

SASKATCHEWAN FARM INJURY PROJECT

Baseline Household Survey



TO FARMERS AND THEIR FAMILIES:

The University of Saskatchewan is conducting this project to learn more about the causes and consequences of farm injuries. Farm families from across Saskatchewan are participating.

This baseline questionnaire is our first contact with your farm. We ask that one responsible person complete the questionnaire on behalf of everyone on the farm. Please try to answer all of the questions, but remember you don't have to answer any questions if you choose not to. When you have finished, place the questionnaire in the business reply envelope and mail it back to us at the university.

We will contact you four times over the next two years to see if anyone has been injured. This contact will be made by mail and the questions will take approximately 5 minutes to respond to on each occasion. We wish to respect your time and privacy and make it easy to participate in this study.

Instructions

1. In Section B of this questionnaire we have asked questions about each member of your farm family. We have included enough space in this booklet for 2 persons. **If you have more than 2 persons in your farm family PLEASE COMPLETE THE ADDITIONAL PAGES IN THE GREEN BOOKLET called "Additional Pages for Section B".**
2. Please read each question carefully.
3. Answer each question by placing a check mark in the box provided. For some questions you will write in the space provided. Thank you for taking part in this important study.
4. **Please be sure to complete the last page.**

The University of Saskatchewan

Sponsored by the Canadian Institutes of Health
(Canada's main funder of medical research)

PART A YOUR FARM OR RANCH

A-1 From the list below, please check each commodity that is produced for sale on your farm or ranch (check all that apply).

Commodity

- 1. Grain crops ¹
(eg., cereal, pulse, oil seeds, forage crops)
- 2. Cattle (beef) ²
- 3. Cattle (dairy) ³
- 4. Pigs ⁴
- 5. Poultry ⁵
- 6. Vegetable/Fruit ⁶
- 7. Other animals ⁷

A-2 What is the area of land in your operation that you farmed or ranched last growing season? (exclude land rented to others)

- 1. Grain crops _____ acres
- 2. Forage crops _____ acres
- 3. Pasture _____ acres
- 4. Summerfallow _____ acres
- 5. Other _____ acres

A-3 How many of these types of livestock are typically raised on your farm?

- 1. No Livestock ¹
- 2. Cattle (beef) _____ (number)
- 3. Cattle (dairy) _____ (number)
- 4. Pigs _____ (number)
- 5. Poultry _____ (number)
- 6. Other _____ (number)

A-4 What is the operating arrangement of your farm?

- Individual family farm ¹
- Partnership (with or without a written agreement) ²
- Family corporation ³
- Other type ⁴

Some of the following questions refer to your “farm family”. This includes family members who live on your farm, as well as other family members who work on the farm on a full or part-time basis. However, please do not include family members that primarily work on their own farm operation.

A-5 What is the total number of people in your farm family?

_____ (number)

A-6 What is the total number of other (non-family) people who worked on your farm during 2006?

_____ (number)

A-7 Of all the workers in A-6, how many were hired (work for salary) workers?

- 1. Full-time _____ (number)
- 2. Part-time _____ (number)
- 3. Seasonal _____ (number)
- 4. Custom _____ (number)

A-8 Is the farm your family’s main place of residence?

- Yes, all family members on the farm ¹
- Yes, some family members on the farm ²
- No family members live on the farm ³

Complete PART B for each member of your farm family. This includes family members who live on your farm, as well as other family members who work on the farm on a full or part-time basis. However, please do not include family members that primarily work on their own farm operation. This booklet has space for 2 family members. The green booklet has space for 6 more family members.

If you have more than 8 family members, fill in the pages for 8 people and check the box below. ¹

PART B PEOPLE ON YOUR FARM

PLEASE COMPLETE THE 2 PAGES FOR EACH PERSON IN YOUR FARM FAMILY

This includes family members who live on your farm, as well as other family members who work on the farm on a full or part-time basis. However, please do not include family members that primarily work on their own farm operation.

Person 1 – Page 1
This is the person completing this questionnaire.

Name: _____
 (Please print initials, including middle initial)

B-1 Age as of Jan 1st, 2007 _____

B-2 Sex Male Female

B-3 Highest level of education:

Less than High School	1 <input type="checkbox"/>
Completed High School	2 <input type="checkbox"/>
Completed University	3 <input type="checkbox"/>
Institution other than the above	4 <input type="checkbox"/>

B-4 Have you completed any educational or training courses specific to agriculture.
 Yes No

B-5 Relationship to the farm owner-operator (choose the one category that best applies):

Farm owner-operator	1 <input type="checkbox"/>
Spouse (husband or wife)	2 <input type="checkbox"/>
Parent	3 <input type="checkbox"/>
Child	4 <input type="checkbox"/>
Other Relative	5 <input type="checkbox"/>

B-6 Main occupation

Farm work	1 <input type="checkbox"/>
Off farm work	2 <input type="checkbox"/>
Student/pre-school	3 <input type="checkbox"/>
Retired	4 <input type="checkbox"/>

B-7 Has a doctor diagnosed this person with (check all that apply):

a. Sleep Apnea	1 <input type="checkbox"/>
b. Arthritis	2 <input type="checkbox"/>
c. High blood pressure	3 <input type="checkbox"/>
d. Heart disease	4 <input type="checkbox"/>
e. Stomach or intestinal problems	5 <input type="checkbox"/>
f. Asthma or other lung conditions	6 <input type="checkbox"/>
g. Problems with balance (physical)	7 <input type="checkbox"/>
h. Attention deficit disorders (children only)	8 <input type="checkbox"/>
i. None of the above	9 <input type="checkbox"/>
j. Loud snoring	10 <input type="checkbox"/>

