



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

U.S. Department of Agriculture
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202-690-8141

Childhood Injury and Adult Occupational Injury Questionnaire



Form Approved:
O.M.B. Number 0535-0235
Approval Expires: mm/dd/yyyy
Project Code 915

(Phone Script used for 2008 survey– This survey was conducted totally by Phone Enumerators. Pre-survey letters were sent to the respondents, notifying them of our upcoming calls.

An updated questionnaire will be provided, prior to the 2014 data collection.) QID: 110916

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 injuries that occur on farms. We are asking farm/ranch families for information about their operations, as well as information on injuries that occurred on the farm/ranch in 2008. 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 others to help identify common patterns of injuries on farms and to develop injury prevention and health promotion programs nationwide. Would you help us by answering these questions?

YES - [Continue with 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 a youth on your farm, or did not have an injury on your farm in 2008. This project will be used to identify how often injuries occur on farms, and what the common patterns are for these injuries. The information will help identify programs for preventing these injuries in the future. Your cooperation will benefit all minority farm/ranch families. Would you please consider helping us?

YES - [Continue with 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 2008? | Yes - [Go to Intro 2] | No - [Continue] |
| b. Is any of the land in this operation cropland?
(Including idle cropland and cropland in government programs such as CRP, etc.) | Yes - [Go to Intro 2] | No - [Continue] |
| c. In 2008, did you have any whole grains, oilseeds, or hay stored on this operation? | Yes - [Go to Intro 2] | No - [Continue] |
| d. Do you have facilities for storing whole grains or oilseeds? | Yes - [Go to Intro 2] | No - [Continue] |
| e. Do you own or raise any livestock or poultry? | Yes - [Go to Intro 2] | No - [Go to Conclusion] |

1. May I please speak with the **adult female** of the household?

01 Yes

02 Not available --

When would be a good time to call back?

03 Spouse will give information

04 No adult female in household

05 Non-farm residence/Business address (Go to Operation Summary)

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

[Check if name and address are verified]

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

--

4. How many of the people living in your household are under the age of 20?
(If 0, Skip to Operation Summary, question 1, page 7).....

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5. Where do the youth in your household most often go when they need medical attention? Do they go to a doctor's office, a clinic, an emergency room, an urgent care center, or to some other place?

- | | |
|-----------------------|---------------------|
| 01 Doctor's Office | 05 Some other place |
| 02 Clinic | 77 Don't know |
| 03 Emergency Room | 99 Refused |
| 04 Urgent Care Center | |

6. What kind of health practitioner do the youth in your household usually see, a doctor, a nurse, a nurse practitioner (CNP), a physician's assistant (PA), or someone else?

- | | |
|---------------------------------|-----------------|
| 01 Doctor | 05 Someone else |
| 02 Nurse | 77 Don't know |
| 03 Certified Nurse Practitioner | 99 Refused |
| 04 Physician's Assistant | |

7. The last time any youth (under 20 years of age) in your household received professional medical attention, who paid the majority of the cost? Was it...
- | | |
|-----------------------------------------|---------------------------|
| 01 Paid out of pocket | 06 Billed, did not pay |
| 02 Medicare/Medicaid | 07 Workers' Compensation |
| 03 Public Clinic No Charge | 08 Other (Specify: _____) |
| 04 Employer paid health plan | 77 Don't know |
| 05 Individual health plan (self/family) | 99 Refused |
-

HOUSEHOLD SUMMARY

1. Respondent's Gender?

- | | |
|---------|-----------|
| 01 Male | 02 Female |
|---------|-----------|

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

3. How many years of schooling have you completed?.....

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

- | | |
|-----------------------------------------------|-------------------------------------|
| 01 Less than high school | 07 Doctorate |
| 02 High School Diploma | 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 | |

