Law Enforcement Officer Injuries

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) ____

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?**

    a.   Yes
    b.   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?**

    a.   Yes
    b.   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?**

    a.   Yes
    b.   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?**

    a.   Yes
    b.   No

    Programming note: If 5 = a, END INTERVIEW

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

a. Yes
b. 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?

a. Yes
b. 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?

a. Yes
b. 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?

a. Yes
b. 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?**

    a. Yes

    b. 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 <u>best:</u> 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.

    a. Injury
    b. Exposure
    c. Illness
    d. 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

2) **What was your [IE]?**

    _____

3) **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?

    _____

4) **What part of your body was most affected by your [IE]?**

    _____

5) **Were any other parts of your body affected?**

_____

6) **What treatment did you receive in the ED?**

_____

7) **Did your agency have a policy that required you to visit the ED for your [IE]?**

a. Yes
b. No
c. 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 <u>at the time of your [IE]</u>.**

1) **When your [IE] occurred, what type of law enforcement agency were you employed by?** *(Read categories.)*

   a. **Federal**
   b. **State**
   c. **County**
   d. **Municipal**
   e. **Another type** (GOTO 2)
   f. DON'T KNOW

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

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

   _____

3) **At the time of your [IE], which unit or division were you working in?** *(Read categories.)*

   a. **Patrol**
   b. **Command**
   c. **Specialized Unit**
   d. **Administrative**
   e. **Investigations**
   f. **Reserve**
   g. **Another type of unit or division** (GOTO 3)
   h. DON'T KNOW

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

4) [If 3= g] **What type was it?**

   _____

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

   _____

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

   _____

7) **In hours, how long was your scheduled shift?**

   _____

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

   _____

9) **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.

_____

10) **Were you wearing a standard department issued uniform when your [IE] occurred?**

   a. Yes
   b. No
   c. DON'T KNOW

11) **At the time of your [IE], were you on a dispatched call?**

   a. Yes (GOTO 12)
   b. No
      c.   DON'T KNOW

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

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

   _____

13) [If 11 = b or c] **What type of activity were you engaged in when your [IE] occurred?** *(Read categories.)*

   a. **Routine patrol**
   b. **A self-initiated activity**
   c. **A special operation**
   d. **A citizen alerted or flagged you down**
   e. **Transportation of an offender or inmate**
   f. **Training**
   g. **Another activity** (GOTO 14)
   h. 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

14) [If 13 = g] **What was the activity?**

   _____

15) **Did your [IE] occur while you were interacting with a suspect?**

   a. Yes (GOTO 16)
   b. No

   Programming note: If 15 = b, SKIP to 17

16) **Please describe the interaction.**

   _____

17) **Did your [IE] occur while you were pursuing a suspect?**

   a. Yes (GOTO 18)
   b. No

Programming note: If 17 = b, SKIP to 19

18) **What type of pursuit was it?** *(Read categories.)*

   a. **A foot pursuit**
   b. **A vehicle pursuit**
   c. **Both a foot and vehicle pursuit**
   d. DON'T KNOW

19) **At the time of your [IE], were other officers present?**

   a. Yes (GOTO 20)
   b. No
   c. DON'T KNOW

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

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

   _____

21) **Which of the following best describes where you were when your [IE] occurred?** *(Read categories.)*

   a. **At the station**
   b. **In a vehicle**
   c. **In the field**
   d. **At a correctional facility or jail**
   e. **Another location** (GOTO 22)
   f. DON'T KNOW

   Programming note: If 21 = a, b, c, d, or f, SKIP to Instruct_5

22) [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.

   a. Yes
   b. No
   c. DON'T KNOW

2) **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?**

   a. Yes
   b. No
   c. DON'T KNOW

3) **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?**

   a. Yes
   b. No
   c. 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

4) **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??**

   a. Yes
   b. No
   c. 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

5) **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?**

   a. Yes
   b. No
   c. 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

6) **Your [IE] may have been caused by <mark>your own</mark> 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 <mark>your own</mark> physical effort, awkward body posture, or repetitive motion?**

   a. Yes
   b. No
   c. 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**				
a) **A bite**				
b) **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

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

_____

3) **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**				
d) **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

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

_____

5) **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**			
d) **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

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

_____

7) **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**			

8) **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
a) **Goggles or safety glasses for medical care**			
b) **Face mask**			
c) **Latex or other type of disposable medical gloves**			
d) **Another type of glove**			

9) **Did you need any personal protective equipment that was NOT available?**

   a. Yes (GOTO 10)
   b. No
   c. DON'T KNOW

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

10) **Please describe the personal protective equipment that you needed.**

   _____

11) **Were there any problems with any of the personal protective equipment that you were wearing that may have contributed to your [IE]?**

   a. Yes (GOTO 12)
   b. No
   c. 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

