PHASE I COMPREHENSIVE SURVEY

Minnesota Veterinary Technicians' Study

Instructions

Study Participation

Please complete this questionnaire and return it in the postage paid envelope by <<returndate>>.

The questionnaire should take about 20 minutes to complete. ***In order to obtain optimal information, we ask everyone who receives a questionnaire to participate, whether or not they experienced a work-related injury.*** Responses from both those who experienced a work-related injury and those who did not are important in being able to identify both risk and protective factors that can be used to develop relevant prevention efforts.

Your answers are important. **Please be sure to mark a response for every question, unless instructed to skip ahead.**

Gift Card Drawing:

A minimum of 50 randomly selected individuals will receive $20 Target gift cards, allowing an opportunity of at least 1 in 30 people to be selected. By returning this questionnaire, indicating you would like to be included in the drawing, you will be eligible whether or not you participate in the study. The individuals who are awarded the gift cards will be notified by mail at the completion of the data collection for both questionnaires. This drawing will occur by October 1, 2005. Information on the study and the drawing will be available on the Regional Injury Prevention Research Center website: http://enhs.umn.edu/riprc/riprc.html

Confidentiality

We are required to maintain confidentiality regarding your participation; all information collected in this study will remain completely confidential. Any published reports will be reported in statistical summaries only, and there will be no information identifying any individual or associated institution or practice.

Voluntary Participation:

Participation in this study is voluntary. Choosing not to participate will not affect your future relations with any of the persons or institutions involved in this effort. Completion of this questionnaire implies consent to participate. We recognize that some questions included in this questionnaire may be sensitive in nature; however, you are free to skip questions that you choose not to answer.

Questions:

If you have any questions, please contact Leslie Nordgren or Dr. Susan Gerberich at 612-625-5473 or toll free at 1-866-TECH-008 (1-866-832-4008).

We look forward to your involvement in this important study!

MINNESOTA VETERINARY TECHNICIAN'S STUDY

If there is any question you do not wish to answer, please mark an X on the question number, and continue to the next question.

Your answers are important. Please be sure to mark one response for every question, unless instructed otherwise.

Drawing –You are not required to complete the questionnaire to be eligible for the drawing for the $20 Target gift cards; however, you do need to check yes or no below, and return this survey in the envelope provided.

1 ☐ Yes, include me in the Target gift card drawing 2 ☐ No, do not include me in the Target gift card drawing

1. **Are you the person to whom this questionnaire was sent?**

   1 ☐ **YES** 2 ☐ **NO** → **IF NO,** please call 612-625-5473 or 1-866-TECH-008 (1-866-832-4008) toll free, so that we may clarify the situation.

2. **What is today's date?** _____/_____/_____
   month day year

3. **Did you work or in a Certified Veterinary Technician (CVT) position, for <u>any amount of time</u> in the 12 months prior to today's date?** *The <u>calendar</u> on the last page is for your use as a reference.*

   1 ☐ **YES** 2 ☐ **NO** → Thank you for taking the time to respond. Please stop here and return the questionnaire in the enclosed envelope.

4. **Check off <u>each month</u> in the 12 months prior to today's date in which you <u>worked as a CVT.</u>**
   Check all that apply <u>and include the current month</u>.

1	☐ September	2005	6	☐ April	2005	11	☐ November	2004	16	☐ June	2004
2	☐ August	2005	7	☐ March	2005	12	☐ October	2004	17	☐ May	2004
3	☐ July	2005	8	☐ February	2005	13	☐ September	2004	18	☐ April	2004
4	☐ June	2005	9	☐ January	2005	14	☐ August	2004	19	☐ March	2004
5	☐ May	2005	10	☐ December	2004	15	☐ July	2004	20	☐ February	2004

5. **In the 12 months prior to today's date, in <u>which state</u> did you work the <u>greatest number of months</u>?**

   ☐ Minnesota ☐ Other state: ________________
   (Please specify state)

6. **On average, <u>how many hours per day</u> and <u>days per week</u> did you work and/or volunteer as a CVT during the past 12 months?**

   _____ # hours per day
   <u>and</u> _____ # days per week

7. <u>How many years</u> have you been handling animals while working, volunteering, or studying in the veterinary field? (Examples: kennel worker, animal handler, assistant, student, etc.)

