FARM INJURY RISK AMONG MEN (FIRM) STUDY

Control Questionnaire (V5)
(Farm employees)

ID number: _________________________  FNAM:  □ Yes  □ No

DATE OF INTERVIEW: _____/_____/200___

Interviewer: ______________________  Folder:_________________________
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 are 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 last day you worked on a farm. 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

Interviewer (if employee worked on more than 1 farm):

“If you worked on more than one farm in the last week, then the following questions are about the farm that you most recently worked on. Please keep this farm in mind when answering.”
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 you 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
6. [ ] Can’t recall/don’t know
7. [ ] Prefer not to answer
8. [ ] Not applicable
9. [ ] Missing

A3. Do you know 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><strong>1. For workshop activities:</strong></td>
<td>1. Ear muffs/plugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></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><strong>2. For mixing &amp; preparing chemicals:</strong></td>
<td>1. Face mask/Dust mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<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>
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<tr>
<td></td>
<td>5. Gloves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. For getting around:</strong></td>
<td>1. Helmet for Ag bikes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Often</th>
<th>Half the time</th>
<th>Not often</th>
<th>Never</th>
<th>N/A</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A7. Do you know how often maintenance of farm machinery is carried out on the property to a regular or manufacturer’s recommended schedule?

<table>
<thead>
<tr>
<th>Always</th>
<th>Often</th>
<th>Half the time</th>
<th>Not often</th>
<th>Never</th>
<th>N/A</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A8. Do you know how often people operating tractors on the property climb on or off before the machine comes to a complete stop?

<table>
<thead>
<tr>
<th>Always</th>
<th>Often</th>
<th>Half the time</th>
<th>Not often</th>
<th>Never</th>
<th>N/A</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
<th>98. Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>97. Prefer not to answer</td>
<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>

<table>
<thead>
<tr>
<th>96. Can’t recall/don’t know</th>
<th>A96. □</th>
<th>B96. □</th>
</tr>
</thead>
<tbody>
<tr>
<td>98. Not applicable</td>
<td>A98. □</td>
<td>B98. □</td>
</tr>
</tbody>
</table>
“The next two questions concern serious farm-work related injuries occurring on the farm. A farm-work related injury can be a cut, sprain, dislocated or broken bone, falls, animal handling injuries and machine and power tool related injuries. A serious injury is one that would require professional medical care and/or the injured person not being able to work for a day or more or not working at the same pace for 5 days or more.”

AE13. Do you know if there have been any serious farm-work related injuries on the farm in the last 12 months? (Tick box)

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

AE14. Do you know if there have been any serious farm-work related injuries on the farm in the last 3 years? (Tick box)

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

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

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

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 96. ☐ Can’t recall/don’t know
2. ☐ Small 97. ☐ Prefer not to answer
3. ☐ Medium 98. ☐ Not applicable
4. ☐ Large 99. ☐ Missing
AE17. 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)  ☐ 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)

B2. What is your main occupation?

_______________________________

6. ☐ Can’t recall/don’t know
7. ☐ Prefer not to answer
8. ☐ Not applicable
9. ☐ Missing

B1b. What is your position on the farm?

Position/Job Title:

________________________________

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

_______________________________

10. ☐ Can’t recall/don’t know
11. ☐ Prefer not to answer
12. ☐ Not applicable
13. ☐ Missing

B4. Do you have a second job?

☐ Yes (Go to B4a & B4b)  ☐ No  Go to B5

B4a. What is that job/position? __________________________________________

B4b. What is your employer’s main kind of business? _______________________

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

(MM) (YY)
**B6. With which hand do you prefer to perform most tasks?**

1. □ Right  
2. □ Left  
3. □ Both

<table>
<thead>
<tr>
<th></th>
<th>96. □ Can’t recall/don’t know</th>
<th>98. □ Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td>99. □ Missing</td>
</tr>
<tr>
<td>98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

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

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

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

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

**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) ____________________________

<table>
<thead>
<tr>
<th></th>
<th>96. □ Can’t recall/don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td></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>
B10. Have you completed any educational or training courses specific to farming?

1. ☐ Yes  96. ☐ Can’t recall/don’t know  98. ☐ Not applicable
2. ☐ No  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 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

1. ☐ Yes  Go to B15
2. ☐ No  Go to B17

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

**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
3. □ 1½ months ago
4. □ 2 months ago

**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  
   97. □ Prefer not to answer  
   98. □ Not applicable  
   99. □ Missing
2. □ No   (Go to B23)  

**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
3. □ 1½ months ago
4. □ 2 months ago

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

1. ☐ Yes (Go to B27)  96. ☐ Can’t recall/don’t know  98. ☐ Not applicable
2. ☐ No   (Go to B28)  97. ☐ Prefer not to answer  99. ☐ Missing

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

1. ☐ Excellent  96. ☐ Can’t recall/don’t know
2. ☐ Good  97. ☐ Prefer not to answer
3. ☐ Fair  98. ☐ Not applicable
4. ☐ Poor  99. ☐ Missing
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.

