



NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE

## ALL-TERRAIN VEHICLE PREVALANCE AND INJURY QUESTIONNAIRE



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Form Approval

(Phone Script – This survey is conducted totally by Phone Enumerators. Pre-survey letters are sent to the respondents notifying them of our upcoming calls.)

National

Please make corrections to name, address and Zip Code, if necessary.

### Intro 1

Hello, my name is \_\_\_\_\_. I am working with the National Agricultural Statistics Service on behalf of the Center for Disease Control and Prevention. We are interested in learning more about all-terrain-vehicle (ATV) use on farms. We are asking farmers/ranchers for information about their operations, as well as information on ATVs and any associated injuries that occurred on the farm/ranch in 2011. This will take about 10 minutes.

The information you provide will be held strictly CONFIDENTIAL. Your cooperation is VOLUNTARY, and you may refuse to answer any question. This information will be combined with other's to help identify the prevalence of ATVs on farms and to develop injury prevention and health promotion programs nationwide. Would you help us by answering these questions?

- YES [Continue on Intro 2]  
 - NO

I assure you that everything you tell us will be kept CONFIDENTIAL. Your answers are very important to us even if you did not have an ATV on your farm, or did not have an ATV-related injury on your farm in 2011. The information will help identify programs for preventing these injuries in the future. Your cooperation will benefit all farm/ranch families. Would you please consider helping us?

- YES - [Continue on Intro 2]  
 NO – I'm sorry to have bothered you. Thank you for your time.  
 Says not a farm - [Continue with Intro 1a]  
 Does not speak English

Intro 1a		Please answer the following question(s) for the total acres you (name on label) operate.	
	a. Did you grow any crops or cut hay in 2011?	<input type="checkbox"/> Yes – [Go to Intro 2]	<input type="checkbox"/> No – [Continue]
	b. Is any of the land in this operation cropland? (Including idle cropland and cropland in government programs such as CRP, etc.)	<input type="checkbox"/> Yes – [Go to Intro 2]	<input type="checkbox"/> No – [Continue]
	c. In 2011 did you have any whole grains, oilseeds, or hay stored on this operation?	<input type="checkbox"/> Yes – [Go to Intro 2]	<input type="checkbox"/> No – [Continue]
	d. Do you have facilities for storing whole grains or oilseeds?	<input type="checkbox"/> Yes – [Go to Intro 2]	<input type="checkbox"/> No – [Continue]
	e. Do you own or raise any livestock or poultry?	<input type="checkbox"/> Yes – [Go to Intro 2]	<input type="checkbox"/> No – [Go to Conclusion]
Intro 2			

- 1.
2. May I please speak to the farm operator?

01  Yes

02  Not available

When would be a good time to call back? .....

03  Spouse will give information

04  Non-farm residence/business address

2. Please verify name and mailing address of this operation. Make corrections (including the correct operation name) on the label and continue.

[Check box if name and address are verified].

3. How many people live in your household (**INCLUDING** yourself, and **EXCLUDING** temporary visitors)? .....

4. How many of these household members are under the age of 20?

### RESPONDENT SUMMARY

1. Respondent's Gender?

01  Male

02  Female

2. What was your age on your last birthday? .....

3. What is the highest education level you have achieved? (Check ONLY ONE)

01  Less than high school

07  Doctorate

02  High school diploma/GED

08  Professional – MD, JD, DDS, etc.

03  Associates, two-year Junior College degree

09  Other (Specify \_\_\_\_\_)

04  Vocational/Technical school

77  Don't know

05  Bachelor's degree

99  Refused

06  Master's degree

4. What is your marital status? (Please  $\checkmark$  **only one**)

01  Married

05  Married, but apart

99  Refused

02  Widowed

06  Single

03  Divorced

07  Single, living with a partner

04  Separated

77  Don't know

5. At anytime during 2011, did you operate or ride as a passenger on an all-terrain vehicle (ATV), either for work or recreation, on the farm or ranch?

01  Yes

03  No (Go to HH summary)

6. Have you ever completed a formal ATV safety training course?  
 01  Yes 03  No
7. On average, how often would you say you operated or rode on an ATV in 2011?  
 01  10 or more times a month 04  Less than once a month  
 02  5 to 9 times a month 77  Don't know  
 03  1 to 4 times a month 99  Refused
8. Would you say that you always, sometimes, or never wear a helmet?  
 01  Always (Go to HH Summary) 77  Don't know  
 02  Sometimes 99  Refused  
 03  Never (Go to HH summary)
9. What factors influence your decision to wear a helmet? (✓ all that apply)  
 01  Required by law 06  Weather conditions  
 02  Riding terrain conditions 07  Public road  
 03  Recreational use 08  Other (Specify \_\_\_\_\_)  
 04  Presence of youth 77  Don't know  
 05  Type of work task 99  Refused