5. Have/Has (you/the farm operator) ever been told by a doctor, nurse, or other health professional that (you/they) had asthma?
 01 Yes 77 Don't Know [Go to Question 13]
 03 No [Go to Question 13] 99 Refused [Go to Question 13]
6. How old (were you/was the farm operator) when asthma was diagnosed?
 Age _____
 97 Age 10 or younger but don't know exact age
 99 Don't Know/Refused
7. Do you/Does the farm operator still have asthma
 01 Yes 77 Don't Know [Go to Question 13]
 03 No [Go to Question 13] 99 Refused [Go to Question 13]
8. Have you/was the farm operator) ever told by a doctor, nurse, or other health professional that (your/their) asthma was related to (your/their) work on the farm?
 01 Yes 77 Don't Know
 03 No 99 Refused
9. Did (you/the farm operator) have one or more asthma attacks requiring the use of an inhaler or other medical treatment in the last 12 months?
 01 Yes 77 Don't Know [Go to Question 13]
 03 No [Go to Question 13] 99 Refused [Go to Question 13]
10. Did any such asthma attack occur while doing farm work?
 01 Yes 77 Don't Know
 03 No 99 Refused
11. Did (you/the farm operator) have a serious asthma attack that required an emergency room visit, hospitalization, or other professional medical attention in the last 12 months?
 01 Yes 77 Don't Know [Go to Question 13]
 03 No [Go to Question 13] 99 Refused [Go to Question 13]
12. Did any such asthma attack occur while doing farm work?
 01 Yes 77 Don't Know
 03 No 99 Refused

13. What is your marital status? (Please check ONLY ONE)
- | | | |
|--------------|--------------------------------|------------|
| 01 Married | 05 Married, but apart | 99 Refused |
| 02 Widowed | 06 Single | |
| 03 Divorced | 07 Single, living with partner | |
| 04 Separated | 77 Don't know | |

Enumerator Note: If Married (01) or Single, living with partner (07) are marked, complete questions 14 through 17. Otherwise, go to Youth Summary, question 1.

14. Gender of spouse/partner?
 01 Male 02 Female

15. What was your spouse's/partner's age on his/her last birthday?.....

16. How many years of schooling has your spouse/partner completed?.....

17. What is the highest level of education your spouse/partner has achieved? (Please check only one.)

- 01 Less than high school
- 02 High School Diploma
- 03 Associates, two-year Junior College degree
- 04 Vocational/Technical School
- 05 Bachelor's Degree
- 06 Master's Degree
- 07 Doctorate
- 08 Professional - MD, JD, DDS, etc.
- 09 Other (Specify _____)
- 77 Don't know
- 99 Refused

YOUTH SUMMARY

Enumerator Note: Ask the following questions for each person under the age of 20 living within the household. Should match the number reported in Intro 2, question 4. Report information for up to 10 youth.

Now I would like to ask you some questions about each of the people living in your household under the age of 20, starting with the oldest.

1. Gender?

- 01 Male
- 02 Female

2. What was his/her age on his/her last birthday?.....

3. How many years of schooling has he/she completed?.....

4. Did he/she work on the farm or ranch in 2008?

- 01 Yes
- 03 No

5. Did he/she ride a horse, either for work or for recreation on the farm or ranch anytime in 2008?

- 01 Yes
- 03 No

6. Did he/she drive an all-terrain vehicle, either for work or for recreation on the farm or ranch anytime in 2008?

- 01 Yes
- 03 No

7. Did he/she operate a tractor on the farm or ranch anytime in 2008?

- 01 Yes
- 03 No

8. Has he/she ever been diagnosed as having asthma by a health professional?

- 01 Yes
- 03 No [Go to Operation Summary]
- 77 Don't know [Go to Operation Summary]
- 99 Refuse [Go to Operation Summary]

9. Did he/she have one or more asthma attacks requiring the use of an inhaler or other medical treatment in 2008?

01 Yes 03 No [Go to Operation Summary] 77 Don't know [Go to Operation Summary]

99 Refuse [Go to Operation Summary]

10. Did any such asthma attack occur while doing farm work?

01 Yes 03 No 77 Don't know 99 Refuse

11. Did he/she have a serious asthma attack that required an emergency room visit, hospitalization, or other professional medical attention in 2008?

01 Yes 03 No [Go to Operation Summary] 77 Don't know [Go to Operation Summary]

99 Refuse [Go to Operation Summary]

12. Did any such asthma attack occur while doing farm work?

01 Yes 03 No 77 Don't know 99 Refuse

Enumerator Note: Ask the following questions if children under the age of 8 are living within the household.

