

UNIVERSITY OF CALIFORNIA, DAVIS AGRICULTURAL HEALTH AND SAFETY SURVEY

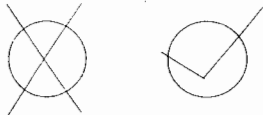
Thank you for participating in our study. The survey will last about thirty minutes.

Instructions:

1. Use an Ink Pen

2. Shade Circles Like This --> 

Not Like This -->



3. Please Print Carefully and Avoid Contact with the Edges of the Box. The Following will Serve as an Example.

1	2	3	4	5	6	7	8	9	0
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School ID number:

(For official use only.
Do not mark shaded area.)

I. BACKGROUND

1. What is today's date?

MONTH

DAY

YEAR

Example: July 25, 2002 = 07/25/02

2. What grade are you in?

 9th 10th 11th 12th

3. What is your sex?

 MALE FEMALE

4. How old are you?

YEARS

4a. What is your height?

FEET

INCHES

4b. What is your weight?

POUNDS

5. Where were you born?

 U.S. MEXICO -->

If Mexico, please print clearly the name of the State

 OTHER -->

If Other, please print clearly the name of the country

6. Do you consider yourself

 WHITE - NOT HISPANIC ASIAN HISPANIC OTHER - please specify in the box below

Please print clearly

 AFRICAN AMERICAN

--	--	--	--

7. How many of your parents have graduated from college with a four-year degree?

- NEITHER PARENT
 ONE PARENT
 BOTH PARENTS
 NOT SURE

8. Do you currently live on a farm or ranch?

- NO --> **If NO, go to question 9**
 YES --> **If YES, answer the questions below**

How many years have you lived on a farm or ranch?

		YEARS
--	--	-------

How many acres is the farm or ranch?

							ACRES
--	--	--	--	--	--	--	-------

Example: 100 Acres =

0	0	0	1	0	0
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What is the main crop or commodity of the farm or ranch?

Please print clearly

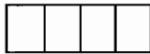
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9. What language do you usually speak at home?

- ENGLISH
 SPANISH
 BOTH
 OTHER - please specify what language in the box below

Please print clearly

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II. HEALTH STATUS AND HABITS

Please indicate which of the following health conditions you have, or have ever had. If you take prescription medications, specify the name of the medication.

Have you ever had...

10. Seizures or epilepsy (seizures or epilepsy cause blackouts and uncontrolled shaking)

NO

YES --> **If YES**, do you take medication for this every day?

NO YES

11. Attention Deficit Disorder (sometimes called A.D.D. or hyperactivity)?

NO

YES --> **If YES**, do you take medication for this every day?

NO YES

12. Poor hearing or deafness?

NO

YES --> **If YES**, do you use a hearing aid?

NO YES

13. Poor vision, even when using glasses?

NO

YES

14. Please indicate any condition you have for which you see a doctor or any medications that you've taken withing the past 12 months. **If none, go to question 15.**

Medical Problem

Name of Medication, if any

Please print clearly

--

Please print clearly

--

--	--	--	--

15. Have you had any injuries in the past that currently limit your activities?

NO

YES --> **If YES, please briefly describe the injury.**

Please print clearly

--

III. SOURCES OF AGRICULTURAL SAFETY INFORMATION

16. Please list any agricultural coursework you have taken in school since 7th grade:

Grade

Courses

Please print clearly

7th Grade

--

8th Grade

--

9th Grade

--

10th Grade

--

11th Grade

--

12th Grade

--

17. Are you a member of Future Farmers of America?

NO

YES --> **If YES, in what year did you join?**

--	--	--	--

 YEAR

If YES, how many hours per week did you spend on average at FFA activities last year?

--	--	--	--

 HOURS PER WEEK

□□□□

18. Are you a member of the 4-H Club?

NO

YES --> **If YES, in what year did you join?**

□□□□ YEAR

If YES, how many hours per week did you spend on average at 4-H Club activities last year?

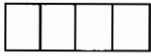
□□□□ HOURS PER WEEK

19. How important is each of the following sources of agricultural safety information? (1= very important, 2= somewhat important, 3= moderately important, 4= not very important, 5= not important at all)

Source of Safety Information	Very Important					Not Important
FATHER.....	①	②	③	④	⑤	
MOTHER.....	①	②	③	④	⑤	
OTHER RELATIVE(S).....	①	②	③	④	⑤	
HIGH SCHOOL TEACHERS.....	①	②	③	④	⑤	
FFA	①	②	③	④	⑤	
4-H	①	②	③	④	⑤	
OTHER, Specify in box below.....	①	②	③	④	⑤	

