



CHILDHOOD INJURY AND ADULT OCCUPATIONAL INJURY QUESTIONNAIRE



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

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Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

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 farmers/ranchers for information about their operations, as well as information on injuries to youth that occurred on the farm/ranch in the last 12 months. 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 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 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 a youth on your farm, or did not have an injury on your farm in the last 12 months. 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 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 the last 12 months? | <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 the last 12 months 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. 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)

Respondent

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 the people living in your household are under the age of 20?
(If 0, Skip to Household Summary, question 1)

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 that 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 been 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 [Go to Question 13]

03 No

99 Refused [Go to Question 13]

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

03 Female

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

16. How many years of schooling have 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

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

YOUTH SUMMARY

Enumerator Note: Ask the following questions for each person under the age of 20 living within the household. It 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 their last birthday?

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

4. Did he/she work on the farm or ranch in the last 12 months?

01 Yes

03 No

5. Did he/she ride a horse, either for work or for recreation on the farm or ranch anytime in the last 12 months?

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 the last 12 months?

01 Yes

03 No

7. Did he/she operate a tractor on the farm or ranch anytime in the last 12 months?

01 Yes

03 No

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

01 Yes

03 No [Go to question 13]

77 Don't know [Go to question 13]

99 Refuse [Go to question 13]

9. Did he/she 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 he/she 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

03 No

77 Don't Know

99 Refused

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 Refused

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

01 Yes

03 No [Go to Operation Summary]

77 Don't Know

99 Refused

15. How often do you utilize this service?

01 Never

04 More than 3 months per year

02 Less than 1 month per year

77 Don't Know

03 1 – 3 months per year

99 Refused

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 driver's 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

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

4. How many agricultural tractors, **excluding** lawn tractors, were owned or leased by this operation in the last 12 months? 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/the 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
 77 More than 1,000 hours
 99 Refused

All-terrain vehicles, also known as 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 your farm.

8. How many ATV's were used on this farm (including recreation use) in the last 12 months? (If 0, go to question 13)

9. How many of these ATV's were used for work purposes in the last 12 months?

Beginning with the newest ATV and working back to the oldest ATV:10. What make is the ATV? *Enter code from below*

- | | | |
|--|---|-----------------------------------|
| 01 <input type="checkbox"/> Argo | 06 <input type="checkbox"/> Kawasaki | 11 <input type="checkbox"/> Other |
| 02 <input type="checkbox"/> Arctic Cat | 07 <input type="checkbox"/> Polaris | |
| 03 <input type="checkbox"/> Bombardier | 08 <input type="checkbox"/> Recreative Industries | |
| 04 <input type="checkbox"/> Honda | 09 <input type="checkbox"/> Yamaha | |
| 05 <input type="checkbox"/> John Deere | 10 <input type="checkbox"/> Suzuki | |

11. What was the size of the ATV?

- | | |
|--|---|
| 01 <input type="checkbox"/> 200 cc and smaller | 04 <input type="checkbox"/> 401 cc and larger |
| 02 <input type="checkbox"/> 201 – 300 cc | 77 <input type="checkbox"/> Don't Know |
| 03 <input type="checkbox"/> 301 – 400 cc | 99 <input type="checkbox"/> Refused |

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

- | | |
|--|--|
| 01 <input type="checkbox"/> 10 or more times a month | 04 <input type="checkbox"/> Less than once a month |
| 02 <input type="checkbox"/> 5 to 9 times a month | 77 <input type="checkbox"/> Don't Know |
| 03 <input type="checkbox"/> 1 to 4 times a month | 99 <input type="checkbox"/> Refused |

Enumerator Note: Repeat questions 10 through 12 for up to 5 ATV's13. During the last 12 months, 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 the last 12 months (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 the last 12 months?.....

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 the last 12 months, 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 the last 12 months.

1. During the last 12 months, 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 youth injuries of this type occurred on the farm or ranch during the last 12 months?.....

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
 - 02 Child/Step-Child
 - 03 Spouse
 - 04 Other Relative
 - 05 Worker
 - 06 Boarder
 - 07 Other (Specify: _____)
(e.g. friend, visiting school youth)
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
Specify tribe: _____
 - 02 Asian
 - 03 Black or African American
 - 04 Native Hawaiian or other Pacific Islander
 - 05 White
9. 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