12) **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?**

   a.   Yes (GOTO 2)
   b.   No
   c.   DON'T KNOW
   d.   REFUSED

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

2) **Was the animal a dog?**

   a.   Yes (GOTO 3)
   b.   No
   c.   DON'T KNOW
   d.   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

3) **Was the dog a K-9 officer?**

   a.   Yes
   b.   No
   c.   DON'T KNOW
   d.   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

4) **Were you injured by another officer?**

   a.   Yes (GOTO 5)
   b.   No
   c.   DON'T KNOW
   d.   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

5) **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

6) **Did more than one person assault you?**

   a. Yes (GOTO 7)
   b. No
   c. DON'T KNOW
   d. 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

7) **How many people assaulted you?**

_____

8) **Bodily force includes punching, kicking, scratching, or biting. Did the [numperson] use bodily force to assault you?**

   a. Yes (GOTO 9)
   b. No
   c. DON'T KNOW
   d. REFUSED

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

9) **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

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

_____

11) **Did the [numperson] who assaulted you use any weapons?**

   a.   Yes (GOTO 12)
   b.   No
   c.   DON'T KNOW
   d.   REFUSED

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

12) **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

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

_____

14) **Did the [numperson] offer any level of resistance before you were assaulted?**

   a.   Yes (GOTO 15)
   b.   No
   c.   DON'T KNOW
   d.   REFUSED

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

15) **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

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

_____

17) 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				

18) 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
a) You gave verbal commands				
b) You searched the [numperson]				
c) You handcuffed the [numperson]				
d) You used an arm or wrist lock on the [numperson]				
e) You struck the [numperson] with any body part				
f) You used a take-down technique				
g) You wrestled with the [numperson]				
h) You used a canine officer				
i) You used pepper or OC spray on the [numperson]				
j) You used a baton on the [numperson]				
k) You used a Taser or conductive energy device on the [numperson]				
l) You drew a firearm				
m) You discharged a firearm				
n) 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

19) [If 18 = n] **What tactic did you use?**

_____

20) Was there enough light for you to clearly see in the location where your assault occurred?

a. Yes
b. No
c. DON'T KNOW
d. REFUSED

21) **Were you wearing body armor or a bullet proof vest at the time of your assault?**

    a. Yes
    b. No (GOTO 22)
    c. DON'T KNOW
    d. 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

22) [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
a) **Your vehicle *hit another* vehicle**				
b) **Your vehicle *was hit by another* vehicle**				
c) **Your vehicle *hit a fixed object***				
d) **Your vehicle rolled over or ran off the road**				
e) **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

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

   a. **Head-on**
   b. **Broadside**
   c. **T-boned**
   d. **Rear-end**
   e. **Some other type**
   f. DON'T KNOW
   g. REFUSED

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

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

   _____

   Programming note: If 1 = c, SKIP to 6

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

   _____

   Programming note: If 1 = d, SKIP to 6

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

   _____

6) **9What type of vehicle was being operated?** (*Read categories.*)

   a. **A marked patrol vehicle**
   b. **An unmarked department vehicle**
   c. **A motorcycle**
   d. **Another type of vehicle** (GOTO 7)

e.   DON'T KNOW
f.   REFUSED

Programming note: If 6 = a , b, or c, SKIP to 8
Programming note: If 6 = e or f, SKIP to 9

7)   [If 6 = d] **What type of vehicle was it?**

_____

8)   **What was the make and model of the vehicle?**

_____

9)   **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

10) [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

11) [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

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

_____

Programming note: If 9 = d, GOTO 13
Programming note: If 9 NE d, SKIP to 14

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

_____

Programming note: GOTO 14

14) **At the _time of the collision_, what was the vehicle you were in doing?** *(Read categories.)*

    a.   **It was moving**
    b.   **It was stopped in traffic**
    c.   **It was parked on the side of the road**
    d.   **It was parked somewhere else**
    e.   **It was doing something else** (GOTO 15)
    f.   DON'T' KNOW

Programming note: If 14 = a, SKIP to 16
Programming note: If 14 = b, c, d, or f, SKIP to 19

15) [If 14 = e] **Please describe the vehicle's actions.**

_____

Programming note: If 14 = e, SKIP to 19

16) **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**				

17) **At the _time of the collision_, what was the approximate speed of the vehicle?**

