## IMSMA Victim Form

**Date of Birth**
- Day
- Month
- Year

**Killed/Injured In Accident**
- Dead
- Injured
- Unharmed
- Other
- Unknown
- Not specified

**Death Occurred**
- At place of accident
- During transport
- At health care facility
- After Leaving the Health Facility/Hospital

**Date of Death**
- Day
- Month
- Year

**Victim State**
- Alive
- Deceased
- Not specified

**Victim Type**
- Direct beneficiary
- Indirect beneficiary
- Not specified

**Relationship Direct Beneficiary**
- Child
- Partner / Spouse
- Grandparent
- Sibling
- Not specified

**Marital Status**
- Single
- Married
- Divorce
- Widow(er)
- Not specified

**Height (cm)**

**Weight (kg)**

**Shoe Size**

**Personal Information Comment**

**General Comment**
IMSMA Victim Form

Event Information

Cause / Event

See annex section for table data.

LEFT side
Number Amputated Fingers
Number Amputated Toes

RIGHT side
Number Amputated Fingers
Number Amputated Toes

Activity At Time of Accident
- Collecting food / water / wood
- Demining
- Farming
- Household work
- Hunting / fishing
- Military
- Passing / standing nearby
- Playing / recreation
- Police
- Tampering
- Tending animals / livestock
- Travelling
- Other
- Unknown

Did victim see/touch mine/ERW?
- No
- Yes, did not touch
- Yes, touched it

Intentionally Touched
- To move it
- To make it explode
- Play / Curiosity
- To use metal/explosives
- To dismantle/destroy
- Not specified

Accidentally Touched
- Moved it
- Stood / Drove over it
- Not specified
IMSMA Victim Form

Knew Area Was Dangerous?
- Yes
- No
- Unknown
- Not specified

Reason Entered Area
- No other access
- Economic necessity
- Peer pressure
- Other

How Often Entered Area?
- Once
- Few times
- Several times
- Often
- Regularly
- Daily
- Never
- Unknown

Given Risk Education
- Yes
- No
- Unknown
- Not specified

Cause Comment

Coordinate System: 
Coordinate Format: 
Calculated Area: 
Calculated Line Length: 

Points

See annex section for table data.

Polygons

See annex section for table data.
## Medical Information

<table>
<thead>
<tr>
<th>Time Range to First Medical Facility</th>
<th>First Medical Facility</th>
<th>Time Range to Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10 minutes</td>
<td>Dispensary</td>
<td>0 - 1 hours</td>
</tr>
<tr>
<td>10 - 20 minutes</td>
<td>First aid</td>
<td>1 - 2 hours</td>
</tr>
<tr>
<td>20 - 30 minutes</td>
<td>Basic health facility</td>
<td>2 - 3 hours</td>
</tr>
<tr>
<td>30 - 60 minutes</td>
<td>Hospital</td>
<td>3 - 4 hours</td>
</tr>
<tr>
<td>1 - 4 hours</td>
<td>None</td>
<td>4 - 8 hours</td>
</tr>
<tr>
<td>4 - 8 hours</td>
<td>Other</td>
<td>8 - 24 hours</td>
</tr>
<tr>
<td>Over 8 hours</td>
<td>Unknown</td>
<td>More than 1 day</td>
</tr>
<tr>
<td>N / A</td>
<td></td>
<td>N / A</td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td>Not specified</td>
</tr>
</tbody>
</table>

Hospital

Name

<table>
<thead>
<tr>
<th>Disability</th>
<th>Disability Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disability</td>
<td>I - Fully disabled and needs constant care</td>
</tr>
<tr>
<td>Temporary</td>
<td>II - Partially disabled and needs limited care</td>
</tr>
<tr>
<td>Permanent</td>
<td>III - Less disabled and needs no care</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

Medical Comments
## Household information

<table>
<thead>
<tr>
<th>Number of Persons in Same Living Space</th>
<th>Size of Living Space</th>
</tr>
</thead>
</table>