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**HOUSEHOLD SUMMARY**

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**Enumerator note: If Married (01) or Single, living with a partner (07) are marked in question 4, complete questions 1 through 7. Otherwise go to question 8 if Intro 2, question 3 indicates others in the household.**

1. Gender of spouse/partner?  
 01  Male 02  Female
2. What was his/her age on his/her last birthday? .....
3. What is the highest education level he/she has achieved? (Check ONLY ONE)  
 01  Less than high school 07  Doctorate  
 02  High school diploma/GED 08  Professional – MD, JD, DDS, etc.  
 03  Associates, two-year Junior College degree 09  Other (Specify \_\_\_\_\_)  
 04  Vocational/Technical school 77  Don't know  
 05  Bachelor's degree 99  Refused  
 06  Master's degree
4. Did he/she operate or ride as a passenger on an ATV, either for work or recreation, on the farm or ranch anytime in 2011?  
 01  Yes 03  No (Go to Question 8 if question 3 >2)



14. Would you say that he/she always, sometimes, or never wears a helmet?

01  Always

77  Don't know

02  Sometimes

99  Refused

03  Never

**Enumerator note: Ask the next question only if the household member is less than 16 years of age.**

15. Do they ever ride an ATV with an engine size greater than 400 cc?

01  Yes

03  No

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#### ATV SUMMARY

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**As you may know, ATVs are becoming more common on farms. In order to accurately assess the prevalence of ATVs on farms, we need to ask you some information about any ATVs used on your farm/ranch.**

1. How many ATVs or utility vehicles such as a Gator® or Mule® (do you/does the farm operator) have on your farm?

Number \_\_\_\_\_ (If 0, go to question 9)

77  Don't know

99  Refused

2. How many of these are the utility type with a bench seat, such as a Gator® or Mule®?

Number \_\_\_\_\_

77  Don't know

99  Refused

3. How many of the ATVs were used for work purposes? (If 0, go to question 7)

Number \_\_\_\_\_

77  Don't know

99  Refused

4. How many of the ATVs used for work have a PTO?

Number \_\_\_\_\_

77  Don't know

99  Refused

5. (Have you/has the farm operator) used an ATV for any of the following tasks at any time during 2011 (✓ all that apply).

**ENUM NOTE: Please read categories.**

01  Using a wench

07  Spraying/chemical application

02  Moving livestock

08  General Farm Transportation (incl. supervision of workers, inspection of crops/livestock, etc.)

03  Transporting materials (towing or hauling)

09  Seeding

04  Using a blade to move snow/dirt/other

77  Don't know

05  Mowing/brush-hog

99  Refused

06  Plowing/soil preparation

**Enumerator note: Ask question 6 for each task identified in Question 5.**

6. How was this task completed prior to using an ATV?

01  Tractor

05  Task not performed prior to ATV

02  Truck

06  Other (Specify \_\_\_\_\_)

03  Horse

77  Don't know

04  Skid-steer loader

99  Refused

**Beginning with the newest ATV and working back to the oldest ATV:**

**Enumerator note: Repeat questions 7 and 8 for up to 5 ATVs.**

7. What make is the ATV?

01  Argo

08  Recreative Industries

02  Arctic Cat

09  Suzuki

03  Bombardier

10  Yamaha

04  Honda

11  Other (Specify \_\_\_\_\_)

05  John Deere

77  Don't know

06  Kawasaki

99  Refused

07  Polaris

8. What is the size of the ATV?

01  200 cc and smaller

03  501 cc and larger

02  201-300 cc

77  Don't know

03  301-400 cc

99  Refused

04  401-500 cc

**Now I'd like to ask you a few questions about anyone you may hire to work on your farm or ranch.**

9. During 2011, approximately how many people were hired to work on the farm or ranch (excluding household members and contract labor)? (If 0, go to Injury Summary, question 1)

**Enumerator note: use 7777 for unknown and 9999 for refusal**

10. For each worker, please tell me their age, gender, and whether or not they operated an ATV. **ENUMERATOR NOTE:** Repeat for up to 20 workers.

Worker	Age	Gender		Operated ATV	
a.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
b.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
c.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
d.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
e.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
f.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
g.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
h.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
i.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
j.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
k.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
l.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
m.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
n.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
o.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
p.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
q.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
r.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
s.		Male	Female	Yes	No (Go to Inj. Summary if last worker)
t.		Male	Female	Yes	No (Go to Inj. Summary if last worker)

11. Do you require your hired workers to wear a helmet when operating an ATV?

01  Yes

03  No

12. Do you require your hired workers to complete an ATV safety course?

01  Yes

03  No

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**INJURY SUMMARY**

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**Next, I'm going to ask you some questions about any ATV-related injuries that occurred on your farm or ranch.**

During 2011, did anyone on the farm/ranch experience an ATV-related injury which required at least 4 hours of restricted activity or required professional medical attention? These injuries would include those resulting from both work and recreation.