B-8 Does this person regularly take: (check all that apply)

a. Stomach remedies or laxatives	1 <input type="checkbox"/>
b. Tranquilizers or sleeping pills	2 <input type="checkbox"/>
c. Pain medications	3 <input type="checkbox"/>
d. Heart or blood pressure pills	4 <input type="checkbox"/>
e. Antidepressants	5 <input type="checkbox"/>
f. Other medications	6 <input type="checkbox"/>
i. None of the above	7 <input type="checkbox"/>

B-9 This person's eyesight using both eyes (with glasses or contact lenses, if used) is:
 Good Fair Poor

B-10 Does this person have a known hearing loss?
 Yes No

B-11 How many hours of sleep does this person typically get at night.

more than 7 hours	1 <input type="checkbox"/>
6 to 7 hours	2 <input type="checkbox"/>
4 to 5 hours	3 <input type="checkbox"/>
less than 4 hours	4 <input type="checkbox"/>

B-12 How many hours of sleep does this person typically get during busy farm seasons:

more than 7 hours	1 <input type="checkbox"/>
6 to 7 hours	2 <input type="checkbox"/>
4 to 5 hours	3 <input type="checkbox"/>
less than 4 hours	4 <input type="checkbox"/>

B-13 During the past 12 months, how often did this person drink alcoholic beverages?

Never	1 <input type="checkbox"/>
less than once a month	2 <input type="checkbox"/>
once a month	3 <input type="checkbox"/>
2 to 3 times a month	4 <input type="checkbox"/>
once a week	5 <input type="checkbox"/>
2 to 3 times a week	6 <input type="checkbox"/>
4 to 6 times a week	7 <input type="checkbox"/>
every day	8 <input type="checkbox"/>

PART B PEOPLE ON YOUR FARM

Person 2 – Page 1

Name: _____
(Please print initials, including middle initial)

B-1 Age as of Jan 1st, 2007 _____

B-2 Sex Male Female

B-3 Highest level of education:

- Less than High School
- Completed High School
- Completed University
- Institution other than the above

B-4 Have you completed any educational or training courses specific to agriculture.

Yes No

B-5 Relationship to the farm owner-operator (choose the one category that best applies):

- Farm owner-operator
- Spouse (husband or wife)
- Parent
- Child
- Other Relative

B-6 Main occupation

- Farm work
- Off farm work
- Student/pre-school
- Retired

B-7 Has a doctor diagnosed this person with (check all that apply):

- a. Sleep apnea
- b. Arthritis
- c. High blood pressure
- d. Heart disease
- e. Stomach or intestinal problems
- f. Asthma or other lung conditions
- g. Problems with balance (physical)
- h. Attention deficit disorders (children only)
- i. None of the above
- j. Loud snoring

B-8 Does this person regularly take: (check all that apply)

- a. Stomach remedies or laxatives
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- c. Pain medications
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- more than 7 hours
- 6 to 7 hours
- 4 to 5 hours
- less than 4 hours

B-12 How many hours of sleep does this person typically get during busy farm seasons:

- more than 7 hours
- 6 to 7 hours
- 4 to 5 hours
- less than 4 hours

B-13 During the past 12 months, how often did this person drink alcoholic beverages?

- Never
- less than once a month
- once a month
- 2 to 3 times a month
- once a week
- 2 to 3 times a week
- 4 to 6 times a week
- every day

PART C YOUNG CHILDREN ON YOUR FARM

Here are 6 additional questions about young children less than 7 years old who live on, or visit, your farm.

C-1 Children less than 7 years of age are never on our farm *(please go to: TEENAGERS – Page 7)*

C-2 How often are young children present in your farm worksite? *(Please mark one box for each season)*

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-3 How often do young children ride in a cabbed tractor or cabbed combine with an adult operator? *(Please mark one box for each season)*

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-4 How often do young children ride on an open-air tractor or open air combine with an adult operator? *(Please mark one box for each season)*

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-5 How often are young children present in the farm worksite while adults are working nearby? *(Please mark one box for each season)*

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-6 How often are young children assigned small jobs to assist with the farm operation? *(Please mark one box for each season)*

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUNG WORKERS ON YOUR FARM

Here are some additional questions about young workers (aged 12-18 years) on your farm. Please answer the following questions about your youngest worker in this age range.

C-7 Young workers never work on our farm *(please go to: PEOPLE OVER THE AGE OF 65 – Pg 9)*

C-8 Boy Girl C-9 How old was this person on Jan 1st, 2007 _____

C-10 How often does that young worker operate a tractor greater than 20 hp? ***(Please mark one box for each season)***

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-11 How often does that young worker operate a tractor without rollover protection structures? ***(Please mark one box for each season)***

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-12 How often does that young worker operate farm equipment that is more than 20 years old? ***(Please mark one box for each season)***

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-13 How often does that young worker perform work at heights? (e.g., climbing grain bins or large equipment) ***(Please mark one box for each season)***

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-14 How often does that young worker perform work with large animals such as branding, calving, feeding or transporting? **(Please mark one box for each season)**

	<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
Spring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Fall	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Winter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

How often is that young worker:

	<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Always</i>
C-15 Required to wear protective equipment when needed (e.g. dust masks, protective eyewear, hearing protection)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
C-16 Trained and observed prior to operating a piece of equipment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
C-17 Trained and observed prior to taking on a new job involving large animals?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
C-18 Supervised when operating farm equipment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
C-19 Supervised when handling large animals?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PEOPLE OVER THE AGE OF 65 ON YOUR FARM

Here are some additional questions about people over the age of 65 years who work on your farm. Please answer the following questions about the oldest person who works on your farm.

