



MONASH University

Accident Research Centre

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: _____

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 last day you worked on the farm.

I'd like to start with some questions about the farm where you work.”

A. Farm Characteristics

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)

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

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
- 97. Prefer not to answer
- 98. Not applicable
- 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
- 97. Prefer not to answer
- 98. Not applicable
- 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
- 97. Prefer not to answer
- 98. Not applicable
- 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? (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)

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

“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)

- 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? (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 and yourself, 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

98. Not applicable

97. Prefer not to answer

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



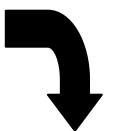
B4. Do you have a second job?

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)



No (Go to B2)

B2. What is your main occupation?

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

Go to B4

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

- 1. Right
- 2. Left
- 3. Both

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Refused | 99. <input type="checkbox"/> 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. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> Missing |

B8. Did you: (Tick appropriate box)

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

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> 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. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> 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 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

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.)*

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

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. <input type="checkbox"/> Yes (Go to B27) | 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 2. <input type="checkbox"/> No (Go to B28) | 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

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

- | | |
|---------------------------------------|--|
| 1. <input type="checkbox"/> Excellent | 96. <input type="checkbox"/> Can't recall/don't know |
| 2. <input type="checkbox"/> Good | 97. <input type="checkbox"/> Prefer not to answer |
| 3. <input type="checkbox"/> Fair | 98. <input type="checkbox"/> Not applicable |
| 4. <input type="checkbox"/> Poor | 99. <input type="checkbox"/> Missing |
| 5. <input type="checkbox"/> 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.

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

“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. <input type="checkbox"/> Never (<i>Go to next section, Question C1, page 19</i>) | 96. <input type="checkbox"/> Can't recall/don't know |
| 1. <input type="checkbox"/> Monthly or less | 97. <input type="checkbox"/> Prefer not to answer |
| 2. <input type="checkbox"/> 2 to 4 times a month | 98. <input type="checkbox"/> Not applicable |
| 3. <input type="checkbox"/> 2 to 3 times a week | 99. <input type="checkbox"/> Missing |
| 4. <input type="checkbox"/> 4 or more times a week | |

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

- | | |
|--|--|
| 0. <input type="checkbox"/> 1 or 2 | 96. <input type="checkbox"/> Can't recall/don't know |
| 1. <input type="checkbox"/> 3 or 4 | 97. <input type="checkbox"/> Prefer not to answer |
| 2. <input type="checkbox"/> 5 or 6 | 98. <input type="checkbox"/> Not applicable |
| 3. <input type="checkbox"/> 7 or 9 | 99. <input type="checkbox"/> Missing |
| 4. <input type="checkbox"/> 10 or more | |

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

- | | |
|---|--|
| 0. <input type="checkbox"/> Never | 96. <input type="checkbox"/> Can't recall/don't know |
| 1. <input type="checkbox"/> Less than monthly | 97. <input type="checkbox"/> Prefer not to answer |
| 2. <input type="checkbox"/> Monthly | 98. <input type="checkbox"/> Not applicable |
| 3. <input type="checkbox"/> Weekly | 99. <input type="checkbox"/> Missing |
| 4. <input type="checkbox"/> Daily or almost daily | |

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

- | | |
|---|--|
| 0. <input type="checkbox"/> Never | 96. <input type="checkbox"/> Can't recall/don't know |
| 1. <input type="checkbox"/> Less than monthly | 97. <input type="checkbox"/> Prefer not to answer |
| 2. <input type="checkbox"/> Monthly | 98. <input type="checkbox"/> Not applicable |
| 3. <input type="checkbox"/> Weekly | 99. <input type="checkbox"/> Missing |
| 4. <input type="checkbox"/> Daily or almost daily | |

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. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> 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. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

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. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> 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).

Work scenario code groups:	Code			
Age group				
Main activity				
Location on farm				
Agent/product (maximum of 4 codes)				

C4. Did you use any machinery on that day?

1. Yes (please specify)

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

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

M. Machinery Characteristics

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

M1. Who manufactured this machine? _____

96. <input type="checkbox"/> Can't recall/don't know	98. <input type="checkbox"/> Not applicable
97. <input type="checkbox"/> Prefer not to answer	99. <input type="checkbox"/> Missing

M2. Please describe:

Make	Model	Year of Manufacture
96. <input type="checkbox"/> Can't recall/don't know 97. <input type="checkbox"/> Prefer not to answer	96. <input type="checkbox"/> Can't recall/don't know 97. <input type="checkbox"/> Prefer not to answer	96. <input type="checkbox"/> Can't recall/don't know 97. <input type="checkbox"/> 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**.