13. Is there a completely enclosed, fenced off play area on your farm for children?

01 Yes 03 No 77 Don't know 99 Refuse

14. Do you have access to licensed, off-farm child care?

01 Yes 03 No [Go to Operation Summary] 77 Don't know 99 Refuse

15. How often do you utilize this service?

01 Never 77 Don't know

02 Less than 1 month per year 99 Refuse

03 1 - 3 months per year

04 More than 3 months per year

OPERATION SUMMARY

Next, I have a few questions about your farm or ranch operation.

1. Is this a full-time or part-time operation?
 - 01 Full-time 02 Part-time

2. When hiring farm workers, do you require them to have any type of formal training (e.g., tractor or machinery operator certification, pesticide application certification, commercial drivers license)?
 - 01 Yes (Specify: _____)
 - 03 No
 - 05 Never hires workers [Go to question 4]

3. Do you provide any safety training for workers on your farm, **excluding** unsupervised on-the-job training (e.g., training on the proper operation of tools, equipment, or machinery; pesticide safety training, training on proper lifting techniques, training on safe work practices)?
 - 01 Yes (Specify: _____)
 - 03 No

Enumerator Note: Questions 4 through 12 should only be asked if the Adult Injury Section will also be completed.

Tractor overturns result in severe injuries on farms each year. In order to design programs to reduce the risk of tractor overturns, we need basic information about farm tractors.

4. How many agricultural tractors, **excluding** lawn tractors, were owned or leased by this operation in 2008? Do not include antique or similar collectable tractors not used for production purposes on the farm or ranch. (If 0, go to question 8).

5. How many of these agricultural tractors were equipped with a Roll-Over Protective Structure (ROPS) or a ROPS cab?.....

- 6.....Of the total number of tractors reported, how many were diesel?

- 7.....What is the total number of hours that (you/farm operator) personally operated ALL of the diesel tractors in the last 12 months?
 - 01 Less than 100 hours
 - 02 100 – 499 hours
 - 03 500 – 1,000 hours
 - 04 More than 1,000 hours
 - 77 Don't know
 - 99 Refused

All terrain vehicles, ATV's, are a common cause of injury on farms. In order to accurately assess the nature of these injuries, we need information about ATV's used on the farm.

8. How many ATV's were used on this farm (**including** recreation use) in 2008? (If 0, go to question 13).....

9. How many of these ATV's were used for work purposes in 2008?

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

10. What make is the ATV? Enter code from below.....

--

- | | | |
|---------------|---------------------------|-----------|
| 01 Argo | 06 John Deere | 11 Suzuki |
| 02 Arctic Cat | 07 Kawasaki | 12 Yamaha |
| 03 Bombardier | 08 Polaris | 13 Other |
| 04 Honda | 09 Recreatives Industries | |
| 05 John Deere | 10 Yamaha | |

11. What was the size of the ATV?

- 01 200 cc and smaller 04 401 cc and larger
- 02 201 - 300 cc 77 Don't know
- 03 301 - 400 cc 99 Refused

12. On average, how often would you say this ATV was used in 2008?

- 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

Enumerator Note: Repeat questions 8 through 12 for up to 5 ATV's

13. During 2008, approximately how many people under the age of 20 were hired to work on the farm or ranch, (excluding household members and contract labor)? If zero, go to question 15.....

Enumerator Note: use '7777' for refusal or '9999' for unknown

14. For each of these workers, please tell me their age and gender and whether or not they operated a tractor, an ATV, or rode a horse on the farm or ranch as part of their job. **Enumerator Note:** Repeat question for up to 20 workers.

Worker	Age	Gender		Operated a tractor		Operated an ATV		Rode a horse	
		Male	Female	Yes	No	Yes	No	Yes	No
a.		Male	Female	Yes	No	Yes	No	Yes	No
b.		Male	Female	Yes	No	Yes	No	Yes	No
c.		Male	Female	Yes	No	Yes	No	Yes	No
d.		Male	Female	Yes	No	Yes	No	Yes	No
e.		Male	Female	Yes	No	Yes	No	Yes	No
f.		Male	Female	Yes	No	Yes	No	Yes	No
g.		Male	Female	Yes	No	Yes	No	Yes	No
h.		Male	Female	Yes	No	Yes	No	Yes	No
i.		Male	Female	Yes	No	Yes	No	Yes	No
j.		Male	Female	Yes	No	Yes	No	Yes	No
k.		Male	Female	Yes	No	Yes	No	Yes	No
l.		Male	Female	Yes	No	Yes	No	Yes	No
m.		Male	Female	Yes	No	Yes	No	Yes	No
n.		Male	Female	Yes	No	Yes	No	Yes	No
o.		Male	Female	Yes	No	Yes	No	Yes	No
p.		Male	Female	Yes	No	Yes	No	Yes	No
q.		Male	Female	Yes	No	Yes	No	Yes	No
r.		Male	Female	Yes	No	Yes	No	Yes	No
s.		Male	Female	Yes	No	Yes	No	Yes	No
t.		Male	Female	Yes	No	Yes	No	Yes	No