C-20 Persons over the age of 65 years never work on our farm **(please go to: PART D -Red)**

C-21 Man Woman C-22 How old was this person on Jan 1st, 2007 _____

C-23 How often does that older worker operate a tractor greater than 20 hp? **(Please mark one box for each season)**

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-24 How often does that older worker operate a tractor without rollover protection structures? **(Please mark one box for each season)**

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-25 How often does that older worker operate farm equipment that is more than 20 years old? **(Please mark one box for each season)**

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-26 How often does that older worker perform work at heights? (e.g., climbing grain bins or large equipment) **(Please mark one box for each season)**

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-27 How often does that older worker perform work with large animals such as branding, calving, feeding or transporting? **(Please mark one box for each season)**

	Every day	At least once a week	At least once a month	Less than once a month	Never
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART D THE FARM ENVIRONMENT

The following questions are about the general condition of your farm.

D-1 How many tractors are in use on the farm (if none, write 0) _____

D-2 How many of these tractors are equipped with a rollover protection structure?

None of them ¹ Some of them ² All of them ³ No tractors ⁴

D-3 How many farm buildings are in use on the farm (if none, write 0) _____

D-4 How many of these buildings are well maintained?

None of them ¹ Some of them ² All of them ³ No buildings ⁴

D-5 How many combines are in use on the farm (if none, write 0) _____

D-6 How many of these combines have all safety shields and guards in place?

None of them ¹ Some of them ² All of them ³ No combines ⁴

D-7 How many augers are in use on the farm (if none, write 0) _____

D-8 How many of these augers have all safety shields and guards in place?

None of them ¹ Some of them ² All of them ³ No augers ⁴

D-9 How many grain bins are on the farm (if none, write 0) _____

D-10 How many of these grain bins are equipped with a ladder cage?

None of them ¹ Some of them ² All of them ³ No grain bins ⁴

D-11 How many water hazards are located on the farm? (if none, write 0)
(e.g., sewage lagoons, dugouts, wells, cisterns) _____

D-12 How many of these water hazards have physical barriers installed around them?

None of them ¹ Some of them ² All of them ³ No water hazards ⁴

FARM ECONOMICS

Here are two statements about your farm and its financial health. Please choose one response for each statement and farm season.

D-13 During 2006, how often were cash flow shortages a source of worry on your farm? **(Please mark one box for each season)**

	<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
Spring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Fall	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Winter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

D-14 During 2006, how often was debt a source of worry on your farm? **(Please mark one box for each season)**

	<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
Spring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Fall	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Winter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

D-15 We know that there are many economic issues in the agricultural industry. If you have any comments you wish to make about economic issues on your farm, please add them below.

PLEASE COMPLETE PAGE 13

FOLLOW-UP

CONTACT INFORMATION

- As part of this project, we will be contacting your farm by mail 4 times over two years.
- We will do this to see whether people on your farm have experienced any farm injuries.
- We will ask you to complete a 1-page form on each occasion.
- Typically, this will take less than 5 minutes of your time.

PLEASE PRINT

Name: _____ Age: _____	
(Name of person completing the survey)	
Address: _____	

Telephone Numbers (check most preferred):	
Work _____	<input type="checkbox"/>
Home _____	<input type="checkbox"/>
Cell _____	<input type="checkbox"/>

This is the end of the survey. Thank you very much for your help.



SASKATCHEWAN FARM INJURY PROJECT

Phase 2

Household Survey



TO FARMERS AND THEIR FAMILIES:

The University of Saskatchewan is conducting this project to learn more about the health of farm families and the occurrence of farm injuries. Farm families from across Saskatchewan are participating. For some of you this will be a continuation of the study and for others this will be your first contact.

We ask that one responsible person complete the questionnaire on behalf of everyone on the farm. Please try to answer all of the questions, but remember you don't have to answer any questions if you choose not to. When you have finished please place the questionnaire in the business reply envelope and mail it back to us at the university.

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The University of Saskatchewan

Sponsored by the Canadian Institutes of Health Research

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(e.g., cereal, pulse, oil seeds, forage crops)
- 2. Cattle (beef) ²
- 3. Cattle (dairy) ³
- 4. Pigs ⁴
- 5. Poultry ⁵
- 6. Vegetables/Fruit ⁶
- 7. Other animals ⁷

A-2 What is the total area of land in your farming or ranching operation? (Exclude land rented to others)

Total Acres: _____

A-3 How many of these types of livestock are typically raised on your farm or ranch?

- 1. No Livestock ¹
- 2. Cattle (beef) _____ (number)
- 3. Cattle (dairy) _____ (number)
- 4. Swine _____ (number)
- 5. Poultry _____ (number)
- 6. Horses _____ (number)
- 7. Other _____ (number)

A-4 What is the operating arrangement of your farm?

- Individual family farm ¹
- Partnership (with or without a written agreement) ²
- Family corporation ³
- Other type ⁴

A-5 Did you have any custom workers on your farm during 2012? (Check all that apply)

- No Custom Workers ¹
- Seeding ²
- Combining ³
- Spraying ⁴
- Trucking ⁵
- Other ⁶

Please specify: _____

A-6 Did you have any hired workers on your farm during 2012? (Exclude custom workers)

Yes ¹ No ²

If yes, how many _____

A-7 Is the farm your family's main place of residence?

