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 complete 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 most important (1) and the second most 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)*

<table>
<thead>
<tr>
<th>Acres</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 99 hectares</td>
</tr>
<tr>
<td>100 – 499 hectares</td>
</tr>
<tr>
<td>500 – 999 hectares</td>
</tr>
<tr>
<td>1000 – 2499 hectares</td>
</tr>
<tr>
<td>Over 2500 hectares</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
</tr>
<tr>
<td>One or more (specify number)</td>
</tr>
</tbody>
</table>

Go to A5

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

*Note: DK = Don’t know*

<table>
<thead>
<tr>
<th>Feature</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll over protective frame</td>
<td>None</td>
</tr>
<tr>
<td>Power take off (PTO) master shield/output guard</td>
<td>None</td>
</tr>
<tr>
<td>Neutral start switch</td>
<td>None</td>
</tr>
<tr>
<td>Hazard alert symbol or other safety signs</td>
<td>None</td>
</tr>
<tr>
<td>How many with a seat belt</td>
<td>None</td>
</tr>
<tr>
<td>How many have an enclosed cabin</td>
<td>None</td>
</tr>
<tr>
<td>How many do not have an enclosed cabin or roll over frame?</td>
<td>None</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>g.</td>
</tr>
<tr>
<td>h.</td>
</tr>
<tr>
<td>i.</td>
</tr>
</tbody>
</table>
A5. Could you tell me which of the following items on personal protective equipment are kept on the property? *(Tick the appropriate box)*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Equipment</th>
<th>(1)</th>
<th>(2)</th>
<th>(96)</th>
<th>(97)</th>
<th>(98)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Can’t Recall/ Don’t Know</td>
<td>Prefer not to answer</td>
<td>Not applicable (I/we do not perform workshop activities)</td>
</tr>
<tr>
<td>1. For workshop activities:</td>
<td>1. Ear muffs/plugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Safety goggles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. For mixing &amp; preparing chemicals:</td>
<td>1. Face mask/Dust mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Respirator (filters gasses &amp; particles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Protective face shield</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Disposable coveralls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Gloves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. For getting around:</td>
<td>1. Helmet for Ag bikes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Helmet for horse riding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)  96. [ ] Can’t recall/ don’t know  98. [ ] Not applicable
2. [ ] No (Go to A10)  97. [ ] Prefer not to answer  99. [ ] Missing

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

1. [ ] Yes  96. [ ] Can’t recall/don’t know  98. [ ] Not applicable
2. [ ] No  97. [ ] Prefer not to answer  99. [ ] Missing

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

1. [ ] Yes  96. [ ] Can’t recall/don’t know  98. [ ] Not applicable
2. [ ] No  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)  96. Can’t recall/don’t know  98. Not applicable
2. No (Go to A12)  97. Prefer not to answer  99. Missing

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

1. Under 1 month ago  96. Can’t recall/don’t know
2. 1 – 3 months ago  97. Prefer not to answer
3. 3 – 6 months ago  98. Not applicable
4. 6 – 12 months ago  99. Missing
5. Over 12 months ago

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

1. <$4999  96. Can’t recall/don’t know
2. $5000-$22,500  97. Prefer not to answer
3. $22,500-$50,000  98. Not applicable
4. $50,000 -$100,000  99. Missing
5. >$100,000

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  96. Can’t recall/don’t know
2. Small  97. Prefer not to answer
3. Medium  98. Not applicable
4. Large  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)

<table>
<thead>
<tr>
<th>Indicate</th>
<th>A. Last 3 years…</th>
<th>B. Last 12 mths…</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. increase or decrease in total area (beyond year to year variation)</td>
<td>A1. ☐</td>
<td>B1. ☐</td>
</tr>
<tr>
<td>2. increase or decrease in number of animals (beyond year to year variation)</td>
<td>A2. ☐</td>
<td>B2. ☐</td>
</tr>
<tr>
<td>3. increase or decrease in area under crop</td>
<td>A3. ☐</td>
<td>B3. ☐</td>
</tr>
<tr>
<td>5. staff changes</td>
<td>A5. ☐</td>
<td>B5. ☐</td>
</tr>
<tr>
<td>96. Can’t recall/don’t know</td>
<td>A96. ☐</td>
<td>B96. ☐</td>
</tr>
<tr>
<td>98. Not applicable</td>
<td>A98. ☐</td>
<td>B98. ☐</td>
</tr>
</tbody>
</table>

“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 last 12 months (excluding your current injury)? (Tick box)

1. ☐ Yes
2. ☐ No

| 96. Can’t recall/don’t know | B96. ☐ |
| 97. Prefer not to answer | B97. ☐ |
| 98. Not applicable | B98. ☐ |
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

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)

B. Personal Characteristics

“Now some questions about you.”
B1. Would you say you work primarily in the agricultural industry?

☐ Yes (Go to B1a & B1b)  ☐ No (Go to B2)

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
5. ☐ 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

B2. What is your main occupation?