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

04 31 - 40

02 11 - 20

05 More than 40 hours

03 21 - 30

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

05 1 week to 4 weeks

02 Less than 4 hours

06 1 month to 12 months

03 4 to 8 hours

07 More than 1 year

04 1 to 7 days

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

01 Crop Field or Hayfield, 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: _____)

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 DETAILS*

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

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

- | | |
|---|--|
| 01 <input type="checkbox"/> Scrape/Abrasion | 08 <input type="checkbox"/> Traumatic Rupture |
| 02 <input type="checkbox"/> Bruise/Contusion | 09 <input type="checkbox"/> Crushed/Mangled |
| 03 <input type="checkbox"/> Sprain/Strain/Torn ligament | 10 <input type="checkbox"/> Loss of Body Part/Amputation |
| 04 <input type="checkbox"/> Broken Bone/Fracture | 11 <input type="checkbox"/> Nerve Injury |
| 05 <input type="checkbox"/> Dislocation | 12 <input type="checkbox"/> Burn/Blister/Scald |
| 06 <input type="checkbox"/> Cut/Laceration | 13 <input type="checkbox"/> Concussion, Traumatic Brain Injury |
| 07 <input type="checkbox"/> Puncture/Stab/Jab | 14 <input type="checkbox"/> 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 less than 14 days
 05 14 days to less than 1 month
 07 1 month to less than 3 months
 09 3 months or more
21. Did the injury result in a permanent disability?
- 01 Yes
 02 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
 02 Working Near the Tractor [Go to question 33]
 03 Bystander [Go to question 33]
 04 Other (Specify: _____)
- 77 Don't know
 99 Refused

30. Did the tractor have a seatbelt?

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

31. Was the injured person wearing a seat belt?

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

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

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

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

- 01 Tilling
 02 Planting
 03 Harvesting
 04 Adjusting/Hitching Load/Equipment
 05 Traveling to or from a Field
 06 Applying Chemicals
- 07 Spreading Manure
 08 Using the Tractor as a Stationary Power Unit
 09 Repairing the Tractor
 10 Mounting/ Dismounting the Tractor
 11 Using the Tractor for Recreation
 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 the 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
 77 Jumping
 99 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 [Go to question 50]

03 No [Go to question 50]

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, 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 <input type="checkbox"/> Adult Cattle | 08 <input type="checkbox"/> Cat |
| 02 <input type="checkbox"/> Calf | 09 <input type="checkbox"/> Rabbit |
| 03 <input type="checkbox"/> Pig/Hog | 10 <input type="checkbox"/> Rodent |
| 04 <input type="checkbox"/> Poultry | 11 <input type="checkbox"/> Snake |
| 05 <input type="checkbox"/> Sheep | 12 <input type="checkbox"/> Insect/Spider |
| 06 <input type="checkbox"/> Goat | 13 <input type="checkbox"/> Other (Specify _____) |
| 07 <input type="checkbox"/> Dog | |

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

- | | |
|-------------------------------------|---|
| 01 <input type="checkbox"/> Barn | 04 <input type="checkbox"/> Holding Area |
| 02 <input type="checkbox"/> Parlor | 05 <input type="checkbox"/> Other (Specify _____) |
| 03 <input type="checkbox"/> Pasture | |

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

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

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

- 01 Yes
- 02 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 <input type="checkbox"/> Sitting | 06 <input type="checkbox"/> Going Up or Down Stairs/Ladder |
| 02 <input type="checkbox"/> Standing | 07 <input type="checkbox"/> General Children's Play |
| 03 <input type="checkbox"/> Walking | 08 <input type="checkbox"/> Mounting/Dismounting Equipment |
| 04 <input type="checkbox"/> Running | 09 <input type="checkbox"/> Other (Specify _____) |
| 05 <input type="checkbox"/> 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
04 Loose Surface (e.g., gravel, sand, loose hay)
05 Surface not a contributing factor
06 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 20.]
03 No [Go to Conclusion]

03 Black or African American

12. 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

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 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 <input type="checkbox"/> Head/Skull | 07 <input type="checkbox"/> Arm |
| 02 <input type="checkbox"/> Face | 08 <input type="checkbox"/> Hand/Wrist/Fingers |
| 03 <input type="checkbox"/> Neck | 09 <input type="checkbox"/> Leg |
| 04 <input type="checkbox"/> Shoulder/Chest/Back | 10 <input type="checkbox"/> Foot/Ankle/Toes |
| 05 <input type="checkbox"/> Abdomen | 11 <input type="checkbox"/> Internal injuries |
| 06 <input type="checkbox"/> Pelvic Region | 12 <input type="checkbox"/> Other (Specify: _____) |

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

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

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

- | | |
|---|---|
| 01 <input type="checkbox"/> No restriction | 05 <input type="checkbox"/> 14 days to less than 1 month |
| 02 <input type="checkbox"/> Less than 1 day | 06 <input type="checkbox"/> 1 month to less than 3 months |
| 03 <input type="checkbox"/> 1 day to less than 7 days | 07 <input type="checkbox"/> 3 months or more |
| 04 <input type="checkbox"/> 7 days to less than 14 days | |

18. Did this 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 <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 (Enum. Note: If respondent does not wish to continue, leave note and terminate interview.) | |

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 <input type="checkbox"/> Doctor's Office or Clinic | 05 <input type="checkbox"/> Dentist | 09 <input type="checkbox"/> Other (Specify: _____) |
| 02 <input type="checkbox"/> Hospital Emergency Department | 06 <input type="checkbox"/> Chiropractor | 77 <input type="checkbox"/> Don't Know |
| 03 <input type="checkbox"/> Non-emergency Clinic at Hospital | 07 <input type="checkbox"/> Urgent Care Center | 99 <input type="checkbox"/> Refused |
| 04 <input type="checkbox"/> Public Clinic | 08 <input type="checkbox"/> 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 you 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.