____________years

8. Did you <u>graduate</u> from a Veterinary Technician program?

1 ☐ Yes   2 ☐ No

If <u>YES</u>, in <u>what year</u> did you graduate? ________

If <u>NO</u>, what is the <u>length of time</u> you worked as a Veterinary Technician before being certified?

_____ year(s)   ______month(s)

9. As of today's date, what is the <u>total length of time</u> that you have <u>worked as a CVT?</u>

_____ year(s)   ______month(s)

10. In what <u>type of facility</u> did you work the <u>most time</u> in the 12 months prior to today's date? *Check one.*

1 ☐ Small animal private clinical practice
2 ☐ Equine animal private clinical practice
3 ☐ Large animal private clinical practice
4 ☐ Government/Regulatory
5 ☐ 50:50 Mixed small/large animal
6 ☐ Mixed, mostly small animal
7 ☐ Mixed, mostly large animal
8 ☐ College/University
9 ☐ Zoological facility
10 ☐ Commercial/Industry
11 ☐ Mobile clinic practice
12 ☐ Other ____________
(Specify)

11. <u>How many veterinary staff</u>, who <u>handled animals</u>, worked at the facility, clinic, or department in which you worked the <u>most time</u> in the 12 months prior to today's date?

______# of Doctors ____________________________ ☐ Don't know ☐ Doesn't apply
______# of Certified Veterinary Technicians __________ ☐ Don't know ☐ Doesn't apply
______# of Animal Assistants ____________________ ☐ Don't know ☐ Doesn't apply
______# of other staff who occasionally handled animals __ ☐ Don't know ☐ Doesn't apply

12. What <u>type(s) of animal(s)</u> did you come into physical contact with while working as a CVT during the past 12 months? *Check all that apply.*

1 ☐ Dogs
2 ☐ Cats
3 ☐ Pocket Pets (rabbits, rodents, chinchillas, etc.)
4 ☐ Avian
5 ☐ Cattle
6 ☐ Pigs
7 ☐ Sheep
8 ☐ Goats
9 ☐ Ferrets
10 ☐ Horses
11 ☐ Monkeys/Other Primates
12 ☐ Poultry
13 ☐ Exotic pets (Examples – snakes, turtles, lizards, etc.)
14 ☐ Zoo animals
15 ☐ Other ____________
(Specify)
16 ☐ None

The next section pertains to **work-related injury** events. "**Work-related**" includes any activities associated with your job as a Veterinary Technician or events that occur in your veterinary work environment; work-related travel should be included. **Work-related injury is defined as "an acute traumatic event occurring as a result of veterinary practice either <u>in the clinic</u>, on a <u>client's or employer's premises</u>, or during work-related <u>driving activities to or from a client's location</u> that resulted in any of the following:**

- **<u>Restriction of normal activities</u> for any length of time**
- **<u>Loss of consciousness</u>, loss of awareness or amnesia for any length of time**
- **The <u>use of medical assistance</u> (includes first aid, suturing, antibiotics, splinting, x-rays, surgery, and physical therapy, whether obtained from others or yourself)**
- **<u>Bruising</u> and/or <u>break in the skin</u> from a <u>bite injury</u>**

This definition includes injuries associated with <u>any</u> work-related activities including interacting with patients, clients or staff, administrative functions, and travel as part of your work. Both intentional (assaults and self-inflicted injuries) and unintentional injuries are included in this definition.
It <u>includes</u>, but is not limited to such injuries as:

