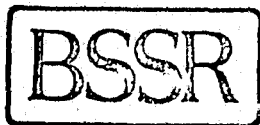
108. Do you now have any pain from injuries you received at any time in your life, or would you feel pain if you tried to do something because of some injury you received?

Yes	0	
No (SKIP TO Q. 110) . . .	1	20/2

109. ADMINISTER INJURY EVENT FORM.

EXHIBIT 2

Injury Incidence Forms Used in Washington Survey



THE WASHINGTON SURVEY
Bureau of Social Science Research, Inc.
1990 M Street, N.W., Washington, D.C. 20036
(202) 223-4300

BSSR:706-03

ID

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6-8

March 1975

INJURY EVENT FORM

Census Tract # _____ Block # _____ Housing Unit # _____

A. Was there just one time in your life that you were injured in a way that still gives you trouble or do you have trouble now from injuries that happened at different times?

- Injured with lasting effects just once. 0
- Injured with lasting effects more than once . . . 1
- Don't know. 2

9/3

B. How many times were you injured in ways that still give you trouble? (ENTER NUMBER IN BOX USING TWO DIGITS)

--	--

10-11/9

(IF MORE THAN ONE INJURY, ASK FOLLOWING QUESTIONS ABOUT THE MOST RECENT INJURY)

C. When did this injury take place? (RECORD MONTH AND YEAR IF WITHIN THE PAST 12 MONTHS, BUT JUST THE YEAR WILL DO IF IT HAPPENED MORE THAN 12 MONTHS AGO)

MONTH	

12-13/9

YEAR	

14-15/9

IF CANNOT BE PRECISELY DATED, ESTABLISH AS CLOSE AS POSSIBLE FOR FOLLOWING CODE:

- Less than 3 months ago. 0
- At least 3 months but under 1 year. . . 1
- 6 months but under 1 year 2
- 1 year but less than 2. 3
- 2 - 5 years ago 4
- 6 - 10 years ago. 5
- More than 10 years. 6

16/7

D. How old were you then?

YEARS OLD	

17-18/9

E. Could you tell me briefly what happened to you and how it happened?

(RECORD THE EVENT AS EITHER AN INJURY OR A NONINJURY. TERMINATE EVENT FORM IF THE EVENT IS A NONINJURY--THAT IS IF THE RESPONDENT IS TALKING ABOUT A DISEASE, CONGENITAL PROBLEM, EFFECT OF A MEDICAL PROCEDURE, OR EFFECT OF AGING)

Injury (ASK Q. F)	0	
Noninjury (TERMINATE FORM, RETURN TO Q. 110)	1	19/2

F. Were you hurt because of something you or anyone else did, or was it completely a result of nonhuman, natural causes?

Human (ASK Q. G)	0	
Completely nonhuman (TERMINATE FORM)	1	
Don't know/refuse to answer (TERMINATE FORM)	2	20/3

G. (IF HUMAN) Was it mostly as a result of what you did or what some other person or persons did?

Self (TERMINATE FORM)	0	
Others (ASK Q. H)	1	
Both (ASK Q. H)	2	
Don't know/refuse to answer (TERMINATE FORM)	3	21/4

H. (IF OTHERS OR BOTH) How many other people were involved in the event that caused your injury?

Two empty rectangular boxes for data entry.

22-23/9

I. Did your injury result in your receiving any attention from any of these kinds of services? (HAND RESPONDENT PINK CARD) As I read each one, please tell me if you had any contact with that kind of person or agency as a result of your injury. Please answer "yes" or "no."

	<u>Yes</u>	<u>No</u>	<u>DK/RA</u>	
a. Ambulance service	0	1	2	24/3
b. Hospital emergency room	0	1	2	25/3
c. Hospital bed care (one night or more)	0	1	2	26/3
d. Private doctor.	0	1	2	27/3
e. Fire department (other than ambulance service). . .	0	1	2	28/3
f. Police.	0	1	2	29/3
g. Your insurance company.	0	1	2	30/3
h. Other party's insurance company	0	1	2	31/3
i. Social Security, Workman's compensation or other government insurance program.	0	1	2	32/3
j. Help from your union, lodge or other organization you belong to.	0	1	2	33/3
k. Private lawyer representing you	0	1	2	34/3
l. Private lawyer representing some other party. . . .	0	1	2	35/3
m. District or state's attorney.	0	1	2	36/3
n. Court civil case (as for collecting damages). . . .	0	1	2	37/3
o. Court (criminal case, for punishing someone for violating the law).	0	1	2	38/3

J. Would you call what happened completely an accident? Or would you say that the other (person, people) (was, were) negligent and did not take enough care to avoid it; reckless and seemed not to care about your getting hurt; or hostile and actually tried to hurt you?

- Completely an accident (TERMINATE FORM) 0
- Negligent--not enough care (ASK Q. K) 1
- Reckless--seemed not to care (ASK Q. K) 2
- Hostile--tried to hurt you (ASK Q. K) 3
- Don't know/refused to answer (TERMINATE FORM) . . 4

39/5

K. (IF NEGLIGENT, RECKLESS OR HOSTILE) What exactly did they do that caused or contributed to your injury? (RECORD ANSWER VERBATUM)

L. Do you think you shared some of the responsibility for what happened? Do you think you had no or little responsibility; had some responsibility; or did you have a lot of responsibility for it happening?

- No or little responsibility (SKIP TO Q. N) . . . 0
- Some responsibility (ASK Q. M) 1
- A lot of responsibility (ASK Q. M) 2
- Don't know/refuse to answer (SKIP TO Q. N) . . 3

40/4

M. In what way did you have responsibility? (RECORD ANSWER VERBATUM)

N. At the time, did you think what was done might amount to a crime, that is, something the other person(s) could be fined or sent to jail for doing?

