MONASH University
Accident Research Centre

FARM INJURY RISK AMONG MEN (FIRM) STUDY

Case (non-fatal) Questionnaire (v10)

(Farm owners/managers)

ID: _____ **DATE OF INTERVIEW:** _____/_____/200___

Interviewer: _____

Interview method: ☐ Face to face ☐ Telephone

Consent form completed & returned: ☐Yes ☐No
(Attach completed consent to be contacted (short) form, verbal consent sign-off form, log page & full consent forms (if returned) to this questionnaire.)

Introduction:

- Introduce self and explain purpose of visit.
- If patient did not receive project description and full consent form in emergency department, then give those to patient and allow time to read the statement.
- Answer any questions that the patient may have.
- Follow guidelines for determining informed consent provided in the kit
- Once full consent form is signed (if 'face to face' contact) proceed with the interview and complete the questionnaire.
- If contacting patient over the telephone, once verbal consent is given, proceed with the interview and compelete questionnaire. At the end of the interview, obtain postal details and send them the full consent form (medical records access) with a reply paid envelope.

Interviewer:

"The questions in this interview are in three sections: some are about the farm where you work, some are about yourself, and some are about the injury and the day it happened. I'd like to start with some questions about the farm where you work."

A. Farm Characteristics

A1a. In terms of income, what is the <u>most</u> important (1) and the <u>second most</u> important (2) commodity group produced on the farm on which your work?

(Place the number 1 in the box next to the selection that most matches their response for the most important and the number 2 in the box next to the selection that most matches their response for the second most important commodity, if any). ***NOTE: If only 1 commodity, skip Question A1b.***

Poultry Farming

1. ☐ Poultry (meat)
2. ☐ Poultry (eggs)

Horticulture & Fruit Growing

3. ☐ Plant nurseries
4. ☐ Cut flower & flower seed growing
5. ☐ Potato growing
6. ☐ Vegetable growing
7. ☐ Grape growing
8. ☐ Fruit growing

Grain, sheep & beef cattle farming

9. ☐ Grains (wheat, barely, oats etc.)
10. ☐ Grain & sheep farming
11. ☐ Grain & beef cattle farming
12. ☐ Grain/sheep/beef cattle farming
13. ☐ Sheep & beef cattle farming
14. ☐ Sheep farming (wool)
15. ☐ Sheep farming (meat)
16. ☐ Sheep (wool & meat)
17. ☐ Beef cattle farming
18. ☐ Dairy cattle (milk) farming

Other livestock farming

19. ☐ Pig farming
20. ☐ Horse farming
21. ☐ Deer farming
22. ☐ Livestock farming NEC

Other crop growing

23. ☐ Sugar cane growing
24. ☐ Cotton growing

Services to agriculture; Hunting & trapping

25. ☐ Sheep shearing services
26. ☐ Cotton ginning
27. ☐ Agistment
28. ☐ Hunting & trapping
29. ☐ Forestry
30. ☐ Logging
31. ☐ Other services to agriculture (specify) _____

Other

95. ☐ Other _____
96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A1b. In the past 12 months, which commodity, if more than one, would you have spent the most working hours on? (Circle their response above using the corresponding code.)

A2. What size is the property?
(*Tick appropriate box or record* **acres** *if hectares unknown*) _____ acres

1. ☐ 0 – 99 hectares
2. ☐ 100 – 499 hectares
3. ☐ 500 – 999 hectares
4. ☐ 1000 – 2499 hectares
5. ☐ Over 2500 hectares

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A3. How many operational tractors greater than 560 kgs (1/2 metric tonne) are on the property?

Don't' know	☐	Go to A5
None	☐ 0	Go to A5
One or more *(specify number)*	_____	Go to A4

A4. How many of those tractors have the following features?

