

Appendix B: Minority Farm Operator Childhood Agricultural Injury Survey Questionnaire

2000 Minority Farm Operator Childhood Agricultural Injury Questionnaire

Hello, my name is _____ and I am working with the National Agricultural Statistics Service on behalf of the Centers for Disease Control and Prevention. We are interested in learning more about injuries that occur on farms operated by minorities. We are asking farm/ranch families for information about their farming operations, as well as information on injuries that occurred on the farm/ranch in the past year. This will take about ____ minutes.

The information you provide will be strictly CONFIDENTIAL. Your Cooperation is VOLUNTARY, and you may refuse to answer any question. This information will be combined with others' to help identify common patterns of injuries on farms and to develop injury prevention and health promotion programs nationwide. Would you help us by answering these questions?

- 01 YES [Continue on INT 2]
- 03 NO [Refuse]

I assure you that everything you tell us will be kept CONFIDENTIAL.

Your answers are very important even if you did not have a youth on your farm, or did not have an injury on your farm in the past year. This project will be used to identify how often injuries occur on farms, and what the common patterns are for these injuries. This information will help identify programs for preventing these injuries in the future. Your cooperation will benefit all minority farm/ranch families. Would you please consider helping us?

- 01 YES [Continue on INT 2]
- 03 NO [Refused]
- 04 Says not a farm [Continue on Int 1a]
- 05 Does not speak English

Int 1a:

1. Please answer the following question(s) for the total acres you (Name on Label) operate.

- a. Did you grow any crops or cut hay in 2000 Yes - [Go to Int 2.] No -[Continue]
- b. Is any of the land in this operation cropland?
(Including idle cropland and cropland government programs such as CRP, etc) Yes - [Go to Int 2.] No -[Continue]
- c. In 2000 did you have any whole grains, oilseeds, or hay stored on this operation? Yes - [Go to Int 2.] No -[Continue]
- d. Do you have facilities for storing whole grains or oilseeds? Yes - [Go to Int 2.] No -[Continue]
- e. Do you own or raise any livestock or poultry? Yes - [Go to Int 2.] No -[Go to conclusion]

Int 2

1. Hello, may I please speak with the adult female of the household?

01 YES

03 NOT AVAILABLE. WHEN WOULD BE A GOOD TIME TO CALL BACK?

Time to call back: _____

04 SPOUSE WILL GIVE INFORMATION

05 NO FEMALE HEAD OF HOUSEHOLD

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

Check box if name and address are verified.

3. I would like to know how many people live in your household,
(INCLUDING yourself, and EXCLUDING temporary visitors)?

Number of People _____

4. How many of the people living in your household are under the age of 20?

Number Under Age of 20 _____

(If 0 Skip to HOUSEHOLD SUMMARY, Page 3, Question 1)

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

01 Doctor's office

02 Clinic

03 Emergency Room

04 Urgent Care Center

05 Some other place

77 Don't know

99 Refused

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

01 Doctor

02 Nurse

03 Certified Nurse Practitioner

04 Physician Assistant

05 Someone else

77 Don't know

99 Refused

7. The last time any youth (under 20 years of age) in your household received professional medical attention, who paid the majority of the cost? Was it...

- 01 Paid out of pocket
- 02 Medicare/Medicaid
- 03 Public Clinic/No charge
- 04 Employer paid health plan
- 05 Individual health plan (self/family)
- 06 Billed, did not pay
- 07 Workers' Compensation
- 08 Other (Specify _____)
- 77 Don't know
- 99 Refused

HOUSEHOLD SUMMARY

1. ENUM: Respondent's gender?

- 01 Male
- 03 Female

2. What was your age on your last birthday?

Age _____

3. How many years of schooling have you completed?

Years of Schooling Completed _____

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

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

5. Are you of Spanish, Hispanic or Latino origin or background such as Mexican, Cuban, or Puerto Rican, regardless of race?

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

6. What is your Race? (Mark one or more of the following.)

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native (Specify tribe _____)
- 04 Native Hawaiian or Other Pacific Islander
- 05 Asian
- 77 Don't know
- 99 Refused

7. What is your marital status? (Please check ONLY ONE.)

- 01 Married
- 02 Widowed
- 03 Divorced
- 04 Separated
- 05 Married, but apart
- 06 Single, never married
- 77 Don't know
- 99 Refused

ENUM: Ask Questions 8 - 13 if married in Question 7.