<table>
<thead>
<tr>
<th>In the past 4-6 weeks, how likely were you to doze off or fall asleep in the following situations?</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
C37. 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

C38. 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

“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)
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)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(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 24).

☐ Can’t recall/don’t know

☐ Prefer not to answer

☐ Not applicable

☐ Missing
M. Machinery Characteristics

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

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>
<tr>
<td>96.</td>
<td>Can’t recall/don’t know</td>
<td>96. Can’t recall/don’t know</td>
</tr>
<tr>
<td>97.</td>
<td>Prefer not to answer</td>
<td>97. Prefer not to answer</td>
</tr>
</tbody>
</table>

M3. Do you know if this machine has 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. Can’t recall/don’t know
- 98. Not applicable
- 97. Prefer not to answer
- 99. Missing

<table>
<thead>
<tr>
<th>Features</th>
<th>Was this in use at the time 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. Do you know how long this piece of machinery has been used on the farm?

___________ Years

- 96. Can’t recall/don’t know
- 98. Not applicable
- 97. Prefer not to answer
- 99. Missing
M5. Do you know if this machine was purchased new?

☐ 1. Yes  ☐ 2. No

(If No, go to M7)

☐ 96. Can’t recall/don’t know  ☐ 98. Not applicable

☐ 97. Prefer not to answer  ☐ 99. Missing

If 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 have 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  ☐ 98. Not applicable

☐ 97. Prefer not to answer  ☐ 99. Missing

If Yes, please describe what these were: ____________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

M7. Do you know when this machine was last serviced?

_____ / _____ / _______

( Day Month Year)

☐ 96. Can’t recall/don’t know  ☐ 98. Not applicable

☐ 97. Prefer not to answer  ☐ 99. Missing

M8. Do you know when the last major maintenance check of this machine was done?

_____ / _____ / _______

( Day Month Year)

☐ 96. Can’t recall/don’t know  ☐ 98. Not applicable

☐ 97. Prefer not to answer  ☐ 99. Missing

M9. Do you know when this machine was last repaired?

_____ / _____ / _______

( Day Month Year)

☐ 96. Can’t recall/don’t know  ☐ 98. Not applicable

☐ 97. Prefer not to answer  ☐ 99. Missing
M10. How would you describe the state of repair of this machine?

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

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

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

___________ Hours

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?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
C5. **Had you taken any medications on that day? (Tick box)**

1. [ ] Yes  Go to C6
2. [ ] No  Go to C7

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

C8. **Were you using any type of protective equipment on that day?**

1. [ ] Yes  Go to C9
2. [ ] No  Go to C10

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

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  97. □ Prefer not to answer
98. □ Not applicable  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  97. □ Prefer not to answer
98. □ Not applicable  99. □ Missing

2. □ No
“Now some questions about the day, one week before the last day you worked on the farm.”

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?

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 on this day? (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

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

Sleep ________ hrs

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

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

C19. Had you used any herbicides or other pesticides on this day? (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
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>
<tr>
<td>Situation:</td>
<td>Medical treatment</td>
<td>Local GP (family doctor) or Community nurse</td>
<td>Nearest hospital (Emergency Department)</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>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…</td>
<td>1. [ ] Yes ➔</td>
<td>1. [ ] Yes</td>
<td>1. [ ] Yes</td>
</tr>
<tr>
<td></td>
<td>2. [ ] No</td>
<td>2. [ ] No</td>
<td>2. [ ] No</td>
</tr>
<tr>
<td>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…</td>
<td>1. [ ] Yes ➔</td>
<td>1. [ ] Yes</td>
<td>1. [ ] Yes</td>
</tr>
<tr>
<td></td>
<td>2. [ ] No</td>
<td>2. [ ] No</td>
<td>2. [ ] No</td>
</tr>
<tr>
<td>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…</td>
<td>1. [ ] Yes ➔</td>
<td>1. [ ] Yes</td>
<td>1. [ ] Yes</td>
</tr>
<tr>
<td></td>
<td>2. [ ] No</td>
<td>2. [ ] No</td>
<td>2. [ ] No</td>
</tr>
</tbody>
</table>

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: As the control subject is not the owner/manager of the property please ask the following:

C24. 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 Contact details: _____________________________
 _____________________________
 _____________________________

[ ] No

Continued on next page……
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).

(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

Postal details:_________________________________________________________
_________________________________________________________
_________________________________________________________

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.