**Law Enforcement Officer Injuries**

Form Approved:

OMB No. xxxx-xxxx

Exp. Date xx/xx/20xx

Questionnaire # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is the Law Enforcement Officer Injury Survey

Tasknum – Enter task number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instruct\_1. **Bold type** indicates what should be read to the respondent. Instructions for the interviewer or frequently asked questions will be prefaced by “**Interviewer:**” and are written in non-bold type.

**Interviewer:** Please do not read choices to yes/no questions or give examples unless explicitly instructed to do so. Do not read the “Refused” or “Don’t Know” choices. If the respondent is unsure, read applicable interviewer notes if available. Otherwise, say, “Please give me the answer you think is best.”

Instruct\_2. **Interviewer:** Prior to calling the respondent, please review their case and complete the following.

Name - **Interviewer:** Complete before dialing.

What is your name? (Interviewer's first and last name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tx\_date - **Interviewer:** Complete before dialing.

Enter the month, day, year of treatment.

Month (MM) \_\_\_\_

Day (DD) \_\_\_\_

Year (YY) \_\_\_\_

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the interview. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-D-74, Atlanta, GA 30333; ATTN:PRA xxxx-xxxx. Do not send the completed phone call form to this address. Please do not complete and return this form; you will be contacted by telephone to collect this information. Persons are not required to respond to the work history questions unless a currently valid OMB number is display.

*Interview Introduction*

**Hello. My name is (interviewer name). I am calling for the National Institute for Occupational Safety and Health, also known as NIOSH. In the last few weeks, we sent you a letter explaining a research study about law enforcement officers and their experiences with injuries. As the letter said, we are gathering information among officers who were injured or exposed while performing law enforcement duties. This study has no connection to workers’ compensation, disability claims, or your agency’s internal affairs process. You were chosen for this study from emergency department records. Our records show that on \_\_\_/\_\_\_\_/\_\_\_\_ you were treated in the emergency department for an incident that occurred at work.**

1) **Is this correct?**

1. Yes
2. No

*\*Programming note: If 1 = a, SKIP to 4*

*\*Programming note: If 1 = b, GOTO 2*

2) **Were you recently treated in a hospital emergency department on a different day?**

1. Yes
2. No

*\*Programming note: If 2 = a, GOTO 3*

*\*Programming note: If 2 = b, END interview*

3) **What day was that?**

Month (MM) \_\_\_\_

Day (DD) \_\_\_\_

Year (YY) \_\_\_\_

*\*Programming note: If date is within 21 days of recorded date, GOTO 4*

*\*Programming note: If date is greater than 21 days from recorded date, END interview*

4) **Regardless of what you were doing when the injury or exposure happened, at the time of the incident that brought you to the emergency department, were you employed as a sworn law enforcement officer?**

1. Yes
2. No

*\*Programming note: If 4 = a, GOTO 5*

*\*Programming note: If 4 = b, END INTERVIEW*

5) **At the time of the incident, were you working as a corrections officer?**

1. Yes
2. No

*\*Programming note: If 5 = a, END INTERVIEW*

*\*Programming note: If 5 = b, GOTO 6*

6) **Were you working under the scope of your law enforcement agency when the incident occurred?**

1. Yes
2. No

*\*Programming note: If 6 = a, GOTO CONSENT*

*\*Programming note: If 6 = b, GOTO 7*

7) **Were you participating in department directed physical fitness or recreation activities when the incident occurred?**

1. Yes
2. No

*\*Programming note: If 6 = a, GOTO to Consent*

*\*Programming note: If 6 = b, END interview*

Consent - **The letter you received explained how we will protect your privacy. I am required to tell you four things that were mentioned in this letter:**

1. **First, taking part in this study involves a small risk to your privacy, but we take many steps to prevent that risk.**
2. **Second, there is no direct benefit or reimbursement for taking part in this study.**
3. **Third, your answers will be kept private to the extent allowed by law. The information you give us will never be associated with your name, address, or anything else that could identify you nor will it be in any records held by NIOSH.**
4. **Fourth, if you have questions about the study or you feel you were harmed, you may call Hope Tiesman, NIOSH project officer, at 304-285-6067.** **For questions about your rights, your privacy, or harm to you, contact the Chair of the NIOSH Institutional Review Board at 513-533-8591.**

**I would like to ask you some questions about your incident. Your participation is important to us. This interview takes about 20 minutes. The information that you provide will be used for prevention purposes and does not have any bearing on the worker’s compensation process, disability claims, or your agency’s internal affairs process. This study is voluntary. You may choose to be in the study or not. You do not have to answer any questions you do not want to. You can end the call at any time without any consequences.**

8) **Would you please help us by answering some questions?**

1. Yes
2. No

*\*Programming note: If 8 = a, SKIP to Instruct\_3*

*\*Programming note: If 8 = b, GOTO 9*

9) **I assure you that everything you tell us will be kept private and will only be used to study how to prevent on-duty injuries to law enforcement officers. Your participation is very important and will benefit other officers. Would you please reconsider helping us?**

1. Yes
2. No

*\*Programming note: If 9 = a, SKIP to Instruct\_3*

*\*Programming note: If 9 = b, GOTO 10*

10) **I understand that this may be a bad time. May I call back another time?**

1. Yes
2. No

*\*Programming note: If 10 = a, note preferred time and call back later*

*\*Programming note: If 10 = b, END interview*

Instruct\_3. **This first series of questions asks about the incident that caused you to seek care in the emergency department on [date]. These questions refer to the emergency department as the ED.**

***Injury description***

1. **Throughout the rest of the interview, we want to use one word to refer to why you went to the ED. Which of these words works best: injury, exposure, or illness?**

**Interviewer:** If the respondent hesitates or says don’t know, say the following: There is no right or wrong answer. Choose the word that best describes why you went to the ED.

**Interviewer:** If the respondent asks for a definition of exposure, say the following: An exposure may include contact with a harmful chemical or substance. It may also include exposure to extreme heat or cold, or contact with the body fluids such as blood.

1. Injury
2. Exposure
3. Illness
4. REFUSED

*\*Programming note: This answer will be used as fill-in for the rest of the survey [IE]. It will not be used for data analysis.*

*\*Programming note: If 1 = d, END interview*

1. **What was your [IE]?**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **Would you please describe in your own words how your [IE] occurred?**

**Interviewer:** If respondent hesitates, ask the following: “What happened that sent you to the ED?”

**Interviewer:** If respondent suggests that there was more than one reason, ask the respondent to describe the reason that was related to their law enforcement duties.

**Interviewer:** If respondent suggests that there was more than one reason related to their duties, ask the respondent to describe the reason they felt was the most serious.