1.  01 Yes  03 No (Go to question 34)

2. How many injuries of this type occurred on the farm or ranch during 2011? .....

**Now, we would like to ask you some questions about each of these injuries.**

ENUMERATOR NOTE: Ask questions 3 to 33 for up to 2 injuries, if respondent does not want to provide the first name of the injured person, please use a unique identifier (such as Person A) which should also be used when completing the narrative.

3. Starting with the most recent injury, what is the first name of the injured person?

4. Are they male or female?  
 01 Male  02 Female

5. How old was he/she at the time of the injury? .....

6. What is his/her relationship to the farm or ranch?  
 01 Self  06 Boarder  
 02 Child/step-child  07 Other (Specify \_\_\_\_\_) (e.g., visitor, friend)  
 03 Spouse  77 Don't know  
 04 Other relative  99 Refused  
 05 Worker

7. Is he/she Hispanic, or Latino, such as Mexican, Cuban, or Puerto Rican, regardless of race?  
 01 Yes  03 No

8. What is his/her race? (✓ all that apply)  
 01 American Indian or Alaska Native  04 Native Hawaiian or other Pacific Islander  
Specify tribe: \_\_\_\_\_  05 White  
 02 Asian  77 Don't know  
 03 Black or African American  99 Refused



9. In what month did the injury occur?

01  January

08  August

02  February

09  September

03  March

10  October

04  April

11  November

05  May

12  December

06  June

77  Don't know

07  July

99  Refused

10. Did he/she live on the farm or ranch?

01  Yes (Go to question 13)

03  No

11. Was he/she visiting the farm at the time of the injury?

01  Yes

03  No

12. Had he/she completed a training class for operating an ATV?

01  Yes

03  No

13. Was he/she wearing a helmet at the time of the injury?

01  Yes

03  No

14. Was he/she operating the ATV at the time of the injury?

01  Yes

03  No

15. Did the injury occur on a 3-wheel, 4-wheel, or more than 4-wheel ATV?

01  3-wheel

77  Don't Know

02  4-wheel

99  Refused

03  More than 4-wheel

16. What was the engine size of the ATV involved in the injury?

01  200 cc and smaller

03  501 cc and larger

02  201-300 cc

77  Don't know

03  301-400 cc

99  Refused

04  401-500 cc

17. Was he/she towing or hauling anything when the injury occurred?

01  Yes

03  No

18.

At the time of the injury, how many hours per week did he/she typically operate an ATV on the farm/ranch?

01  0-10 hours

05  More than 40 hours

02  11-20 hours

77  Don't know

03  21-30 hours

99  Refused

04  31-40 hours

19.

When the injury occurred, was he/she using the ATV for recreation, using the ATV for general transportation not related to farm work, or using the ATV for farm work or chores?

01  Recreation (Go to question 22)

02  General transportation not related to farm work (Go to question 22)

03  Farm work or chores

77  Don't Know

99  Refused

20.

Which of the following best describes what he/she was doing at the time of the injury?

01  Using a wench

07  Spraying/chemical application

02  Moving livestock

08  General Farm Transportation (incl. supervision of workers, inspection of crops/livestock, etc.)

03  Transporting materials (towing or hauling)

09  Seeding

04  Using a blade to move snow/dirt/other

10  Other (Specify: \_\_\_\_\_)

05  Mowing/brush-hog

77  Don't know

06  Plowing/soil preparation

99  Refused

21.

Had he/she completed this task before?

01  Yes

03  No

22.

Where on the farm or ranch did the injury occur?

01  Crop Field or Hayfield, Orchard, Nursery

07  Driveway/Sidewalk

02  Pasture

08  Outdoors, General

03  In the Farm Yard

09  Other (Specify: \_\_\_\_\_)

04  Farm Roadway

77  Don't know

05  Public Roadway

99  Refused

06  Woods/trails

23. Now I would like for you to describe, in detail, how the injury occurred. Please include what tasks were being completed at the time, if any other equipment or machinery was involved, if anyone else was on the ATV, and any other factors you think might be important. **ENUMERATOR: PROBE FOR DETAILS**

**Enumerator note: If the injury resulted in a fatality, you may terminate the interview unless the respondent wishes to continue.**

Interviewer  
Checklist

**Location**

Road, field, etc.

**Specific Activity**

**Extra riders**

24. Would you describe the terrain where the ATV was being driven at the time the injury occurred as level, a medium grade, or a steep grade?

