



**MONASH** University  
Accident Research Centre

# 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."**



**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. 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)**

<i>Activity</i>	<i>Equipment</i>	<i>(1)</i>	<i>(2)</i>	<i>(96)</i>	<i>(97)</i>	<i>(98)</i>
		<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 perform workshop activities)</i>
<b>1. For workshop activities:</b>	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>
<b>2. For mixing &amp; preparing chemicals:</b>	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 have ag bikes or horses on the property)</i>
<b>3. For getting around:</b>	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. 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)

- 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. 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)

96.  Can't recall/don't know

98.  Not applicable

97.  Prefer not to answer

99.  Missing

**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

96.  Can't recall/don't know

97.  Prefer not to answer

98.  Not applicable

99.  Missing

**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)**

	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.”

**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

2.  No

96.  Can't recall/don't know

98.  Not applicable

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

2.  No

96.  Can't recall/don't know

98.  Not applicable

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

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

**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

96.  Can't recall/don't know

97.  Prefer not to answer

98.  Not applicable

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. <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

## 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 |
| 97. <input type="checkbox"/> Prefer not to answer    |
| 98. <input type="checkbox"/> Not applicable          |
| 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 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 <b>Ulcer/ stomach upsets</b>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
b <b>High blood pressure</b>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
c <b>Heart attack</b>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
d <b>Arthritis or rheumatism</b>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
d <b>Asthma</b>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
f <b>Urinary incontinence or disturbances of the urinary system</b>	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 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

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.

<b><i>In the past 4-6 weeks, how likely were you to doze off or fall asleep in the following situations?</i></b>	<b>Never</b>	<b>Slight chance</b>	<b>Moderate chance</b>	<b>High chance</b>
<i>Please respond by choosing one of the following categories for each situation:</i>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>i.</b> sitting and reading...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ii.</b> watching TV...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>iii.</b> sitting inactive in a public place...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>iv.</b> being a passenger in a car for an hour without a break...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>v.</b> lying down to rest in the afternoon when circumstances permit...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>vi.</b> sitting and talking to someone...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>vii.</b> sitting quietly after a lunch without alcohol...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>viii.</b> 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)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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**).

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. Do you know 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. 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. <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. Do you know how long this piece of machinery has 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. Do you know if this machine was purchased new?**

1. Yes     2. No  
(complete below)

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



**If 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

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

**M11. What is your experience level with this machine?**

- 1.  <20 hours of operation
- 2.  20 to 100 hours of operation
- 3.  100 to 200 hours of operation
- 4.  > 200 hours of operation

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

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

\_\_\_\_\_ Hours

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

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

---

---

---

**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

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.  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  
97.  Prefer not to answer  
98.  Not applicable  
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)  
\_\_\_\_\_  
\_\_\_\_\_  
2.  No

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

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

1.  Yes, please specify  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2.  No

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

---

“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. <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 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                 |

**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).**

<b>Situation:</b>	<b>Medical treatment</b>	<b>Local GP (family doctor) or Community nurse</b>	<b>Nearest hospital (Emergency Department)</b>
<b>i.</b> 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
<b>ii.</b> 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

<b>Situation:</b>	<b>Medical treatment</b>	<b>Local GP (family doctor) or Community nurse</b>	<b>Nearest hospital (Emergency Department)</b>
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:** 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.***