Yes, all family members on the farm ¹

Yes, some family members on the farm ²

No family members live on the farm ³

A-8 In the table below please identify all the family members who usually live or work on your farm?

- *Include family members who live on your farm.*
- *Include family members who work on the farm but do not live on the farm.*
- *Do not include family members that primarily work on their own farm.*

Person	Initials	Age	Sex
Example	<u>W M S</u>	40	M <input checked="" type="checkbox"/> ¹ F <input type="checkbox"/> ²
You	_____		M <input type="checkbox"/> ¹ F <input type="checkbox"/> ²
Person 2	_____		M <input type="checkbox"/> ¹ F <input type="checkbox"/> ²
Person 3	_____		M <input type="checkbox"/> ¹ F <input type="checkbox"/> ²
Person 4	_____		M <input type="checkbox"/> ¹ F <input type="checkbox"/> ²
Person 5	_____		M <input type="checkbox"/> ¹ F <input type="checkbox"/> ²
Person 6	_____		M <input type="checkbox"/> ¹ F <input type="checkbox"/> ²

Complete PART B for each person listed in A-8 of your farm family.

This booklet has space for 2 persons. The green booklet has space for 4 more people. If you have more than 6 people listed in A-8, fill in the pages for 6 people and check the box below.

¹

PART B PEOPLE ON YOUR FARM

PLEASE COMPLETE THE NEXT 4 PAGES FOR THE FIRST PERSON LISTED IN A-8

Person 1 – Page 1

This is the person completing this questionnaire.

Name: _____
(Please print initials, including middle initial)

B-1 Date of Birth: Month _____ Day _____ Year _____

B-2 Sex: Male ¹ Female ²

B-3 Height: Inches _____ OR cm _____

B-4 Weight: Pounds _____ OR kg _____

B-5 Highest level of education:

Less than High School ¹
Completed High School ²
Completed University ³
Technical/Community College ⁴

B-6 Have you completed any educational or training courses specific to agriculture?

Yes ¹ No ²

B-7 Relationship to the farm owner-operator:
(Choose the one category that best applies)

Primary Farm Owner-operator ¹
Spouse (Husband or Wife) ²
Parent ³
Child ⁴
Other Relative ⁵

B-8 What is your main occupation?
(Choose the one category that best applies)

Farmer/Farm Worker ¹
Student/Pre-school ²
Retired ³
Other ⁴

Please specify: _____

B-9 Do you have an off-farm job?

Yes ¹ No ²

If **YES**, please specify the number of **hours per week** that you typically work at your off-farm job?

Hours _____

Job Industry (e.g., healthcare) _____

Job Type (e.g., nurse) _____

B-10 Has a doctor diagnosed you with?
(Check all that apply)

- a. Sleep Apnea.....
- b. Rheumatoid Arthritis.....
- c. Osteoarthritis (wear & tear).....
- d. High Blood Pressure.....
- e. Heart Disease.....
- f. Diabetes.....
- g. Stomach or Intestinal Problems.....
- h. Asthma or other Lung Conditions.....
- i. Dementia.....
- j. Hearing loss.....
- k. Depression.....
- l. Chronic or Constant Pain.....
- m. Incontinence/Urinary Problem.....
- n. None of the above.....

B-11 Do you regularly take?
(Check all that apply)

- a. Stomach remedies or laxatives.....
- b. Tranquilizers.....
- c. Sleeping Pills.....
- d. Pain Medications.....
- e. Heart or Blood Pressure Pills.....
- f. Anti-depressants.....
- g. Anti-inflammatories (Advil®, Naproxen).....
- h. Other medications.....
- i. No medication.....

B-12 In general would you say your physical health is:

- Excellent ¹
- Very good ²
- Good ³
- Fair ⁴
- Poor ⁵

B-13 Your eyesight using both eyes (with glasses or contact lenses, if used) is:

Good ¹ Fair ² Poor ³

Person 1 – Page 2

B-14 How often in the past 12 months have you had 5 or more drinks on one occasion?

- Never ¹
- At most once a month ²
- At most once a week ³
- More than once a week ⁴

B-15 Do you now smoke cigarettes?

- Yes ¹ No ²

B-16a For each season during the past year, on average, how many hours per week did you spend doing farm work? (If not applicable write "0")

- Spring _____ Hrs/wk
- Summer _____ Hrs/wk
- Fall _____ Hrs/wk
- Winter _____ Hrs/wk

B-16b Is this person a child? (Less than 18 years old)

- Yes ¹ No ² → If **NO**, skip to B-17

If YES, for each season during the past year, on average, how many hours per week did this child spend present in the farm worksite?

(Do not include time spent in home)

(If not applicable write "0")

- Spring _____ Hrs/wk
- Summer _____ Hrs/wk
- Fall _____ Hrs/wk
- Winter _____ Hrs/wk

During 2012, how many hours per year did you:
(If not applicable write "0")

- B-17 Operate tractors? _____
- B-18 Do routine maintenance on **tractors**? _____
- B-19 Operate combines? _____
- B-20 Do routine maintenance on **combines**? _____

During 2012, how many days per year did you:
(If not applicable write "0")