**Interviewer:** If not included in the description, use the following questions as prompts:

1. What were you doing when your [IE] happened?
2. Where were you? Inside your department, on a highway, or in your car?
3. What specific task or activity were you engaged in at the time of the [IE]?
4. Other persons such as other officers and suspects could have been involved in the incident that sent you to the ED. Who else was present when your [IE] happened?
5. What equipment, if any, were you using?

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **What part of your body was most affected by your [IE]?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Were any other parts of your body affected?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What treatment did you receive in the ED?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did your agency have a policy that required you to visit the ED for your [IE]?**
2. Yes
3. No
4. DON’T KNOW

Instruct\_4. **Thank you for telling me why you went to the ED. I would now like to ask you some questions about your duties at the time of your [IE].**

1. **When your [IE] occurred, what type of law enforcement agency were you employed by?** *(Read categories.)*
2. **Federal**
3. **State**
4. **County**
5. **Municipal**
6. **Another type** (GOTO 2)
7. DON’T KNOW

*\*Programming note: If 1 = a, b, c, d, or f, SKIP to 3*

1. [If 1 = e] **What type of agency was it?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At the time of your [IE], which unit or division were you working in?** *(Read categories.)*
2. **Patrol**
3. **Command**
4. **Specialized Unit**
5. **Administrative**
6. **Investigations**
7. **Reserve**
8. **Another type of unit or division** (GOTO 3)
9. DON’T KNOW

*\*Programming note: If 3 = a, b, c, d, e, f, or h, SKIP to 5*

1. [If 3= g] **What type was it?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At the time of your [IE], ABOUT how many actual sworn officers were in your agency?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At the time of your [IE], what was the APPROXIMATE size of the population your agency served?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In hours, how long was your scheduled shift?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **About how many hours of your shift had you worked when your [IE] occurred?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At approximately what time did your [IE] occur?**

**Interviewer:** If time is given in military time, ask respondent to specify using A.M. or P.M.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Were you wearing a standard department issued uniform when your [IE] occurred?**
2. Yes
3. No
4. DON’T KNOW
5. **At the time of your [IE], were you on a dispatched call?**
6. Yes (GOTO 12)
7. No
8. DON’T KNOW

*\*Programming note: If 11 = b or c, SKIP to 13*

1. **Calls could include shoplifting, theft, or domestic dispute. At the time of your [IE], what type of call was it?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [If 11 = b or c] **What type of activity were you engaged in when your [IE] occurred?** *(Read categories.)*
2. **Routine patrol**
3. **A self-initiated activity**
4. **A special operation**
5. **A citizen alerted or flagged you down**
6. **Transportation of an offender or inmate**
7. **Training**
8. **Another activity** (GOTO 14)
9. Don’t Know

*\*Programming note: If 13 = a, b, c, d, e, or h, SKIP to 15*

*\*Programming note: If 13 = f, SKIP to 19*

1. [If 13 = g] **What was the activity?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did your [IE] occur while you were interacting with a suspect?**
2. Yes (GOTO 16)
3. No

*\*Programming note: If 15 = b, SKIP to 17*

1. **Please describe the interaction.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did your [IE] occur while you were pursuing a suspect?**
2. Yes (GOTO 18)
3. No

*\*Programming note: If 17 = b, SKIP to 19*

1. **What type of pursuit was it?** *(Read categories.)*
2. **A foot pursuit**
3. **A vehicle pursuit**
4. **Both a foot and vehicle pursuit**
5. DON’T KNOW
6. **At the time of your [IE], were other officers present?**
7. Yes (GOTO 20)
8. No
9. DON’T KNOW

*\*Programming note: If 19 = b or c, SKIP to 21*

1. **About how many? Count officers that were in the room, at the scene, or in the vehicle with you.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which of the following best describes where you were when your [IE] occurred?** *(Read categories.)*
2. **At the station**
3. **In a vehicle**
4. **In the field**
5. **At a correctional facility or jail**
6. **Another location** (GOTO 22)
7. DON’T KNOW

*\*Programming note: If 21 = a, b, c, d, or f, SKIP to Instruct\_5*

1. [If 21 = e] **Please tell me where you were.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: GOTO Instruct\_5*

Instruct\_5**: Thank you for sharing the details about your duties and [IE]. Thinking about the event that sent you to the ED on [date], I am going to ask you a series of questions to help me determine how your injury occurred. Some questions may or may not be applicable to your event. Some questions may repeat the information you’ve just given me, but I need to ask them as they appear.**

1. **Officers may be exposed to potentially hazardous substances. These may include bodily fluids, smoke, chemicals, or drugs. Were you exposed to a hazardous substance?**

**Interviewer:** If the respondent asks whether exposure to hazardous substances would include a needle stick, say the following: An exposure includes being stuck by a used or clean needle.

* 1. Yes
  2. No
  3. DON’T KNOW

1. **Assaults include being hit, kicked, punched, or shot. Assaults also include being bit by a person or animal. Was your [IE] caused by an assault?**
   1. Yes
   2. No
   3. DON’T KNOW
2. **A motor vehicle collision includes events where your vehicle was struck by another vehicle or struck an object, person, or animal. Collisions also include events where your vehicle overturned. Was your [IE] caused by a motor vehicle collision?**
   1. Yes
   2. No
   3. DON’T KNOW

*\*Programming note: If 3 NE a, GOTO 4*

*\*Programming note: If 1 = a AND 3 = a, SKIP to Instruct\_6*

*\*Programming note: If 1 NE a AND 2 = a AND 3 = a, SKIP to Instruct\_7*

*\*Programming note: If 1 NE a AND 2 NE a AND 3 = a, SKIP to Instruct\_8*

1. **You may have been struck by a vehicle when you were outside of your vehicle, directing traffic, or conducting a traffic stop. Were you struck by a vehicle when your [IE] occurred??**
   1. Yes
   2. No
   3. DON’T KNOW

*\*Programming note: If 4 NE a, GOTO 5*

*\*Programming note: If 1 = a AND 4 = a, SKIP to Instruct\_6*

*\*Programming note: If 1 NE a AND 2 = a AND 4 = a, SKIP to Instruct\_7*

*\*Programming note: If 1 NE a AND 2 NE a AND 3 NE a, SKIP to Instruct\_8*

*\*Programming note: If 1 NE a AND 2 NE a AND 3 NE a AND 4 = a, SKIP to Instruct\_9*

1. **Slips, trips, or falls can occur when you fall off something, slip on something wet, trip on an object, or fall when chasing a suspect. Was you [IE] caused by a slip, trip, or fall?**
   1. Yes
   2. No
   3. DON’T KNOW