8. ENUM: Respondent spouse's gender?

- 01 Male
- 02 Female

9. What was your spouse's age on their last birthday?

Age _____

10. How many years of schooling has your spouse completed?

Years of Schooling Completed _____

11. What is the highest level of education your spouse has achieved? (Please check ONLY ONE.)

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

12. Is your spouse of Spanish, Hispanic or Latino origin or background such as Mexican, Cuban, or Puerto Rican, regardless of race?

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

13. What is the Race of your spouse? (Mark one or more of the following.)

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native (Specify tribe _____)
- 04 Native Hawaiian or Other Pacific Islander
- 05 Asian
- 77 Don't know
- 99 Refused

ENUM: If no youth under 20 live in the household, (Int 2 Item 4=0), then go to Operation Summary, Page 7, Question 1.

ENUM: Ask the following questions for each person under the age of 20 living in your household. Should match the number reported in Int 2 Item 4.

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

Starting with the oldest child:

A. What is his/her gender?

- 01 Male
- 02 Female

B. What was (his/her) age on (his/her) last birthday?

Age: _____

C. How many years of schooling has (he/she) completed?

Years of Schooling Completed : _____

D. Is (he/she) of Spanish, Hispanic or Latino origin or background such as Mexican, Cuban, or Puerto Rican, regardless of race?

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

E. What is (his/her) race? (Mark one or more of the following.)

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native (Specify tribe _____)
- 04 Native Hawaiian or Other Pacific Islander
- 05 Asian
- 77 Don't know
- 99 Refused

F. Has (he/she) worked on this farm in the last year?

01 Yes	77 Don't know
03 No	99 Refused

G. Has (he/she) ridden a horse for work or for recreation in the last year on this farm?

01 Yes	77 Don't know
03 No	99 Refused

H. Has (he/she) driven an all-terrain vehicle on this farm, either for work or for recreation in the last year?

01 Yes	77 Don't know
03 No	99 Refused

I. Has (he/she) operated a tractor on this farm in the last year?

01 Yes	77 Don't know
03 No	99 Refused

J. Has (he/she) been diagnosed as having asthma by a health professional?

01 Yes	77 Don't know
03 No	99 Refused

K. Has (he/she) had a serious asthma attack that required an emergency room visit, hospitalization, or other professional medical attention in the last year?

01 Yes	77 Don't know
03 No	99 Refused

L. Has (he/she) had an asthma attack requiring the use of an inhaler, or other medical treatment in the last year while doing farm work?

01 Yes	77 Don't know
03 No	99 Refused

ENUM: Repeat A through L for each person under the age of 20 living within the household. (Use supplement worksheet for children 2 - 10. Maximum of 10 youth per household).

OPERATION SUMMARY

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

Considering:

Sales of all crops, livestock, poultry, and livestock products (milk, eggs, etc.) sold in 2000;

The value of product removed for all crops, livestock, and poultry produced under contract in 2000;

Sales of all miscellaneous agricultural products in 2000;

All government agricultural payments received in 2000;

Landlord's share of government payment and crops sold in 2000;

1. Was the Gross Value of Sales and the value of all crops, livestock, and poultry still on hand for this farm or ranch in 2000: (Please check ONLY ONE.)

01 Less than \$1,000

02 \$1,000 or more

2. Of the farm or ranch income reported, which of these categories represents the largest proportion of the gross income from the operation?

01 Grains and Oil Seeds (Corn, sorghum, small grains, rice, soybeans, dry beans, dry peas, sunflowers, flaxseed, popcorn, grain silage and forage, grains and oil seeds for seed)

02 Tobacco

03 Cotton

04 Vegetables and Melons (Potatoes, sweet potatoes, beets, cabbage, cantaloupes, pumpkins, sweet corn, tomatoes, watermelons, vegetable seed and others)

05 Fruit, Tree Nuts and Berries (Apples, blueberries, cherries, cranberries, grapes, oranges, kiwi fruit, peaches, pears, strawberries, almonds, hazelnuts, pecans, walnuts and others)

06 Nursery, Greenhouse and Floriculture (Cut flowers, potted plants, bedding plants, foliage plants, sod, mushrooms, Christmas trees, bulbs, nursery stock, shrubbery, flower seed and others)