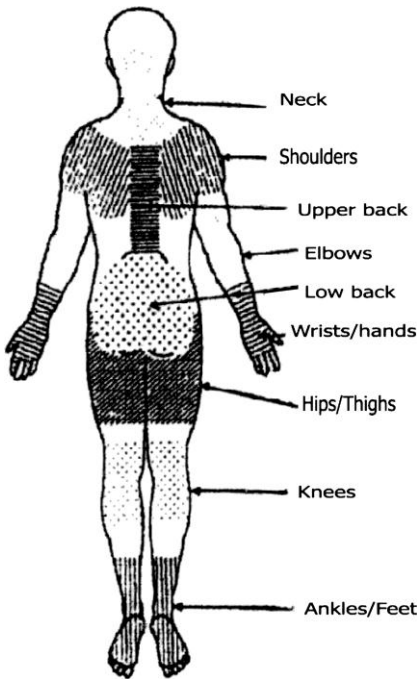
- B-21 Operate all-terrain vehicles? _____
- B-22 Do routine chores with **large animals**? (e.g., cattle or pigs) _____
- B-23 Do routine chores with **small animals**? (e.g., chickens) _____
- B-24 Do **herd maintenance activities**? (e.g., branding, vaccinating) _____
- B-25 Do **veterinary activities**? (e.g., medications, breeding, birthing) _____
- B-26 Lift, lower, or carry **heavy objects** (over 20lbs) more than 1 hour over the day? _____
- B-27 Use a **shovel or pitchfork** more than 1 hour over the day? _____
- B-28 Work with **hands over shoulder height** for more than 1 hour over the day? _____
- B-29 Operate **power tools** with the hands more than 1 hour over the day? _____
- B-30 How many hours of sleep do you typically get at night?
 - More than 7 hours ¹
 - 6 to 7 hours ²
 - 4 to 5 hours ³
 - Less than 4 hours ⁴
- B-31a Do you snore?
 - Yes ¹
 - No → If NO, skip to B-32 ²
 - Don't know ³
- B-31b If **YES**, is your snoring:
 - Louder than talking ¹
 - Very loud- can be heard in adjacent rooms ²
 - Softer than talking ³
 - Don't know ⁴
- B-32 Has anyone noticed that you stop breathing in your sleep?
 - Yes ¹
 - No ²
 - Don't know ³

Person 1 – Page 3

B-33 How likely are you to doze off or fall asleep in the situations described below, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. **Please check one response for each situation.**

SITUATION	RESPONSE CHOICES			
	0 Would never doze	1 Slight chance of dozing	2 Moderate chance of dozing	3 High chance of dozing
Sitting and reading	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Watching TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sitting, inactive in a public place (e.g., a theatre, a meeting)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
As a passenger in a car for an hour without a break	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Lying down to rest in the afternoon when circumstances permit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sitting and talking to someone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sitting quietly after lunch without alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
In a car, while stopped for a few minutes in the traffic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B-34



	Have you at any time in the last 12 months had trouble (ache, pain, discomfort) in:	Have you at any time in the last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble?
Neck	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
One or both shoulders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
One or both elbows	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
One or both wrists/hands	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upper back	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lower back	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
One or both hips/thighs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
One or both knees	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
One or both ankles/feet	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Person 1 – Page 4

The questions on this page ask about **farm injuries**. We are interested in all injuries that occurred in a farm environment whether you were working or not. This includes injuries that occurred off farm but involved farm work (e.g., driving tractor on public road). This also includes being poisoned or burned. If you had more than one farm injury, think about the one most serious injury that you had during 2012.

B-35 Did you have a farm injury during 2012?

Yes ¹ No ²

If **YES**, how many injuries? _____

If you did not have a farm injury during 2012, please skip to the box on the bottom right.

B-36 In what month did the one most serious farm injury happen?

¹ ² ³ ⁴ ⁵ ⁶ ⁷ ⁸ ⁹ ¹⁰ ¹¹ ¹²
Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec

B-37 Were you working at the time of the injury?

Yes ¹ No ²

B-38 In the space below, please provide details about **how** the injury occurred. Please describe **what** you were doing, **where** it happened, and **what went wrong**. Please tell us the type of injury and body part injured.

What were you doing?

Where did it happen?

How did it happen?

What went wrong?

Type of injury & body part injured; (e.g., broken arm, cut leg)

B-39 Where was this one most serious farm injury treated? (Check all that apply)

- Self-treated ¹
- Doctor's office/health clinic ²
- Emergency Room at hospital ³
- Hospital admission overnight/longer ⁴
- Other ⁵

Please specify: _____

If you have another person listed in A-8 who works or lives on the farm, continue on the next page. Otherwise go to Part C (yellow).

PLEASE COMPLETE THE NEXT 4 PAGES
FOR THE SECOND PERSON LISTED IN A-8

Person 2 – Page 1

Name: _____
(Please print initials, including middle initial)

B-1 Date of Birth: Month _____ Day _____ Year _____

B-2 Sex: Male ¹ Female ²

B-3 Height: Inches _____ OR cm _____

B-4 Weight: Pounds _____ OR kg _____

B-5 Highest level of education:

- Less than High School ¹
- Completed High School ²
- Completed University ³
- Technical/Community College ⁴

B-6 Has this person completed any educational or training courses specific to agriculture?

Yes ¹ No ²

B-7 Relationship to the farm owner-operator:
(Choose the one category that best applies)

- Primary Farm Owner-operator ¹
- Spouse (Husband or Wife) ²
- Parent ³
- Child ⁴
- Other Relative ⁵

B-8 What is this person's main occupation?
(Choose the one category that best applies)

- Farmer/Farm Worker ¹
- Student/Pre-school ²
- Retired ³
- Other ⁴

Please specify: _____

B-9 Does this person have an off-farm job?

Yes ¹ No ²

If **YES**, please specify the number of **hours per week** that this person typically works at their off-farm job?