- *Bites, lacerations, fractures, sprains, strains;*
- *Allergic reactions, including asthma and dermatitis;*
- *Ergonomic and repetitive motion injuries (e.g., back injury resulting from lifting a patient or supplies);*
- *Injury outcomes from exposures to radiation or anesthetic agents, whether gases or injectables; and*
- *Injuries incurred in a motor vehicle crash while traveling to or from a client's location as part of your work responsibilities.*

13. Have you <u>ever been injured</u> while working as a Veterinary Technician (according to the definition of injury given above)? *Check YES or NO.*

1 ☐ **YES** 2 ☐ **NO** ⟶ **If NO, please skip to page 11, and continue with Question 35.**

↓

14. <u>During the 12 months prior to today's date</u> were you <u>injured</u> (according to the definition of injury given above), as a result of Veterinary Technician work-related activities? *Check YES or NO.*

1 ☐ **YES** 2 ☐ **NO** ⟶ **If NO, please skip to Page 11, and continue on Question 35.**

↓

<u>If YES</u>, approximately how many <u>total injuries</u> did you experience during the 12 months prior to today's date?

_____ **# Injuries** **How many of these involved a bite?** _____ **# Bite Injuries**

Please provide the following information for each physical injury event that occurred to you during the 12 months prior to today's date. *The calendar on the last page of the survey is for your use as a reference.*

- If you experienced **more than one injury event**, it may be easier to **first complete questions 15 through 35 for Injury Event 1**, and then go back and **complete questions 15 through 35 for Injury Event 2, etc.**
- **If you experienced more than 4 injury events** in the previous 12 months, please provide information for questions 11 through 49 for each event on a separate sheet of paper, or call 1-866-TECH-008 (1-866-832-4008) toll free, or 612-625-5473, for additional copies of this survey.

During the 12 months prior to today's date:

15. **Please *focus on the four most* severe injury events. Describe each injury and how it occurred, starting with the most severe event first (for example, the one that involved the most medical care and/or time restriction). What were you doing just prior to the event? What caused the event?**

Event 1:

____

____

____

Event 2:

____

____

____

Event 3:

____

____

____

Event 4:

____

____

____

16. **Date of injury:**

	Event 1	Event 2	Event 3	Event 4
Fill in month and year. If unsure of exact month, please give your best estimate	___/___ month year	___/___ month year	___/___ month year	___/___ month year

17. **When did the event occur?** Check *one for each injury event.*

	Event 1	Event 2	Event 3	Event 4
1 Weekday (Monday-Friday)	1 ☐	1 ☐	1 ☐	1 ☐
2 Weekend (Saturday-Sunday)	2 ☐	2 ☐	2 ☐	2 ☐
3 Unsure	8 ☐	8 ☐	8 ☐	8 ☐

18. <u>At what time</u> did the injury event occur? *Circle a.m. or p.m.*
If exact time is unknown, circle a.m. or p.m.

Event 1	Event 2	Event 3	Event 4
__:__am/pm	__:__am/pm	__:__am/pm	__:__am/pm
8 ☐ Unsure	8 ☐ Unsure	8 ☐ Unsure	8 ☐ Unsure

19. Did this injury occur <u>during your normal or usual working hours</u>? *Check one.*

Event 1	Event 2	Event 3	Event 4
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No	2 ☐ No
3 ☐ Unsure	3 ☐ Unsure	3 ☐ Unsure	3 ☐ Unsure