07 Other Crops (Hay, peanuts, sugar beets, sugarcane, mint, hops, grass seed, maple syrup, CRP)

08 Beef Cattle (Beef cattle for breeding stock, fed cattle, stockers and feeders, veal calves)

09 Dairy (milk and other dairy products, sales of dairy animals)

10 Hogs

11 Sheep, Goats, Wool and Mohair

12 Equine (Horses, ponies, mules, donkeys, burros)

13 Poultry and Eggs (Chickens, broilers, eggs, turkeys, ducks, geese, pheasants, poultry products, hatcheries)

14 Aquaculture (Catfish, trout and other finfish, and shellfish)

15 Other Animals (Fur-bearing animals, bees, honey, rabbits, and other animal specialties)

3. How many acres are included in this operation?

01 Less than 101

02 101-300

03 301-500

04 501-700

05 701-999

06 More than 1000

07 Don't know

09 Refused

4. Is this a full-time operation (A full-time operation is a farm that contributes more than 50% towards family living expenses) or a part-time operation?

- 01 Full-time
- 02 Part-time
- 77 Don't know
- 99 Refused

5. When hiring farm workers, do you require them to have any type of formal training (e.g., tractor or machinery operator certification, pesticide application certification, commercial driver's license)?

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

6. Do you provide safety training for workers on your farm, excluding un-supervised on-the-job training (i.e., training on the proper operation of tools, equipment, or machinery; pesticide safety training; training of proper lifting techniques; training on safe work practices)?

- 01 Yes (Specify: _____)
- 03 No
- 77 Don't know
- 99 Refused

7. During 2000, approximately how many people under the age of 20 were hired to work on the farm (excluding youth previously reported in your household, and contract laborers)? Number of workers: _____

Enumerator: If there are no hired workers under the age of 20, the go to Item 15.

8. For each of these workers, please tell me their age, gender, whether or not they are of Spanish, Hispanic, or Latino origin, their race, and whether or not they operated a tractor, an ATV, or rode a horse on the farm or ranch as part of their job. (Maximum of 20 workers)

WORKER:		
Age:	_____	
Gender:	01 Male 03 Female	
Race:	01 White 02 Black or African American 03 American Indian or Alaska Native 04 Native Hawaiian or other Pacific Islander 05 Asian 77 Don't know 99 Refused	
MARK ONE OR MORE		
Operate a tractor on this farm?	01 Yes 03 No	77 Don't know 99 Refused
Operate an ATV on this farm?	01 Yes 03 No	77 Don't know 99 Refused
Rode a horse on this farm?	01 Yes 03 No	77 Don't know 99 Refused

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

9. How many relatives under the age of 20 visited the farm during 2000, excluding those reported as hired or part of the household? (If none, skip to 11)
Number: _____
10. How many of these relatives performed work on your farm during 2000 (either paid or unpaid)?
Number: _____
11. Excluding hired workers, relatives, or household members, how many other people under the age of 20 visited the farm during 2000, for example, friends of your children?
Number: _____

YOUTH INJURY SUMMARY

Next, I am going to ask you some questions about any injuries to children or adolescents under the age of 20 that occurred on this farm during 2000.

12. During 2000, did anyone on this farm under the age of 20 experience any injuries which required professional medical attention or required at least 4 hours of restricted activity? These injuries include those resulting from farm work, chores, or recreation on the farm/ranch or in the home.

01 Yes

77 Don't know (Go to conclusion)

03 No (Go to conclusion)

99 Refused (Go to conclusion)

13. During 2000, how many injuries occurred on this farm to anyone under the age of 20 which required professional medical attention or required at least 4 hours of restricted activity? These injuries include those resulting from farm work, chores, or recreation on the farm/ranch or in the home.

Number of injuries during 2000: ____

Now we would like to get some information on each of these injuries, starting with the most recent injury to anyone under the age of twenty. If the same youth had more than one injury during 2000, please provide information on all injury events.

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

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

Name: _____

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

Age: _____

16. What is the gender of this person?

01 Male

02 Female

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

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

18. Is the injured person of Spanish, Hispanic or Latino origin or background such as Mexican, Cuban, or Puerto Rican, regardless of race?

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

19. What is the injured person's Race? (Mark one or more of the following.)

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native (Specify tribe _____)
- 04 Native Hawaiian or Other Pacific Islander
- 05 Asian
- 77 Don't know
- 99 Refused

20. In what month did the injury occur?

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

Enumerator: If over 16 and the person resides in this household, ask to speak to that person. If injured person is not part of this household, is not available, or is under 16 continue interviewing respondent.