Hours _____

Job Industry (e.g., healthcare) _____

Job Type (e.g., nurse) _____

B-10 Has a doctor diagnosed this person with?
(Check all that apply)

- a. Sleep Apnea.....
- b. Rheumatoid Arthritis.....
- c. Osteoarthritis (wear & tear).....
- d. High Blood Pressure.....
- e. Heart Disease.....
- f. Diabetes.....
- g. Stomach or Intestinal Problems.....
- h. Asthma or other Lung Conditions.....
- i. Dementia.....
- j. Hearing loss.....
- k. Depression.....
- l. Chronic or Constant Pain.....
- m. Incontinence/Urinary Problem.....
- n. None of the above.....

B-11 Does this person regularly take?
(Check all that apply)

- a. Stomach remedies or laxatives.....
- b. Tranquilizers.....
- c. Sleeping Pills.....
- d. Pain Medications.....
- e. Heart or Blood Pressure Pills.....
- f. Anti-depressants.....
- g. Anti-inflammatories (Advil®, Naproxen).....
- h. Other medications.....
- i. No medication.....

B-12 In general would you say this person's physical health is:

- Excellent ¹
- Very good ²
- Good ³
- Fair ⁴
- Poor ⁵

B-13 This person's eyesight using both eyes (with glasses or contact lenses, if used) is:

Good ¹ Fair ² Poor ³

Person 2 – Page 2

B-14 How often in the past 12 months has this person had 5 or more drinks on one occasion?

- Never ¹
- At most once a month ²
- At most once a week ³
- More than once a week ⁴

B-15 Does this person now smoke cigarettes?

- Yes ¹
- No ²

B-16a For each season during the past year, on average, how many hours per week did this person spend doing farm work? (If not applicable write "0")

- Spring _____ Hrs/wk
- Summer _____ Hrs/wk
- Fall _____ Hrs/wk
- Winter _____ Hrs/wk

B-16b Is this person a child? (Less than 18 years old)

- Yes ¹
- No ² → If **NO**, skip to B-17

If **YES**, for each season during the past year, on average, how many hours per week did this child spend present in the farm worksite? (Do not include time spent in home) (If not applicable write "0")

- Spring _____ Hrs/wk
- Summer _____ Hrs/wk
- Fall _____ Hrs/wk
- Winter _____ Hrs/wk

During 2012, how many hours per year did this person: (If not applicable write "0")

- B-17 Operate tractors? _____
- B-18 Do routine maintenance on **tractors**? _____
- B-19 Operate combines? _____
- B-20 Do routine maintenance on **combines**? _____

During 2012, how many days per year did this person: (If not applicable write "0")

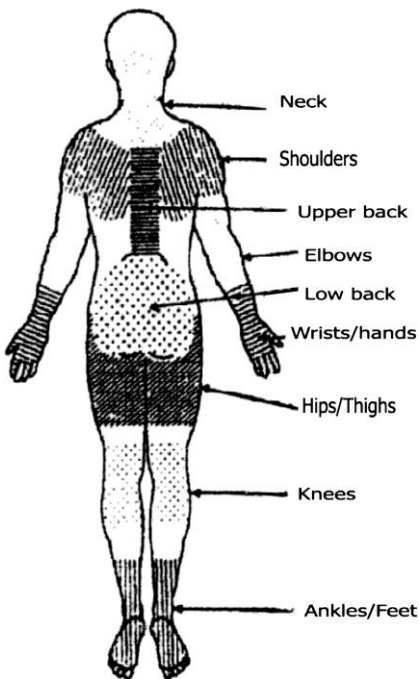
- B-21 Operate all-terrain vehicles? _____
- B-22 Do routine chores with **large animals**? (e.g., cattle or pigs) _____
- B-23 Do routine chores with **small animals**? (e.g., chickens) _____
- B-24 Do **herd maintenance activities**? (e.g., branding, vaccinating) _____
- B-25 Do **veterinary activities**? (e.g., medications, breeding, birthing) _____
- B-26 Lift, lower, or carry **heavy objects** (over 20lbs) more than 1 hour over the day? _____
- B-27 Use a **shovel or pitchfork** more than 1 hour over the day? _____
- B-28 Work with **hands over shoulder height** for more than 1 hour over the day? _____
- B-29 Operate **power tools** with the hands more than 1 hour over the day? _____
- B-30 How many hours of sleep does this person typically get at night?
 - More than 7 hours ¹
 - 6 to 7 hours ²
 - 4 to 5 hours ³
 - Less than 4 hours ⁴
- B-31a Does this person snore?
 - Yes ¹
 - No → If NO, skip to B-32 ²
 - Don't know ³
- B-31b If **YES**, is the snoring:
 - Louder than talking ¹
 - Very loud- can be heard in adjacent rooms ²
 - Softer than talking ³
 - Don't know ⁴
- B-32 Has anyone noticed this person stop breathing in their sleep?
 - Yes ¹
 - No ²
 - Don't know ³

Person 2 – Page 3

B-33 How likely is this person to doze off or fall asleep in the situations described below, in contrast to just feeling tired? This refers to this person’s usual way of life in recent times. Even if this person hasn’t done some of these things recently, try to work out how they would have affected this person. **Please check one response for each situation.**

SITUATION	RESPONSE CHOICES			
	0 Would never doze	1 Slight chance of dozing	2 Moderate chance of dozing	3 High chance of dozing
Sitting and reading	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Watching TV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sitting, inactive in a public place (e.g., a theatre, a meeting)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
As a passenger in a car for an hour without a break	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Lying down to rest in the afternoon when circumstances permit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sitting and talking to someone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sitting quietly after lunch without alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
In a car, while stopped for a few minutes in the traffic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B-34