20. What was the <u>type of physical injury</u>? *Check all that apply.*

	Event 1	Event 2	Event 3	Event 4
1 Abrasion	1 ☐	1 ☐	1 ☐	1 ☐
2 Amputation	2 ☐	2 ☐	2 ☐	2 ☐
3 Asphyxia	3 ☐	3 ☐	3 ☐	3 ☐
4 Bite	4 ☐	4 ☐	4 ☐	4 ☐
5 Bruise/contusion	5 ☐	5 ☐	5 ☐	5 ☐
6 Burn	6 ☐	6 ☐	6 ☐	6 ☐
7 Concussion (Loss of consciousness/awareness)	7 ☐	7 ☐	7 ☐	7 ☐
8 Crushing/mangling	8 ☐	8 ☐	8 ☐	8 ☐
9 Cut/laceration/scratch	9 ☐	9 ☐	9 ☐	9 ☐
10 Fracture/dislocation	10 ☐	10 ☐	10 ☐	10 ☐
11 Nerve injury	11 ☐	11 ☐	11 ☐	11 ☐
12 Puncture	12 ☐	12 ☐	12 ☐	12 ☐
13 Poisoning	13 ☐	13 ☐	13 ☐	13 ☐
14 Rupture	14 ☐	14 ☐	14 ☐	14 ☐
15 Torn ligament	15 ☐	15 ☐	15 ☐	15 ☐
16 Sprain/strain	16 ☐	16 ☐	16 ☐	16 ☐
17 Lifting an animal	17 ☐	17 ☐	17 ☐	17 ☐
18 Lifting an object	18 ☐	18 ☐	18 ☐	18 ☐
<u>If injured while lifting</u>, what was the approximate weight of the animal or object?	____ pounds	____ pounds	____ pounds	____ pounds
19 Stepped on/Trampled	19 ☐	19 ☐	19 ☐	19 ☐
20 Impact with animal horn(s)	20 ☐	20 ☐	20 ☐	20 ☐
21 Knocked Over/Down	21 ☐	21 ☐	21 ☐	21 ☐
22 Kicked	22 ☐	22 ☐	22 ☐	22 ☐
23 Pregnancy complication	23 ☐	23 ☐	23 ☐	23 ☐
24 Allergies	24 ☐	24 ☐	24 ☐	24 ☐
Specify	____	____	____	____
25 Repetitive motion	25 ☐	25 ☐	25 ☐	25 ☐
26 Rabies exposure	26 ☐	26 ☐	26 ☐	26 ☐
27 Other zoonoses	27 ☐	27 ☐	27 ☐	27 ☐
28 Other	28 ☐	28 ☐	28 ☐	28 ☐
Specify	____	____	____	____
29 None	29 ☐	29 ☐	29 ☐	29 ☐

21. What body part(s) was (were) injured? *Check all that apply.*

	Event 1	Event 2	Event 3	Event 4
1 Head/skull/brain	1 ☐	1 ☐	1 ☐	1 ☐
2 Face (forehead, cheek, nose, lip, jaw, ear)	2 ☐	2 ☐	2 ☐	2 ☐
3 Eye/eyelid	3 ☐	3 ☐	3 ☐	3 ☐
4 Teeth	4 ☐	4 ☐	4 ☐	4 ☐
5 Neck (cervical area)	5 ☐	5 ☐	5 ☐	5 ☐
6 Back (muscles, skin)	6 ☐	6 ☐	6 ☐	6 ☐
7 Respiratory problems	7 ☐	7 ☐	7 ☐	7 ☐
8 External chest (muscles, skin)	8 ☐	8 ☐	8 ☐	8 ☐
9 Spinal cord/spine (vertebrae, sacrum, tailbone, coccyx, disks)	9 ☐	9 ☐	9 ☐	9 ☐
10 Internal abdomen	10 ☐	10 ☐	10 ☐	10 ☐
11 External abdomen (muscles, skin)	11 ☐	11 ☐	11 ☐	11 ☐
12 Shoulder/collar bone, shoulder blade	12 ☐	12 ☐	12 ☐	12 ☐
13 Arm/elbow/wrist	13 ☐	13 ☐	13 ☐	13 ☐
14 Hand/fingers/thumb(s)	14 ☐	14 ☐	14 ☐	14 ☐
15 External hips/pelvis (muscles, skin)	15 ☐	15 ☐	15 ☐	15 ☐
16 Buttocks	16 ☐	16 ☐	16 ☐	16 ☐
17 Leg (thigh, shin, calf, knee, ankle)	17 ☐	17 ☐	17 ☐	17 ☐
18 Foot/heel, toes	18 ☐	18 ☐	18 ☐	18 ☐
19 General systems (cardiovascular, heat/cold stress, etc.)	19 ☐	19 ☐	19 ☐	19 ☐
20 Other	20 ☐	20 ☐	20 ☐	20 ☐
Specify	______	______	______	______
21 None	21 ☐	21 ☐	21 ☐	21 ☐

