

This questionnaire focuses on any recent injuries you may have had in the past 12 months which were either medically attended (you consulted or were treated by a trained medical professional) or restricted your normal activity for at least a half day.

We are only interested in unintentional injuries so please restrict your responses to injuries in which you were accidentally injured. Please describe only new episodes of injuries (exclude repeated or cumulative episodes of older injuries like repetitive strain injuries or injuries repeating the same movement like carpal tunnel syndrome, tendonitis, tennis elbow).

- Section A asks generally about any injuries you may have had.
- Section B asks about specific injuries you may have had (falls, transportation, burns/scalds, etc).
- Section C consists of tables with further detailed questions regarding these specific injuries.
- This questionnaire should take 15-20 minutes to complete. It has many skips and so is shorter than it appears. Please note it is double-sided. Thank you very much for your time.

\*\*\*\*\*

1. In the past 12 months, did you have any injury where any part of your body was hurt (for example, broken bone, sprain, burn, wound, bruise, animal bite, concussion) for which you talked to, saw, consulted, or received treatment from a medical doctor, nurse, or other trained medical professional ('medically-attended') or which resulted in your normal activities being restricted for at least a ½ day?

\_\_\_ yes \_\_\_ no

If no, you are finished with this questionnaire. Thank you for your time.

**If yes, please proceed to Section A, question #2 (back of this page)**

**SECTION A. INJURIES IN THE PAST 12 MONTHS**

2 a. In the past 12 months, how many different times were you injured seriously enough that you talked to or saw a medical professional ('medically attended') for advice or treatment or that your activity was restricted for at least a ½ day?

\_\_\_ # times

b. Of these times, how many different times were your injuries medically-attended in the past 12 months?

*If none, write in 0*

\_\_\_ # times medically-attended

c. How many days were you hospitalized for any injuries in the past 12 months?

*If none, write in 0*

\_\_\_ # days hospitalized

3. How many days in the past 12 months would you say your injuries restricted your normal activities

for at least a ½ day? *If none, write in 0*

\_\_\_ # days restricted activity

4. Please list the number of injury episodes you had in the past 12 months when you were doing the following activities listed below (a-f). *If none, write in 0.*

a. \_\_\_ # of injury episodes while driving or riding in a motor vehicle (*excludes motor vehicle injuries while doing work for pay. If this is the case, complete b. instead.*)

b. \_\_\_ # of injury episodes while working at a paid job.

c. \_\_\_ # of injury episodes working around your house (*example: mowing, ironing, laundry, other chores excluding cooking*)

d. \_\_\_ # of injury episodes during sports/activities, exercise (*if this is your paid job, complete b. instead.*)

e. \_\_\_ # of injury episodes you had while cooking (*if this is your paid job, complete b. instead.*)

f. \_\_\_ # other: please specify \_\_\_\_\_

5 a. Were you employed during any part of the past 12 months?

\_\_\_ yes \_\_\_ no *If no skip to #6*

b. If yes, were you employed full-time or part-time?

\_\_\_ full-time \_\_\_ part-time

c. In total, how many days of work did you miss due to injuries?

\_\_\_ # missed \_\_\_ none

6 a. Were any of your injury episodes in the past 12 months work-related? \_\_\_ yes \_\_\_ no

b. If yes, how many different injury episodes were work-related? \_\_\_ # work-related

c. How many work-related injury episodes involved your driving a motor vehicle? \_\_\_ # driving

7 a. In the past 12 months, did you need help from others with personal care or handling routine needs as a result of any of these injuries?  
\_\_\_ yes \_\_\_ no

b. Are you currently disabled due to any injury you had in the past 12 months? \_\_\_ yes \_\_\_ no

8 a. How many **head injuries** did you have in the past 12 months? \_\_\_ *If none, write 0 and skip to #9*

b. Did any of these head injuries result in loss of consciousness?