*\*Programming note: If 5 NE a, GOTO 6*

*\*Programming note: If 1 = a AND 5 = a, SKIP to Instruct\_6*

*\*Programming note: If 1 NE a AND 2 = a AND 5 = a, SKIP to Instruct\_7*

*\*Programming note: If 1 NE a AND 2 NE a AND 3 NE a AND 4 NE a AND 5 = a, SKIP to Instruct\_10*

1. **Your [IE] may have been caused by your own physical effort, awkward body posture, or repetitive motion. These injuries could occur while taking down a suspect or moving a heavy object. Was your [IE] caused by your own physical effort, awkward body posture, or repetitive motion?**
   1. Yes
   2. No
   3. DON’T KNOW

*\*Programming note: If 1 = a, SKIP to Instruct\_6*

*\*Programming note: If 1 NE a AND 2 = a, SKIP to Instruct\_7*

*\*Programming note: If 1 NE a AND 2 NE a AND 3 NE a AND 4 NE a AND 5 NE a AND 6 = a, SKIP to Instruct\_11*

*\*Programming note: If 1 NE a AND 2 NE a AND 3 NE a AND 4 NE a AND 5 NE a AND 6 NE a, SKIP to Instruct\_12*

Instruct\_6. **You told me that you were exposed to a hazardous substance. I am now going to ask you questions related to this exposure. As a reminder, you do not have to answer any questions you do not feel comfortable answering.**

***Exposure to potentially harmful substances***

1. **I am going to read you a list of ways you may have been exposed. As I read each one, please tell me whether your exposure occurred in that way.** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t know | Refused |
| a) **Being stuck by a needle** |  |  |  |  |
| b) **Being coughed or spit on** |  |  |  |  |
| c) **Inhaling a potentially hazardous substance** |  |  |  |  |
| 1. **A bite** |  |  |  |  |
| 1. **Some other way** |  |  |  |  |

*\*Programming note: if (1 = a, b, or c) AND (1 NE d), SKIP to 3*

*\*Programming note: if 1 = d only or with any other response, GOTO 2*

1. [If 1 = d] **Please describe how the exposure occurred.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I am going to read you a list of substances you may have been exposed to. As I do, please tell me whether you were exposed to that substance.** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | Refused |
| a) **Blood** |  |  |  |  |
| b) **Spit** |  |  |  |  |
| c) **Biological waste such as urine or feces** |  |  |  |  |
| 1. **A drug such as Fentanyl or Heroin** |  |  |  |  |
| e) **Some other substance** |  |  |  |  |

*\*Programming note: if (3 = a, b, c, or d) AND (3 NE e), SKIP to 5*

*\*Programming note: if 3 = e only or with any other response, GOTO 4*

1. [If 3 = e] **Please describe the substance.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I am going to read you a list of possible parts of your body that may have been exposed. As I read each part of your body, please tell me whether it was exposed.** (Please select all that apply) *(Read categories.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW |
| a) **Eyes** |  |  |  |
| b) **Mouth or nose** |  |  |  |
| c) **Arms and hands** |  |  |  |
| 1. **Some other body part** |  |  |  |

*\*Programming note: If (5 = a, b, or c) AND (5 NE d), SKIP to 7*

*\*Programming note: If 5 = d only or with any other response, GOTO 6*

1. [If 5 = d only or with any other response] **Please describe the parts of your body that were exposed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I am going to read you a list of activities. Please tell me whether you were doing any of these activities when your exposure occurred.** (Please select all that apply) *(Read categories.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| a) **Restraining or detaining a suspect** |  |  |  |
| b) **Attending to an unconscious civilian** |  |  |  |
| c) **Searching a car** |  |  |  |
| d) **Searching a suspect** |  |  |  |
| e) **Searching a residence** |  |  |  |

1. **Please tell me whether or not you were wearing any of the following personal protective equipment.** (Please select all that apply) *(Read categories.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t Know |
| 1. **Goggles or safety glasses for medical care** |  |  |  |
| 1. **Face mask** |  |  |  |
| 1. **Latex or other type of disposable medical gloves** |  |  |  |
| 1. **Another type of glove** |  |  |  |

1. **Did you need any personal protective equipment that was NOT available?**

1. Yes (GOTO 10)
2. No
3. DON’T KNOW

*\*Programming note: If 9 = b or c, SKIP to 11*

1. **Please describe the personal protective equipment that you needed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Were there any problems with any of the personal protective equipment that you were wearing that may have contributed to your [IE]?**
2. Yes (GOTO 12)
3. No
4. DON’T KNOW

*\*Programming note: If (11 = b or c) AND (2 (pg = 9) = 1), SKIP to Instruct\_7*

*\*Programming note: If (11 = b or c) AND (2 (pg = 9) NE 1) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (11 = b or c) AND (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (11 = b or c) AND (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (11 = b or c) AND (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (11 = b or c) AND (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

1. **Please describe the problems.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 2 (pg = 9) = 1, SKIP to Instruct\_7*

*\*Programming note: If (2 (pg = 9) NE 1) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (2 (pg = 9) NE 1) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

Instruct\_7. **You told me that your [IE] was caused by an assault. I’d like to ask you a few questions about the assault. As a reminder, you do not have to answer any questions you do not feel comfortable answering.**

***Violence***

1. **Was your [IE] caused by an animal bite?**
2. Yes (GOTO 2)
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: If 1 = b, c, or d, SKIP to 4*

1. **Was the animal a dog?**
2. Yes (GOTO 3)
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: If (2 = b, c, or d) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (2 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (2 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (2 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (2 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

1. **Was the dog a K-9 officer?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: If (3 = a, b, c, or d) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (3 = a, b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (3 = a, b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (3 = a, b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (3 = a, b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

1. **Were you injured by another officer?**

1. Yes (GOTO 5)
2. No
3. DON’T KNOW
4. REFUSED

*\*Programming note: If (4 = b, c, or d) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (4 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (4 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (4 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (4 = b, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

1. **In your own words, please describe how you were injured by another officer?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If (4 = a) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (4 = a) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (4 = a) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (4 = a) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (4 = a) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

1. **Did more than one person assault you?**
2. Yes (GOTO 7)
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: Response to this question will be used to populate [numperson].*

*\*Programming note: If 6 = b, SKIP to 8 (set numperson to suspect)*

*\*Programming note: If (6 = c or d) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (6 = c or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (6 = c or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (6 = c or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (6 = c or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

1. **How many people assaulted you?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Bodily force includes punching, kicking, scratching, or biting. Did the [numperson] use bodily force to assault you?**
2. Yes (GOTO 9)
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: If 8 = b, c, or d, SKIP to 10*