Please print clearly

□□□□□□□□□□



IV. ATTITUDES

Please indicate below how much you **agree** with the following statements:

20. No matter how hard you try to prevent them, serious injuries are going to occur on a farm or ranch.

- STRONGLY AGREE
- AGREE
- DISAGREE
- STRONGLY DISAGREE

21. Working under time pressure makes me less careful.

- STRONGLY AGREE
- AGREE
- DISAGREE
- STRONGLY DISAGREE

22. Safety precautions are important and necessary, even if they slow the job.

- STRONGLY AGREE
- AGREE
- DISAGREE
- STRONGLY DISAGREE

23. I am less likely to be injured doing farm work than other people my age doing the same work.

- STRONGLY AGREE
- AGREE
- DISAGREE
- STRONGLY DISAGREE



V. SAFETY HABITS

24. During the last 12 months, how many times have you ridden in the back of an uncovered pickup truck?

- NEVER
- 1-5 TIMES
- 6-15 TIMES
- MORE THAN 15 TIMES

25. How often do you use a seatbelt when you drive or ride in a car?

- ALWAYS
- NEARLY ALWAYS
- SOMETIMES
- SELDOM
- NEVER

26. During the last 12 months, have you ridden a motorcycle or moped?

- NO
- DON'T RECALL
- YES

----->

If YES, do you wear a helmet when riding a motorcycle or moped?

- ALWAYS
- NEARLY ALWAYS
- SOMETIMES
- SELDOM
- NEVER

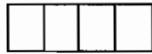
27. During the last 12 months, have you ridden an all-terrain vehicle (ATV)?

- NO
- DON'T RECALL
- YES

----->

If YES, do you wear a helmet when riding an all-terrain vehicle (ATV)?

- ALWAYS
- NEARLY ALWAYS
- SOMETIMES
- SELDOM
- NEVER



28. How often do you **wear safety goggles** when doing the following tasks:

	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Rarely or Never</u>	<u>Don't Do This Task</u>
USING A HAMMER AND NAIL	①	②	③	④	⑤
USING AN ELECTRIC DRILL	①	②	③	④	⑤
USING AN ELECTRIC SAW	①	②	③	④	⑤
MOWING	①	②	③	④	⑤
WORKING WITH PESTICIDES	①	②	③	④	⑤
OTHER, Specify in box below	①	②	③	④	⑤

Please print clearly

29. How often do you **wear earplugs or muffs** when working around noisy machinery?

- ALWAYS
- NEARLY ALWAYS
- SOMETIMES
- SELDOM
- NEVER
- DON'T WORK AROUND LOUD MACHINES

30. How often do you **wear a respirator** when working around toxic substances or dust?

- ALWAYS
- NEARLY ALWAYS
- SOMETIMES
- SELDOM
- NEVER
- DON'T WORK AROUND TOXIC SUBSTANCES OR DUST

--	--	--	--

31. Thinking of all the farm work and chores that you now do on the farm, which activity do you see as the most dangerous?

Please print clearly

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32. Are there any tasks on the farm that you are not allowed to do because they are too dangerous?

- NO
 YES --> **If YES, specify task in box below.**

Please print clearly

--

SMOKING AND RESPIRATORY HISTORY

33. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz of tobacco in a lifetime or less than 1 cigarette a day for 1 year).

- NO --> **If NO, go to question 34**
 YES --> **If YES, do you now smoke cigarettes (as of 1 month ago)?**
 NO --> **If NO, go to question 34**
 YES --> **If YES, how old were you when you started to smoke most days of the week?**

--	--

 YEARS

If YES, how many cigarettes do you smoke per day, on average?

--	--

 CIGARETTES PER DAY

If YES, on the average of the entire time you smoked, how many cigarettes did you smoke per day?

--	--

 CIGARETTES PER DAY

□□□□

34. Do you use chewing tobacco or snuff most days of the week?

NO --> **If NO, go to question 35**

YES --> **If YES, how old were you when you started to use chewing tobacco or snuff most days of the week?**

□□ YEARS

If YES, how many containers of chewing tobacco or snuff do you use per week?

□□□ CONTAINERS PER WEEK

35. Have you ever had asthma?

NO -----> **If NO or DON'T KNOW, go to question 36**

DON'T KNOW

YES -----> **If YES, answer the questions below on this page**

35a. Did a doctor diagnose your asthma?

NO DON'T KNOW YES

35b. In the past 12 months, have you used any medication for wheezing or asthma?

NO DON'T KNOW YES

35c. Do your symptoms of asthma or attacks of shortness of breath with wheezing tend to get worse with any of the following:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
MIXING OR LOADING OR SPRAYING PESTICIDES?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AT HOME?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT CAN HAPPEN ANYWHERE?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GROUND PREPARATION TASKS?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HARVESTING?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35d. In the past 12 months, have you used any medicines, pills, nose sprays or other medication for hay fever or nose problems?

