FARM INJURY RISK AMONG MEN (FIRM) STUDY

Case (non-fatal) Questionnaire (v10)
(Farm employees)

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.

**Note to interviewer (for employees only):**

The participant may not be able to answer some of these questions, particularly if he is a farm employee rather than the manager or owner. If there is one or more questions that he can’t answer, then choose the “Don’t know” option and move on to the next question.

**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. We do not expect that you will necessarily know the answers to all of the questions. If you don’t really know an answer, there is no need to estimate or guess, simply reply that you don’t know or are not sure. 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).

**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
6. [ ] 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

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

Don’t know
None
One or more (specify number)

A4. How many of those tractors have the following features?
(Note: DK = Don’t know)

a. Roll over protective frame
b. Power take off (PTO) master shield/output guard
c. Neutral start switch
d. Hazard alert symbol or other safety signs
e. How many with a seat belt
f. How many have an enclosed cabin
g. How many do not have an enclosed cabin or roll over frame?
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?

Please indicate year(s) of manufacture of your cabin tractors ________________
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) 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 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. Do you know how often passengers are 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. Do you know how often maintenance of farm machinery is 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. Do you know how often 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. Do you know if anyone currently working on the property has ever done safety training? (Tick box)

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

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

1. ☐ Yes
2. ☐ No

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

1. ☐ Yes
2. ☐ No
A10. Do you know if a formal safety check has 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 AE12)

<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>

A11. Do you know when the last check was 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

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

AE12. In the past 3 years, do you know if there have 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>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>
</tr>
<tr>
<td>2. increase or decrease in number of animals (beyond year to year variation)</td>
<td>A2. ☐</td>
</tr>
<tr>
<td>3. increase or decrease in area under crop</td>
<td>A3. ☐</td>
</tr>
<tr>
<td>5. staff changes</td>
<td>A5. ☐</td>
</tr>
</tbody>
</table>

| 96. Can’t recall/don’t know | A96. ☐ | B96. ☐ |
| 98. Not applicable          | A98. ☐ | B98. ☐ |
“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.”

AE13. Do you know if there have 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

AE14. Do you know if there have 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

AE15. Do you know what the average annual income of the property before tax is? *(Tick box)*

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

AE16. From the list that I will read, would you be able to categorise the farm’s current debt load and, in your opinion, what would it be? *(Tick box)*

1. □ None
2. □ Small
3. □ Medium
4. □ Large
AE17. Including family members and hired workers, do you know how many people worked on the farm around the ____________________ ? *(insert injury date of case)*

_________ no. of workers (incl. family)

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

Note to interviewer: As the case subject is not the owner/manager of the property ask the following:

A18. We understand that you may not have been able to answer some of the questions about the farm yourself. Would you be willing to provide us with contact details for the owner/manager so that we can ask him/her some questions about the farm? Before you answer, we would like to remind you that all information provided by you is strictly confidential.

☐ Yes (Insert contact details & survey id onto farm owner/manager contact list)

☐ No

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? _______________________

Go to B5

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) ________________________

96. □ Can’t recall/don’t know
97. □ Refused
98. □ Not applicable
99. □ Missing
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>d 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)
2. ☐ No (Go to B21)

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

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

<table>
<thead>
<tr>
<th>Can’t recall/don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>96. ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>97. ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>98. ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>99. ☐</td>
</tr>
</tbody>
</table>

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)

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

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

<table>
<thead>
<tr>
<th>Can’t recall/don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>96. ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>97. ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>98. ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>99. ☐</td>
</tr>
</tbody>
</table>

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 only
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

**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

**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

**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
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

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

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

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

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

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

C. Injury Incident & Exposure

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

“Now some questions about the injury and the day it happened.”

C1. When did your injury occur _____ / ________ ?

(Month)      (Year)

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

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

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

C3. What time of day did your injury occur? _________ am / pm (Circle)
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. Do you know 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. Do you know if this machine has any safety features? (ie. 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 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. Do you know how long this piece of machinery had been used on the farm prior to your injury?

_________ Years

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

M5. Do you know if this machine was purchased new?

☐ 1. Yes  ☐ 2. No

(Complete below)

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

If Not new, do you know where this machine was purchased?

1. ☐ Privately

2. ☐ Machinery dealer

3. ☐ Manufactured on your farm

4. ☐ Other (please specify) ______________________________

M6. Do you know if there had 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  
97. ☐ Prefer not to answer  
98. ☐ Not applicable  
99. ☐ Missing

If Yes, please describe what these were: ______________________________

________________________________________

________________________________________

________________________________________

M7. Do you know when this machine was last serviced prior to your injury?