We've already discussed household youth and youth hired to work on your farm. Next, we'd like to ask you about other visitors to your farm and whether or not they may have helped out with work on the farm.

15. Approximately how many relatives under the age of 20 visited the farm during 2008 (**excluding** hired workers and youth already mentioned)?.....

Enumerator Note: use '7777' for refusal or '9999' for unknown

16. How many of these relatives performed unpaid work on your farm during 2008?

Enumerator Note: use '7777' for refusal or '9999' for unknown

17. Excluding hired workers, relatives, or household members, approximately how many other people under the age of 20 visited the farm during 2008, for example, friends of your children?.....

Enumerator Note: use '7777' for refusal or '9999' for unknown

YOUTH INJURY SUMMARY

Next I'm going to ask you some questions about any injuries to anyone under the age of 20 that occurred on the farm or ranch during 2008.

1. During 2008, did anyone on the farm under the age of 20 experience any injuries which required at least 4 hours of restricted activity or required professional medical attention? These injuries would include those resulting from farm work, chores or recreation on the farm or ranch, or in the home.

01 Yes

03 No *[Go to Conclusion if Respondent has **not** been selected for Adult Injury Questionnaire. If Respondent has been selected to receive Adult Injury questions, Go to Adult Injury Summary, question 1]*

2. How many child/adolescent injuries of this type occurred on the farm or ranch during 2008?.....

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

Enumerator Note: *If respondent does not want to provide the first name of the injured person, please assign a unique identifier (such as "Child A") which will also be used when completing the narrative.*

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

4. What was the age of this person at the time of the injury?.....

5. What is the gender of this person?

01 Male 02 Female

6. What is the injured person's relationship to the farm or ranch?

01 Self	05 Worker
02 Child/Step-Child	06 Boarder
03 Spouse	07 Other (Specify: _____)
	(e.g. friend, visiting school youth)
04 Other Relative	

7. Is the injured person Hispanic or Latino, such as Mexican, Cuban, or Puerto Rican, regardless of race?

01 Yes 03 No

8. What is the injured person's race? *(Please check ONE OR MORE)*

01 American Indian or Alaska Native Tribe (Specify: _____)	04 Native Hawaiian or other Pacific Islander
02 Asian	05 White
03 Black or African American	

9. In what month did this injury occur?

01 January	07 July
02 February	08 August
03 March	09 September
04 April	10 October
05 May	11 November
06 June	12 December

Enumerator Note: *If the injured person is over the age of 16 and resides in the household, ask to speak to that person. However, if this respondent has been selected for the Adult Injury Questionnaire, do not ask to switch. If the injured person is not part of this household, is not available, or is under 16, continue interviewing the respondent.*

10. Did the injured person live on the farm or ranch?

- 01 Yes [Go to question 12]
- 03 No

11. Was the injured person visiting the farm or ranch at the time of the injury?

- 01 Yes
- 03 No

12. Did this injury occur while completing work or doing chores on the farm or ranch?

- 01 Yes
- 03 No [Go to question 16]

13. At the time of the injury, how many hours per week did the injured person typically work on the farm or ranch?

- 01 0 - 10
- 02 11 - 20
- 03 21 - 30
- 04 31 - 40
- 05 More than 40 hours

14. Was a supervisor in the immediate area at the time of the injury?

- 01 Yes
- 03 No

15. How much experience did the injured person have in performing the task being completed at the time of the injury?

- 01 None
- 02 Less than 4 hours
- 03 4 to 8 hours
- 04 1 to 7 days
- 05 1 week to 4 weeks
- 06 1 month to 12 months
- 07 More than 1 year

