Farming and Rural Life Questionnaire

Semester:

Yr:

1. What is your college major?	
2. What is your intended professional job when you graduate?	
3. What is your college status?	
4. What is your gender?	
5. In what year were you born?	
6. Have you ever lived on a farm?	
7. If "Yes", for how many years?	
8. Have you worked on a farm?	
9. If "Yes", for how many years?	
10. Do you ever visit a farm?	
11. If "Yes", how many times in last 5-years?	
12. Have you, a family member, or a friend ever overturned a farm tractor?	
13. If you answered "Yes" to item 12, who was that person?	
14. Have you been in a highway motor vehicle crash with farm equipment (tractor, hay wagon, etc.)?	
15. If "Yes" to item 14, who was the person involved in the crash?	
16. Have you, a family member, or a friend had a fall from a horse, ATV, bicycle, motorcycle, etc. that resulted in a head injury?	
17. If "Yes" to item 16, who was the person with the head injury?	
18. If "Yes" to item 16, please list the activity that resulted in the head injury.	
19. Have you, a family member, or a friend been exposed to loud noise that resulted in a temporary hearing loss? (A ringing or a stuffy feeling in the ears that temporarily impairs ability to hear quiet sounds.)	
20. If "Yes" to item 19, who had the temporary hearing loss?	
21. Have you, a family member, or a friend been exposed to loud noise that resulted in a permanent hearing loss? (A ringing or a stuffy feeling in the ears that permanently impairs ability to hear quiet sounds.)	
22. If "Yes" to item 21, who had the permanent hearing loss?	

23. Have you a family member, or friend ever had an injury that created financial problems?	
24. If "Yes" to item 24, who had the injury?	
25. If "Yes" to item 24, who had the financial problems?	
26. Do you, your family members, or friends have too much work to do, too little time to do it and as a result feel tired and stressed?	
27. If "Yes" to item 26, who feels this way?	
28. Does being overworked and stressed place a person at increased risk of injury?	
29. Do you worry about how being injured could result in serious financial problems for your family and you?	
30. If you, a family member or friend experienced an injury like those addressed in this questionnaire, please briefly describe (a) who was injured, (b) the activity that caused the injury, (c) the type and extent of the injury, and (d) costs associated with the injury (lost work time, medical, non-medical, temporary or permanent disability etc.). Please describe only one most recent and/or most significant injury event.	
(a) Who?	
(b) Activity?	
(c) Type and extent of injury	
(d) Injury costs	

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