_____ / _____ / _______

( Day  Month  Year)

96. ☐ Can’t recall/don’t know  
97. ☐ Prefer not to answer  
98. ☐ Not applicable  
99. ☐ Missing
M8. Do you know when the last major maintenance check of this machine was done prior to your injury?

_____/_____ /_______  
(Day Month Year) 

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

M9. Do you know when this machine was 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?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

“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)*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
<td>Go to C6</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
<td>Go to C7</td>
</tr>
<tr>
<td></td>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td></td>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td></td>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>

C6. What were those medications?

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>No glasses</td>
<td>5.</td>
</tr>
<tr>
<td>2.</td>
<td>Reading glasses only</td>
<td>6.</td>
</tr>
<tr>
<td>3.</td>
<td>Long distance glasses</td>
<td>7.</td>
</tr>
<tr>
<td>4.</td>
<td>Bifocals or trifocals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td></td>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td></td>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
<td>Go to C9</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
<td>Go to C10</td>
</tr>
<tr>
<td></td>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td></td>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td></td>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ear muffs, plugs</td>
<td>6.</td>
</tr>
<tr>
<td>2.</td>
<td>Safety goggles</td>
<td>7.</td>
</tr>
<tr>
<td>3.</td>
<td>Heavy gloves</td>
<td>8.</td>
</tr>
<tr>
<td>4.</td>
<td>Heavy apron</td>
<td>9.</td>
</tr>
<tr>
<td>5.</td>
<td>Welding mask</td>
<td>10.</td>
</tr>
<tr>
<td>11.</td>
<td>Other ____________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96.</td>
<td>Can’t recall/don’t know</td>
</tr>
<tr>
<td></td>
<td>97.</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td></td>
<td>98.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>99.</td>
<td>Missing</td>
<td></td>
</tr>
</tbody>
</table>
C10. Did you receive any first-aid treatment before getting to the hospital? (Tick box)

1. ☐ Yes (please specify) ☐ Can’t recall/don’t know
2. ☐ No ☐ Prefer not to answer
☐ Not applicable ☐ Missing

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

1. ☐ Ambulance ☐ Can’t recall/don’t know
2. ☐ Drove self ☐ Prefer not to answer
3. ☐ Family/friend drove ☐ Not applicable
4. ☐ Other _____________________ ☐ Missing

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

1. ☐ A few hours ☐ Can’t recall/don’t know
2. ☐ A few days ☐ Prefer not to answer
3. ☐ Week ☐ Not applicable
4. ☐ Two weeks ☐ Missing
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  
2. □ Almost none  
3. □ Quarter  
4. □ Half  
5. □ Three quarters  
6. □ Almost all  
7. □ All  

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

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

Sleep _________ hrs  

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

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

1. □ Yes (please specify)  
- 96. □ Can’t recall/don’t know  
- 97. □ Prefer not to answer  
- 98. □ Not applicable  
- 99. □ Missing

   ________________________________  
   ________________________________

2. □ No

**C18. During the 24 hours prior to your injury, 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
Now some questions about the day, one week before the injury occurred.

C20. 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)
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
2. □ No

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

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

1. □ Yes, please specify
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
2. □ No

96. □ Can’t recall/don’t know 97. □ Prefer not to answer
98. □ Not applicable 99. □ Missing
C24. During the past 12 months what was the average number of hours per day you spent doing farm work? (This includes all activities connected with the farm enterprise, either on or off the farm.)

 ________ Number of hours per day

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

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

 ________ Number of hours per week

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

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

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

Spring (September, October, November) ________ Number of hours per week
Summer (December, January, February) ________ Number of hours per week
Autumn (March, April, May) ________ Number of hours per week
Winter (June, July, August) ________ Number of hours per week

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

<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:

Medical treatment  | Local GP (family doctor) or Community nurse  | Nearest hospital (Emergency Department)
--- | --- | ---

| iii. Your motor bike fell on you and you got bad bruising which meant you couldn't walk, and it was still too painful to walk the next day… | 1. □ Yes  
2. □ No | 1. □ Yes  
2. □ No | 1. □ Yes  
2. □ No |

| iv. Something very heavy fell on your forearm resulting in an open wound through which you could see fragments of bone, and you were not able to move your arm properly… | 1. □ Yes  
2. □ No | 1. □ Yes  
2. □ No | 1. □ Yes  
2. □ No |

| v. You cut your shin on a sharp edge of a piece of machinery. The cut did not appear to be deep and you were able to stop the bleeding fairly easily… | 1. □ Yes  
2. □ No | 1. □ Yes  
2. □ No | 1. □ Yes  
2. □ No |

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

1. □ Yes
2. □ No

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