________________________________________________________

Go to B4

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?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Right</td>
<td>96. Can’t recall/don’t know</td>
</tr>
<tr>
<td>3.</td>
<td>Both</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Under 1 year</td>
<td>96. Can’t recall/don’t know</td>
</tr>
<tr>
<td>2.</td>
<td>1 – 4 years</td>
<td>97. Prefer not to answer</td>
</tr>
<tr>
<td>3.</td>
<td>5 – 9 years</td>
<td>98. Not applicable</td>
</tr>
<tr>
<td>4.</td>
<td>10 – 20 years</td>
<td>99. Missing</td>
</tr>
<tr>
<td>5.</td>
<td>Over 20 years</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Grow up on a farm?</td>
<td>96. Can’t recall/don’t know</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Primary</td>
<td>96. Can’t recall/don’t know</td>
</tr>
<tr>
<td>2.</td>
<td>Some high school</td>
<td>97. Prefer not to answer</td>
</tr>
<tr>
<td>3.</td>
<td>Completed high school</td>
<td>98. Not applicable</td>
</tr>
<tr>
<td>5.</td>
<td>Completed undergraduate university studies</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Completed postgraduate university studies</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>TAFE</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Other (specify) ________________________</td>
<td></td>
</tr>
</tbody>
</table>
B10. Have you completed any educational or training courses specific to farming?

1. [ ] Yes
2. [ ] No

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

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
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.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Ulcer/ stomach upsets</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>b High blood pressure</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>c Heart attack</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>d Arthritis or rheumatism</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>e Asthma</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>f Urinary incontinence or disturbances of the urinary system</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>

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

1. ☐ Yes
2. ☐ No
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

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

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

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

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

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:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Never</th>
<th>Slight chance</th>
<th>Moderate chance</th>
<th>High chance</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. sitting and reading...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>ii. watching TV...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>iii. sitting inactive in a public place...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>iv. being a passenger in a car for an hour without a break...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>v. lying down to rest in the afternoon when circumstances permit...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>vi. sitting and talking to someone...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>vii. sitting quietly after a lunch without alcohol...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>viii. in a car, while stopped for a few minutes in traffic...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
“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?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
</tbody>
</table>

### 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?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Injury</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes, but not in the last year</td>
<td>2</td>
</tr>
<tr>
<td>Yes, during the last year</td>
<td>4</td>
</tr>
</tbody>
</table>
B38. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td>Yes, but not in the last year</td>
</tr>
<tr>
<td>4.</td>
<td>Yes, during the last year</td>
</tr>
<tr>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
</tr>
</tbody>
</table>

---

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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Injury scenario code groups:</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td></td>
</tr>
<tr>
<td>Activity at time of injury</td>
<td></td>
</tr>
<tr>
<td>Location on farm</td>
<td></td>
</tr>
<tr>
<td>Cause of injury</td>
<td></td>
</tr>
<tr>
<td>Nature of injury</td>
<td></td>
</tr>
<tr>
<td>Body part injured</td>
<td></td>
</tr>
<tr>
<td>Agent/product (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Admitted (=1) or Not admitted (=2):</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Year of Manufacture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
96. ☐ Can’t recall/don’t know  96. ☐ Can’t recall/don’t know  96. ☐ Can’t recall/don’t know
97. ☐ Prefer not to answer  97. ☐ Prefer not to answer  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

<table>
<thead>
<tr>
<th>Features</th>
<th>Was this in use at the time of the injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feature #1:</td>
<td>1. ☐ Yes  2. ☐ No</td>
</tr>
<tr>
<td>Feature #2:</td>
<td>1. ☐ Yes  2. ☐ No</td>
</tr>
<tr>
<td>Feature #3:</td>
<td>1. ☐ Yes  2. ☐ No</td>
</tr>
<tr>
<td>Feature #4:</td>
<td>1. ☐ Yes  2. ☐ No</td>
</tr>
<tr>
<td>Feature #5:</td>
<td>1. ☐ Yes  2. ☐ No</td>
</tr>
<tr>
<td>Feature #6:</td>
<td>1. ☐ Yes  2. ☐ No</td>
</tr>
<tr>
<td>Feature #7:</td>
<td>1. ☐ Yes  2. ☐ No</td>
</tr>
</tbody>
</table>
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
- 97. Prefer not to answer
- 98. Not applicable
- 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
- 97. Prefer not to answer
- 98. Not applicable
- 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
   96. [ ] Can’t recall/don’t know  98. [ ] Not applicable
2. [ ] No  Go to C7
   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  5. [ ] Multifocals
   96. [ ] Can’t recall/don’t know
2. [ ] Reading glasses only  6. [ ] Contact lenses
   97. [ ] Prefer not to answer
3. [ ] Long distance glasses  7. [ ] Sunglasses
   98. [ ] Not applicable
4. [ ] Bifocals or trifocals
   99. [ ] Missing

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

1. [ ] Yes  Go to C9
   96. [ ] Can’t recall/don’t know  98. [ ] Not applicable
2. [ ] No  Go to C10
   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

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

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

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)

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 5. □ Three quarters
2. □ Almost none 6. □ Almost all
3. □ Quarter 7. □ All
4. □ Half

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 5. □ Three quarters
2. □ Almost none 6. □ Almost all
3. □ Quarter 7. □ All
4. □ Half

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)

________________________________________________________
________________________________________________________

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

2. □ No

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

________________________________________________________
________________________________________________________

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

2. □ No
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).

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

<table>
<thead>
<tr>
<th>Medical treatment</th>
<th>Local GP (family doctor) or Community nurse</th>
<th>Nearest hospital (Emergency Department)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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

#### 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

#### 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

#### 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

<table>
<thead>
<tr>
<th>96. [ ] Can’t recall/don’t know</th>
<th>98. [ ] Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>97. [ ] Prefer not to answer</td>
<td>99. [ ] Missing</td>
</tr>
</tbody>
</table>

---

**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
- Log book page for this case

☐ to be posted