16. Where on the farm or ranch did the injury occur?

- 01 Crop Field or Hayfield , Orchard, Nursery
- 02 Pasture
- 03 In the Farm Yard
- 04 Grain Storage/Silo
- 05 Farm Outbuilding
- 06 Barn
- 07 Farm Roadway
- 08 Public Roadway
- 09 In the House
- 10 Garage
- 11 House Yard
- 12 Driveway/Sidewalk
- 13 Outdoors, General
- 14 Other (Specify: _____)

17. Now I would like for you to describe in as much detail as possible how the injury occurred. Include where the injury occurred, what tasks were being completed, what equipment was being used or materials being handled, and any other factors you think might be important.
Enumerator Note: PROBE FOR DETAIL

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

Interviewer Checklist	_____

	Location Barn, field, house

	Specific Activity

	Equipment & Tools Powered-On/Off Using/Cleaning

	Materials Handled Ag Chemicals, Fertilizer, etc.

Other Factors	

NIOSH USE ONLY:	
_____ SOURCE	
_____ EVENT	
_____ 2 ND SOURCE	
_____ E-CODE	

18. What part of the body was injured? *(Please check all that apply)*

- | | |
|------------------------|---------------------------|
| 01 Head/Skull | 07 Arm |
| 02 Face | 08 Hand/Wrist/Fingers |
| 03 Neck | 09 Leg |
| 04 Shoulder/Chest/Back | 10 Foot/Ankle/Toes |
| 05 Abdomen | 11 Internal Injuries |
| 06 Pelvic Region | 12 Other (Specify: _____) |

19. What type of injury occurred to the _____ (specify body part)? *(Please check all that apply)*

- | | |
|--------------------------------|---------------------------------------|
| 01 Scrape/Abrasion | 08 Traumatic Rupture |
| 02 Bruise/Contusion | 09 Crushed/Mangled |
| 03 Sprain/Strain/Torn Ligament | 10 Loss of Body Part/Amputation |
| 04 Broken Bone/Fracture | 11 Nerve Injury |
| 05 Dislocation | 12 Burn/Blister/Scald |
| 06 Cut/Laceration | 13 Concussion, Traumatic Brain Injury |
| 07 Puncture/Stab/Jab | 14 Other (Specify: _____) |

20. How long were the injured person's normal activities restricted as a result of this injury?

- 01 No restriction
- 02 Less than 1 day
- 03 1 day to less than 7 days
- 04 7 days to less than 14 days
- 05 14 days to less than 1 month
- 06 1 month to less than 3 months
- 07 3 months or more

21. Did the injury result in a permanent disability?

- 01 Yes
- 03 No

22. 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 Minor
- 02 Moderate
- 03 Serious
- 04 Severe
- 05 Life-threatening
- 06 Fatal (**Enum. Note:** *If respondent does not wish to continue, leave note and terminate interview.*)
- 77 Don't know
- 99 Refused

23. Did this injury require medical attention?

- 01 Yes
- 03 No [Go to question 27]

24. Where did the injured person receive medical treatment for this injury?

- 01 Doctor's Office or Clinic
- 02 Hospital Emergency Department
- 03 Non-emergency Clinic at Hospital
- 04 Public Clinic
- 05 Dentist
- 06 Chiropractor
- 07 Urgent Care Center
- 08 At the Scene
- 09 Other (Specify: _____)
- 77 Don't know
- 99 Refused

25. Did this injury require admission to a hospital?

- 01 Yes
- 03 No [Go to question 27]

26. How long was the hospitalization?.....**Number of Days**

27. Was a tractor involved in the injury?

- 01 Yes
- 03 No [Go to question 34]

Enumerator Note: *If narrative suggests a tractor was involved, please probe.*

28. Was the injured person operating the tractor when the injury occurred?

- 01 Yes [Go to question 30]
- 03 No

29. Was the injured person riding on the tractor as a passenger, working near the tractor, or was the injured person a bystander?

