

Questionnaire

TOPIC: OPINION OF THE DRIVERS ON THE INCREASING ROAD TRAFFIC ACCIDENTS IN BANGLADESH

Consent of Respondent: We, students of Dhaka National Medical College are doing a research programme for our academic purpose. We are going to ask you some questions and perform some general examination. We assure you that you would not be harmed. We will be obliged if you could please give us your consent for the cause.

Signature of Respondent

ID. No:

Socio-economic information of the respondents:

1.Age

- 1. Below or at 18
- 2. 19 to 29
- 3. 30 to 39
- 4. 40 to 49
- 5. 50 to 59
- 6. 60 +

2. Sex

- 1. Male
- 2. Female

3. Education:

1. Illiterate
2. Primary
3. Secondary
4. Graduate
5. Post Graduate

4. What is your Marital Status:

1. Married
2. Unmarried
3. Divorced
4. Separated
5. Widowed

5. How many members are there in the family?

1. 1
2. 2-3
3. 4-5
4. 5-6
5. more than 6

6. Do you have a family history of driving?

1. Yes
2. No

If Yes, who is the family member?

1. Father
2. Uncle
3. Brother

4. Grandfather

5. Others=

7. Monthly Income:

1. Less than 10000 taka

2. 10000 to 20000 taka

3. 20000 to 30000 taka

4. 30000 to 40000 taka

5. 40000 to 50000 taka

6. 50000 and above

8. What is condition of your living area?

1. Rural

2. Suburban

3. Urban

9. What type of house do you live in?

1. Kachcha

2. Semi kachcha

3. Pakka

10. How many rooms are there in the house?

1. 1

2. 2

3. 3

4. 4+

11. is your house own or rental house?

- 1. Own house
- 2. Rental house

Professional history:

12. How long have you been driving?

- 1. Less than 1 year
- 2. 1 Year to 3 Years
- 3. 3 Years to 5 years
- 4. 5 Years to 10 Years
- 5. 10 Years to 15 Years
- 6. 15 Years +

13. is it your own car, rent car or service?

- 1. Own car
- 2. Rent car
- 3. Service

14. Do you have a valid driving licence?

- 1. Yes
- 2. No

15. When did you get your driver's licence?

- 1. 6 months
- 2. 6 months to 1 year
- 3. 1 year to 2 years

4. 2 years to 3 years

5. 3 years +

16. What type of licence do you have?

1. Heavy motor vehicle

2. Medium motor vehicle

3. Light motor vehicle

17. What vehicles have you driven?

1. Small vehicle

2. Mini truck

3. Truck

4. Bus

5. Others

18. At present what type of vehicles have you been driving?

1. Small vehicle

2. Mini truck

3. Truck

4. Bus

5. Others

19. At what time do you drive?

1. Day

2. Night

3. Both

20. How many hours do you drive in a day?

1. 1 to 2 hours
2. 3 to 4 hours
3. 5 to 6 hours
4. 6 to 7 hours
5. 8 to 9 hours
6. 10+ hours

21. Where do you usually drive?

1. Inside the City
2. Outside the city

If outside the city, how much distance do you drive?

22. What is the condition of your car?

1. Good
2. Medium
3. Bad

23. Does your vehicle have proper fitness?

1. Yes
2. No

If Yes, how frequently do you check?

24. Do you check your vehicle before going to work every day?

1. Yes

2. No

25. How many hours do you have rest in a day?

1. 1 to 2 hours

2. 3 hours

3. 4 hours

4. 5 hours

5. 6 hours+

26. What are your dietary habits (timings)?

1. Breakfast=

2. Lunch=

3. Dinner=

Between meals, do you have any snacks=

27. Do you have any habits?

1. Tea?

If yes, how many cups a day? =

2. Smoking?

If yes, how many sticks a day? =

3. Beetle leaf?

If yes how many leaves a day? =

4. Alcohol?

If yes how many times a week? =

5. Any other substance, how many times? =

28. Do you have any illness?

1. Yes

2. No

If illness is present, what is the illness?

What medications are you taking?

29. Are you satisfied with your present job?

1. Yes

2. No

If no, what is the reason?

30. Do you feel any tiredness/sickness during driving?

1. Yes

2. No

If yes, what is the sickness?

31. Do you face any difficulty during your job?

1. Yes

2. No

If yes, what is the difficulty?

32. Do you have an assistant?

1. Yes

2. No

33. Do you have any difficulty seeing?

1. Yes

2. No

If yes, do you wear spectacles?

34. Is there any pressure from your employer?

1. Yes

2. No

If yes, what pressure?

35. Do you agree that Road traffic accidents are increasing nowadays in the country?

1. Yes

2. No

If Yes, in your opinion, what is the cause?

If No, why do you think so?

36.How can these be prevented?

37.What do you want to be changed?