NO DON'T RECALL YES

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VI. WORK HISTORY

36. In the past 12 months, have you worked on a farm or ranch?

- NO --> **IF NO, GO TO THE LAST PAGE OF THE SURVEY**
 YES --> **IF YES, GO TO THE NEXT QUESTION**

37. Where was the farm you worked on?

- OUR FAMILY FARM OR RANCH
 FARM OR RANCH OWNED BY NONFAMILY MEMBER
 FOR A FARM LABOR CONTRACTOR
 OTHER, Specify in box below

Please print clearly

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38. According to season, how many hours per **week** do you spend working on the farm in the past 12 months?

WINTER	<table border="1"><tr><td></td><td></td><td></td></tr></table>				HOURS PER WEEK
SPRING	<table border="1"><tr><td></td><td></td><td></td></tr></table>				HOURS PER WEEK
SUMMER	<table border="1"><tr><td></td><td></td><td></td></tr></table>				HOURS PER WEEK
FALL	<table border="1"><tr><td></td><td></td><td></td></tr></table>				HOURS PER WEEK

39. Indicate below the tasks you do on the farm. Then indicate the age at which you began to do this task.

<u>JOB TASK</u>	<u>DO YOU DO THIS TASK?</u>	<u>IF YES, AT WHAT AGE DID YOU BEGIN TO DO THIS TASK?</u>		
Operate a tractor	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		
Operate other heavy machinery	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		
Mix chemicals	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		
Apply chemicals	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		
Feed large animals	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		
Feed small animals	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		
Harvest by hand	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		
Weld	<input type="radio"/> NO <input type="radio"/> YES	<table border="1"><tr><td></td><td></td></tr></table> AGE		

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40. Do you operate a tractor when working on the farm?

- NO ---> **IF NO, GO TO QUESTION 45**
 YES ---> **IF YES, GO TO THE NEXT QUESTION**

40a. What is the horse power for the tractor you use most frequently?

--	--	--	--

 HORSE POWER

41. Does the tractor you use most frequently have rollover protection (a roll bar or cab)?

- NO
 DON'T KNOW
 YES

42. Does the tractor you use most frequently have a seatbelt?

- NO
 DON'T KNOW
 YES -----> **If YES, how often do you use it?**
 ALWAYS
 NEARLY ALWAYS
 SOMETIMES
 SELDOM
 NEVER

43. Does the tractor you use most frequently have a power take-off (PTO)?

- NO
 DON'T KNOW
 YES -----> **If YES, is the PTO guard present?**
 NO
 DON'T KNOW
 IT HAS BEEN REMOVED
 YES

44. Approximately how many hours do you use this tractor in one year?

--	--	--	--

 HOURS PER YEAR

--	--	--	--

HISTORY OF AGRICULTURAL WORK INJURY

45. In the last 12 months, did you go to a hospital, an emergency room or a clinic for any injury from agricultural work?

NO

DON'T RECALL

YES

----->

If YES, how long did you stay at the hospital, emergency room or clinic?

LESS THAN 6 HOURS

6-12 HOURS

12-24 HOURS

24 HOURS OR MORE, Specify the number of days in the box below

--	--	--	--

 DAYS

46. In the last 12 months, did you miss work or school for at least half a day because of any injury from agricultural work?

NO

DON'T RECALL

YES

----->

If YES, how much time did you miss?

--	--	--	--

 DAYS

47. In the last 12 months, were you on light duty at work or did you reduce your usual activities because of any injury from agricultural work?

NO

DON'T RECALL

YES

----->

If YES, how long did you stay on light duty?

--	--	--	--

 DAYS

>>> IF YOU ANSWERED 'YES' TO ANY OF THE QUESTIONS ON THIS PAGE , PLEASE GO TO PAGE 15.

>>> IF YOU ANSWERED 'NO' TO ALL OF THE ABOVE, PLEASE GO TO THE LAST PAGE OF THE SURVEY.