- 01 Riding as a Passenger 77 Don't know
- 02 Working Near the Tractor [Go to question 33] 99 Refused
- 03 Bystander [Go to question 33]
- 04 Other (Specify: _____)

30. Did the tractor have a seatbelt?

- 01 Yes 77 Don't know
- 03 No [Go to question 32] 99 Refused

31. Was the injured person wearing a seat belt?

- 01 Yes 77 Don't know
- 03 No 99 Refused

32. Did the tractor have a roll-over protective structure (ROPS)?

- 01 Yes 77 Don't know
- 03 No 99 Refused

33. When the injury happened, which of the following best describes what the injured person was doing?

- 01 Tilling 07 Spreading Manure
- 02 Planting 08 Using the Tractor as a Stationary Power Unit
- 03 Harvesting 09 Repairing the Tractor
- 04 Adjusting/Hitching Load/Equipment 10 Mounting/Dismounting the Tractor
- 05 Traveling to or from a Field 11 Using the Tractor for Recreation
- 06 Applying Chemicals 12 Other (Specify: _____)

34. Was an all terrain vehicle, for example an ATV or 4-wheeler, involved in the injury?

- 01 Yes
- 03 No [Go to question 41]

Enumerator Note: *If narrative suggests an ATV was involved, please probe.*

35. Was the injured person wearing a helmet at the time of the injury?

- 01 Yes
- 03 No

36. Was the injured person operating the ATV at the time of the injury?

- 01 Yes
- 03 No

37. When the injury occurred, which of the following best describes what the injured person was doing at the time of the injury?

- 01 Making Adjustments or Repairs
- 02 Using the Vehicle for Recreation
- 03 Using the Vehicle for General Transportation not related to Farm Work
- 04 Using the Vehicle for Farm Work
- 05 Other (Specify: _____)

38. Was it a 3-wheel, 4-wheel or more than 4-wheel ATV?

- 01 3-wheel
- 02 4-wheel
- 03 More than 4-wheel

39. What was the engine size of the ATV?

- 01 200 cc and smaller
- 02 201 - 300 cc
- 03 301 - 400 cc
- 04 401 cc and larger
- 77 Don't know
- 99 Refused

40. Had the injured person completed a training class for operating an ATV?

- 01 Yes
- 03 No

41. Was a horse involved in the injury?

- 01 Yes
- 03 No [Go to question 51]

Enumerator Note: *If narrative suggests a horse was involved, please probe.*

42. Was the injured person riding a horse at the time of the injury?

- 01 Yes
- 03 No [Go to question 48]

43. When the injury occurred, would you say the horse was standing, walking, trotting, galloping, jumping or something else?

- 01 Standing
- 02 Walking
- 03 Trotting
- 04 Galloping
- 05 Jumping
- 06 Other (Specify: _____)

44. Was the injured person thrown from the horse?

- 01 Yes
- 03 No

45. Was the injured person wearing a helmet when the injury occurred?

- 01 Yes
- 03 No

46. Was a saddle being used at the time of the injury?

01 Yes

03 No [Go to question 48]

47. Was the saddle adjusted to the size of the rider?

01 Yes

03 No

48. What was the injured person doing at the time of the injury?

01 Leading/Loading

06 Assisting another Rider

02 Shoeing

07 Feeding/Loading

03 Saddling

08 Using Horse for Farm/Ranch Work

04 Grooming

09 Other (Specify: _____)

05 Cleaning Stalls

49. How did the injury occur, was the injured person bitten, kicked, stepped on, pinned, or something else?

01 Bitten

04 Pinned

02 Kicked

05 Other (Specify: _____)

03 Stepped on

50. What type of horse was involved in the injury? Was it a pony, a draft horse, other horse, mule or some other type of horse?

01 Pony

05 Other (Specify: _____)

02 Draft Horse

77 Don't know

03 Other Horse

99 Refused

04 Mule

51. Other than a horse, were any other livestock or animals involved in the accident?

01 Yes

03 No [Go to question 55]

Enumerator Note: If narrative suggests other animals were involved, please probe.

52. What type of livestock or other animals were involved in the injury?

- | | |
|-----------------|---------------------------|
| 01 Adult Cattle | 08 Cat |
| 02 Calf | 09 Rabbit |
| 03 Pig/Hog | 10 Rodent |
| 04 Poultry | 11 Snake |
| 05 Sheep | 12 Insect/Spider |
| 06 Goat | 13 Other (Specify: _____) |
| 07 Dog | |

53. Did this injury occur in the barn, in a parlor, pasture, in a holding area, or someplace else?

- | | |
|------------|---------------------------|
| 01 Barn | 04 Holding Area |
| 02 Parlor | 05 Other (Specify: _____) |
| 03 Pasture | |