96. <input type="checkbox"/> Can't recall/don't know	98. <input type="checkbox"/> Not applicable
97. <input type="checkbox"/> Prefer not to answer	99. <input type="checkbox"/> Missing



Features	Was this in use at the time you operated it?
Feature #1:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Feature #2:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Feature #3:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Feature #4:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Feature #5:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Feature #6:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
Feature #7:	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

M4. How long has this piece of machinery been used on the farm?

_____ Years

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

M5. Did you purchase this machine new?

1. Yes 2. No
(complete below)

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> 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. <input type="checkbox"/> Can't recall/ don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

If Yes, please describe what these were: _____

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

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

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

_____ / _____ / _____
(Day Month Year)

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

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

96. <input type="checkbox"/> Can't recall/don't know	98. <input type="checkbox"/> Not applicable
97. <input type="checkbox"/> Prefer not to answer	99. <input type="checkbox"/> Missing

M10. How would you describe the state of repair of this machine?

1. <input type="checkbox"/> Excellent	96. <input type="checkbox"/> Can't recall/don't know
2. <input type="checkbox"/> Above average	97. <input type="checkbox"/> Prefer not to answer
3. <input type="checkbox"/> Average	98. <input type="checkbox"/> Not applicable
4. <input type="checkbox"/> Below average	99. <input type="checkbox"/> Missing

M11. What is your experience level with this machine?

1. <input type="checkbox"/> <20 hours of operation	96. <input type="checkbox"/> Can't recall/don't know
2. <input type="checkbox"/> 20 to 100 hours of operation	97. <input type="checkbox"/> Prefer not to answer
3. <input type="checkbox"/> 100 to 200 hours of operation	98. <input type="checkbox"/> Not applicable
4. <input type="checkbox"/> > 200 hours of operation	99. <input type="checkbox"/> Missing

M12. How long were you using this machine on the day you last worked?

_____ Hours

96. <input type="checkbox"/> Can't recall/don't know	98. <input type="checkbox"/> Not applicable
97. <input type="checkbox"/> Prefer not to answer	99. <input type="checkbox"/> Missing

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

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

5. Multifocals

2. Reading glasses only

6. Contact lenses

3. Long distance glasses

7. Sunglasses

4. Bifocals or trifocals

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

6. Dust mask, respirator

2. Safety goggles

7. Disposable coveralls

3. Heavy gloves

8. Face shield

4. Heavy apron

9. Helmet (ATV, motorcycle)

5. Welding mask

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. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

C11. Do you know what proportion of your working time was spent alone on this day?
(Tick box)

- | | |
|---|--|
| 1. <input type="checkbox"/> None | 5. <input type="checkbox"/> Three quarters |
| 2. <input type="checkbox"/> Almost none | 6. <input type="checkbox"/> Almost all |
| 3. <input type="checkbox"/> Quarter | 7. <input type="checkbox"/> All |
| 4. <input type="checkbox"/> Half | |

- | |
|--|
| 96. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> Missing |

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

Sleep _____ hrs

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

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

1. Yes (please specify)

2. No

- | |
|--|
| 96. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> Missing |

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

1. Yes, please specify

2. No

- | |
|--|
| 96. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> Missing |

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. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

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

- | | |
|---|--|
| 1. <input type="checkbox"/> None | 5. <input type="checkbox"/> Three quarters |
| 2. <input type="checkbox"/> Almost none | 6. <input type="checkbox"/> Almost all |
| 3. <input type="checkbox"/> Quarter | 7. <input type="checkbox"/> All |
| 4. <input type="checkbox"/> Half | |

- | |
|--|
| 96. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> Missing |

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

Sleep _____ hrs

- | | |
|--|---|
| 96. <input type="checkbox"/> Can't recall/don't know | 98. <input type="checkbox"/> Not applicable |
| 97. <input type="checkbox"/> Prefer not to answer | 99. <input type="checkbox"/> Missing |

C18. Were you unwell on this day (i.e. flu, gastro, etc.)?

1. Yes (please specify)

2. No

- | |
|--|
| 96. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> Missing |

C19. Had you used any herbicides or other pesticides on this day? (Tick box)

1. Yes, please specify

2. No

- | |
|--|
| 96. <input type="checkbox"/> Can't recall/don't know |
| 97. <input type="checkbox"/> Prefer not to answer |
| 98. <input type="checkbox"/> Not applicable |
| 99. <input type="checkbox"/> 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).

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. <input type="checkbox"/> Yes → 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
ii. You got a knock on your head, severe enough to make you unconscious for up to an hour...	1. <input type="checkbox"/> Yes → 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

Situation:	Medical treatment	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. <input type="checkbox"/> Yes → 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> 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. <input type="checkbox"/> Yes → 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> 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. <input type="checkbox"/> Yes → 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> 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

96. Can't recall/don't know

98. Not applicable

97. Prefer not to answer

99. Missing

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.