Please take time to complete this survey

1. Please indicate the main type of farming undertaken (number the relevant boxes e.g.: cropping **1** cattle **2**)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Enterprise** | **Number** | Enterprise | **Number**  | **Enterprise** | **Number**  |  |
| Cattle | 🞏 | Cotton | 🞏 | Horticulture | 🞏 |  |
| Sheep | 🞏 | Viticulture | 🞏 | Poultry  | 🞏 |  |
| Cropping | 🞏 | Market Gardening | 🞏 | Other  | 🞏 |  |
| Dairy | 🞏 | Sugar | 🞏 | No longer farming | 🞏 |  |

1. Do **you** use chemicals(pesticides, herbicides, strong detergents)on your farm?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 Yes often |  | 🞏 Occasionally  |  | 🞏 No |  |

 If yes or occasionally, what protective gear is used when applicable?

 🞏 a) Overalls 🞏 d) Gloves 🞏 f) Other………………..……

 🞏 b) Mask/Respirators 🞏 e) Face Protection 🞏 g) No Protective Gear

 🞏 c) Goggles/Safety glasses

1. When using workshop or outdoor equipment e.g. lawn mower, power tools, post hole driver/auger or assisting in the use of these, do you wear protective gear?

🞏 Yes all the time 🞏 Occasionally 🞏 Never 🞏 Don’t ever use or assist

 If yes or occasionally please indicate:

 🞏 a) Goggles/Safety glasses 🞏 c) Gloves

 🞏 b) Ear muffs/Ear plugs 🞏 d) Other ………………………….………

1. Do you use any sun protection? 🞏 Yes all the time 🞏 Usually 🞏 Occasionally 🞏 Never

4a What do you use?

🞏 a) Long sleeved shirts 🞏 c) Peak hat 🞏 e) Long pants 🞏 g) Other….……….…

🞏 b) Broad brim hat 🞏 d) Sunglasses 🞏 f) Sun cream – **SPF rating**...........................

4b In the last week, how many hours have you spent working in the direct sun? hrs

4c In the last week, how many hours have you spent working in the direct sun
between 10am and 2pm hrs

4d Was this a typical week 🞏Yes 🞏No If No, what hours would a typical week be hrs

4e Do you try and work indoors between 10am and 2pm? 🞏Yes 🞏No

4f Do you insist that your children (*under 18*) wear sun protection when outdoors? 🞏Yes 🞏No 🞏N/A

What do they use?

🞏 a) Long sleeved shirts 🞏 c) Peak hat 🞏 e) Long pants 🞏 g) Other….……….……

🞏 b) Broad brim hat 🞏 d) Sunglasses 🞏 f) Sun cream – **SPF rating**............................

1. Do you wear a motorcycle helmet when on a motorbike or ATV?

🞏 Yes all the time 🞏 Usually 🞏 Occasionally 🞏 No 🞏 Never ride or a passenger

If you don’t wear a helmet all the time, please provide reason why not? …………...…………………

………………………………………………………………………………………………………………………

1. Do you wear a helmet when riding a horse?

🞏 Yes all the time 🞏 Usually 🞏 Occasionally 🞏 No 🞏 Never ride or a passenger

If you don’t wear a helmet all the time, please provide reason why not?

………………………………………………………………………………………………………………………

*Please turn over for page 2*

1. Have you suffered **any** farm injury / illness in the last 6 months? 🞏 Yes 🞏 No

####  *If yes, proceed to question 6 If no, proceed to question 10*

7a.What was the contributing factor? (Please tick and indicate)

 🞏 a) Farm vehicle (e.g. truck, ATV, ute)

 🞏 b) Mobile plant / Machinery (e.g. tractor, auger, posthole driver)

 🞏 c) Fixed plant equipment (handpiece, pump, dairy plant, irrigation plant)

 🞏 d) Workshop equipment (e.g. welder, angle grinder, drills, ladder)

 🞏 e) Hand tools (e.g. secateurs, axe, spades, hammers, handsaw)

 🞏 f) Powered Implements (e.g. chainsaw, pneumatic tools)

 🞏 g) Materials (e.g. rope, wire, nail)

 🞏 h) Farm Structure (e.g. gate, dam, silo, crush, channel)

 🞏 i) Animal (horse, cattle, sheep, pigs, spider, dog)

 🞏 j) Chemical (e.g. pesticide, herbicide, diesel, explosives)

 🞏 k) Working environment (e.g. sun, dust, smoke exposure, tree branch)

7b. Description of Injury/illness - please provide a brief description.

E.g.: *During harvest I was climbing on the tractor. I slipped off the tractor and my head hit the ground.*

E.g.: *Fell off the ladder during pruning due to unstable ladder on slippery surface after a frost*.

 What were you doing?

 What went wrong?

 What actually caused the injury/illness?

 What was the body location of the injury/illness?

7c. What was the nature of injury/illness? (Please tick and give details)

 🞏 a) Soft tissue (e.g. cut, puncture, bruise, burn, foreign body, dermatitis)

 🞏 b) Bone, tendon, joint (fracture, sprain, repetitive stress injury)

 🞏 c) Animal related illness (e.g. leptospirosis, scabby mouth)

 🞏 d) Other (poisoning, inhalation, absorption, chemical)

7d. What treatments were involved? (Please tick and give details)

 🞏 a) None (did nothing)

 🞏 b) Self managed (ice, pain killers, bandage, rest)

 🞏 c) Health Service (bush nursing, hospital)

 🞏 d) General Practitioner

 🞏 e) Other (physiotherapy, chiropractor, naturopath)

1. Do all of your tractors have a ROP (roll over protection) fitted? 🞏 Yes 🞏 No 🞏 N/A
2. Do all of your PTO’s (power take off) have guards in place? 🞏 Yes 🞏 No 🞏 N/A
3. Do all of your tractors have a cabin? 🞏 Yes 🞏 No 🞏 N/A
4. Have you undertaken a First Aid Certificate? 🞏 Yes Year…….. 🞏 No
5. Do you know how to perform basic life support? 🞏 Yes 🞏 No
6. Have you undertaken a Chemical Users course? 🞏 Yes Year…….. 🞏 No
7. Do you eat your own meat (e.g. slaughter/contract kill) 🞏 Yes 🞏 No

If yes, what kinds of meat (e.g. lamb, beef, pork)

1. Are you an active member of the local fire brigade? 🞏 Yes 🞏 No

Thank you