Check one: \_\_\_ prolonged loss (≥1 hour) \_\_\_ <1 hour loss \_\_\_ no loss of consciousness

9. Did any of your **other** injuries (burns, etc.) result in a loss of consciousness? *Check one*

Check one: \_\_\_ prolonged loss (≥1 hour) \_\_\_ <1 hour loss \_\_\_ no loss of consciousness

10. In the past 12 months, how many **different** episodes of injuries have you had which resulted in 1 or more of the injuries listed below? (example, if 1 injury episode caused 2 fractures, write 1 next to fractures)

Fill in the number of different injury episodes with the following injuries: If none, write 0

\_\_\_ internal organ injuries (excluding brain/head) \_\_\_ open wounds \_\_\_ burns/scalds

\_\_\_ fractures/broken bones \_\_\_ strains/sprains \_\_\_ superficial injuries/bruises

\_\_\_ other injuries. Please specify \_\_\_\_\_

11. Did you have some form of medical insurance when injured in the past 12 months? \_\_\_ yes \_\_\_ no

12 a. In the past 12 months, what type of vehicle(s) did you drive/operate?

(examples, automobile, motorcycle, commercial truck)

Vehicle(s): \_\_\_\_\_

b. Approximately how many miles did you drive in the past 12 months? **Annual mileage:** \_\_\_\_\_

13. In the past 12 months, how many days a week did you cook or prepare food? \_\_\_ # days/week

14 a. In the past 12 months, have you *routinely* taken any sleeping medications/aids, hypnotics, or sedatives?

\_\_\_ yes \_\_\_ no

b. If yes, which specific medication(s) or aids have you taken or are you taking? Please specify: \_\_\_\_\_

15 a. If you did **not** drink any alcoholic beverages in the past 12 months, check here \_\_\_ *and skip to Section B*

**Please estimate your usual consumption of alcohol beverages in the past 12 months for questions below:**

b. How many beverages might you have *per night*?

(beer cans or bottles, wine glasses, mixed drinks or shots, or other) \_\_\_ # drinks/night

c. How many beverages might you have *per week*? \_\_\_ # drinks/week

d. How many nights, in a typical week, do you have a drink within 1 hour of bedtime? \_\_\_ # nights

## **SECTION B. SPECIFIC INJURIES IN THE PAST 12 MONTHS**

All questions in this section refer to injuries which were either medically attended (you talked to or saw a doctor, nurse, or other trained medical professional) or restricted your normal activities for at least a half day.

1a. In the past 12 months, did you have any **fall\*** injuries which were medically-attended or which restricted your normal activity for at least a ½ day? \_\_\_ yes \_\_\_ no **If no, skip to question #2.**

b. If yes, how many **different** times were you injured from a fall? \_\_\_ # times injured from a fall

c. Please check none or fill in totals for all injury episodes from **falling** in the past 12 months which were medically attended or restricted your normal activities for at least a ½ day:

\_\_\_ none \_\_\_ # different times any fall injury episodes were medically-attended

\_\_\_ none \_\_\_ # days the fall injuries restricted your normal activities for ≥½ day.

\_\_\_ none \_\_\_ # days of work you missed due to fall injuries

\_\_\_ none \_\_\_ # of different times your fall injury episodes were work-related

2 a. In the past 12 months, were you involved in any **transportation\*** injuries which were medically-attended or restricted your normal activity for at least a ½ day? \_\_\_ yes \_\_\_ no **If no, skip to #3 (page 5)**

\*Includes any motor vehicle, pedestrian, bicycle, motorcycle, or other transportation injury.

b. If yes, how many **different** times were you injured from a transportation injury? \_\_\_ # times

- c. How many different times were you injured as the driver or operator of a vehicle? \_\_\_ #
- d. If you weren't driving, which were you? (check one): \_\_\_ passenger \_\_\_ pedestrian
- e. Were you wearing a safety belt when injured? Check one. (*check always even if just 1 injury*)  
 \_\_\_ always \_\_\_ sometimes \_\_\_ no \_\_\_ not applicable
- f. Were you wearing a helmet when injured? (if bicycle or motorcycle injury)  
 \_\_\_ always \_\_\_ sometimes \_\_\_ no \_\_\_ not applicable

g. Please fill in totals (or check none) for all **transportation** injuries in the past 12 months which were medically attended or restricted your normal activities for at least a ½ day:

- \_\_\_ none \_\_\_ # different times your injury episodes were medically-attended
- \_\_\_ none \_\_\_ # days your injuries restricted your normal activities for ≥½ day
- \_\_\_ none \_\_\_ # days of work you missed due to transportation injuries
- \_\_\_ none \_\_\_ # of different times your injury episodes were work-related

**3 a.** In the past 12 months, did you have **any burn, scald, fire, or smoke-related injuries** which were medically-attended or restricted your normal activity for at least a ½ day? \_\_\_ yes \_\_\_ no **If no, skip to #4**

- b. If yes, how many different times? \_\_\_ # times in past 12 months
- c. How many of these times were you injured from a burn or scald? \_\_\_ # times

d. Please fill in the totals below (or check none) for all **burn or scald** injury episodes caused by liquids, foods, substances, appliances in the past 12 months which were medically attended or restricted your normal activity for at least a ½ day:

- \_\_\_ none \_\_\_ # different times your burns/ scalds injury episodes were medically-attended
- \_\_\_ none \_\_\_ # days your burn/scald injuries restricted your normal activities for ≥½ day
- \_\_\_ none \_\_\_ # days of work you missed due to burn/scald injuries
- \_\_\_ none \_\_\_ # of different times your burn/scald injury episodes were work-related

**4a.** In the past 12 months, did you have any injuries from a **cut or pierce** which were medically-attended or which restricted your normal activity for at least a ½ day? \_\_\_ yes \_\_\_ no **If no, please skip to # 5.**

- b. If yes, how many different times were you injured by a cut or piercing? \_\_\_ # times

c. Please fill in the totals below (or check none) for all injury episodes from being **cut or pierced** in the past 12 months which were medically attended or restricted your normal activity for at least a ½ day:

- \_\_\_ none \_\_\_ # different times your cut/pierce injury episodes were medically-attended
- \_\_\_ none \_\_\_ # days your cut/pierce injuries restricted your normal activities for ≥½ day
- \_\_\_ none \_\_\_ # days of work you missed due to cut/pierce injuries
- \_\_\_ none \_\_\_ # of different times your cut/pierce injury episodes were work-related

**5 a.** In the past 12 months, did you have any injuries from **being struck or crushed** by an object or person (other than vehicle or machinery) which were medically attended or restricted your normal activity for at least a ½ day? \_\_\_ yes \_\_\_ no **If no, please skip to #6**

- b. If yes, how many different times were you injured by being struck/crushed? \_\_\_ # times/past 12 months

c. Please fill in totals below (or check none) for all injury episodes from being **struck or crushed** in the past 12 months which were medically attended or restricted your normal activity for at least a ½ day:

- \_\_\_ none \_\_\_ # different times your struck/crush injury episodes were medically-attended
- \_\_\_ none \_\_\_ # days these struck/crush injuries restricted your normal activities for ≥½ day
- \_\_\_ none \_\_\_ # days of work you missed due to struck/crush injuries
- \_\_\_ none \_\_\_ # of different times your struck/crush injury episodes were work-related

**6 a.** In the past 12 months, did you have any injuries from **physical or strenuous activity** which were medically-attended or restricted your normal activity for at least a ½ day? \_\_\_ yes \_\_\_ no **If no, please skip to #7**

- b. If yes, how many different times were you injured from physical or strenuous activity? \_\_\_ # times

c. Please fill in totals below (or check none) for all injuries from **physical or strenuous activity** in past 12 months which were medically attended or restricted your normal activity for at least a ½ day:

- \_\_\_ none \_\_\_ # different times injury episodes were medically-attended
- \_\_\_ none \_\_\_ # days your injury episodes restricted your normal activities for ≥½ day
- \_\_\_ none \_\_\_ # days of work you missed due to injuries
- \_\_\_ none \_\_\_ # of different times your injury episodes were work-related

7 a. In the past 12 months, did you have **any other unintentional injuries**\* which were medically-attended or restricted your normal activity for at least ½ day? \_\_\_ yes \_\_\_ no *If no, skip to Section C (page 8)*

b. If yes, please describe the type of injury (examples, fractures, sprains, etc): \_\_\_\_\_  
 \_\_\_\_\_

c. If yes, how many different times did you have any other injury episode? \_\_\_ # times past 12 months

d. Please fill in totals below (or check none) for all **other unintentional** injuries in the past 12 months which were medically attended or restricted your activity for at least a ½ day:

\_\_\_ none \_\_\_ # different times other injury episodes were medically-attended  
 \_\_\_ none \_\_\_ # days your other injury episodes restricted your normal activities for  $\geq \frac{1}{2}$  day  
 \_\_\_ none \_\_\_ # days of work you missed due to other injuries  
 \_\_\_ none \_\_\_ # of different times other injury episodes were work-related

**SECTION C: TABLES**

This next section contains tables regarding the same specific injuries you may have reported in Section B (prior section). Please report only unintentional (accidental) injuries for which you consulted or were treated by a trained medical professional or which caused your normal activity to be restricted for at least a ½ day.

- Five columns are provided, one for each injury episode. If you want to describe an injury in further detail or had more than five, please describe on the last page of the questionnaire (page 16) and refer to the table, injury number, and item number (for example Table 1, Fall #3, Question #5).
- Please describe just one injury per episode- for example, if you fell twice in the same episode, describe just one fall.
- Please list the date of each injury if any part of this is known (year, or month and year, etc).
- The question on medical insurance refers to having some form of medical insurance (ex. partial).
- For the question on specific injuries, examples may include broken bone, fracture, dislocation, sprain, strain, scrape, bruise, or concussion. For the question on parts of your body which were hurt (for example, hand, hip), please include any internal organ or spinal cord injuries.

Please fill in tables referring to specific injury episodes you may have had in the past 12 months and skip tables referring to injuries you did not have. Thank you very much.

**Table 1. Falls Injuries: DETAILS FOR SECTION B, QUESTION 1.** Please complete questions #1-12 for each separate fall injury episode you had in the **past 12 months** which was medically attended or restricted your normal activity for at least a ½ day.

	Fall #1	Fall #2	Fall #3	Fall #4	Fall #5
1. Describe each fall injury in your own words ( <i>examples, slipped on ice in parking lot, fell from ladder</i> ).					
2. Was it <b>medically attended</b> ?	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
3. # days this injury restricted your <b>normal activity</b> $\geq \frac{1}{2}$ day?	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none
4. <b>How many days of work did you miss</b> due to your fall injury?	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none
5. Was it a <b>work-related</b> injury?	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no

6. <b>Where</b> did you fall?	<u>    </u> Home indoors <u>    </u> Home outdoors Other: <u>          </u>	<u>    </u> Home indoors <u>    </u> Home outdoors Other: <u>          </u>	<u>    </u> Home indoors <u>    </u> Home outdoors Other: <u>          </u>	<u>    </u> Home indoors <u>    </u> Home outdoors Other: <u>          </u>	<u>    </u> Home indoors <u>    </u> Home outdoors Other: <u>          </u>
7. <b>Month/Day/Year</b> of injury	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>
8. <b>Medically-insured</b> when injured?	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no
9. <b>Rate the severity</b> of each injury: Minor Moderate Serious Severe	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4
10a. List the <b>injury type</b> like broken bone, sprain, scrape, bruise					
10b. <b>Part of body injured?</b>					
11. Did you lose <b>consciousness?</b>	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no
12. What <b>activity</b> were you doing when injured? (ex, working in yard)					

**Table 2. Transportation Injury. DETAILS FOR SECTION B, QUESTION 2.** Please complete questions #1-12 for each different transportation injury episode you had in the past 12 months which was medically attended or restricted your normal activity for at least a ½ day. Skip question #10 (a-c) if you were a pedestrian.