_____

18) **At the _time of the collision_, what was the posted speed limit?**

_____

19) **At the _time of the collision_, were emergency lights being used?**

    a.   Yes
    b.   No
    c.   DON'T KNOW
    d.   REFUSED

20) **Was a siren being used?**

    a.   Yes
    b.   No
    c.   DON'T KNOW

    d.   REFUSED

21) **At the _time of the collision_, were you pursuing a vehicle?**

    a.   Yes
    b.   No
    c.   DON'T KNOW
    d.   REFUSED

    Programming note: If 6 = c or d, SKIP to Instruct_12

22) **Were you the driver of the vehicle?**

    a.   Yes
    b.   No
    c.   DON'T KNOW
    d.   REFUSED

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

23) **Was the vehicle equipped with a radio?**

    a.   Yes (GOTO 24)
    b.   No
    c.   DON'T KNOW
    d.   REFUSED

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

24) **[Were you/Was the driver] using the radio at the time of the collision?**

    a.   Yes
    b.   No
    c.   DON'T KNOW
    d.   REFUSED

25) **Was the vehicle equipped with a mounted computer device?**

    a.   Yes (GOTO 26)
    b.   No
    c.   DON'T KNOW
    d.   REFUSED

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

26) **[Were you/Was the driver] using the mounted computer device at the time of the collision?**

    a.   Yes
    b.   No
    c.   DON'T KNOW
    d.   REFUSED

27) **[Did you/Did the driver] have a cell phone in the vehicle?**

    a.   Yes (GOTO 28)

b. No
c. DON'T KNOW
d. REFUSED

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

28) **[Were you/Was the driver] using a cell phone at the time of the collision?**

a. Yes
b. No
c. DON'T KNOW
d. REFUSED

29) **At the *time of the collision*, were you wearing a seatbelt?**

a. Yes
b. No (GOTO 30)
c. DON'T KNOW
d. REFUSED

Programming note: If 29 = a, c, or d, SKIP to Instruct_12

30) **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

31) [If 30 = d] **Please tell me why you weren't wearing a seatbelt.**

_____

Programming note: SKIP to Instruct_12

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

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

_____

3) **At the time you were struck, were you standing next to a vehicle?**

a. Yes (GOTO 4)
b. No
c. DON'T KNOW
d. REFUSED

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

4) **Was it your vehicle?**

a. Yes
b. No
c. DON'T KNOW
d. REFUSED

5) **At the time you were struck, were you on the shoulder of the road?**

a. Yes
b. No (GOTO 6)
c. DON'T KNOW
d. REFUSED

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

6) **Were you on the roadway?**

   a. Yes
   b. No (GOTO 7)
   c. DON'T KNOW
   d. REFUSED

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

7) **Please tell me where you were when you were struck.**

   _____

8) **In your opinion, did the vehicle intentionally strike you?**

   a. Yes
   b. No
   c. DON'T KNOW
   d. REFUSED

9) <mark>**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?**</mark> *(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) <mark>**There were mechanical problems with the vehicle that struck you**</mark>				
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

10) [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

11) [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

12) [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

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

_____

Programming note: If 9 = i, GOTO 14
Programming note: If 9 = NE i, SKIP to 15

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

_____

15) **Were you wearing a reflective vest at the time of your injury?**

    a.   Yes
    b.   No (GOTO 16)
    c.   REFUSED

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

16) [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

17) [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)*

    a.   Directly in line with the other vehicle
    b.   <mark>Off set or Angled</mark>
    c.   DON'T KNOW
    d.   REFUSED

18) **During the traffic stop, when you approached the vehicle, which side of the car did you approach?** *(Read categories)*

   a.   Driver side
   b.   Passenger side
   c.   DON'T KNOW
   d.   REFUSED

   Programming note: If 1 = c, SKIP to Instruct_12

19) [If 1 = a, b, or e] <mark>**I am going to read you a list of traffic control strategies**</mark>**. 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**				
g) **Signboards**				
h) **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

2) [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)*

   a. **Water**
   b. **Ice or snow**
   c. **Grease**
   d. **Another substance** (GOTO 3)
   e. 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

3) [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

4) [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

5) **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?**

   a. Yes
   b. No
   c. DON'T KNOW
   Programming note: Response will be used to populate [Was the suspect/were the suspects]