1. **I am going to read you a list of types of bodily force. As I read each one, please tell whether it occurred when the [numperson] used bodily force on you?** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| a) **You were punched** |  |  |  |  |
| b) **You were kicked** |  |  |  |  |
| c) **You were scratched** |  |  |  |  |
| d) **You were bit** |  |  |  |  |
| e) **Another type of bodily force was used** |  |  |  |  |

*\*Programming note: If (9 = a, b, c, or d) AND (9 NE e), SKIP to 11*

*\*Programming note: If (9 = e only or with any other response), GOTO 10*

1. (If 9 = e only or with any other response) **What type of bodily force did the [numperson] use?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did the [numperson] who assaulted you use any weapons?**
2. Yes (GOTO 12)
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: If 11 = b, c, or d, SKIP to 13*

1. **As I read each type of weapon, please tell me whether the [numperson] used it during the assault.** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| a) **A firearm** |  |  |  |  |
| b) **A knife or sharp object** |  |  |  |  |
| c) **A baseball bat, club, or blunt object** |  |  |  |  |
| d) **A conductive energy device, such as a TASER** |  |  |  |  |
| e) **Another type of weapon** |  |  |  |  |

*\*Programming note: If (12 = a, b, c, d,) AND (12 NE e), SKIP to 14*

*\*Programming note: If 12 = e only or with any other response, GOTO 13*

1. [If 12 = e only or with any other response] **What type of weapon did the [numperson] use?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did the [numperson] offer any level of resistance before you were assaulted?**
2. Yes (GOTO 15)
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: If 14 = b, c, or d, SKIP to 17*

1. **I am going to read a list of different types of resistance. As I read each one, please tell me whether it was used by the [numperson] who assaulted you. (***Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| **a) They passively resisted** |  |  |  |  |
| **b) They verbally threatened you** |  |  |  |  |
| **c) They tried to escape** |  |  |  |  |
| **d) They actively resisted with bodily force** |  |  |  |  |
| **e) They attempted to gain or gained possession of a weapon** |  |  |  |  |
| **f) They used another type of resistance** |  |  |  |  |

*\*Programming note: (If 15= a, b, c, d, or e), AND (15 NE f), SKIP to 17*

*\*Programming note: If 15 = f only or with any other response, GOTO 16*

1. [If 14 = f only or with any other response]  **What type of resistance did the [numperson] use?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I am going to read you a list of factors that may have contributed to your assault. As I read each one, please tell me whether you believe the factor contributed to your assault?** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| a) **The [numperson] [was/were] under the influence of drugs or alcohol** |  |  |  |  |
| c) **The [numperson] [was/were] mentally ill or had a medical condition** |  |  |  |  |
| d) **The [numperson] had a known history of violence against law enforcement officers** |  |  |  |  |
| e) **The [numperson] [was/were] in possession of a weapon** |  |  |  |  |
| f) **The [numperson] had committed a felony** |  |  |  |  |

1. **We recognize that civilian encounters may require the use of several tactics. I am going to read you a list of tactics, as I read each one, please tell me whether you used any of the following during the encounter. As a reminder, you may refuse to answer any of these questions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| 1. **You gave verbal commands** |  |  |  |  |
| 1. **You searched the [numperson]** |  |  |  |  |
| 1. **You handcuffed the [numperson]** |  |  |  |  |
| 1. **You used an arm or wrist lock on the [numperson]** |  |  |  |  |
| 1. **You struck the [numperson] with any body part** |  |  |  |  |
| 1. **You used a take-down technique** |  |  |  |  |
| 1. **You wrestled with the [numperson]** |  |  |  |  |
| 1. **You used a canine officer** |  |  |  |  |
| 1. **You used pepper or OC spray on the [numperson]** |  |  |  |  |
| 1. **You used a baton on the [numperson]** |  |  |  |  |
| 1. **You used a Taser or conductive energy device on the [numperson]** |  |  |  |  |
| 1. **You drew a firearm** |  |  |  |  |
| 1. **You discharged a firearm** |  |  |  |  |
| 1. **You used some other tactic** |  |  |  |  |

*\*Programming note: If (18 = a, b, c, d, e, f, g, h, i, j, k, l, or m), AND (18 NE n), SKIP to 20*

*\*Programming note: If 18 = n only or with any other response, GOTO 19*

1. [If 18 = n] **What tactic did you use?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Was there enough light for you to clearly see in the location where your assault occurred?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED
6. **Were you wearing body armor or a bullet proof vest at the time of your assault?**
7. Yes
8. No (GOTO 22)
9. DON’T KNOW
10. REFUSED

*\*Programming note: If (21 = a, c, or d) AND (3 (pg = 9) = 1), SKIP to Instruct\_8*

*\*Programming note: If (21 = a, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (21 = a, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (21 = a, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (21 = a, c, or d) AND (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

1. [If 21 = b] **Why were you not wearing body armor?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 3 (pg = 9) = 1, SKIP to Instruct\_8*

*\*Programming note: If (3 (pg = 9) NE 1 AND (4 (pg = 9) = 1), SKIP to Instruct\_9*

*\*Programming note: If (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) = 1), SKIP to Instruct\_10*

*\*Programming note: If (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) = 1), SKIP to Instruct\_11*

*\*Programming note: If (3 (pg = 9) NE 1 AND (4 (pg = 9) NE 1) AND (5 (pg = 9) NE 1) AND (6 (pg = 10) NE 1), SKIP to Instruct\_12*

Instruct\_8. **You told me that your [IE] was caused by a motor vehicle collision. I’d like to ask you a few questions about the collision. As a reminder, you do not have to answer any questions you do not feel comfortable answering.**

***Motor vehicle collision***

1. **I am going to read you a list of events. Please stop me when you hear the option that best describes the collision.** (*Read categories.*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| 1. **Your vehicle *hit another* vehicle** |  |  |  |  |
| 1. **Your vehicle *was hit by another* vehicle** |  |  |  |  |
| 1. **Your vehicle *hit a fixed object*** |  |  |  |  |
| 1. **Your vehicle rolled over or ran off the road** |  |  |  |  |
| 1. **Something else** **happened** |  |  |  |  |

*\*Programming note: If 1 = a or b, GOTO 2*

*\*Programming note: If 1 = c, SKIP to 3*

*\*Programming note: If 1 = d, SKIP to 4*

*\*Programming note: If 1 = e, SKIP to 5*

1. [If 1 = a or b] **What type of collision was it?** (*Read categories.*)

* 1. **Head-on**
  2. **Broadside**
  3. **T-boned**
  4. **Rear-end**
  5. **Some other type**
  6. DON’T KNOW
  7. REFUSED