(Note: DK = Don't know)

a. Roll over protective frame _____ None ☐ DK ☐

b. Power take off (PTO) master shield/output guard _____ None ☐ DK ☐

c. Neutral start switch _____ None ☐ DK ☐

d. Hazard alert symbol or other safety signs _____ None ☐ DK ☐

e. How many with a seat belt _____ None ☐ DK ☐

f. How many have an enclosed cabin _____ None ☐ DK ☐

Please indicate year(s) of manufacture of your ***cabin tractors*** _____

g. How many **do not** have an enclosed cabin or roll over frame? _____ None ☐ DK ☐

h. How many are fitted with a front-end loader? _____ (*If 0, skip to A5*)

i. Of those with a front end loader, how many have roll back protection?_____ None ☐ DK ☐

A5. Could you tell me which of the following items on personal protective equipment are kept on the property? *(Tick the appropriate box)*

Activity	*Equipment*	*(1)* *Yes*	*(2)* *No*	*(96)* *Can't Recall/ Don't Know*	*(97)* *Prefer not to answer*	*(98)* *Not applicable (I/we do not perform workshop activities)*
1. For workshop activities:	1. Ear muffs/plugs	☐	☐	☐	☐	☐
	2. Safety goggles	☐	☐	☐	☐	☐
		Yes	***No***	***Can't Recall/ Don't Know***	***Prefer not to answer***	***Not applicable (I/we do not mix/prepare chemicals)***
2. For mixing & preparing chemicals:	1. Face mask/Dust mask	☐	☐	☐	☐	☐
	2. Respirator (filters gasses & particles)	☐	☐	☐	☐	☐
	3. Protective face shield	☐	☐	☐	☐	☐
	4. Disposable coveralls	☐	☐	☐	☐	☐
	5. Gloves	☐	☐	☐	☐	☐
		Yes	***No***	***Can't Recall/ Don't Know***	***Prefer not to answer***	***Not applicable (I/we do not do not have ag bikes or horses on the property)***
3. For getting around:	1. Helmet for Ag bikes	☐	☐	☐	☐	☐
	2. Helmet for horse riding	☐	☐	☐	☐	☐

A6. How often are passengers carried on the property on tractors that don't have a manufacturer's designed passenger seat fitted?

Always	Often	Half the time	Not often	Never	N/A	Don't know
1	2	3	4	5	6	7

A7. How often is maintenance of farm machinery carried out on the property to a regular or manufacturer's recommended schedule?

Always	Often	Half the time	Not often	Never	N/A	Don't know
1	2	3	4	5	6	7

A8. How often do people operating tractors on the property climb on or off before the machine comes to a complete stop?

Always	Often	Half the time	Not often	Never	N/A	Don't know
1	2	3	4	5	6	7

A9. Has anyone currently working on the property ever done safety training? *(Tick box)*

1. ☐ Yes (Go to A9a & A9b)
2. ☐ No (Go to A10)

96. ☐ Can't recall/ don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

A9a. If yes, was it in the last 12 months? *(Tick box***)**

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

A9b. If yes to A9, did this include yourself (at any time)? *(Tick box*)

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

A10. Has a formal safety check ever been conducted on the property? By this I mean someone walking around the property using a checklist to note problems.

1. ☐ Yes (Go to A11)
2. ☐ No (Go to A12)

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A11. When was the last check done? *(Tick box)*

1. ☐ Under 1 month ago
2. ☐ 1 – 3 months ago
3. ☐ 3 – 6 months ago
4. ☐ 6 – 12 months ago
5. ☐ Over 12 months ago

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A12. What is the average annual income of the property before tax? *(Tick box)*

1. ☐ <$4999
2. ☐ $5000-$22,500
3. ☐ $22,500-$50,000
4. ☐ $50,000 -$100,000
5. ☐ >$100,000

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A13. From the list that I will read, in your opinion, how would you categorise the farm's current debt load? *(Tick box)*

1. ☐ None
2. ☐ Small
3. ☐ Medium
4. ☐ Large

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A14. In the past 3 years, have there been any major changes related to the farm or farm work? *(Indicate ↑ or↓ in one or more boxes in column A then ask:)* **and which of these changes have occurred in the last 12 months?** *(Indicate ↑ or↓ in one or more boxes in column B)*