01  Level ground

77  Don't know

02  Medium grade

99  Refused

03  Steep grade

25. How would you describe the surface being driven on at the time of the injury? √ all that apply

01  Dirt

06  Ice

02  Grass

07  Sand

03  Loose rock/gravel

77  Don't know

04  Asphalt/Concrete/Pavement

99  Refused

05  Mud

26. What part of the body was injured? √ all that apply

01  Head/Skull

08  Hand/Wrist/Fingers

02  Face

09  Leg

03  Neck

10  Foot/Ankle/Toes

04  Shoulder/Chest/Back

11  Internal Injuries

05  Abdomen

12  Other (Specify: \_\_\_\_\_)

06  Pelvic Region

77  Don't know

07  Arm

99  Refused

27. What type of injury occurred to the \_\_\_\_\_ (Specify body part)? √ all that apply

- |   |  |
|---|--|
| 01 <input type="checkbox"/> Scrape/Abrasion             | 09 <input type="checkbox"/> Crushed/Mangled                    |
| 02 <input type="checkbox"/> Bruise/Contusion            | 10 <input type="checkbox"/> Loss of Body Part/Amputation       |
| 03 <input type="checkbox"/> Sprain/Strain/Torn ligament | 11 <input type="checkbox"/> Nerve Injury                       |
| 04 <input type="checkbox"/> Broken Bone/Fracture        | 12 <input type="checkbox"/> Burn/Blister/Scald                 |
| 05 <input type="checkbox"/> Dislocation                 | 13 <input type="checkbox"/> Concussion, Traumatic Brain Injury |
| 06 <input type="checkbox"/> Cut/Laceration              | 14 <input type="checkbox"/> Other (Specify: _____)             |
| 07 <input type="checkbox"/> Puncture/Stab/Jab           | 77 <input type="checkbox"/> Don't know                         |
| 08 <input type="checkbox"/> Traumatic Rupture           | 99 <input type="checkbox"/> Refused                            |

28. Did this injury require medical attention?

- |                                 |  |
|---------------------------------|--|
| 01 <input type="checkbox"/> Yes | 03 <input type="checkbox"/> No (Go to question 31) |
|---------------------------------|--|

29. Did this injury require admission to a hospital?

- |                                 |  |
|---------------------------------|--|
| 01 <input type="checkbox"/> Yes | 03 <input type="checkbox"/> No (Go to question 31) |
|---------------------------------|--|

30. How long was the hospitalization? .....

31. Did the injury result in a permanent disability?

- |   |                                |
|---|--------------------------------|
| 01 <input type="checkbox"/> Yes (Go to question 33) | 03 <input type="checkbox"/> No |
|---|--------------------------------|

32. How long were his/her normal activities restricted as a result of this injury?

- |  |   |
|--|---|
| 01 <input type="checkbox"/> No restriction               | 06 <input type="checkbox"/> 1 month to less than 3 months |
| 02 <input type="checkbox"/> Less than 1 day              | 07 <input type="checkbox"/> 3 months or more              |
| 03 <input type="checkbox"/> 1 day to less than 7 days    | 77 <input type="checkbox"/> Don't know                    |
| 04 <input type="checkbox"/> 7 days less than 14 days     | 99 <input type="checkbox"/> Refused                       |
| 05 <input type="checkbox"/> 14 days to less than 1 month |   |

33. On a scale of 1 to 5, how would you rate the overall seriousness of this injury, with 1 being minor and 5 being life-threatening?

- |                                      |  |  |
|--------------------------------------|--|--|
| 01 <input type="checkbox"/> Minor    | 04 <input type="checkbox"/> Severe           | 77 <input type="checkbox"/> Don't know |
| 02 <input type="checkbox"/> Moderate | 05 <input type="checkbox"/> Life-threatening | 99 <input type="checkbox"/> Refused    |
| 03 <input type="checkbox"/> Serious  | 06 <input type="checkbox"/> Fatal            |  |

**Enumerator: If respondent does not wish to continue, leave note and terminate interview.**

**Now, that we've discussed any ATV-related injuries that have occurred on the farm/ranch. I'd like to know about any ATV overturns that may have occurred that did not result in an injury.**

34. In 2011, did any of the ATVs on your farm/ranch overturn or roll without causing an injury?

01  Yes

03  No (Go to conclusion)

35. How many times has an ATV overturned without injury during 2011? .....

36. For the most recent overturn, did the ATV overturn to the side or to the front/rear?

01  Side

77  Don't know

03  Front/Rear

99  Refused

37. At the time the overturn occurred, would you describe the terrain where the ATV was being driven as level, a medium grade, or a steep grade?

01  Level ground

77  Don't know

02  Medium grade

99  Refused

03  Steep grade

38. How would you describe the surface being driven on at the time of the overturn? ✓ all that apply

01  Dirt

06  Ice

02  Grass

07  Sand

03  Loose rock/gravel

77  Don't know

04  Asphalt/Concrete/Pavement

99  Refused

05  Mud

**Those are all the questions I have for you today. Thank you very much for time. We hope this information will help us learn more about ATV use on farms and their related injuries. Have a good day/evening.**