*\*Programming note: If 1 = a, b, f, or g, SKIP to 6*

1. [If 1 = c] **What did the vehicle strike?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 1 = c, SKIP to 6*

1. [If 1 = d] **What caused the vehicle to roll over or run off the road?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 1 = d, SKIP to 6*

1. [If 1 = e] **Please tell me what happened during the collision.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **9What type of vehicle was being operated?** *(Read categories.)*
2. **A marked patrol vehicle**
3. **An unmarked department vehicle**
4. **A motorcycle**
5. **Another type of vehicle** (GOTO 7)
6. DON’T KNOW
7. REFUSED

*\*Programming note: If 6 = a , b, or c, SKIP to 8*

*\*Programming note: If 6 = e or f, SKIP to 9*

1. [If 6 = d] **What type of vehicle was it?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What was the make and model of the vehicle?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I am going to read you a list of factors that may have contributed to your collision. As I read each one, please tell me whether or not it contributed.** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t Know | REFUSED |
| a) **Weather conditions** |  |  |  |  |
| b) **Road conditions** |  |  |  |  |
| c) **Lighting conditions** |  |  |  |  |
| d**) Some other factor** |  |  |  |  |

*\*Programming note: If 9 = a, GOTO 10*

*\*Programming note: If (9 NE a) and (9 = b), SKIP to 11*

*\*Programming note: If (9 NE a) and (9 NE b) and (9 = c), SKIP to 12*

*\*Programming note: If (9 NE a) and (9 NE b) and (9 NE c) and (9 = d), SKIP to 13*

*\*Programming note: If (9 NE a) and (9 NE b) and (9 NE c) and (9 NE d), SKIP to 14*

1. [If 9 = a] **Please describe the weather conditions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 9 = b, GOTO 11*

*\*Programming note: If (9 NE b) and (9 = c), SKIP to 12*

*\*Programming note: If (9 NE b) and (9 NE c) and (9 = d), SKIP to 13*

*\*Programming note: If 9 NE b, c, or d, SKIP to 14*

1. [If 9 = b] **Please describe the road conditions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 8 = c, GOTO 11*

*\*Programming note: If (8 NE c) and (8 = d), SKIP to 12*

*\*Programming note: If 8 NE c, or d, SKIP to 13*

1. [If 9 = c] **Please describe the lighting conditions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 9 = d, GOTO 13*

*\*Programming note: If 9 NE d, SKIP to 14*

1. [If 9 = d] **Please describe the mechanical problems.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: GOTO 14*

1. **At the *time of the collision*, what was the vehicle you were in doing?** *(Read categories.)*

1. **It was moving**
2. **It was stopped in traffic**
3. **It was parked on the side of the road**
4. **It was parked somewhere else**
5. **It was doing something else** (GOTO 15)
6. DON’T’ KNOW

*\*Programming note: If 14 = a, SKIP to 16*

*\*Programming note: If 14 = b, c, d, or f, SKIP to 19*

1. [If 14 = e] **Please describe the vehicle’s actions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 14 = e, SKIP to 19*

1. **I am going to read you activities that your vehicle may have been doing at the time of the collision. As I read each one, please tell me whether it describes the activity of your vehicle.** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t know | REFUSED |
| a) **Moving straight ahead** |  |  |  |  |
| b) **Turning right or left** |  |  |  |  |
| **c) Backing** |  |  |  |  |
| d) **Changing lanes, overtaking, or passing** |  |  |  |  |
| e) **Making a U-turn** |  |  |  |  |
| f) **Negotiating a curve** |  |  |  |  |

1. **At the *time of the collision*, what was the approximate speed of the vehicle?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At the *time of the collision*, what was the posted speed limit?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At the *time of the collision*, were emergency lights being used?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED
6. **Was a siren being used?**
7. Yes
8. No
9. DON’T KNOW
10. REFUSED
11. **At the *time of the collision*, were you pursuing a vehicle?**

1. Yes
2. No
3. DON’T KNOW
4. REFUSED

*\*Programming note: If 6 = c or d, SKIP to Instruct\_12*

1. **Were you the driver of the vehicle?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED

*\*Programming note: Response will be used to populate [Were you/Was the driver]*

1. **Was the vehicle equipped with a radio?**

1. Yes (GOTO 24)
2. No
3. DON’T KNOW
4. REFUSED

*\*Programming note: If 23 = b, c, or d, SKIP to 25*

1. [**Were you/Was the driver] using the radio at the time of the collision?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED
6. **Was the vehicle equipped with a mounted computer device?**
7. Yes (GOTO 26)
8. No
9. DON’T KNOW
10. REFUSED

*\*Programming note: If 25 = b, c, or d, SKIP to 27*

1. [**Were you/Was the driver] using the mounted computer device at the time of the collision?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED
6. **[Did you/Did the driver] have a cell phone in the vehicle?**
7. Yes (GOTO 28)
8. No
9. DON’T KNOW
10. REFUSED

*\*Programming note: If 27 = b, c, or d, SKIP to 28*

1. [**Were you/Was the driver] using a cell phone at the time of the collision?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED
6. **At the *time of the collision*, were you wearing a seatbelt?**
7. Yes
8. No (GOTO 30)
9. DON’T KNOW
10. REFUSED

*\*Programming note: If 29 = a, c, or d, SKIP to Instruct\_12*

1. **I am going to read you a list of reasons why an officer may not wear a seatbelt. As I read each one, please tell me whether it describes why you were not wearing a seatbelt?** (*Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t know | REFUSED |
| **a) You did not have time to put it on** |  |  |  |  |
| **b) You could not buckle the belt due to your duty belt or gun holster** |  |  |  |  |
| **c) You believe the seatbelt is uncomfortable** |  |  |  |  |
| **d) Another reason** |  |  |  |  |

*\*Programming note: If 30 = a, b, or c, SKIP to Instruct\_12*

*\*Programming note: If 30 = d, GOTO 31*

1. [If 30 = d] **Please tell me why you weren’t wearing a seatbelt.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: SKIP to Instruct\_12*

Instruct\_9. **You told me that you were struck by a vehicle when your [IE] occurred. I’d like to ask you a few questions about when you were struck. As a reminder, you do not have to answer any questions you do not feel comfortable answering.**

***Struck-by incidents***

1. **I am going to read you a list of activities that you may have been doing when you were struck. As I read each one, please tell me whether or not it was an activity that you were doing.** (*Read categories.*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| **a) Directing traffic** |  |  |  |  |
| **b) Setting up cones or other traffic control devices** |  |  |  |  |
| **c) Performing a traffic stop** |  |  |  |  |
| **d) Investigating a disabled vehicle** |  |  |  |  |
| **e) Working a motor vehicle crash** |  |  |  |  |
| **f) Assisting a stranded motorist** |  |  |  |  |
| **g) Performing a pedestrian stop** |  |  |  |  |
| **h) Doing some other activity** |  |  |  |  |