Indicate	A. Last 3 years…	B. Last 12 mths…
1. increase or decrease in total area (beyond year to year variation)	A1. ☐	B1. ☐
2. increase or decrease in number of animals (beyond year to year variation)	A2. ☐	B2. ☐
3. increase or decrease in area under crop	A3. ☐	B3. ☐
4. increase or decrease in commodity prices	A4. ☐	B4. ☐
5. staff changes	A5. ☐	B5. ☐
6. ownership changes	A6. ☐	B6. ☐
7. changes in production methods	A7. ☐	B7. ☐
8. new equipment	A8. ☐	B8. ☐
9. other (specify)_____	A9. ☐	B9. ☐
96. Can't recall/don't know	A96. ☐	B96. ☐
97. Prefer not to answer	A97. ☐	B97. ☐
98. Not applicable	A98. ☐	B98. ☐
99. Missing	A99. ☐	B99. ☐

"The next two questions concern serious farm-work related injuries occurring on the farm. A farm-work related injury can be a cut, sprain, dislocated or broken bone, falls, animal handling injuries and machine and power tool related injuries. A serious injury is one that would require professional medical care and/or the injured person not being able to work for a day or more or not working at the same pace for 5 days or more."

A15. Have there been any serious farm-work related injuries on the farm in the <u>last 12 months</u> (excluding your current injury)? *(Tick box)*

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A16. Have there been any serious farm-work related injuries on the farm in the last 3 years (excluding your current injury)? *(Tick box)*

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

A17. Including family members and hired workers, how many people worked on the farm around the _____ ?*(insert injury date of matched case)*

_____ no. of workers (incl. family)

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B. Personal Characteristics

"Now some questions about you."

B1. Would you say you work primarily in the agricultural industry?

☐ **Yes (Go to B1a & B1b)**

B1a. Please describe the nature of your involvement in farming?

1. ☐ Full time, all year round
2. ☐ Full time, seasonal
3. ☐ Part time, all year round
4. ☐ Part time, seasonal
6. ☐ Other, (please specify)

_____

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B1b. What is your position on the farm?

Position/Job Title:

_____

Go to B4

☐ **No (Go to B2)**

B2. What is your main occupation?

_____

_____

_____

B3. What is your employer's main kind of business?

_____

_____

_____

Go to B4

B4. Do you have a second job?

☐ Yes (Go to **B4a & B4b**) ☐ No → Go to **B5**.

B4a. What is that job/position? _____

B4b. What is your employer's main kind of business? _____

B5. What is your date of birth (month & year)? _____ **/ 19**_____
(MM) (YY)

B6. With which hand do you prefer to perform most tasks?

1. ☐ Right
2. ☐ Left
3. ☐ Both

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Refused
99. ☐ Missing

B7. In your lifetime, how many years have you been doing farm work? *(Tick box)*

1. ☐ Under 1 year
2. ☐ 1 – 4 years
3. ☐ 5 – 9 years
4. ☐ 10 – 20 years
5. ☐ Over 20 years

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B8. Did you: *(Tick appropriate box)*

1. ☐ Grow up on a farm?
2. ☐ Come to farming as an adult?

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

B9. What is your highest level of education? *(Tick box)*

1. ☐ Primary
2. ☐ Some high school
3. ☐ Completed high school
4. ☐ Some university
5. ☐ Completed undergraduate university studies
6. ☐ Completed postgraduate university studies
7. ☐ TAFE
8. ☐ Other (specify) _____

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B10. Have you completed any educational or training courses specific to farming?

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

If yes, what were these courses?

_____

_____

_____

"The next questions concern serious farm-work related injuries **YOU** may have suffered whilst employed on a farm including such injuries as a cut, sprain, dislocated or broken bone, falls, animal handling injuries and machine and power tool related injuries. A serious injury is one that would require professional medical care and/or not being able to work for a day or more or not working at the same pace for 5 days or more."

