La Medicina del Lavoro

Original article

Med. Lav. 2026; 117(1), 17721
DOI: 10.23749/mdl.2026.17721

Work-Related Accidents and Their Predictors Among Delivery Drivers in Egypt: A Cross-Sectional Study

SUPPLEMENTARY MATERIAL

Personal history
Name: **Code number:**
1-**Age:** ……years
2-**Gender:** □ Male □ Female
3-**Education:** □ Basic education and less □ Secondary school (general/ technical) □ University student or graduate
4-**Residence** □ Rural □ Urban
5-**Marital status** □ Single □ Married □ Divorced □ Widower
6-**Family income** Monthly per capita income from all sources (total monthly income/number of family members) **(El-Gilany et al., 2012)**: □ In debt □ Just meet routine expenses □ Meet routine expenses and emergencies □ Able to save/invest money
7-**Smoking history** □ Current smoker □ Ex-smoker □ Non-smoker

Occupational history

8-Job title: …….

9-Your contract is
- □ Permanent contract
- □ Temporary contract

10-Do you work for a delivery company/ online marketplace?
- □ Yes (name:)
- □ No (employer:)

11-Working duration (years):

12-Number of working hours/ week:

13-Number of working hours/ day:

14-Type of shift:
- □ morning , start …….. end…….
- □ afternoon , start …….. end…….
- □ night , start …….. end…….
- □ rotating , how many night shifts/month? ……..

15-Type of products being delivered: (you can choose more than one answer)
- □ food
- □ medications
- □ clothes
- □ grocery
- □ others, specify.....

16-Type of vehicle being used for delivery: (you can choose more than one answer)
- □ bicycle
- □ motorcycle
- □ tricycle
- □ tuk-tuk
- □ car
- □ others, specify……

17-Are you frequently exposed to Time pressure (just-in-time delivery)? Yes No

18-Do you do other jobs besides your current job?
- □ No
- □ Yes, then answer the following:

19-Mention other current jobs: ……
20-work hours/day:
21-workdays/week:
22-Duration of employment (years):

23-Did you have another job before doing this work?
- □ No
- □ Yes, then answer the following:

24-Mention jobs held in the past: ……
25-Duration of work: ……...

Safety measures and risky behaviors

26-Your driving experience …….. years

27-Average daily driving hours **(Bolbol& Zalat, 2018)**

- □ less than 5 hours
- □ from 5 to 10 hours
- □ more than 10 hours

Answer the following by yes or no	√	X
28-Do you have a driver's license?		
29-Did you have training in driving? No = (self-taught/friends & family)		
30-Do you examine the vehicle daily before driving?		
31-Do the mirrors, horn, and backlight work well?		
32-Do you adhere to speed limits?		
33-Do you drive while tired?		
34-Do you comply with wearing personal protective equipment like helmets and seatbelts?		
35-Do you leave a safety gap with other vehicles?		
36-Do you respect traffic lights & road signs?		
37-Do you use a mobile phone while driving?		
38-Have you ever had traffic violations?		
39-Have you had any work-related accidents before? If yes is the answer, 40-How many accidents? …… 41-What is the site of injury due to the accident(s)? (you can choose more than one answer) □ Scalp □ Trunk □ Eye(s) □ Upper limb(s) □ Nose □ Lower Limb (s) □ Mouth 42-What is the type of injury due to the accident(s)? (you can choose more than one answer) □ Contusion □ cut wound □ laceration □ fracture □ others, specify…… 43-Were you hospitalized? □ No □ Yes (duration: days) 44-What was the cause? ……		

Thanks for the cooperation

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