Child Injury Questionnaire
LONGSCAN 1991

Description of Measure

Purpose

To assess, by caregiver report, the number, type, and seriousness of injuries sustained by children within the past year.

Conceptual Organization

The instrument is comprised of five primary items designed to elicit information on the occurrence of four specific types of injury: poisonings, burns, breathing problems, and head injuries; as well as any other injury that resulted in a medical visit. For each injury that is endorsed, three follow-up questions are asked to determine where the injury occurred and if medical advice, treatment, and/or hospitalization took place as a result of the injury.

Item Origin/Selection Process

The classifications of injury were used in the SO sample before the study joined the LONGSCAN consortium, when the children were 12 to 24 months of age (Harris & Kotch, 1994). The items were adapted from a North Carolina injury prevention survey (Bowling, 1985).

Materials

Non-copyrighted form is included in this manual.

Time Required

2-5 minutes depending on whether an injury occurring within the past year is reported.

Administration Method

Self- or interviewer-administered

Training

Minimal
Scoring

Score Types

The frequency of each type of injury as well as the total number of different types of injuries over the year may be examined. Injuries that resulted in a hospital stay can be used as an indicator of severity.

Psychometric Support

Reliability

Reliability of this measure has not been assessed.

Validity

Maternal reports have been shown to be an accurate measure of infant injuries (Bowling, 1985; McCormick, Shapiro, & Starfield, 1981). In an earlier study using this measure, family conflict, as measured by Moos Family Environment Scale, was a significant predictor of the incidence of injury for children aged 0-24 months (Harris & Kotch, 1994).

LONGSCAN Use

Data Points

Pre-Age 4: NW & MW sites only

Age 4: all sites

From Age 5 forward, injuries are assessed annually as part of the Child's Life Events form. The items ask whether the child suffered any kind of injury in the past year, the type of injury suffered (poisoning, burn, choking/strangling, head injury resulting in loss of consciousness, or other, recorded verbatim), and whether the child was seen by a doctor, or was hospitalized overnight for an injury. Starting at Age 12, the injuries listed in the answer set was changed to better capture more common injuries (e.g., sprains, cuts, fractures).

Respondent

Primary maternal caregiver
Mnemonic and Version

ACCA

Rationale

Injuries may be an indication of child abuse or neglect. Risk factors for unintentional injuries are remarkably similar to those associated with maltreatment. They include socioeconomic disadvantage (Laing & Logan, 1999), single parent families, young maternal age, more children in the home (Bradbury, 1999), parental alcohol and substance abuse (Bijur et al., 1992), maternal depression and anxiety (Bradbury, 1999), less child-centered families (Cataldo et al., 1992), child behavior problems (Cataldo et al., 1992), child health problems (Bradbury, 1999), and lower child social competence (Bradbury, 1999). This form was chosen for administration at the Pre-Age 4 and Age 4 data points because it was used previously at the SO LONGSCAN sites.

Administration and Scoring Notes

Interviewer-administered.

Results

Table 1 describes the frequency with which types of injuries were observed by race and study site. Of the four types of serious injuries, the most frequently reported were burns (7.1% of all subjects) and the least frequently reported were head injuries (0.9% of all subjects). The measure has limited usefulness in terms of understanding the types of injuries most often sustained by children of this age because most injuries reported fell into the “other” category. Lacerations and broken bones predominated among “other” injuries.

Table 1 about here

White children were reported as having more injuries than children in other racial groups. Children at the NW site (the sample with the largest proportion of whites) had the highest percentage of injuries by site and the majority of these injuries were classified as "Other". All children in that sample had been reported as being maltreated in the year prior to the Age 4 interview.
References and Bibliography


## Table 1. Child Injury Questionnaire. Percentage of Injuries by Type by Race and by Study Site

### Age 4 Interview

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Any Injury (%)</th>
<th>Poisoning (%)</th>
<th>Burns (%)</th>
<th>Breathing (%)</th>
<th>Head Injury (%)</th>
<th>Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>1147</td>
<td>25.9</td>
<td>2.9</td>
<td>7.1</td>
<td>1.7</td>
<td>0.9</td>
<td>17.2</td>
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<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>329</td>
<td>33.4</td>
<td>4.0</td>
<td>8.8</td>
<td>3.0</td>
<td>1.8</td>
<td>22.7</td>
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<tr>
<td>Black</td>
<td>586</td>
<td>21.2</td>
<td>2.2</td>
<td>6.5</td>
<td>0.7</td>
<td>0.7</td>
<td>13.6</td>
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<tr>
<td>Hispanic</td>
<td>79</td>
<td>26.6</td>
<td>5.1</td>
<td>6.3</td>
<td>2.5</td>
<td>0.0</td>
<td>15.2</td>
</tr>
<tr>
<td>Multiracial</td>
<td>127</td>
<td>28.3</td>
<td>2.4</td>
<td>6.3</td>
<td>2.4</td>
<td>0.0</td>
<td>19.7</td>
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<tr>
<td>Other</td>
<td>25</td>
<td>20.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Study Site</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td>235</td>
<td>23.4</td>
<td>3.4</td>
<td>6.8</td>
<td>0.9</td>
<td>0.9</td>
<td>14.9</td>
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<td>MW</td>
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<td>1.6</td>
<td>8.1</td>
<td>2.4</td>
<td>0.8</td>
<td>16.3</td>
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<tr>
<td>SO</td>
<td>221</td>
<td>26.2</td>
<td>3.2</td>
<td>7.2</td>
<td>1.4</td>
<td>0.9</td>
<td>17.9</td>
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<tr>
<td>SW</td>
<td>318</td>
<td>23.3</td>
<td>2.5</td>
<td>6.6</td>
<td>1.6</td>
<td>0.9</td>
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<td>NW</td>
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<td>7.6</td>
<td>2.4</td>
<td>0.8</td>
<td>22.8</td>
</tr>
</tbody>
</table>

*Source.* Based on data received at the LONGSCAN Coordinating Center by 7/8/97.

*N.B.* Rows may sum to more than the percentage given in "Any Injury" because a child may have had more than one kind of injury.