Yes, a crime (ASK Q. 0)	0	
No, not a crime (TERMINATE FORM) . . .	1	
Uncertain (ASK Q. 0)	2	41/3

O. Did this case get reported to the police as a crime or a possible crime?

Yes, reported as a crime or possible crime. . .	0	
Not reported, but police handled as crime or possible crime themselves.	1	
No, not reported or handled as a crime or possible crime	2	
Uncertain or don't know	3	42/4

(TERMINATE FORM RETURN TO Q. 110)

EXHIBIT 3

District of Columbia Ambulance Service Form

(Form 151)

EXHIBIT 4

Ambulance Follow-Up Interview Schedule

INTERVIEW INTRODUCTION

I am . I work for the Bureau of Social Science Research on a survey being directed by Dr. Albert Biderman. As you may know, the Bureau is a private, independent non-profit institution that has been doing surveys in the Washington area for twenty-five years. We are trying out ways of getting information about injuries and health. We are getting financial help for our survey from a Federal program that supports statistical work, but our private Bureau is completely responsible for this particular study. We are eager to have your cooperation in this study of injuries and health, but of course your cooperation is completely voluntary and you need not answer any questions you do not wish to answer. Since we will be asking questions about things that sometimes involve insurance claims and other legal matters, you should know that we are prohibited by law from using any information you give us in any way which identifies you or any other specific person. Only people working on the study will see information you give us. These interviews usually take about 30 minutes.

IF R ASKS "HOW DID YOU GET MY NAME?" OR A SIMILAR QUESTION, SAY: "A family name and address are assigned to me by the study office. I have no other information about you or about anyone who lives here. They are using some names taken completely at random from the City Directory and other names from lists of people who have received medical services."

LAST NAME, FIRST	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS	OTHER HOME
	Head	Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
4		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
5		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
6		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
7		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
8		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
9		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2
0		Male . 1		Married 1 Widowed 2 Divorced 3	Yes . . 1
		Female 2		Separated 4 Never Married . 5	No . . 2

1. First, I'd like to get an idea of who lives in this household. RECORD IN TABLE I.

- a. What is the name of the head of the household? ENTER NAME IN FIRST COLUMN.
- b. What are the names of all other adults who live here?
- c. Now, how about children? I'd like their names in order of age, beginning with the oldest. Any others?
- d. I have listed: (READ NAMES). Is there anyone else staying here now, such as friends, relatives or roomers?
- e. Have I missed anyone who is usually here, but is temporarily away from home? Any babies?
- f. Do any of the people in this household have a home anywhere else? Who is that? RECORD IN LAST COLUMN.

2. FOR EACH PERSON LISTED, ASK AS NECESSARY, AND RECORD IN TABLE I.

- a. How is _____ related to the head of this household?
- b. Is that a male or a female?
- c. How old was _____ on his/her last birthday?
- d. FOR ALL PERSONS 17 AND OVER, ASK: Is _____ now married, widowed, divorced, separated, or never married?

INCLUDE IN ENUMERATION

- a. Everyone who usually lives here whether related or not.
- b. All persons staying or visiting here who have no other home.
- c. Persons who have a home elsewhere but are staying here most of the week while working or attending school.

DO NOT INCLUDE IN ENUMERATION

- a. College students away at school or here only on vacation or weekends.
- b. Persons away in Armed Forces.
- c. Persons away in an institution such as a nursing home, mental hospital, or sanitarium.
- d. Persons visiting here with usual home elsewhere.

The next few questions refer to the past 4 weeks, the 4 weeks outlined in red on that calendar, (HAND CALENDAR) beginning Monday (date) , and ending this past Sunday (date) .

3. ASK FOR EACH HOUSEHOLD MEMBER AND RECORD ANSWERS IN COLUMN UNDER HIS/HER NAME.

a. During those 4 weeks did stay in bed because of illness or injury?

b. IF YES: During that 4-week period, how many days did stay in bed all or most of the day?

c. ONLY IF AGED 17 OR OVER, ASK: During those 4 weeks, how many days did illness or injury keep from work, not counting days around the house?

d. ONLY IF AGED 6-16, ASK: During those 4 weeks, how many days did illness or injury keep from school?

e. IF BOTH BED DAYS AND WORK OR SCHOOL LOSS DAYS, ASK: On how many of those --- days lost from work/school did stay in bed all or most of the day?

f. ASK ABOUT ALL: (Not counting the day(s) in bed/lost from work/ lost from school) Were there any (other) days during the past 4 weeks that cut down on the things he/she usually does, because of illness or injury?

g. ASK ABOUT ALL: (Again not counting the day(s) in-bed/lost from work/ lost from school) During that period, how many (other) days did he/she cut down for as much as a day?

4.

a. What condition caused _____ to (stay in bed/miss work/miss school/cut down) during the past 4 weeks?

b. What was the cause of this condition?

c. Did any other condition cause him/her to (stay in bed/miss work/miss school/cut down) during that period?

d. What was that condition?

e. What was the cause of that condition?

FOR EACH CONDITION WHICH IS CLASSIFIED AS AN INJURY ON THE LIST IN INTERVIEWERS' MANUAL, OR WHICH WAS CAUSED BY AN ACCIDENT, ENTER ON AN INJURY INCIDENCE FORM (PINK), AND CHECK BOX IN PERSON'S COLUMN.

01

02

03

04

05

06

07



ADDITIONAL NOTES

END

7. 11. 1944