22. What was the location of the injury event? *Check all that apply.*

	Event 1	Event 2	Event 3	Event 4
1 Laboratory	1 ☐	1 ☐	1 ☐	1 ☐
2 Exam room	2 ☐	2 ☐	2 ☐	2 ☐
3 Surgery area	3 ☐	3 ☐	3 ☐	3 ☐
4 X-Ray	4 ☐	4 ☐	4 ☐	4 ☐
5 Treatment area	5 ☐	5 ☐	5 ☐	5 ☐
6 In clinic, other	6 ☐	6 ☐	6 ☐	6 ☐
Specify	______	______	______	______
7 Clinic parking lot	7 ☐	7 ☐	7 ☐	7 ☐
8 Patient's cage/Kennel	8 ☐	8 ☐	8 ☐	8 ☐
9 Transport trailer	9 ☐	9 ☐	9 ☐	9 ☐
10 Farmyard	10 ☐	10 ☐	10 ☐	10 ☐
11 Barn	11 ☐	11 ☐	11 ☐	11 ☐
12 Pasture	12 ☐	12 ☐	12 ☐	12 ☐
13 Corral/Paddock/Pen	13 ☐	13 ☐	13 ☐	13 ☐
14 Treatment Pen/Chute	14 ☐	14 ☐	14 ☐	14 ☐
15 Other	15 ☐	15 ☐	15 ☐	15 ☐
Specify	______	______	______	______

23. What was the <u>source</u> of injury? *Check all that apply*

	Event 1	Event 2	Event 3	Event 4
1 Dog	1 ☐	1 ☐	1 ☐	1 ☐
2 Cat	2 ☐	2 ☐	2 ☐	2 ☐
3 Pocket Pets (rabbits, rodents, chinchillas, etc.)	3 ☐	3 ☐	3 ☐	3 ☐
4 Avian	4 ☐	4 ☐	4 ☐	4 ☐
5 Cow/heifer/bull/steer	5 ☐	5 ☐	5 ☐	5 ☐
6 Pig	6 ☐	6 ☐	6 ☐	6 ☐
7 Sheep	7 ☐	7 ☐	7 ☐	7 ☐
8 Goat	8 ☐	8 ☐	8 ☐	8 ☐
9 Horse	9 ☐	9 ☐	9 ☐	9 ☐
10 Poultry	10 ☐	10 ☐	10 ☐	10 ☐
11 Zoo animal	11 ☐	11 ☐	11 ☐	11 ☐
12 Exotic pet (Examples – snake, turtle, lizard, etc.)	12 ☐	12 ☐	12 ☐	12 ☐
13 Monkey/Other primate	13 ☐	13 ☐	13 ☐	13 ☐
14 Auto/truck	14 ☐	14 ☐	14 ☐	14 ☐
15 Needle/scalpel	15 ☐	15 ☐	15 ☐	15 ☐
16 Other medical equipment	16 ☐	16 ☐	16 ☐	16 ☐
17 Chemical exposure	17 ☐	17 ☐	17 ☐	17 ☐
18 Biological exposure	18 ☐	18 ☐	18 ☐	18 ☐
19 Assault by another person	19 ☐	19 ☐	19 ☐	19 ☐
20 Extreme heat or cold	20 ☐	20 ☐	20 ☐	20 ☐
21 Slip/Trip/Fall	21 ☐	21 ☐	21 ☐	21 ☐
22 Other	22 ☐	22 ☐	22 ☐	22 ☐
Specify	________	________	________	________