### Type of Residence
- Collective center
- House / Apartment
- IDP / Refugee camp
- Shed / Tent
- Not specified

### Type of Habitat
- Owned
- Rented
- Living with relatives
- Squatting
- Not specified

### Household Information Comment

## Household Situation

<table>
<thead>
<tr>
<th>Furniture / Toys</th>
<th>Dwelling Repairs</th>
<th>Electricity</th>
<th>Gas</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sewage</th>
<th>Kitchen</th>
<th>Bathroom</th>
<th>Toilet</th>
<th>Heating / Cooling</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
<td>N / A</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
</tr>
</tbody>
</table>
## IMSMA Victim Form

### Stove
- 0
- 1
- 2
- N / A
- Not specified

### Refrigerator
- 0
- 1
- 2
- N / A
- Not specified

### Freezer
- 0
- 1
- 2
- N / A
- Not specified

### Laundry Machine
- 0
- 1
- 2
- N / A
- Not specified

### Video / DVD
- 0
- 1
- 2
- N / A
- Not specified

### TV Set
- 0
- 1
- 2
- N / A
- Not specified

### MC/Car/Truck
- 0
- 1
- 2
- N / A
- Not specified

### Tractor/Animal
- 0
- 1
- 2
- N / A
- Not specified

### Livestock
- 0
- 1
- 2
- N / A
- Not specified

### Arable Land
- 0
- 1
- 2
- N / A
- Not specified

### Clothes
- 0
- 1
- 2
- N / A
- Not specified

### Hygiene Items
- 0
- 1
- 2
- N / A
- Not specified

### Medicine
- 0
- 1
- 2
- N / A
- Not specified

### Addictions
- 0
- 1
- 2
- N / A
- Not specified

### Education Information

<table>
<thead>
<tr>
<th>Child Attending School</th>
<th>Encourage Complete Education</th>
<th>Local Edu Service Met Needs of Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
</tr>
</tbody>
</table>
Highest Level Education
- Primary
- College
- Vocational / Apprentice
- Secondary
- University
- Not specified
- High-school

Education Information Comment

Professional Information

Occupation Before Accident/Event
- Agriculture/husbandry
- Stock raising
- Carpentry
- Tailoring
- Business
- Teacher
- Unemployed
- Not specified

Occupation After Accident/Event
- Agriculture/husbandry
- Stock raising
- Carpentry
- Tailoring
- Business
- Teacher
- Unemployed
- Not specified

Preferred Occupation
- Agriculture/husbandry
- Stock raising
- Carpentry
- Tailoring
- Business
- Teacher
- Unemployed
- Not specified

Accident/Event Caused Loss of Job
- Yes
- No
- Unknown
- Not specified

Denied Job Placement/Recruitment Opportunity
- Yes
- No
- Unknown
- Not specified

Professional Information Comment
## IMSMA Victim Form

### Economic Information

**Victim Breadwinner**
- Only breadwinner
- Share / Partial
- Not breadwinner
- Not specified

**Breadwinner Role Changed after Accident**
- Yes
- No
- Unknown
- Not specified

**Level of Income**
- Below poverty line
- Above poverty line
- Not specified

### Number of Dependents

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 to 18</td>
<td></td>
</tr>
<tr>
<td>Age 19 to 55</td>
<td></td>
</tr>
<tr>
<td>Older than 55</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Dependents**
- Children
- Partner/Spouse
- Parents
- Grandparents
- Siblings
- None
- Not specified

**Source of Income before Accident**
- Employed full time
- Employed part time
- Money from abroad
- No income
- Pension
- Seasonal job
- Self employed
- Not specified

**Source of Income after Accident**
- Employed full time
- Employed part time
- Money from abroad
- No income
- Pension
- Seasonal job
- Self employed
- Not specified
### IMSMA Victim Form

#### Social Inclusion Information

<table>
<thead>
<tr>
<th>Feels Included in Society</th>
<th>Family Tried to Include Victim into Community</th>
<th>Community Tried to Include Victim into Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day-to-day Activities Accessibility</th>
<th>Day-to-day Activities Mobility</th>
<th>Day-to-day Activities Social Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fitness Sports</th>
<th>Social Inclusion Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball</td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td></td>
</tr>
<tr>
<td>Gymnastics</td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
</tr>
</tbody>
</table>
## IMSMA Victim Form