B11. In the last 3 years, have you suffered any other serious farm/work related injuries (excluding your current injury) which required time off work for 4 hours or more or medical attention? *(Tick box)*

1. ☐ Yes Go to B12
2. ☐ No Go to B14

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B12. How many of these injuries have you had in the last 3 years? _____

B13. How many of these injuries resulted in an overnight stay in hospital? _____

B14. In the past 12 months, have you had any medical conditions for which you have taken medicine regularly?

1. ☐ Yes Go to B15
2. ☐ No Go to B17

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

B15. What were these medical conditions?

_____

_____

_____

_____

_____

B16. What were these medications? *(List type of medication, eg. Water pill, if they don't know the name of medicine.)*

_____

_____

_____

_____

_____

B17. Has a doctor told you that you have any of the following chronic medical conditions or events? *(Tick those already mentioned in B15 but do not check or correct from medical records.)*

Condition:	**Yes**	**No**	**Don't know**	**Prefer not to answer**
a **Ulcer/ stomach upsets**	1. ☐	2. ☐	3. ☐	4. ☐
b **High blood pressure**	1. ☐	2. ☐	3. ☐	4. ☐
c **Heart attack**	1. ☐	2. ☐	3. ☐	4. ☐
d **Arthritis or rheumatism**	1. ☐	2. ☐	3. ☐	4. ☐
e **Asthma**	1. ☐	2. ☐	3. ☐	4. ☐
f **Urinary incontinence or disturbances of the urinary system**	1. ☐	2. ☐	3. ☐	4. ☐

B18. In the last 12 months, have you had back pain?

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

B19. In the last 12 months, have you stopped using any prescribed medication for pain relief that you had been taking regularly?

1. ☐ Yes (Go to B20)
2. ☐ No (Go to B21)

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

B20. If yes, when did you stop and what was the medication?

1. ☐ Less than 1 month ago
2. ☐ 1 month ago
3. ☐ 1½ months ago
4. ☐ 2 months ago

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

Medication(s):

_____

_____

B21. In the last 12 months, have you stopped using any prescribed medication for arthritis that you had been taking regularly?

1. ☐ Yes (Go to B22)
2. ☐ No (Go to B23)

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

B22. If yes, when did you stop and what was the medication?

1. ☐ Less than 1 month ago
2. ☐ 1 month ago
3. ☐ 1½ months ago
4. ☐ 2 months ago

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

Medication(s):

_____

_____

B23. At the present time, would you say that your eyesight using both eyes (with glasses or contact lenses, if you wear them) is?

1. ☐ Excellent
2. ☐ Good
3. ☐ Fair
4. ☐ Poor
5. ☐ Very poor

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B24. What type of glasses do you usually wear? *(Can tick more than one option)*

1. ☐ No glasses
2. ☐ Reading glasses
3. ☐ Long distance glasses
4. ☐ Bifocals or trifocals
5. ☐ Multifocals
6. ☐ Contact lenses

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B25. When did you last have your eyes examined by an optometrist or ophthalmologist (eye doctor)?

1. ☐ Under 1 month ago
2. ☐ 1 – 6 months ago
3. ☐ 7 – 12 months ago
4. ☐ 13 – 18 months ago
5. ☐ 19 - 24 months ago
6. ☐ Over 2 years ago
7. ☐ Never

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B26. During the last year, did you usually use a hearing aid?

1. ☐ Yes (Go to B27)
2. ☐ No (Go to B28)

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

B27. With your hearing aid on, do you consider your hearing to be? *(Tick box)*

1. ☐ Excellent
2. ☐ Good
3. ☐ Fair
4. ☐ Poor
5. ☐ Very poor

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B28. I would now like to ask some questions about sleepiness **in the past 4-6 weeks**. Even if you did not do some of the things I am going to mention in the past 4-6 weeks, try to work out how they would have affected you.

