Logging Safety & Injury Questionnaire

Please do not write your name on this questionnaire. All responses are anonymous and confidential. The questionnaire consists of 23 questions.

1. How long have you worked on a logging operation? _____ years

2. Currently, what is your primary job on the logging operation? (Circle one)
   - Loader operator
   - Feller-buncher operator
   - Skidder operator
   - Deck hand / topper / or other job primarily working on the ground
   - Crew foreman
   - Owner – Normally work in the woods and operate equipment
   - Owner – Occasionally operate equipment and fill in as needed
   - Other – please describe ______________

3. In a typical workday, how many hours do you spend operating logging equipment? _____ hrs

4. How would you describe the relative safety of your job using a scale of 1 to 5 (Circle one):
   Not at all dangerous 1 2 3 4 5
   Moderately dangerous
   Extremely dangerous

5. What logging safety training have you received in the past? (Circle all that apply)
   - Safety training from crew foreman or owner (if you are an employee)
   - On the job training from co-workers
   - Safety training from insurance providers
   - Safety training at VA SHARP Logger (or NC Pro-logger) classes
   - Equipment specific safety training from equipment sales or manufacturer representative
   - Other safety training (please describe) _____________________

6. How would you describe your attitude towards using PPE (Personal Protective Equipment), for example hard hats, hearing protection, chainsaw chaps if using a saw, high visibility clothing etc.
   Using PPE is not at all important 1 2 3 4 5
   Moderately important
   Using PPE is very important

7. What do you see as the biggest safety risk on your operation?
8. If you are a machine operator what do you see as the biggest safety risk for workers on the ground?

9. Have you experienced an episode of wheezing or whistling in your chest?
   ☐ No  ☐ Yes

10. Which of the following have you experienced while operating a machine or working near a machine? (Circle all that apply)
   - Irritation of the eyes
   - Irritation of the nose
   - Unpleasant smell

We are interested in learning more about your injury and illness experiences while performing work as a logger. For our purposes, an injury is defined as having a known time of onset, rather than symptoms or disorders that gradually worsened over time.

11. Have you ever experienced an injury while working on a logging operation?
   ☐ No  ☐ Yes

12. In the past year how many times were you injured on the job severe enough that it caused you to modify your work activities for the rest of the day or take medication? (Circle one)
   - 0, I have not injured myself (SKIP TO QUESTION 20)
   - 1
   - 2
   - More than 2 times

Please answer the following question about your injury experience in the past year. If you had more than one injury, please answer these questions based on the injury you personally felt to be the most severe.

13. What were you doing when you were injured? (e.g., climbing onto a piece of equipment)

14. How did the injury happen? (e.g., I slipped and fell)
15. What best describes the body part injured? *(Circle all that apply)*
   - Head
   - Neck, Including Throat
   - Trunk (chest, back, abdomen, hip)
   - Upper Extremities (shoulder, arm, wrist, hand)
   - Lower Extremities (thigh, leg, ankle, foot)
   - Body Systems (for example: gastrointestinal system, nervous system, respiratory system)
   - Other Body Parts (please describe) ____________

16. Was an object (e.g., tool, machine) involved in the injury/illness?
   - ☐ No
   - ☐ Yes
     If Yes, what object ____________________________

17. Did you miss any days of work as a result of injury?
   - ☐ No
   - ☐ Yes
     If Yes, how many days ____________________________

18. Did you receive medical care for this injury beyond first aid?
   - ☐ No
   - ☐ Yes

19. Was the injury reported as a workers’ compensation claim?
   - ☐ No
   - ☐ Yes
   - ☐ Not Sure
This section relates to your experiences in the past year with symptoms such as pain, stiffness, spasm, aching, burning, tingling, or numbness. We are interested in ANY symptoms, not just those you had at work or symptoms you think are related to work.

20. Please answer by marking an “X” in the appropriate box – one “X” for each body region. Please answer every question, even if you have never had trouble (ache, pain, discomfort) in any part of your body.

Have you experienced such symptoms in your:

<table>
<thead>
<tr>
<th>Body Region</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrists/hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or both hips/thighs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or both knees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or both ankles/feet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. If you answered “No” to all questions above, SKIP TO QUESTION 22.

If you answered “Yes” to any of questions above, during the past year,

a. Have you had to alter the way you do your work as a result of musculoskeletal symptoms?
   - No    Yes

b. Have you missed work as a result of your musculoskeletal symptoms?
   - No    Yes

c. Did you think about changing jobs because of your musculoskeletal symptoms?
   - No    Yes
This section seeks your general comments and recommendations on safety.

22. What recommendations do you have to improve safety on your job site, or on logging operations in general?

23. As we continue to improve our understanding of the safety and health of workers in the logging industry, is there anything else you think we should know?

Thank you for taking the time to complete this questionnaire. Your answers will provide valuable information that may help to improve logging safety.