INJURIES MODULE

Based on your response from the previous page, you have had at least one injury related to agricultural work in the past 12 months for which you

(a) saw a doctor or other medical professional

and/or (b) lost at least 1/2 day of work or school due to the injury

and/or (c) had at least 1/2 day of reduced activities due to the injury

48. In the past 12 months, how many such **agricultural-related injuries** have you had?

INJURIES IN THE PAST 12 MONTHS

If you have had more than one such injury in the past 12 months, the following questions apply to the most **RECENT** one. In one or two brief sentences, please answer the following questions:

49. What type of tool, machine, animal, or chemical were you working with when you were injured?

VEHICLE, SPECIFY

MACHINE, SPECIFY

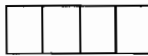
ANIMAL, SPECIFY

NON-POWERED TOOL, SPECIFY

POWER TOOL, SPECIFY

CHEMICAL, SPECIFY

OTHER, SPECIFY



50. What were you doing when you were injured? (For example: "climbing a ladder")

Please print clearly

[Empty text box for answer to question 50]

51. How were you injured? (For example: "I fell from the ladder to the ground")

Please print clearly

[Empty text box for answer to question 51]

52. What was your injury? (Example: "I broke my arm" or "My skin on my leg was burned from the welding torch")

Please print clearly

[Empty text box for answer to question 52]

53. What body part was injured? (For example: " My right forearm" or " My left eye")

Please print clearly

[Empty text box for answer to question 53]

54. Had you, prior to your injury, received any instruction on how to safely do the task?

- NO
- DON'T RECALL
- YES

55. What crop or commodity were you working with?

Please print clearly

[Empty text box for answer to question 55]

56. Please indicate the month and year in which the injury occurred

- | Month | | Year | |
|--------------------------------|------------------------------------|----------------------------|------------------------------------|
| <input type="radio"/> JANUARY | <input type="radio"/> AUGUST | <input type="radio"/> 2002 | <input type="radio"/> 2007 |
| <input type="radio"/> FEBRUARY | <input type="radio"/> SEPTEMBER | <input type="radio"/> 2003 | <input type="radio"/> 2008 |
| <input type="radio"/> MARCH | <input type="radio"/> OCTOBER | <input type="radio"/> 2004 | <input type="radio"/> 2009 |
| <input type="radio"/> APRIL | <input type="radio"/> NOVEMBER | <input type="radio"/> 2005 | <input type="radio"/> 2010 |
| <input type="radio"/> MAY | <input type="radio"/> DECEMBER | <input type="radio"/> 2006 | <input type="radio"/> DON'T RECALL |
| <input type="radio"/> JUNE | <input type="radio"/> DON'T RECALL | | |
| <input type="radio"/> JULY | | | |

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57. Did the injury occur during a school vacation period, such as Winter or Spring break?

- NO
- DON'T RECALL
- YES

58. On what day of the week did this injury occur?

- SUNDAY
- THURSDAY
- MONDAY
- FRIDAY
- TUESDAY
- SATURDAY
- WEDNESDAY
- DON'T REMEMBER

59. Approximately what time of day did the injury occur?

- MIDNIGHT TO 6 AM
- 2 PM TO 6 PM
- 6 AM TO 10 AM
- 6 PM TO MIDNIGHT
- 10 AM TO 2 PM
- DON'T RECALL

60. How long had you been working that day at the time of the injury?

--	--

 HOURS (ROUND TO THE NEAREST HOUR)

61. Where did the injury happen?

- AT WORK
- GOING TO WORK
- AT HOME
- OTHER, Specify in the box below

Please print clearly

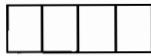
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62. Has the injury resulted in a continuing disability?

- NO
- DON'TKNOW
- YES -----> **If YES, describe the disability?**

Please print clearly

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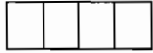


63. Did any of the following items contribute to causing the injury? (MARK ALL ANSWERS THAT APPLY)

- BOREDOM
- CARELESSNESS
- CARELESSNESS BY SOMEONE ELSE
- DISREGARD OF SAFETY INSTRUCTIONS
- DISTRACTIONS
- EQUIPMENT DESIGN PROBLEM
- EQUIPMENT FAILURE
- FAILURE TO CHECK EQUIPMENT
- FAILURE TO WEAR PROTECTIVE EQUIPMENT
- I WASN'T WEARING A SEATBELT
- I WASN'T WEARING A HELMET
- I WASN'T WEARING GLOVES
- I WASN'T WEARING EYE GOGGLES OR SAFETY GLASSES
- FEELING RUSHED
- HORSEPLAY
- IMPROPER USE OF EQUIPMENT
- LONG HOURS AT THE JOB
- LOST BALANCE
- LOOSE CLOTHING
- LOSS OF TEMPER
- MEDICATIONS
- MEDICAL PROBLEM(S)
- REACHING
- SLIPPERY SURFACE
- STRESS
- TAKING A RISK
- VISION IMPAIRED BY SUNLIGHT
- WEATHER
- OTHER, Specify in box below

Please print clearly

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Thank you very much for your time. Please use the space below to make any comments you wish about farm safety or this survey. When completed, please raise your hand to turn in the survey.

Comments

A large empty rectangular box with a black border, intended for the respondent to write their comments.