FARM INJURY RISK AMONG MEN (FIRM) STUDY

Control Questionnaire (V5)
(Farm owners/managers)

Survey number: _________________________

FNAM: □ Yes □ No

Date of telephone interview: _____/_____/200___

Monash Telephone Interviewer: ________________________ Folder: _____________________
“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 last day you worked on the farm.

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) __________ 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 of personal protective equipment are kept on the property? (Tick the appropriate box)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Equipment</th>
<th>(1) Yes</th>
<th>(2) No</th>
<th>(96) Can’t Recall/ Don’t Know</th>
<th>(97) Prefer not to answer</th>
<th>(98) Not applicable (I/we do not perform workshop activities)</th>
</tr>
</thead>
<tbody>
<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 gases &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)  
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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□ Yes</td>
<td>(Go to A11)</td>
</tr>
<tr>
<td>2.</td>
<td>□ No</td>
<td>(Go to A12)</td>
</tr>
<tr>
<td>96.</td>
<td>□ Can’t recall/don’t know</td>
<td></td>
</tr>
<tr>
<td>98.</td>
<td>□ Not applicable</td>
<td></td>
</tr>
<tr>
<td>97.</td>
<td>□ Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>99.</td>
<td>□ Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□ Under 1 month ago</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>□ 1 – 3 months ago</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>□ 3 – 6 months ago</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>□ 6 – 12 months ago</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>□ Over 12 months ago</td>
<td></td>
</tr>
<tr>
<td>96.</td>
<td>□ Can’t recall/don’t know</td>
<td></td>
</tr>
<tr>
<td>97.</td>
<td>□ Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>98.</td>
<td>□ Not applicable</td>
<td></td>
</tr>
<tr>
<td>99.</td>
<td>□ Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□ &lt;$4999</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>□ $5000-$22,500</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>□ $22,500-$50,000</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>□ $50,000 -$100,000</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>□ &gt;$100,000</td>
<td></td>
</tr>
<tr>
<td>96.</td>
<td>□ Can’t recall/don’t know</td>
<td></td>
</tr>
<tr>
<td>97.</td>
<td>□ Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>98.</td>
<td>□ Not applicable</td>
<td></td>
</tr>
<tr>
<td>99.</td>
<td>□ Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□ None</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>□ Small</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>□ Medium</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>□ Large</td>
<td></td>
</tr>
<tr>
<td>96.</td>
<td>□ Can’t recall/don’t know</td>
<td></td>
</tr>
<tr>
<td>97.</td>
<td>□ Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>98.</td>
<td>□ Not applicable</td>
<td></td>
</tr>
<tr>
<td>99.</td>
<td>□ Missing</td>
<td></td>
</tr>
</tbody>
</table>
A14. In the past 3 years, have there been any major changes related to the farm or farm work? (Tick one or more boxes in column A then ask:) and which of these changes have occurred in the last 12 months? (Tick one or more boxes in column B)

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□ Yes</td>
</tr>
<tr>
<td>2.</td>
<td>□ No</td>
</tr>
<tr>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
</tr>
</tbody>
</table>
A16. Have there been any serious farm-work related injuries on the farm in the last 3 years? (Tick box)

1. ☐ Yes
2. ☐ No

A17. Including family members and hired workers and yourself, 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)

B1b. What is your position on the farm?

Position/Job Title: ________________________________

Go to B4

B2. What is your main occupation?

__________________________________________

__________________________________________

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

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

Go to B4

B4. Do you have a second job?

☐ Yes (Go to B4a & B4b)  ☐ No

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  

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  

B8. Did you: (Tick appropriate box)

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

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) ________________________
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 that 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.)

<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

96.  Can’t recall/don’t know

97.  Prefer not to answer

98.  Not applicable

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)  |  96. ☐ Can’t recall/don’t know  |  98. ☐ Not applicable  
2. ☐ No   (Go to B21)  |  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  |  96. ☐ Can’t recall/don’t know  
2. ☐ 1 month ago  |  97. ☐ Prefer not to answer  
3. ☐ 1½ months ago  |  98. ☐ Not applicable  
4. ☐ 2 months ago  |  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)  |  96. ☐ Can’t recall/don’t know  |  98. ☐ Not applicable  
2. ☐ No   (Go to B23)  |  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  |  96. ☐ Can’t recall/don’t know  
2. ☐ 1 month ago  |  97. ☐ Prefer not to answer  
3. ☐ 1½ months ago  |  98. ☐ Not applicable  
4. ☐ 2 months ago  |  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)

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>Never</th>
<th>Slight chance</th>
<th>Moderate chance</th>
<th>High chance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th></th>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never * (Go to next section, Question C1, page 19)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Monthly or less</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2 to 4 times a month</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2 to 3 times a week</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4 or more times a week</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>Can't recall/don't know</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 or 2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3 or 4</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>5 or 6</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>7 or 9</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>10 or more</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>Can't recall/don't know</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>Can't recall/don't know</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>Can't recall/don't know</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>
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

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

C. Farm Work Exposure

“Now some questions about the day you last worked on the farm.”