	Transportation#1	Transportation#2	Transportation#3	Transportation#4	Transportation#5
1. <b>Describe</b> each transportation injury episode in your own words					
2. Was it <b>medically attended?</b>	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no
3. # day(s) of <b>normal activity</b> restricted ≥½ day due to injury?	<u>    </u> # days <u>    </u> none	<u>    </u> # days <u>    </u> none	<u>    </u> # days <u>    </u> none	<u>    </u> # days <u>    </u> none	<u>    </u> # days <u>    </u> none
4. # <b>work days missed</b> due to injury?	<u>    </u> #days <u>    </u> none	<u>    </u> # days <u>    </u> none	<u>    </u> # days <u>    </u> none	<u>    </u> # days <u>    </u> none	<u>    </u> # days <u>    </u> none
5. Was it a <b>work-related</b> injury?	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no
6. <b>Month/Day/Year</b> of injury	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u>
7. Medical <b>insurance</b> when injured?	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no
8. <b>Rate severity</b> of each injury: Minor Moderate Serious Severe	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4	Minor <u>    </u> Severe <u>    </u> → 1    2    3    4
9. Describe your <b>specific injuries</b> (ex. broken bone, sprain, concussion)					
10a. <b>Type of vehicle</b> you were in? (ex: passenger car, motorcycle)					
10b. Were you the <b>driver?</b>	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no
10c. Were you wearing a <b>seat belt or helmet</b> when injured?	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no
11. Specific <b>part(s) of your body injured?</b> like upper arm, brain					
12. Did your injury result in <b>loss of consciousness?</b>	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no	<u>    </u> yes <u>    </u> no

**Table 3. Burns/Scalds: DETAILS FOR SECTION B, QUESTION 3.** Please complete questions #1-12 for each burn/scald episode (caused by liquids, foods, substances, appliances) which was medically-attended or restricted your normal activity for at least a ½ day. If you had other fire or smoke-related injuries, describe in Table 7.

	Burn/scald #1	Burn/scald #2	Burn/scald #3	Burn/scald #4	Burn/scald #5
1. <b>Describe</b> each burn/scald injury in your own words and its cause if known (ex, scald from hot water tap)					

2. Was it <b>medically-attended</b> ?	yes no	yes no	yes no	yes no	yes no
3.# days of <b>normal activity</b> restricted $\geq\frac{1}{2}$ day due to injury?	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none
4. # <b>work days</b> missed due to injury?	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none
5. Was it a <b>work-related</b> injury?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no
6. <b>Where</b> did this burn/scald occur?	__ Home __ Other: _____	__ Home __ Other: _____	__ Home __ Other: _____	__ Home __ Other: _____	__ Home __ Other: _____
7. <b>Month/Day/Year</b> of injury	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
8. <b>Medically-insured</b> when injured?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no
9. <b>Rate the severity</b> of each injury: Minor Moderate Serious Severe 1 2 3 4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4
10. Describe your <b>activity</b> when burned or scalded (ex. cooking)					
11. Describe the specific <b>part(s) of your body injured</b> like fingers					
12. Did your injury result in a <b>loss of consciousness</b> ?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no

**Table 4. Cut or Pierce Injury. Details for Section B, Question 4.** Please complete questions #1-12 for each injury episode related to being cut or pierced by an instrument or object in the past 12 months which was medically-attended or restricted your normal activity for at least a ½ day.

Questions #1-12	Cut/pierce #1	Cut/pierce #2	Cut/pierce #3	Cut/pierce #4	Cut/pierce #5
1. Describe each injury including what cut/ pierced you (example, plant thorn)					
2. Was it <b>medically attended</b> ?	yes no	yes no	yes no	yes no	yes no
3. # days of <b>normal activity</b> restricted $\geq\frac{1}{2}$ day due to injury?	__ #days __ none	__ #days __ none	__ #days __ none	__ #days __ none	__ #days __ none
4.# <b>work days</b> missed due to injury?	__ #days __ none	__ #days __ none	__ #days __ none	__ #days __ none	__ #days __ none
5. Was it a <b>work-related</b> injury?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no
6. <b>Where</b> did this injury occur?	__ home other: _____	__ home other: _____	__ home other: _____	__ home other: _____	__ home other: _____
7. <b>Month/Day/Year</b> of injury	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
8. <b>Medically-insured</b> when injured?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no
9. <b>Rate the severity</b> of each injury: Minor Moderate Serious Severe 1 2 3 4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4
10. Describe your <b>activity</b> when cut or pierced					
11. Specific <b>part(s) of your body injured?</b> (fingers, etc)					
12. Did your injury result in a <b>loss of consciousness</b> ?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no

**Table 5. Struck by/Against or Crushed Injury: Details for Section B, Question 5.** Please complete questions #1-12 for each injury episode related to being struck or crushed in the past 12 months which was medically-attended or restricted your normal activity for at least a ½ day.