In the past 4-6 weeks, how likely were you to doze off or fall asleep in the following situations? *Please respond by choosing one of the following categories for each situation:*	**Never** **0**	**Slight chance** **1**	**Moderate chance** **2**	**High chance** **3**
i. sitting and reading...	☐	☐	☐	☐
ii. watching TV...	☐	☐	☐	☐
iii. sitting inactive in a public place…	☐	☐	☐	☐
iv. being a passenger in a car for an hour without a break…	☐	☐	☐	☐
v. lying down to rest in the afternoon when circumstances permit…	☐	☐	☐	☐
vi. sitting and talking to someone…	☐	☐	☐	☐
vii. sitting quietly after a lunch without alcohol…	☐	☐	☐	☐
viii. in a car, while stopped for a few minutes in traffic…	☐	☐	☐	☐

"Now I am going to ask you some questions about your use of alcoholic beverages during the past year. By alcoholic beverages we mean your use of wine, beer and spirits."

B29. How often do you have a drink containing alcohol?

0. ☐ Never ***(Go to next section, Question C1, page 19)***
1. ☐ Monthly or less
2. ☐ 2 to 4 times a month
3. ☐ 2 to 3 times a week
4. ☐ 4 or more times a week

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B30. How many drinks containing alcohol do you have on a typical day when you are drinking?

0. ☐ 1 or 2
1. ☐ 3 or 4
2. ☐ 5 or 6
3. ☐ 7 or 9
4. ☐ 10 or more

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B31. How often do you have six or more drinks on one occasion?

0. ☐ Never
1. ☐ Less than monthly
2. ☐ Monthly
3. ☐ Weekly
4. ☐ Daily or almost daily

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B32. How often during the last year have you found that you were not able to stop drinking once you had started?

0. ☐ Never
1. ☐ Less than monthly
2. ☐ Monthly
3. ☐ Weekly
4. ☐ Daily or almost daily

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B33. How often during the last year have you failed to do what was normally expected from you because of drinking?

0. ☐ Never
1. ☐ Less than monthly
2. ☐ Monthly
3. ☐ Weekly
4. ☐ Daily or almost daily

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B34. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

0. ☐ Never
1. ☐ Less than monthly
2. ☐ Monthly
3. ☐ Weekly
4. ☐ Daily or almost daily

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B35. How often during the last year have you had a feeling of guilt or remorse after drinking?

0. ☐ Never
1. ☐ Less than monthly
2. ☐ Monthly
3. ☐ Weekly
4. ☐ Daily or almost daily

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B36. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0. ☐ Never
1. ☐ Less than monthly
2. ☐ Monthly
3. ☐ Weekly
4. ☐ Daily or almost daily

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B37. Have you or someone else been injured as a result of your drinking?

0. ☐ No
2. ☐ Yes, but not in the last year
4. ☐ Yes, during the last year

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

B38. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

0. ☐ No
2. ☐ Yes, but not in the last year
4. ☐ Yes, during the last year

96. ☐ Can't recall/don't know	98. ☐ Not applicable
97. ☐ Prefer not to answer	99. ☐ Missing

C. Injury Incident & Exposure

Note to interviewers:

If the patient becomes distressed during this section, offer him/her the opportunity to stop the interview. Remind the patient of the availability of psychological counselling as explained – project description sheet.

"Now some questions about the injury and the day it happened."

C1. When did your injury occur _____ / _____ ?
(Month) (Year)

C2. What time did you start work on that day? _____ am / pm *(Circle)*

96. ☐ Can't recall/don't know	98. ☐ Not applicable
97. ☐ Prefer not to answer	99. ☐ Missing

C3. What time of day did your injury occur? _____ am / pm *(Circle)*

96. ☐ Can't recall/don't know	98. ☐ Not applicable
97. ☐ Prefer not to answer	99. ☐ Missing

This page is purposefully left blank for future separation from questionnaire once coding and data entry of injury text description has been completed.