C1. What was the most recent day you spent working on the farm ____/ ____/ ______? (Day) (Month) (Year)

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

- 96. □ Can’t recall/don’t know
- 97. □ Prefer not to answer
- 98. □ Not applicable
- 99. □ Missing
C3. Could you briefly outline what you did on that day?

Check that the following have been included in their response:

☐ Activity/context  ☐ Location on farm  ☐ Agent/product (if applicable)

If activity or farm location not mentioned, prompt by asking:

What main activity were you performing on that day?

Where on the farm were you performing this activity?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Coding of work scenario: (to be completed by interviewer upon completion of interview using Injury/Work Scenario Code Book).

<table>
<thead>
<tr>
<th>Work scenario code groups:</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td></td>
</tr>
<tr>
<td>Main activity</td>
<td></td>
</tr>
<tr>
<td>Location on farm</td>
<td></td>
</tr>
<tr>
<td>Agent/product (maximum of 4 codes)</td>
<td></td>
</tr>
</tbody>
</table>

C4. Did you use any machinery on that day?

1. ☐ Yes (please specify)

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

2. ☐ No

   (If No, skip machinery questions and go to question C5, page 25).

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

(Randomly select one of these machines and ask the following machinery characteristics questions).
M. Machinery Characteristics

The following questions refer to the ___________________ (insert machine selected from above.)

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. Does this machine have any safety features? (i.e. Guards, ROPS, seatbelt, safety switches, etc)

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

<table>
<thead>
<tr>
<th>Features</th>
<th>Was this in use at the time you operated it?</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?

_________ Years

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

M5. Did you purchase this machine new?

☐ 1. Yes  ☐ 2. No

(If No, go to M7)

☐ 96. Can't recall/don't know
☐ 97. Prefer not to answer
☐ 98. Not applicable
☐ 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. Have there been any modifications made to this piece of machinery?

☐ 1. Yes  ☐ 2. No

(If No, go to M7)

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

If Yes, please describe what these were: ____________________________________

_______________________________________________________________________

_______________________________________________________________________

M7. When was this machine last serviced? _____ / _____ / _______

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

M8. When was the last major maintenance check of this machine done?

_____ / _____ / _______

☐ 96. Can't recall/don't know
☐ 97. Prefer not to answer
☐ 98. Not applicable
☐ 99. Missing
M9. When was this machine last repaired? _____ / _____ / _______
   (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?

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 is your experience level with this machine?

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 you last worked?

__________ 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?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

23
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 this machine? If we 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
C5. Had you taken any medications on that day? *(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 on that day?

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 on that day?

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
“Now some questions about the day before the last day you worked on the farm.”

(For interviewers)

Last day worked: ___________________ Day before last day: ___________________

C10. How many hours did you work on the farm on this day?

Farm work _________ hrs

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

C11. Do you know what proportion of your working time was spent alone on this day? (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
98. [ ] Not applicable
97. [ ] Prefer not to answer
99. [ ] Missing

C12. How many hours of sleep did you have the night before this day?

Sleep _________ hrs

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

C13. Were you unwell on this day (i.e. flu, gastro, etc.)?

1. [ ] Yes (please specify)

________________________________________________________

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

2. [ ] No

C14. Had you used any herbicides or other pesticides on this day? (Tick box)

1. [ ] Yes, please specify

________________________________________________________

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

2. [ ] No
Now some questions about the day, one week before the last day you worked on the farm.

(For interviewers)

Last day worked: ________ Day before last day: ________ Week before last day: ________

C15. Think about the day, one week before you last worked on the farm, how many hours did you work on 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

C16. What proportion of your working time was spent alone? (Tick box)

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

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

C17. How many hours of sleep did you have the night before this day?

Sleep ________ hrs

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

C18. Were you unwell on this day (i.e. 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

C19. Had you used any herbicides or other pesticides on this day? (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
C20. 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

C21. 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

C22. 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:

Local GP (family doctor) or Community nurse

Nearest hospital (Emergency Department)

iii. Your motorbike 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

C23. 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

Note to interviewer: If the case participant, with which this control participant is matched to, had an injury involving farm machinery, ask the following. If not, skip the MQ request and conclude the interview (including asking if they want the results of study on the next page).

(Machinery Questionnaire)

“Before I conclude the interview, I would like to 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 provided.”

□ Yes □ No (refuse to do) □ Not applicable

Continued next page…..
Postal details for MQ:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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 your postal details to me. This information will be stored separately from the questionnaire and destroyed once the summaries are posted to individuals requesting them.”

☐ Yes  ☐ No

Postal details:________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Thank you very much for your cooperation.