



Thinking and Talking about Safety Questionnaire				
Semester: <input style="width: 50px;" type="text"/>				
Yr: <input style="width: 50px;" type="text"/>				
<p>This is a list of ideas you may have <u>thought</u> about and/or <u>talked</u> about in the past month. Please read each idea. Then select the category that comes closest to the number of times you <u>thought</u> about the idea in the past month. Then, select the category that comes closest to the number of times you <u>talked</u> to others about the idea in the past month. For both <u>thinking</u> and <u>talking</u>, please select from the following categories: 1. Not at all, i.e. zero times, 2. A few (1-4) times, 3) Several (5-10) times, or 4) Many (11 or more) times. For each idea listed, circle <b>one</b> number in <b>both</b> boxes to tell how much you have <u>thought</u> about and <u>talked</u> to others about that idea in the last month.</p>				
Ideas I have <u>thought</u> about and/or <u>talked</u> about in the <i>past month</i>	Thought	Talked		
How someone in my family might get hurt at work.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How much money an injury can cost my family.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
Ways to protect myself from injury while I'm working.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How to plan ahead to prevent an injury to myself or someone else.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How to recognize and avoid a dangerous situation that could hurt me or others.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How having too much work to do and not enough help can cause an injury.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How an injury can cause a lot of stress and emotional problems in a family.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How an injury can decrease the quality of a person's work and life.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How caring for an injured person can cause other family members to lose time and money from their regular jobs.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How an injury could cause my family to go through hard times.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How having too much work to do and not enough time may cause an injury.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
How being tired can lead to an injury.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
Why time for rest and recreation is needed for people to work safely.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
<p>14. If/When you talk to people about these and similar ideas, who do you talk to? (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Spouse/Partner  <input type="checkbox"/> My parents  <input type="checkbox"/> Other family members  <input type="checkbox"/> Friends  <input type="checkbox"/> Teachers  <input type="checkbox"/> Mental Health Professional  <input type="checkbox"/> Counselor/Pastor                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Physician/Nurse  <input type="checkbox"/> Employer/Supervisor  <input type="checkbox"/> Co-workers/colleagues  <input type="checkbox"/> Safety Specialist  <input type="checkbox"/> Insurance Agent  <input type="checkbox"/> Attorney                 </td> </tr> </table>			<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> My parents <input type="checkbox"/> Other family members <input type="checkbox"/> Friends <input type="checkbox"/> Teachers <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Counselor/Pastor	<input type="checkbox"/> Physician/Nurse <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Co-workers/colleagues <input type="checkbox"/> Safety Specialist <input type="checkbox"/> Insurance Agent <input type="checkbox"/> Attorney
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<input type="button" value="Save Changes and Return to Main Page"/>		<input type="button" value="Save Changes and turn in this assessment"/>		