Has this person at any time in the last 12 months had trouble (ache, pain, discomfort) in:	Has this person at any time in the last 12 months been prevented from doing their normal work (at home or away from home) because of the trouble?	
Neck	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One or both shoulders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One or both elbows	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One or both wrists/hands	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Upper back	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lower back	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One or both hips/thighs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One or both knees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One or both ankles/feet	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Person 2 – Page 4

The questions on this page ask about **farm injuries**. We are interested in all injuries that occurred in a farm environment whether the person was working or not. This includes injuries that occurred off farm but involved farm work (e.g., driving tractor on public road). This also includes being poisoned or burned. If this person had more than one farm injury, think about the one most serious injury that the person had during 2012.

B-35 Has this person had a farm injury during 2012?

Yes ¹ No ²

If **YES**, how many injuries? _____

If this person did not have a farm injury during 2012, please skip to the box on the bottom right.

B-36 In what month did the one most serious farm injury happen?

¹ ² ³ ⁴ ⁵ ⁶ ⁷ ⁸ ⁹ ¹⁰ ¹¹ ¹²
Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec

B-37 Was the injured person working at the time of the injury?

Yes ¹ No ²

B-38 In the space below, please provide details about **how** the injury occurred. Please describe **what** the person was doing, **where** it happened, and **what went wrong**. Please tell us the type of injury and body part injured.

What was the person doing?

Where did it happen?

How did it happen?

What went wrong?

Type of injury & body part injured; (e.g., broken arm, cut leg)

B-39 Where was this one most serious farm injury treated? (Check all that apply)

- Self-treated ¹
- Doctor's office/health clinic ²
- Emergency Room at hospital ³
- Hospital admission overnight/longer ⁴
- Other ⁵

Please specify: _____

If you have another person listed in A-8 who works or lives on the farm, continue in the green booklet. Otherwise go to Part C (yellow).

PART C

YOUNG CHILDREN ON YOUR FARM

C-1 Please describe your farm with respect to young children less than 7 years of age:
(Please check all that apply)

- a) Young children have ever lived on the farm Yes ¹ No ²
- b) Young children have lived on the farm in the last 10 years Yes ¹ No ²
- c) Young children currently visit the farm Yes ¹ No ²
- d) Young children currently live on the farm Yes ¹ No ²

Please think about your activities when children were present on your farm most recently.
When answering the following questions **think about the summer months.**

C-2 How often are (or were) young children present on your farm worksite?

Every day	At least once a week	At least once a month	Less than once a month	Never
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-3 How often do (or did) young children ride in a cabbed tractor or cabbed combine with an adult operator?

Every day	At least once a week	At least once a month	Less than once a month	Never
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-4 How often are (or were) young children present in the farm worksite while adults are working nearby?

Every day	At least once a week	At least once a month	Less than once a month	Never
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-5 How often are (or were) young children assigned small jobs to assist with the farm operation?

Every day	At least once a week	At least once a month	Less than once a month	Never
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

*You are more than half-way through!
We really appreciate your time and effort!*



YOUNG WORKERS ON YOUR FARM

C-6 Please describe your farm with respect to young workers (aged 12-16 years):
(Please check all that apply)

- a) Young workers have ever worked on the farm Yes ¹ No ²
- b) Young workers have worked on the farm in the last 10 years Yes ¹ No ²
- c) Young workers have worked on the farm in the last 12 months Yes ¹ No ²

Please think of the young worker (aged 12-16 years) who worked the most on your farm in the last 10 years.

When answering the following questions **think about the summer months** when this young worker first started working on your farm.

C-7 Boy ¹ Girl ²

C-8 Age: _____
(started working)

C-9 How often does (or did) that young worker operate a tractor greater than 20 hp?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-10 How often does (or did) that young worker operate a tractor without rollover protection structures?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-11 How often does (or did) that young worker operate farm equipment that is more than 20 years old?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-12 How often is (or was) that young worker exposed to working at heights?
(e.g., climbing grain bins or large equipment)

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-13 How often is (or was) that young worker involved in large animal work such as branding, calving, feeding or transporting?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-14 The farm work tasks this young worker does (or did) most often are: (please select one)

<i>Their favorite tasks</i>	<i>Assigned by owner-operator</i>	<i>Tasks most capable of</i>	<i>Negotiated on a daily basis</i>	<i>Other</i>	<i>Not Applicable</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	<input type="checkbox"/>

OLDER WORKERS ON YOUR FARM

C-15 Please describe your farm with respect to older workers (65 years and older):
(Please check all that apply)

- a) Older workers have ever worked on the farm Yes ¹ No ²
- b) Older workers have worked on the farm in the last 10 years Yes ¹ No ²
- c) Older workers have worked on the farm in the last 12 months Yes ¹ No ²

Please think about the older worker (65 years and older) who worked the most on your farm in the last 10 years.

C-16 Man ¹ Woman ²

C-17 Age: _____

C-18 How often does (or did) that older worker operate a tractor greater than 20 hp?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-19 How often does (or did) that older worker operate a tractor without rollover protection structures?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-20 How often does (or did) that older worker operate farm equipment that is more than 20 years old?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-21 How often is (or was) that older worker exposed to working at heights?
(e.g., climbing grain bins or large equipment)

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-22 How often is (or was) that older worker involved in large animal work such as branding, calving, feeding or transporting?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-23 The farm work tasks this older worker does (or did) most often are: (please select one)

<i>Their favorite tasks</i>	<i>Assigned by owner-operator</i>	<i>Tasks most capable of</i>	<i>Negotiated on a daily basis</i>	<i>Other</i>	<i>Not Applicable</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>	⁶ <input type="checkbox"/>

THE MAIN FARM OWNER/OPERATOR ON YOUR FARM

C-24 Is the main operator of your farm the same person described in the Older Workers section (65 years and older) on **page 12**?