C4. What were the events leading up to and what actually happened at the time of the injury? *(Obtain answers to both parts of this question)*

Check that the following have been included in their response:

☐ *Activity/context* ☐ *Location on farm* ☐ *Main cause* ☐ *Nature of injury* ☐ *Body part* ☐ *Agent* *(if applicable)*

If activity or farm location not mentioned, prompt by asking:
What activity were you actually performing at the time of the injury?
Where on the farm did this injury occur?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Coding of injury scenario: *(to be completed by interviewer upon completion of interview using Injury Scenario Code Book – located in Section 6 of Project Nurse's Manual).*

Injury scenario code groups:	**Code**
Age group	
Activity at time of injury	
Location on farm	
Cause of injury	
Nature of injury	
Body part injured	
Agent/product (if applicable)	
Admitted (=1) or Not admitted (=2):	

NOTE:

If machinery involved, complete machinery characteristics questions on next page and give them the machinery exposure questionnaire to complete in their own time and post to us. Otherwise, skip next section and GO TO Question C5, page 27.

This page is purposefully left blank for future separation from questionnaire once coding and data entry of injury text description has been completed.

M. Machinery Characteristics

"The following questions refer to the machine which was involved in your injury."

M1. Who manufactured this machine? _____

96. ☐ Can't recall/don't know	98. ☐ Not applicable
97. ☐ Prefer not to answer	99. ☐ Missing

M2. Please describe:

Make	Model	Year of Manufacture
96. ☐ Can't recall/don't know 97. ☐ Prefer not to answer	96. ☐ Can't recall/don't know 97. ☐ Prefer not to answer	96. ☐ Can't recall/don't know 97. ☐ Prefer not to answer

M3. Did this machine have any safety features? (ie. Guards, ROPS, seatbelt, safety switches, etc)

☐ 1. Yes (If **Yes**, please specify) ☐ 2. No ➔ If **No**, please go to **M4**.

96. ☐ Can't recall/don't know	98. ☐ Not applicable
97. ☐ Prefer not to answer	99. ☐ Missing

Features	Was this in use at the time of the injury?
Feature #1:	1. ☐ Yes 2. ☐ No
Feature #2:	1. ☐ Yes 2. ☐ No
Feature #3:	1. ☐ Yes 2. ☐ No
Feature #4:	1. ☐ Yes 2. ☐ No
Feature #5:	1. ☐ Yes 2. ☐ No
Feature #6:	1. ☐ Yes 2. ☐ No
Feature #7:	1. ☐ Yes 2. ☐ No

M4. How long has this piece of machinery been used on the farm prior to your injury?

_____ Years

96. ☐ Can't recall/don't know 98. ☐ Not applicable
97. ☐ Prefer not to answer 99. ☐ Missing

M5. Did you purchase this machine new?

☐ 1. Yes ☐ 2. No (complete below)

96. ☐ Can't recall/don't know 98. ☐ Not applicable
97. ☐ Prefer not to answer 99. ☐ Missing

If No, where did you purchase this machine?

1. ☐ Privately
2. ☐ Machinery dealer
3. ☐ Manufactured on your farm
4. ☐ Other (please specify) _____

M6. Had there been any modifications made to this piece of machinery prior to your injury?

☐ 1. Yes ☐ 2. No

(If **No**, go to M7)

96. ☐ Can't recall/ don't know 98. ☐ Not applicable
97. ☐ Prefer not to answer 99. ☐ Missing

If Yes, please describe what these were: _____

_____

_____

M7. When was this machine last serviced prior to your injury? _____ / _____ / _____
(Day Month Year)

96. ☐ Can't recall/don't know 98. ☐ Not applicable
97. ☐ Prefer not to answer 99. ☐ Missing

M8. When was the last major maintenance check of this machine prior to your injury?

_____ / _____ / _____
(Day Month Year)

96. ☐ Can't recall/don't know 98. ☐ Not applicable
97. ☐ Prefer not to answer 99. ☐ Missing

M9. When was this machine last repaired prior to your injury? _____ / _____ / _____
(Day Month Year)

96. ☐ Can't recall/don't know	98. ☐ Not applicable
97. ☐ Prefer not to answer	99. ☐ Missing

M10. How would you describe the state of repair of this machine at the time of your injury?

1. ☐ Excellent
2. ☐ Above average
3. ☐ Average
4. ☐ Below average

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

M11. What was your experience level with this machine prior to your injury?