**Enumerator: If you are talking to the youth please put a 1 in the box:
If you are talking to the original respondent put a 2 in the box:**

21. Did the injured person live on the farm?

- 01 Yes (Go to Question 23)
- 03 No
- 77 Don't know
- 99 Refused

22. Was the injured person visiting the farm at the time of the injury?

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

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

- 01 Yes
- 03 No (Go to Question 27)
- 77 Don't know
- 99 Refused

24. At the time of the injury, how many hours per week did (you/the injured person) typically work on the farm?

- 01 0-10
- 02 11-20
- 03 21-30
- 04 31-40
- 05 More than 40
- 77 Don't know
- 99 Refused

25. Was (your/the injured person's) supervisor in the immediate area at the time of the injury?

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

26. How much experience did (you/the injured person) have in performing the task being completed at the time of the injury?

- 01 None
- 02 Less than 4 hours
- 03 4 hours to 1 day
- 04 More than 1 day to 7 days
- 05 More than 1 week to 4 weeks
- 06 More than 1 month to 12 months
- 07 More than 1 year
- 77 Don't know
- 99 Refused

27. Where on the farm did the injury occur?

- 01 Crop field, orchard, nursery
- 02 Pasture
- 03 In the farm yard/barn yard
- 04 Grain storage/silo
- 05 Farm outbuilding
- 06 Barn
- 07 Farm roadway
- 08 Public roadway
- 09 In the home
- 10 Garage
- 11 House yard
- 12 Driveway/sidewalk
- 13 Outdoors, general
- 14 Other: Specify: _____
- 77 Don't know
- 99 Refused

28. Now I would like you to describe how the injury occurred. Include where the injury occurred, what tasks were being completed, what equipment was being used or materials being handled, and any other factors you think might be important. [ENUM: PROBE FOR DETAIL]

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

Interviewer Checklist: ___ Location (Barn, field, house, etc.) ___ Specific Activity ___ Equipment & Tools
(Powered On/Off, Using/Cleaning) ___ Materials Handled (Ag, Chemicals, Fertilizer, etc.)

NIOSH USE ONLY: Source _____ 2nd Source _____ Event _____ E-code _____

29. What part of the body was injured? (Please check ALL that apply.)

- 01 Head/Skull
- 02 Face
- 03 Neck
- 04 Shoulder/Chest/Back
- 05 Abdomen
- 06 Pelvic Region
- 07 Arm
- 08 Hand/Wrist/Fingers
- 09 Leg
- 10 Foot/Ankle/Toes
- 11 Internal Injuries
- 12 Other: (Specify: _____)
- 77 Don't know
- 99 Refused

30. What type of injury occurred to the _____ (Specify Body Part)? (Please check ALL that apply.)

- 01 Scrape/Abrasion
- 02 Bruise/Contusion
- 03 Sprain/Strain/Torn Ligament
- 04 Broken Bone/Fracture
- 05 Dislocation
- 06 Cut/Laceration
- 07 Puncture/Stab/Jab
- 08 Traumatic Rupture
- 09 Crushed/Mangled
- 10 Loss of Body Part/Amputation
- 11 Nerve Injury
- 12 Burn/Blister/Scald
- 13 Other (Specify: _____)
- 77 Don't know
- 99 Refused

31. How long were/was (your/the injured person's) normal activities restricted as a result of this injury?

- 01 No restrictions
- 02 Less than one day
- 03 1 day to less than 7 days
- 04 7 days to less than 14 days
- 05 14 days to less than 1 month
- 06 1 month to less than 3 months
- 07 3 months or more
- 77 Don't know
- 99 Refused

32. Did the injury result in permanent disability?

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

33. How would you rate the overall seriousness of this injury? (Read List)

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

34. Did this injury require medical attention?

- 01 Yes
- 03 No (Go to conclusion)
- 77 Don't know
- 99 Refused

35. Where did (you/the injured person) initially receive treatment for this injury?

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

36. Did this injury require admission to the hospital?

- 01 Yes
- 03 No (Go to conclusion)
- 77 Don't know (Go to conclusion)
- 99 Refused (Go to conclusion)

37. How long was the hospitalization?

Total Days: _____

CONCLUSION

ENUM: If more than one injury was reported in question 13, return to question 14 to collect information for the next most recent injury event (record information for up to four injury events). If no more injury events, then end with the following:

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