6) **[Was the suspect/were the suspects] in possession of a weapon?**

    a. Yes
    b. No
    c. DON'T KNOW

7) <mark>**Was there enough light for you to clearly see in the location where your slip, trip, or fall occurred?**</mark>

    a. Yes
    b. No
    c. 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

2) [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

3) [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

4) **Earlier you told me you were in the act of interacting with or pursuit. Were you interacting with or pursuing more than one person?**

   a. Yes
   b. No
   c. DON'T KNOW

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

23) **Did the [numperson] use any weapons?**

   a. Yes
   b. No
   c. DON'T KNOW

5) **Did the [numperson] offer any level of resistance?**

31

a. Yes (GOTO 9)
b. No
c. Don't Know

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

6) **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

7) [If 6 = f] **Please describe the resistance that was used**

_____

8) **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
a) **You gave verbal commands**				
b) **You searched the [numperson]**				
c) **You handcuffed the [numperson]**				
d) **You used an arm or wrist lock on the [numperson]**				
e) **You struck the [numperson] with any body part**				
f) **You used a take-down technique**				
g) **You wrestled with the [numperson]**				
h) **You used a canine officer**				
i) **You used pepper or OC spray on the [numperson]**				
j) **You used a baton on the [numperson]**				
k) **You used a Taser or conductive energy device on the [numperson]**				
l) **You drew a firearm**				
m) **You discharged a firearm**				
n) **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

9) [If 8 = n] **What tactic did you use?**

_____

10) **Prior to this [IE], did you previously have a sprain, strain, or repetitive motion injury to the same part of your body?**

    a.   Yes

    b.   No

    c.   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]?**

   a. Yes (GOTO 2)
   b. No
   c. DON'T KNOW

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

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

   _____

3) **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?**

   a. Yes (GOTO 4)
   b. No
   c. DON'T KNOW

   Programming note: If 3 = b, SKIP to 7
   Programming note: If 3 = c, SKIP to 10

4) [If 3=a] **Prior to returning to your law enforcement duties, was medical clearance required?**

   a. Yes
   b. No
   c. DON'T KNOW

5) **Were you ever on light or restricted duty as a result of your [IE]?**

   a. Yes
   b. No
   c. 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

7) [If 3 = b] **What is the reason you have not returned? Is it because you....?** *(Read categories.)*

   a. **Are still recovering**
   b. **Were fired or let go**
   c. **Quit**
   d. **Haven't returned for another reason** (GOTO 8)

e.   DON'T KNOW

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

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

Programming note: If 7 = d, SKIP to 10

9)   **In the 7 days after your [IE], how much did your [IE] limit your ability to do your normal law enforcement duties?** *(Read categories.)*

a.   **Not at all**
b.   **Very little**
c.   **Somewhat**
d.   **Quite a lot**
a.   DON'T KNOW

10) **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.)*

a.   **Not at all**
b.   **Very little**
c.   **Somewhat**
d.   **Quite a lot**
e.   DON'T KNOW

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

11) **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]?**

a.   Yes (GOTO 12)
b.   No
c.   DON'T KNOW

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

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

13) **In your opinion, could your agency have taken steps to prevent your [IE]?**

a.   Yes (GOTO 14)
b.   No
c.   DON'T KNOW

Programming note: If 13 = b or c, SKIP to Instruct_13

14) [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?**

   _____

2) **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   _____

3) **How many years had you worked with the agency you were with?** *(Enter '0' for less than one year)*

   Years   _____

4) **In what month and year were you born?**

   Month (MM)_____
   Year (YYYY)   _____

5) **Did you serve in the military?**

   a.   Yes
   b.   No
   c.   DON'T KNOW

6) **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?**

   a.   Yes
   b.   No
   c.   DON'T KNOW

7) **About how much do you weigh without your duty gear?** (Unknown = 999)

   Weight   _____

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

   Feet   _____
   Inches   _____

9) **Please tell me which of the following best describes the highest level of education you completed.** *(Read categories.)*

   a.   **High school, GED, or less than a high school education**
   b.   **Some college, including current college student**
   c.   **College degree**
   d.   **Graduate degree**
   e.   **Other (GOTO 10)**
   f.   DON'T KNOW

   *Programming note: If 9 = a, b, c, d, or f, SKIP to Instruct_14

10) [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?**

   _____

2) **How satisfied are you with your amount of sleep?** *(Read categories.)*

   a. **Very satisfied**
   b. **Satisfied**
   c. **Neither satisfied nor dissatisfied**
   d. **Dissatisfied**
   e. **Very dissatisfied**
   f. DON'T KNOW
   g. REFUSED

3) **How would you rate your sleep quality?** *(Read categories.)*

   a. **Very good**
   b. **Good**
   c. **Neither good nor bad**
   d. **Bad**
   e. **Very bad**
   f. DON'T KNOW
   g. REFUSED

Instruct_14A. **The next questions are related to possible opioid contact exposure that may have occurred <u>outside</u> of routine handling. These questions may repeat the information you've just given me, but I need to ask them as they appear.**

4) **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**				
a) **You accidentally were injected**				
b) **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

5) **How did the exposure occur?**

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

   _____

6) **Did you have any health effects due to your contact?**

    a. Yes
    b. No
    c. DON'T KNOW
    d. REFUSED

Thank you for your participation. We greatly appreciate your cooperation.
End interview