1. ☐ <20 hours of operation
2. ☐ 20 to 100 hours of operation
3. ☐ 100 to 200 hours of operation
4. ☐ > 200 hours of operation

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

M12. How long were you using this machine on the day of your injury? _____ hours

96. ☐ Can't recall/don't know	98. ☐ Not applicable
97. ☐ Prefer not to answer	99. ☐ Missing

M13. Do you have any other comments to make about the machinery involved?

_____

_____

_____

_____

_____

M14. Is there any way that you think the machine could be made safer?

_____

_____

_____

M15. Would you be willing to allow us to visit the farm to have a look at where the injury happened and the equipment involved? If we do decide to visit the farm we will contact you again in the future. Also, we would like to remind you that we are a research organisation and do not have formal links with the investigative unit of the Victorian WorkCover Authority.

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

"Before I continue with the remainder of the interview, I will give you (send you) a survey regarding the type and amount of farm machinery which you operate in the course of a year on the farm. It is important that you complete this survey as soon as possible and return it to us in the reply paid envelope that is (will be) provided."

C5. Had you taken any medications on the day of the injury? *(Tick box)*

1. ☐ Yes Go to C6
2. ☐ No Go to C7

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

C6. What were those medications?

_____

_____

C7. What type of glasses were you wearing at the time of your injury?

1. ☐ No glasses
2. ☐ Reading glasses only
3. ☐ Long distance glasses
4. ☐ Bifocals or trifocals
5. ☐ Multifocals
6. ☐ Contact lenses
7. ☐ Sunglasses

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C8. Were you using any type of protective equipment at the time of the injury?

1. ☐ Yes Go to C9
2. ☐ No Go to C10

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

C9. If yes, please specify. *(Can select more than one category)*

1. ☐ Ear muffs, plugs
2. ☐ Safety goggles
3. ☐ Heavy gloves
4. ☐ Heavy apron
5. ☐ Welding mask
6. ☐ Dust mask, respirator
7. ☐ Disposable coveralls
8. ☐ Face shield
9. ☐ Helmet (ATV, motorcycle)
10. ☐ Safety work boots
11. ☐ Other _____

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

C10. Did you receive any first-aid treatment before getting to the hospital? *(Tick box)*

1. ☐ Yes (please specify)

_____

_____

2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C11. How did you get to the hospital? *(Tick box)*

1. ☐ Ambulance
2. ☐ Drove self
3. ☐ Family/friend drove
4. ☐ Other _____

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C12. For how long were your normal working patterns disrupted (i.e., cannot work at the same pace or with the same ease as usual)? *(Tick box)*

1. ☐ A few hours
2. ☐ A few days
3. ☐ Week
4. ☐ Two weeks
5. ☐ Month
6. ☐ Still affected
7. ☐ Other (specify) _____

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C13. What were the costs associated with your injury to you and the farm enterprise?

a. Personal out-of-pocket costs associated with required treatment (eg. mileage to and from treatment centre, medications, etc.)

Estimated cost: $ _____

"Now some questions about the **day before** the injury occurred." *(Locate on calendar.)*

C14. How many hours did you work in the 24 hours prior to the day of the injury?

Farm work _____ hrs

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

C15. In the 24 hours prior to that day, do you know what proportion of your time was spent alone? *(Tick box)*

1. ☐ None
2. ☐ Almost none
3. ☐ Quarter
4. ☐ Half
5. ☐ Three quarters
6. ☐ Almost all
7. ☐ All

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C16. How many hours of sleep did you have in the 24 hours prior to the day of the injury?

Sleep _____ hrs

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

C17. Were you unwell in the 24 hours prior to the day of the injury (ie. flu, gastro, etc.)?

1. ☐ Yes (please specify)

_____

_____

2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C18. During the 24 hours prior to your injury, had you used any herbicides or other pesticides? ***(Tick box)***

1. ☐ Yes, please specify

_____

_____

_____

2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

Now some questions about **the day, one week before** the injury occurred.