54. What was the injured person doing at the time of the injury?

- | | |
|-----------------------------|-----------------------------------------|
| 01 Feeding | 10 Treating Animal for Injury/Illness |
| 02 Milking | 11 Helping Animal with Birthing Process |
| 03 Herding/Moving Livestock | 12 Trimming Hooves/Shoeing |
| 04 Cleaning Pen | 13 Shearing |
| 05 Breeding | 14 Butchering |
| 06 Castrating | 15 De-Horning |
| 07 Branding | 16 Vaccinating |
| 08 Riding | 17 General Children's Play |
| 09 A Bystander | 18 Other (Specify: _____) |

55. Did the injury involve a fall? (Excluding events already described that involved horses, ATV's, and/or tractors.)

- 01 Yes
- 03 No [Go to question 59]

Enumerator Note: *If narrative suggests a fall was involved, please probe.*

56. What was the injured person doing when the fall occurred?

- | | |
|----------------------------------------------------------|-----------------------------------|
| 01 Sitting | 06 Going Up or Down Stairs/Ladder |
| 02 Standing | 07 General Children's Play |
| 03 Walking | 08 Mounting/Dismounting Equipment |
| 04 Running | 09 Other (Specify: _____) |
| 05 Climbing Object other than Ladder
(Specify: _____) | |

57. Onto what type of surface did the injured person fall?
- 01 Concrete
 - 02 Gravel
 - 03 Dirt
 - 04 Wood Floor (e.g., deck)
 - 05 Building Floor
 - 06 Water-Filled Ditch
 - 07 Other (Specify: _____)
58. Where the injured person fell, what was the surface like at the time?
- 01 Dry, Hard Surface
 - 02 Icy
 - 03 Wet
 - 05 Loose Surface (e.g., gravel, sand, loose hay)
 - 06 Surface not a contributing factor
 - 07 Other (Specify: _____)
59. **Enumerator Note:** Was more than 1 injury reported in question 2, Youth Injury Summary?
- 01 Yes [Repeat questions 3 through 59 and continue until information has been collected for the **four most recent injuries.**]
 - 03 No
60. Was Respondent selected for Adult Injury Survey?
- 01 Yes [Go to Adult Injury Summary, page 18.]
 - 03 No [Go to Conclusion]

ADULT INJURY SECTION

Next I would like to ask you some questions regarding individuals 20 years of age or older who may work on your farm. Include those workers you hired directly to work on your farm. Please do not include contract laborers such as farm labor contract workers, custom harvesting service workers, construction service workers, etc.

1. During 2008, how many household members age 20 or older, including yourself, did work on the farm or ranch?.....
- Enumerator Note:** if respondent indicated that this is a non-farm residence/business, go to question 2.
2. During 2008, approximately how many people age 20 or older were hired to work on the farm or ranch (**excluding** household members and contract labor)?
- Enumerator Note:** use '7777' for refusal or '9999' for unknown.....
3. During 2008, approximately how many people age 20 or older visited the farm and did farm work, **excluding** hired workers (for example, your relatives or friends)?
- Enumerator Note:** use '7777' for refusal or '9999' for unknown.....

Next, I'm going to ask you some questions about any work-related injuries to anyone age 20 or older that occurred on the farm or ranch during 2008. Include those workers you hired directly to work on your farm/ranch. Please do not include injuries incurred by these adults through recreation or non-work related activities or contract workers, custom harvesting service workers, construction service workers, etc.

4. During 2008, did anyone on the farm age 20 or older experience any **work-related** injuries which required at least 4 hours of restricted activity or required professional medical attention?
- 01 Yes
 - 03 No [Go to Conclusion]

5. How many adult injuries of this type occurred on the farm or ranch during 2008?.....

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

Enumerator Note: Please collect information for the 2 most recent injuries.

If respondent does not want to provide the name of the injured person, please assign a unique identifier (such as "Adult A") which will also be used when completing the narrative.