Questions #1-12	Struck/crushed#1	Struck/crushed#2	Struck/crushed#3	Struck/crushed#4	Struck/crushed#5
1. Describe each struck/crushed injury in your					

own words					
2. Was it <b>medically attended?</b>	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
3. # days of <b>normal activity restricted</b> $\geq \frac{1}{2}$ day due to injury?	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none
4. # <b>work days</b> missed due to injury?	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none
5. Was it a <b>work-related injury?</b>	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
6. <b>Where</b> did this injury occur?	___ home ___ other: _____	___ home ___ other: _____	___ home ___ other: _____	___ home ___ other: _____	___ home ___ other: _____
7. <b>Month/Day/Year</b> of injury	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
8. Medically-insured when injured?	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
9. <b>Rate the severity</b> of each injury: Minor Moderate Serious Severe 1 2 3 4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4
10. Describe your <b>activity</b> when struck or crushed					
11. List the specific <b>part(s) of your body injured</b> like fingers					
12. Did your injury result in a <b>loss of consciousness?</b>	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no

**Table 6. Physical/Strenuous Activity Injury: Details for Section B, Question 6.** Please complete questions #1-12 for each injury episode from physical/strenuous activity in the past 12 months which was medically-attended or restricted your normal activity for at least a  $\frac{1}{2}$  day.

Questions #1-12	Physical/strenuous activity #1	Physical/strenuous activity #2	Physical/strenuous activity #3	Physical/strenuous activity #4	Physical/strenuous activity #5
1. <b>Describe</b> each injury ( <i>what activity led to this</i> )					
2. Was it <b>medically attended?</b>	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
3. # days of <b>normal activity restricted</b> $\geq \frac{1}{2}$ day due to injury?	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none
4. # <b>work days</b> missed due to injury?	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none	___ # days ___ none
5. Was it a <b>work-related injury?</b>	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
6. <b>Where</b> did this occur?	___ home ___ other: _____	___ home ___ other: _____	___ home ___ other: _____	___ home ___ other: _____	___ home ___ other: _____
7. <b>Month/Day/Year</b> of injury	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
8. Medically-insured when injured?	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no
9. <b>Rate the severity</b> of each injury: Minor Moderate Serious Severe 1 2 3 4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4	Minor Severe _____→ ___1___2___3___4
10. Describe your <b>activity</b> when injured (ex, pushing, lifting)					
11. Describe the <b>specific injuries</b> (ex sprain, bruise, etc). If same as 1. above write "same."					
12. Did your injury result in <b>loss of consciousness?</b>	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no	___ yes ___ no

**Table 7. Any Other Injury: Details for Section B, Question 7.** Please complete questions #1-12 for any other types of injuries you may have had in the past 12 months which were medically-attended or restricted your normal activity for at least a ½ day.

Questions #1-12	#1	#2	#3	#4	#5
1. Describe each injury (example, drowning, choking, bite) and what activity led to this. Continue on back if needed					
2. Was it <b>medically attended</b> ?	yes no	yes no	yes no	yes no	yes no
3. # days of <b>normal activity restricted</b> ≥½ day due to injury?	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none
4. # <b>work days</b> missed due to injury?	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none	__ # days __ none
5. Was it a <b>work-related</b> injury?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no
6. <b>Where</b> did this occur?					
7. <b>Month/Day/Year</b> of injury	/ /	/ /	/ /	/ /	/ /
8. <b>Medically-insured</b> when injured?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no
9. <b>Rate the severity</b> of each injury: Minor Moderate Serious Severe 1 2 3 4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4	Minor Severe → __1 __2 __3 __4
10. Describe your <b>activity</b> when injured					
11. Describe the specific <b>part(s) of your body injured</b>					
12. Did your injury result in a <b>loss of consciousness</b> ?	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no	__ yes __ no

Please add anything else below you wish regarding your injuries in the past 12 months. If you have nothing more to add, you are finished.

*Thank you so very much for your time. It is greatly appreciated.*