*\*Programming note: If (1 = a, b, c, d, e, f, or g), AND (1 NE h), SKIP to 3*

*\*Programming note: If 1 = h only or with any other response, GOTO 2*

1. [If 1 = h] **Please tell me what you were doing when you were struck.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At the time you were struck, were you standing next to a vehicle?**

* 1. Yes (GOTO 4)
  2. No
  3. DON’T KNOW
  4. REFUSED

*\*Programming note: If 3 = b, c, or d, SKIP to 5*

1. **Was it your vehicle?**
   1. Yes
   2. No
   3. DON’T KNOW
   4. REFUSED
2. **At the time you were struck, were you on the shoulder of the road?**

* 1. Yes
  2. No (GOTO 6)
  3. DON’T KNOW
  4. REFUSED

*\*Programming note: If 5 = a, c, or d, SKIP to 8*

1. **Were you on the roadway?**
   1. Yes
   2. No (GOTO 7)
   3. DON’T KNOW
   4. REFUSED

*\*Programming note: If 6 = a, c, or d, SKIP to 8*

1. **Please tell me where you were when you were struck.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In your opinion, did the vehicle intentionally strike you?**
   1. Yes
   2. No
   3. DON’T KNOW
   4. REFUSED
2. **I am going to read a list of factors that could contribute to being stuck by a vehicle. As I read each one, tell me whether you BELIEVE the factor contributed to you being struck?** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| a) **The driver of the vehicle was under the influence of drugs or alcohol** |  |  |  |  |
| b) **The driver of the vehicle was speeding** |  |  |  |  |
| c) **The driver of the vehicle was distracted** |  |  |  |  |
| d) **The driver had a known history of violence against law enforcement officers** |  |  |  |  |
| e) **There were mechanical problems with the vehicle that struck you** |  |  |  |  |
| f) **Weather conditions** |  |  |  |  |
| g) **Road conditions** |  |  |  |  |
| h) **Lighting conditions** |  |  |  |  |
| i) **Some other factor** |  |  |  |  |

*\*Programming note: If 9 = e, GOTO 10*

*\*Programming note: If (9 NE e) and (9 = f), SKIP to 11*

*\*Programming note: If (9 NE e) and (9 NE f) and (9 = g), SKIP to 12*

*\*Programming note: If (9 NE e) and (9 NE f) and (9 NE g) and (9 = h), SKIP to 13*

*\*Programming note: If (9 NE e) and (9 NE f) and (9 NE g) and (9 NE h) and (9 = i), SKIP to 14*

*\*Programming note: If 9 NE e, f, g, h, or i, SKIP to 15*

1. [If 9 = e] **Please describe the vehicle problems.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 9 = f, GOTO 11*

*\*Programming note: If (9 NE f) and (9 = g), SKIP to 12*

*\*Programming note: If (9 NE f) and (9 NE g) and (9 = h), SKIP to 13*

*\*Programming note: If (9 NE f) and (9 NE g) and (9 NE h) and (9 =i), SKIP to 14*

*\*Programming note: If 9 NE f, g, h, or i, SKIP to 15*

1. [If 9 = f] **Please describe the weather conditions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 9 = g, GOTO 12*

*\*Programming note: If (9 NE g) and (9 = h), SKIP to 13*

*\*Programming note: If (9 NE g) and (9 NE h) and (9 = i), SKIP to 14*

*\*Programming note: If 9 NE g, h, or i, SKIP to 15*

1. [If 9 = g] **Please describe the road conditions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 9 = h, GOTO 13*

*\*Programming note: If (9 NE h) and (9 = i), SKIP to 14*

*\*Programming note: If 9 NE h or i, SKIP to 15*

1. [If 9 = h] **Please describe the lighting conditions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 9 = i, GOTO 14*

*\*Programming note: If 9 = NE i, SKIP to 15*

1. [If 9 = i] **Please describe any other factors.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Were you wearing a reflective vest at the time of your injury?**
2. Yes
3. No (GOTO 16)
4. REFUSED

*\*Programming note: If 15 = a or c, SKIP to 17*

1. [If 15 = b] **What was the reason you were not wearing a reflective vest?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 1 = c, GOTO 17*

*\*Programming note: If 1 = a, b, or e, SKIP to 19*

*\*Programming note: If 1 = d, f, g, or h, SKIP to Instruct\_12*

1. [If 1 = c] **You told me you were performing a traffic stop when you were struck. Before approaching the vehicle, how did you position the police car?** *(Read categories)*
   1. Directly in line with the other vehicle
   2. Off set or Angled
   3. DON’T KNOW
   4. REFUSED
2. **During the traffic stop, when you approached the vehicle, which side of the car did you approach?** *(Read categories)*
   1. Driver side
   2. Passenger side
   3. DON’T KNOW
   4. REFUSED

*\*Programming note: If 1 = c, SKIP to Instruct\_12*

1. [If 1 = a, b, or e] **I am going to read you a list of traffic control strategies. As I read each one, please tell me if it was being used when you were struck?** *(Read categories.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| a) **A temporary traffic control pattern** |  |  |  |  |
| b) **Cones** |  |  |  |  |
| c) **A temporary barrier or barricade** |  |  |  |  |
| d) **Road blocks** |  |  |  |  |
| e) **Spike strips** |  |  |  |  |
| f) **Flares, warning lights, or warning devices** |  |  |  |  |
| 1. **Signboards** |  |  |  |  |
| 1. **Another strategy for traffic control** |  |  |  |  |

*\*Programming note: SKIP to Instruct\_12*

Instruct\_10. **You told me that your [IE] was caused by a slip, trip, or fall. I’d like to ask you a few questions about this incident.**

1. **I am going to read you a list of activities. Please tell me whether or not you were doing each of these activities when your slip, trip, or fall occurred.** *(Read categories)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t Know |
| a) **Going up or down stairs, steps, or a curb** |  |  |  |
| b) **Getting into or out of a vehicle** |  |  |  |
| c) **Turning a corner or negotiating a turn** |  |  |  |
| d) **Walking on a rough or uneven surface such as an uneven floor** |  |  |  |
| e) **Running or jumping** |  |  |  |
| f) **Walking or stepping on a surface that was not dry** |  |  |  |
| g) **Carrying, lifting, pushing, or pulling something** |  |  |  |