### Needs Assessment Information

<table>
<thead>
<tr>
<th>Current Rehabilitation Pillar</th>
<th>Included in Assistance Program</th>
<th>Type of Assistance Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Immediate</td>
<td>☐ Yes</td>
<td>☐ Age pension</td>
</tr>
<tr>
<td>☐ Emergency Medical</td>
<td>☐ No</td>
<td>☐ Destitute families</td>
</tr>
<tr>
<td>☐ Transition</td>
<td>☐ Unknown</td>
<td>☐ Disabled</td>
</tr>
<tr>
<td>☐ Stabilisation</td>
<td>☐ Not specified</td>
<td>☐ IDP / Refugee</td>
</tr>
<tr>
<td>☐ Protection</td>
<td></td>
<td>☐ Maternity benefits</td>
</tr>
<tr>
<td>☐ Not specified</td>
<td></td>
<td>☐ Multichildren families</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Orphans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Sickness benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Unemployment benefits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ War pension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Not specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Use Prosthesis</th>
<th>Where Use Prosthesis</th>
<th>How Long Use Prosthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never</td>
<td>☐ At home only</td>
<td>☐ Never</td>
</tr>
<tr>
<td>☐ During last week</td>
<td>☐ Outside only</td>
<td>☐ Less than 1 hour daily</td>
</tr>
<tr>
<td>☐ During last month</td>
<td>☐ At home and outside</td>
<td>☐ 1 - 5 hours daily</td>
</tr>
<tr>
<td>☐ More than one month ago</td>
<td>☐ Not specified</td>
<td>☐ &gt; 6 hours daily</td>
</tr>
<tr>
<td>☐ Cannot remember</td>
<td>☐ N / A</td>
<td>☐ Not specified</td>
</tr>
<tr>
<td>☐ Not specified</td>
<td></td>
<td>☐ N / A</td>
</tr>
<tr>
<td>☐ N / A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why not Use Prosthesis</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Broken</td>
<td>☐ Discomfort</td>
<td>☐ Not useful</td>
</tr>
<tr>
<td>☐ Pain</td>
<td>☐ Save for longer use</td>
<td>☐ Not specified</td>
</tr>
<tr>
<td></td>
<td>☐ N / A</td>
<td></td>
</tr>
</tbody>
</table>
IMSMA Victim Form

**Needs Assessment**

See annex section for table data.

**Medical Aid Needs Comment**

**Technical Aid Needs Comment**

**Advocacy Information**

Law Awareness
- Low
- Medium
- High
- None
- Unknown
- Not specified

Interested in Advocacy Work
- Yes
- No
- Unknown
- Not specified
IMSMA Victim Form

Interview Information

Permission to Share with Authorities
☐ Yes, with personal data
☐ Yes, without personal data
☐ No
☐ Not specified

Permission to Share with NGOs
☐ Yes, with personal data
☐ Yes, without personal data
☐ No
☐ Not specified

Interview Date
Day
Month
Year

Interviewee Family Name

Interviewee First Name

Interviewee National ID

Interviewee Address

Place of Interview
☐ Health facility
☐ Victim home
☐ Not specified

Interviewee Type
☐ Victim
☐ Medical staff
☐ Family / Relative
☐ Government
☐ Friend
☐ Witness
☐ Not specified
Reconciliation
Comments
Import Issues
<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Classification</th>
</tr>
</thead>
</table>

**Cause / Event**
Geospatial Information

<table>
<thead>
<tr>
<th>Shape Prop</th>
<th>Poly Id</th>
<th>Shape Id</th>
<th>Pt</th>
<th>Point Id</th>
<th>Type</th>
<th>X / Lon</th>
<th>Y / Lat</th>
<th>Eleva</th>
<th>MGRS</th>
<th>Dist</th>
<th>Bear</th>
<th>From</th>
</tr>
</thead>
</table>
Geospatial Information

<table>
<thead>
<tr>
<th>Pt</th>
<th>Point ID</th>
<th>Type</th>
<th>X / Lon</th>
<th>Y / Lat</th>
<th>Elevation</th>
<th>MGRS</th>
<th>Dist</th>
<th>Bearing</th>
<th>From</th>
<th>Point Description</th>
</tr>
</thead>
</table>

## Needs Assessment

<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Classification</th>
<th>Qty</th>
<th>Priority</th>
<th>Status</th>
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</table>