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

7. What was the age of this person at the time of the injury?.....

8. What is the gender of this person?

- 01 Male
- 02 Female

9. What is the injured person's relationship to the farm?

- 01 Self
- 02 Child/Step-Child
- 03 Spouse
- 04 Other Relative
- 05 Worker
- 06 Boarder
- 10 Other (Specify: _____)

10. Is the injured person Hispanic or Latino, such as Mexican, Cuban, or Puerto Rican, regardless of race?

- 01 Yes
- 03 No

11. What is the injured person's race? (Please check ONE OR MORE)

- 01 American Indian or Alaska Native Tribe (Specify: _____)
- 02 Asian
- 03 Black or African American
- 04 Native Hawaiian or other Pacific Islander
- 05 White

12. In what month did this injury occur?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

13. Where on the farm did the injury occur?

- | | |
|---------------------------------|---------------------------|
| 01 Crop Field, Orchard, Nursery | 08 Public Roadway |
| 02 Pasture | 09 In the House |
| 03 In the Farm Yard | 10 Garage |
| 04 Grain Storage/Silo | 11 House Yard |
| 05 Farm Outbuilding | 12 Driveway/Sidewalk |
| 06 Barn | 13 Outdoors, General |
| 07 Farm Roadway | 14 Other (Specify: _____) |

14. Now I would like for you to describe in as much detail as possible how the injury occurred. Include where the injury occurred, what tasks were being completed, what equipment was being used or materials being handled, and any other factors you think might be important.

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

Interviewer Checklist

Location

Barn, field, house

Specific Activity

Equipment & Tools

Powered-On/Off
Using/Cleaning

Materials Handled

Ag Chemicals,
Fertilizer, etc.

Other Factors

NIOSH USE ONLY:

_____ SOURCE	_____ EVENT
_____ 2 ND SOURCE	_____ E-CODE

15. What part of the body was injured? *(Please check all that apply)*

- | | |
|------------------------|---------------------------|
| 01 Head/Skull | 07 Arm |
| 02 Face | 08 Hand/Wrist/Fingers |
| 03 Neck | 09 Leg |
| 04 Shoulder/Chest/Back | 10 Foot/Ankle/Toes |
| 05 Abdomen | 11 Internal Injuries |
| 06 Pelvic Region | 12 Other (Specify: _____) |

16. What type of injury occurred to the _____ (specify body part)? *(Please check all that apply)*

- | | |
|--------------------------------|---------------------------------------|
| 01 Scrape/Abrasion | 08 Traumatic Rupture |
| 02 Bruise/Contusion | 09 Crushed/Mangled |
| 03 Sprain/Strain/Torn Ligament | 10 Loss of Body Part/Amputation |
| 04 Broken Bone/Fracture | 11 Nerve Injury |
| 05 Dislocation | 12 Burn/Blister/Scald |
| 06 Cut/laceration | 13 Concussion, Traumatic Brain Injury |
| 07 Puncture/Stab/Jab | 14 Other (Specify: _____) |

17. How long were the injured person's normal activities restricted as a result of this injury?

- | | |
|--------------------------------|----------------------------------|
| 01 No restriction | 05 14 days to less than 1 month |
| 02 Less than 1 day | 06 1 month to less than 3 months |
| 03 1 day to less than 7 days | 07 3 months or more |
| 04 7 days to less than 14 days | |

18. Did the injury result in a permanent disability?

- | |
|--------|
| 01 Yes |
| 03 No |

19. 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 Minor | 04 Severe | 77 Don't know |
| 02 Moderate | 05 Life-threatening | 99 Refused |
| 03 Serious | 06 Fatal (Enum. Note: <i>If respondent does not wish to continue, leave note and terminate interview.</i>) | |

20. Did this injury require medical attention?

01 Yes

03 No [Go to question 24]

21. Where did the injured person initially receive treatment for this injury?

01 Doctor's Office or Clinic

05 Dentist

09 Other (Specify: _____)

02 Hospital Emergency Department

06 Chiropractor

77 Don't know

03 Non-emergency Clinic at Hospital

07 Urgent Care Center

99 Refused

04 Public Clinic

08 At the Scene

22. Did this injury require admission to a hospital?

01 Yes

03 No [Go to question 24]

23. How long was the hospitalization?.....Number of Days

24. **Enumerator Note:** Was more than 1 injury reported in question 2, Adult Injury Summary?

01 Yes, [Repeat questions 3 through 24 and collect information for the **second most recent injury.**]

03 No [Go to Conclusion]

CONCLUSION

That is all the questions I have for your today. Thank you very much for your time. We hope this information will help us learn more about how to prevent injuries on farms and ranches.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 10-20 minutes per response.