Yes ¹ No ² → **If yes skip to question C-32**

Please think about the main operator of your farm.
When answering the following questions think of the **summer months**.

C-25 Man ¹ Woman ²

C-26 Age _____

C-27 How often does he/she operate a tractor greater than 20 hp?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-28 How often does he/she operate a tractor without rollover protection structures?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-29 How often does he/she operate farm equipment that is more than 20 years old?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-30 How often is he/she exposed to working at heights? (e.g., climbing grain bins or large equipment)

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-31 How often is he/she involved in large animal work such as branding, calving, feeding or transporting?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

SAFETY PRACTICES OF THE OWNER/OPERATOR

This series of questions deals with actual safety practices of the **main farm operator** on your farm.

C-32 When operating farm machinery he/she keeps all safety shields and guards in place.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-33 When using hand tools, such as grinders or drills, he/she wears eye protection.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-34 When he/she is applying agricultural chemicals such as fertilizers, pesticides or herbicides, he/she wears protective devices such as gloves or a respirator.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-35 When working around animals and machinery he/she wears steel toed work boots or shoes.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-36 In noisy working conditions he/she wears hearing protection.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-37 He/she trains and observes workers prior to operating a piece of equipment.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

C-38 He/she trains and observes workers prior to taking on a new job involving large animals.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>	⁵ <input type="checkbox"/>

WORK HABITS OF THE OWNER OPERATOR

C-39 He/she often undertakes hazardous farm activities without thinking about the possible consequences.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C-40 He/she usually finds that there aren't enough hours in a day to get the work completed on the farm.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C-41 Most of the time he/she works at a fairly leisure pace.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C-42 While doing farm work how often does he/she experience a "near miss" that under different circumstances might have resulted in person injury or property loss?

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SAFETY INVESTMENTS OF THE OWNER/OPERATOR

C-43 When necessary he/she invests **time** to improve safety conditions on the farm.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C-44 When necessary he/she invest **money** to improve safety conditions on the farm.

<i>Always</i>	<i>Often</i>	<i>Occasionally</i>	<i>Never</i>	<i>Don't Know</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SAFETY ATTITUDE OF THE OWNER/OPERATOR

C-45 Any good farmer who is actively involved in his operation will invariably have an accident sometime in his career.

<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C-46 Farm safety should have the highest priority on every agricultural operation.

<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C-47 H/she don't worry much about being hurt when he/she is working.

<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C-48 The number of farm accidents could be best prevented by (select one).

<i>Educating people</i>	<i>Better design of equipments and buildings</i>	<i>Safety regulation on farms</i>	<i>None of these</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

FARM ECONOMICS

Here are three statements about your farm and its financial health. Please choose one response for each **statement**.

C-49 During 2012, how often were cash flow shortages a source of worry on your farm?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C-50 During 2012, how often was debt a source of worry on your farm?

<i>Every day</i>	<i>At least once a week</i>	<i>At least once a month</i>	<i>Less than once a month</i>	<i>Never</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C-51 At the end of the most recent fiscal year did your farm operation have?

<i>Large Deficit</i>	<i>Small Deficit</i>	<i>Break Even</i>	<i>Small Surplus</i>	<i>Large Surplus</i>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

PART D THE FARM ENVIRONMENT

The following questions are about the general condition of **your farm**. (If not applicable write "0")

D-1 How many tractors are in use on the farm?..... _____
How many are equipped with a rollover protection structure?..... _____
How many were manufactured before 1984?..... _____

D-2 How many combines are in use on the farm?..... _____
How many have all safety shields and guards in place?..... _____

D-3 How many augers are in use on the farm?..... _____
How many have all safety shields and guards in place?..... _____

D-4 How many grain bins are on the farm?..... _____
How many are equipped with a ladder cage?..... _____

D-5 How many corrals are in use on your farm?..... _____
How many have a man escape?..... _____
(in addition to a gate for the animals)

D-6 How many ladders are in use on your farm?..... _____
(include movable ladders and those attached to buildings and machines)
How many have all the rungs in place and are free of debris at all times? _____

D-7 How many water sources are located on your farm?..... _____
(e.g., sewage lagoons, dugouts, wells, cisterns)
How many have a barrier around them or are in a penned area?..... _____

D-8 Would you say the safety conditions and practices on your farm are:
Excellent ¹ Good ² Fair ³ Poor ⁴

FOLLOW-UP

CONTACT INFORMATION

- As part of this project, we will be contacting your farm by mail 4 times over two years.
- We will do this to see whether people on your farm have experienced any farm injuries.
- We will ask you to complete a 1-page form on each occasion.
- Typically, this will take less than 5 minutes of your time.

PLEASE PRINT

Name: _____ Age: _____ (Name of person completing the survey)
Address: _____ _____
Telephone Numbers (tick most preferred): Work _____ ¹ <input type="checkbox"/> Home _____ ² <input type="checkbox"/> Cell _____ ³ <input type="checkbox"/>

***This is the end of the survey.
Thank you very much for your help.***

**Please place the completed questionnaire in the
postage paid return envelope and mail it.**