24. What <u>veterinary technician activity</u> were you engaged in when you were injured?
Check all that apply.

	Event 1	Event 2	Event 3	Event 4
1 Performing treatment	1 ☐	1 ☐	1 ☐	1 ☐
2 Performing examination	2 ☐	2 ☐	2 ☐	2 ☐
3 Performing animal restraint	3 ☐	3 ☐	3 ☐	3 ☐
4 Lifting	4 ☐	4 ☐	4 ☐	4 ☐
5 Assisting with surgery	5 ☐	5 ☐	5 ☐	5 ☐
6 Laboratory work	6 ☐	6 ☐	6 ☐	6 ☐
7 Herd work	7 ☐	7 ☐	7 ☐	7 ☐
8 Driving in course of work	8 ☐	8 ☐	8 ☐	8 ☐
9 Other	9 ☐	9 ☐	9 ☐	9 ☐
Specify	________	________	________	________

25. Were you treated by any of the following as a result of this event?
Check all that apply.

	Event 1	Event 2	Event 3	Event 4
1 Physician	1 ☐	1 ☐	1 ☐	1 ☐
2 Dentist	2 ☐	2 ☐	2 ☐	2 ☐
3 Chiropractor	3 ☐	3 ☐	3 ☐	3 ☐
4 Nurse/Nurse Practitioner/Nurse Clinician/Physician's Assistant	4 ☐	4 ☐	4 ☐	4 ☐
5 Psychiatrist/Psychologist/Therapist	5 ☐	5 ☐	5 ☐	5 ☐
6 Physical/Occupational Therapist	6 ☐	6 ☐	6 ☐	6 ☐
7 Urgent Care/Emergency Department	7 ☐	7 ☐	7 ☐	7 ☐
8 I treated myself	8 ☐	8 ☐	8 ☐	8 ☐
9 Colleague	9 ☐	9 ☐	9 ☐	9 ☐
10 Other	10 ☐	10 ☐	10 ☐	10 ☐
Specify	____	____	____	____
11 No treatment	11 ☐	11 ☐	11 ☐	11 ☐

26. Were you admitted to a hospital as a result of this event? *Check one for each injury event.*

Event 1	Event 2	Event 3	Event 4
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No	2 ☐ No

If hospitalized, for how many total days?

Event 1	Event 2	Event 3	Event 4
____# days	____# days	____# days	____# days

27. At the time of this event, did you have health insurance? *Check one for each injury event.*

Event 1	Event 2	Event 3	Event 4
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No	2 ☐ No
3 ☐ Unsure	3 ☐ Unsure	3 ☐ Unsure	3 ☐ Unsure

28. How long were your Veterinary Technician work activities restricted as a result of this event?
Check one for each injury event.

	Event 1	Event 2	Event 3	Event 4
1 No restrictions	1 ☐	1 ☐	1 ☐	1 ☐
2 Less than 4 hours	2 ☐	2 ☐	2 ☐	2 ☐
3 4 hours to less than 1 day	3 ☐	3 ☐	3 ☐	3 ☐
4 1 day to less than 3 days	4 ☐	4 ☐	4 ☐	4 ☐
5 3 days to less than 7 days	5 ☐	5 ☐	5 ☐	5 ☐
6 7 days to less than 14 days	6 ☐	6 ☐	6 ☐	6 ☐
7 14 days to less than 1 month	7 ☐	7 ☐	7 ☐	7 ☐
8 1 month to less than 3 months	8 ☐	8 ☐	8 ☐	8 ☐
9 3 months or more	9 ☐	9 ☐	9 ☐	9 ☐