*\*Programming note: If 1 = f only or with any other response, GOTO 2*

*\*Programming note: If (1 NE f) AND (1 = g only or with any other response), SKIP to 4*

*\*Programming note: If (15 (page 7) = a) AND 1 NE f or g, SKIP to 5*

*\*Programming note: if (15 (page 7) = b) AND 1 NE f or g, SKIP to 7*

1. [If 1 = f only or with any other response] **You told me that the surface you were walking on was not dry. Which of the following was on the surface?** *(Read categories.) (Select all that apply)*
2. **Water**
3. **Ice or snow**
4. **Grease**
5. **Another substance** (GOTO 3)
6. DON’T KNOW

*\*Programming note: If (2 = a, b, c, or e) AND (1 = g), SKIP to 4*

*\*Programming note: If (15 (page 7) = a) AND (2 = a, b, c, or e) AND (1 NE g), SKIP to 5*

*\*Programming note: If (15 (page 7) = b) AND (2 = a, b, c, or e) AND (1 NE g), SKIP to 6*

1. [If 2 = d] **Please describe the substance.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 1 = g, GOTO 4*

*\*Programming note: If (15 (page 7) = a) AND 1 NE g, SKIP to 5*

*\*Programming note: If (15 (page 7) = b) AND 1 NE g, SKIP to 7*

1. [If 1 = g only or with any other response] **Please describe what you were carrying, lifting, pushing or pulling.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 15 (page 7) = a, GOTO 5*

*\*Programming note: If 15 (page 7) = b, SKIP to 7*

1. **Earlier you told me you were in the act of interacting with or pursuing a suspect. Were you interacting with or pursuing more than one person?**
2. Yes
3. No
4. DON’T KNOW

*\*Programming note: Response will be used to populate [Was the suspect/were the suspects]*

1. **[Was the suspect/were the suspects] in possession of a weapon?**
2. Yes
3. No
4. DON’T KNOW
5. **Was there enough light for you to clearly see in the location where your slip, trip, or fall occurred?**

* 1. Yes
  2. No
  3. DON’T KNOW

*\*Programming note: SKIP to Instruct\_12*

Instruct\_11. **You told me that your [IE] was caused by your physical effort, awkward body posture, or repetitive motion. I’d like to ask you a few questions related to this incident.**

***Overexertion and strains***

*\*Programming note: If 15 (pg = 7) = a, SKIP to 4*

*\*Programming note: If (17 (pg = 8) = a, SKIP 1b, 1e, and 1f*

1. **I am going to read you a list of activities. As I read each one, please tell me whether or not you were doing the activity when your [IE] occurred.** *(Read categories)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| **a) Going up or down stairs, steps, or a curb** |  |  |  |
| **b) Lifting or carrying something heavy or awkward** |  |  |  |
| **c) Walking on a rough, uneven, or wet surface** |  |  |  |
| **d) Running or jumping** |  |  |  |
| **e) Using an awkward posture because of the space you were in** |  |  |  |
| **f) Performing physical training such as lifting weights, performing drills, or running obstacle courses** |  |  |  |

*\*Programming note: If 1 = b only or with any other response, GOTO 2*

*\*Programming note: If (1 NE b) AND (1 = f only or with any other response), SKIP to 3*

*\*Programming note: if 17 (page 8) = a, SKIP to 4*

*\*Programming note: If (17 (page 8) = b) AND (1 NE b or f), SKIP to 10*

1. [If 1 = b only or with any other response] **What were you were lifting or carrying?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 1 = f, GOTO 3*

*\*Programming note: if 1 NE f, SKIP to 13*

1. [If 1 = f only or with any other response] **What type of physical training were you performing?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: SKIP to 13*

*\*Programming note: If 2(pg = 9) = a, SKIP to 10*

1. **Earlier you told me you were in the act of interacting with or pursuit. Were you interacting with or pursuing more than one person?**
2. Yes
3. No
4. DON’T KNOW

*\*Programming note: Response will be used to populate [numperson]*

1. **Did the [numperson] use any weapons?**
2. Yes
3. No
4. DON’T KNOW
5. **Did the [numperson] offer any level of resistance?**
   1. Yes (GOTO 9)
   2. No
   3. Don’t Know

*\*Programming note: If 5 = b or c, SKIP to 8*

1. **I am going to read a list of different types of resistance. As I read each one, please tell me whether the [numperson] used the resistance. (***Read categories.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW |
| a) **They passively resisted** |  |  |  |
| b) **They verbally threatened you** |  |  |  |
| c) **They tried to escape** |  |  |  |
| d) **They actively resisted with bodily force** |  |  |  |
| e) **They attempted to gain or gained possession of a weapon** |  |  |  |
| f) **They used another type of resistance** |  |  |  |

*\*Programming note: (If 6= a, b, c, d, or e), AND (9 NE f), SKIP to 8*

*\*Programming note: If 6 = f only or with any other response, GOTO 7*

1. [If 6 = f] **Please describe the resistance that was used**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **We recognize that civilian encounters may require the use of several tactics. I am going to read you a list of tactics, as I read each one, please tell me whether you used any of the following during the encounter. As a reminder, you may refuse to answer any of these questions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| 1. **You gave verbal commands** |  |  |  |  |
| 1. **You searched the [numperson]** |  |  |  |  |
| 1. **You handcuffed the [numperson]** |  |  |  |  |
| 1. **You used an arm or wrist lock on the [numperson]** |  |  |  |  |
| 1. **You struck the [numperson] with any body part** |  |  |  |  |
| 1. **You used a take-down technique** |  |  |  |  |
| 1. **You wrestled with the [numperson]** |  |  |  |  |
| 1. **You used a canine officer** |  |  |  |  |
| 1. **You used pepper or OC spray on the [numperson]** |  |  |  |  |
| 1. **You used a baton on the [numperson]** |  |  |  |  |
| 1. **You used a Taser or conductive energy device on the [numperson]** |  |  |  |  |
| 1. **You drew a firearm** |  |  |  |  |
| 1. **You discharged a firearm** |  |  |  |  |
| 1. **You used some other tactic** |  |  |  |  |

*\*Programming note: If (8 = a, b, c, d, e, f, g, h, i, j, k, l, or m), AND (8 NE n), SKIP to 10*

*\*Programming note: If 8 = n only or with any other response, GOTO 9*

1. [If 8 = n] **What tactic did you use?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Prior to this [IE], did you previously have a sprain, strain, or repetitive motion injury to the same part of your body?**
2. Yes
3. No
4. DON’T KNOW

Instruct\_12. **I’m now going to ask you some questions about possible follow-up medical care and your return to your law enforcement duties.**