C19. Think about the day, one week before your injury, how many hours did you work in the 24 hour period prior to this day? *(Locate on calendar).*

Farm work _____ hrs

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

C20. Think about the day, one week before your injury. In the 24 hours prior to that day, what proportion of your time was spent alone? *(Tick box)*

1. ☐ None
2. ☐ Almost none
3. ☐ Quarter
4. ☐ Half
5. ☐ Three quarters
6. ☐ Almost all
7. ☐ All

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C21. Think about the day, one week before your injury. How many hours of sleep did you have in the 24 hours prior to that day?

Sleep _____ hrs

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

C22. Think about the day, one week before your injury. Were you unwell 24 hours prior to this day (ie. flu, gastro, etc.)?

1. ☐ Yes (please specify)

_____

_____

2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C23. Think about the day, one week before your injury. During the 24 hours prior to this day, had you used any herbicides or other pesticides? *(Tick box)*

1. ☐ Yes, please specify

_____

_____

_____

2. ☐ No

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C24. During the past 12 months what was the average number of hours per day you spent doing farm work? *(This includes all activities connected with the farm enterprise, either on or off the farm.)*

_____ Number of hours per day

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

C25. During the past 12 months, on average, how many hours per week would you spend doing farm work?

_____ Number of hours per week

96. ☐ Can't recall/don't know
97. ☐ Prefer not to answer
98. ☐ Not applicable
99. ☐ Missing

If respondents report that their schedule varies during the year, prompt them as follows:

OK, let's talk about the different parts of the year. How many hours per week would you spend farming during….

Spring *(September, October, November)* _____Number of hours per week

Summer *(December, January, February)* _____ Number of hours per week

Autumn *(March, April, May)* _____ Number of hours per week

Winter *(June, July, August)* _____ Number of hours per week

C26. For each of the situations described below, indicate whether you would seek medical treatment, and if so whether you would seek it from a local general practitioner (family doctor) or community nurse, or from the nearest hospital (emergency department).

Situation:	**Medical treatment**	**Local GP (family doctor) or Community nurse**	**Nearest hospital (Emergency Department)**
i. You injured your hand so that the skin on the palm of your hand was pulled off as if it was a glove…	1. ☐ Yes ➔ 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No
ii. You got a knock on your head, severe enough to make you unconscious for up to an hour…	1. ☐ Yes ➔ 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No

Situation:	Medical treatment	Local GP (family doctor) or Community nurse	Nearest hospital (Emergency Department)
iii. Your motor bike fell on you and you got bad bruising which meant you couldn't walk, and it was still too painful to walk the next day…	1. ☐ Yes ➔ 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No
iv. Something very heavy fell on your forearm resulting in an open wound through which you could see fragments of bone, and you were not able to move your arm properly…	1. ☐ Yes ➔ 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No
v. You cut your shin on a sharp edge of a piece of machinery. The cut did not appear to be deep and you were able to stop the bleeding fairly easily…	1. ☐ Yes ➔ 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No

C27. We may wish to undertake future studies on farm injury. Would you be willing to be contacted for future studies. The study would be explained at that time and you could accept or decline to participate.

1. ☐ Yes
2. ☐ No

96. ☐ Can't recall/don't know
98. ☐ Not applicable
97. ☐ Prefer not to answer
99. ☐ Missing

Interviewer:

"This is the end of the interview.

A copy of the findings will be available sometime in the year 2007. If you would like us to send you a copy please provide postal details. This information will be stored separately from the questionnaire and destroyed once the summaries are posted to individuals requesting them."

☐ Yes ☐ No

Thank you very much for your cooperation.

ON COMPLETION

Please attach all completed forms and other related documents for this case to this questionnaire and return to MUARC in the reply paid envelope provided.

NB. If full consent form posted to case, ensure that a reply paid envelope is provided so that they are able to send the form directly to MUARC.

Checklist for materials to be sent to MUARC (tick box)**:**

Consent to be contacted (short) form	☐	
Verbal consent sign-off form	☐	
Questionnaire	☐	
Full consent form	☐	☐ **to be posted**
Log book page for this case	☐	