1. **After your ED visit, did you have any follow up care from a healthcare provider for your [IE]?**
2. Yes (GOTO 2)
3. No
4. DON’T KNOW

*\*Programming note: If 1 = b or c, SKIP to 3*

1. [If 1 = a] **Please describe the follow up care you received.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **After an injury or exposure, officers are not always able to return to their law enforcement duties right away.** **Have you returned to your law enforcement duties?**
2. Yes (GOTO 4)
3. No
4. DON’T KNOW

*\*Programming note: If 3 = b, SKIP to 7*

*\*Programming note: If 3 = c, SKIP to 10*

1. [If 3=a] **Prior to returning to your law enforcement duties, was medical clearance required?**
2. Yes
3. No
4. DON’T KNOW
5. **Were you ever on light or restricted duty as a result of your [IE]?**
   1. Yes
   2. No
   3. DON’T KNOW
6. **After your [IE], when did you feel well enough to return full-duty to your law enforcement duties?** *(Read categories.)*

a. **The same day your [IE] occurred**

b. **The day following your [IE]**

c. **One to two weeks following your IE**

e. **More than 2 weeks**

f.DON’T KNOW

*\*Programming note: If 6 = a or b, SKIP to 9*

*\*Programming note: If 6 = c, d, e, or f, SKIP to 10*

1. [If 3 = b] **What is the reason you have not returned?** **Is it because you….?** *(Read categories.)*
2. **Are still recovering**
3. **Were fired or let go**
4. **Quit**
5. **Haven’t returned for another reason** (GOTO 8)
6. DON’T KNOW

*\*Programming note: If 6 = a, b, c, or e, SKIP to 10*

1. [If 7 = d] **Please specify the reason you have not returned.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Programming note: If 7 = d, SKIP to 10*

1. **In the 7 days after your [IE], how much did your [IE] limit your ability to do your normal law enforcement duties?** *(Read categories.)*
2. **Not at all**
3. **Very little**
4. **Somewhat**
5. **Quite a lot**
6. DON’T KNOW
7. **Normal activities that you may do at home include cooking, chores, or child care. In the 7 days after your [IE], how much did your [IE] limit your ability to do your normal activities at home?** *(Read categories.)*
8. **Not at all**
9. **Very little**
10. **Somewhat**
11. **Quite a lot**
12. DON’T KNOW

*\*Programming note: If 9 = a AND 10 = a, SKIP to 13*

1. **Some people will experience permanent disability, long-term pain, or limited movement due to their [IE]. As of today, do you continue to have any of these effects from your [IE]?**
2. Yes (GOTO 12)
3. No
4. DON’T KNOW

*\*Programming note: If 11 = b or c, SKIP to 13*

1. [If 11 = a] **Please describe the effects you are experiencing as a result of your [IE].**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In your opinion, could your agency have taken steps to prevent your [IE]?**
2. Yes (GOTO 14)
3. No
4. DON’T KNOW

*\*Programming note: If 13 = b or c, SKIP to Instruct\_13*

1. [If 13 = a] **What recommendation would you make to your agency to prevent other officers from experiencing an [IE] like yours?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Demographics***

Instruct\_13. **Next, I am going to ask a few questions about yourself and your job history.**

1. **What was your rank when your [IE] occurred?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At the time of your [IE], about how many total years had you worked as a law enforcement officer?** *(Enter ‘0’ for less than one year)*

Years \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How many years had you worked with the agency you were with?** *(Enter ‘0’ for less than one year)*

Years \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In what month and year were you born?**

Month (MM) \_\_\_\_\_\_\_\_\_\_\_\_\_

Year (YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did you serve in the military?**
2. Yes
3. No
4. DON’T KNOW
5. **In the past 12 months, have you had any other injuries related to your duties as a law enforcement officer that required more than first aid?**
6. Yes
7. No
8. DON’T KNOW
9. **About how much do you weigh without your duty gear?** (Unknown = 999)

Weight \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **About how tall are you without your shoes?** (Unknown = 999)

Feet \_\_\_\_\_\_\_\_\_\_\_\_\_

Inches \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please tell me which of the following best describes the highest level of education you completed.** *(Read categories.)*
2. **High school, GED, or less than a high school education**
3. **Some college, including current college student**
4. **College degree**
5. **Graduate degree**
6. **Other (GOTO 10)**
7. DON’T KNOW

*\*Programming note: If 9 = a, b, c, d, or f, SKIP to Instruct\_14*

1. [If 9 = e] **Please tell me the highest level of education you completed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instruct\_14. **Thank you for telling me about yourself and your [IE]. Before we close, I would like to ask five more questions. These questions address two emerging health and safety issues. They will help us to better understand both sleep quality and exposures to opioids within the law enforcement community. As a reminder, you do not have to answer any questions you do not feel comfortable answering.**

***Sleep Questions***

1. **On average, how many hours of sleep do you get in a 24-hour period, including naps?**

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1. **How satisfied are you with your amount of sleep?** *(Read categories.)* 
   1. **Very satisfied**
   2. **Satisfied**
   3. **Neither satisfied nor dissatisfied**
   4. **Dissatisfied**
   5. **Very dissatisfied**
   6. DON’T KNOW
   7. REFUSED
2. **How would you rate your sleep quality?** *(Read categories.)*
3. **Very good**
4. **Good**
5. **Neither good nor bad**
6. **Bad**
7. **Very bad**
8. DON’T KNOW
9. REFUSED

Instruct\_14A. **The next questions are related to possible opioid contact exposure that may have occurred outside of routine handling. These questions may repeat the information you’ve just given me, but I need to ask them as they appear.**

1. **During the course of your law enforcement duties, have you been exposed to opioids such as heroin or synthetics such as fentanyl in any of the following ways?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | DON’T KNOW | REFUSED |
| a) **You inhaled particles or vapors** |  |  |  |  |
| b) **You had skin contact** |  |  |  |  |
| c) **You inadvertently ingested opioids** |  |  |  |  |
| 1. **You accidentally were injected** |  |  |  |  |
| 1. **You were exposed in some other way** |  |  |  |  |

*\*Programming note: If 4 = e only or with any other response, GOTO 5*

*\*Programming note: If (4 = a, b, c, or d) AND (4 NE e), SKIP to 6*

*\*Programming note: If 4 NE a, b, c, d, or e, SKIP to END interview*

1. **How did the exposure occur?**

**Interviewer:** If respondent reports multiple exposures, say the following: “Please tell me about your most recent exposure.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did you have any health effects due to your contact?**
2. Yes
3. No
4. DON’T KNOW
5. REFUSED

**Thank you for your participation. We greatly appreciate your cooperation.**

*End interview*