29. <u>How long</u> were <u>other activities</u> (not associated with Veterinary Technician work) <u>restricted</u> as a result of this event? *Check one for each injury event.*

	Event 1	Event 2	Event 3	Event 4
1 No restrictions	1 ☐	1 ☐	1 ☐	1 ☐
2 Less than 4 hours	2 ☐	2 ☐	2 ☐	2 ☐
3 4 hours to less than 1 day	3 ☐	3 ☐	3 ☐	3 ☐
4 1 day to less than 3 days	4 ☐	4 ☐	4 ☐	4 ☐
5 3 days to less than 7 days	5 ☐	5 ☐	5 ☐	5 ☐
6 7 days to less than 14 days	6 ☐	6 ☐	6 ☐	6 ☐
7 14 days to less than 1 month	7 ☐	7 ☐	7 ☐	7 ☐
8 1 month to less than 3 months	8 ☐	8 ☐	8 ☐	8 ☐
9 3 months or more	9 ☐	9 ☐	9 ☐	9 ☐

30. Are your <u>activities currently restricted</u> as a result of this event? *Check one for each injury event.*

Event 1	Event 2	Event 3	Event 4
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No	2 ☐ No

31. As a result of this event, <u>how many days</u> were you <u>absent from work</u>?
Check one for each injury event.

	Event 1	Event 2	Event 3	Event 4
1 I changed my work schedule to not miss work days	1 ☐	1 ☐	1 ☐	1 ☐
2 I worked my regular schedule and did not miss work days	2 ☐	2 ☐	2 ☐	2 ☐
3 Missed less than 4 hours	3 ☐	3 ☐	3 ☐	3 ☐
4 4 hours to less than 1 day	4 ☐	4 ☐	4 ☐	4 ☐
5 1 day to less than 3 days	5 ☐	5 ☐	5 ☐	5 ☐
6 3 days to less than 7 days	6 ☐	6 ☐	6 ☐	6 ☐
7 7 days to less than 14 days	7 ☐	7 ☐	7 ☐	7 ☐
8 14 days to less than 1 month	8 ☐	8 ☐	8 ☐	8 ☐
9 1 month to less than 3 months	9 ☐	9 ☐	9 ☐	9 ☐
10 3 months or more	10 ☐	10 ☐	10 ☐	10 ☐
11 I was dismissed from my job	11 ☐	11 ☐	11 ☐	11 ☐
12 Other	12 ☐	12 ☐	12 ☐	12 ☐
Specify				

32. Are you <u>currently experiencing</u> any persistent <u>problems or symptoms</u> related to his event?
Check one for each injury event.

Event 1	Event 2	Event 3	Event 4
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No	2 ☐ No

If you are currently experiencing problems or symptoms, please list problems/symptoms:

Event 1: ______________________________

Event 2: ______________________________

Event 3: ______________________________

Event 4: ______________________________

33. Did you report the event to a supervisor or other management personnel? *Check all that apply.*

	Event 1	Event 2	Event 3	Event 4
1 Yes, orally	1 ☐	1 ☐	1 ☐	1 ☐
2 Yes, written	2 ☐	2 ☐	2 ☐	2 ☐
3 I did not report the event	3 ☐	3 ☐	3 ☐	3 ☐

If you did not report the injury, why was the event not reported?

Event 1: ______________________________

Event 2: ______________________________

Event 3: ______________________________

Event 4: ______________________________

34. Did you or someone else file a worker's compensation claim or a first report of injury for any of these injuries? *Check one for each injury event.*

Event 1	Event 2	Event 3	Event 4
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No	2 ☐ No
3 ☐ Unsure	3 ☐ Unsure	3 ☐ Unsure	3 ☐ Unsure

35. Do you believe that work-related injuries to Veterinary Technicians can be prevented? *Check one.*

1 ☐ Yes 2 ☐ No 3 ☐ Unsure

Please explain:

____

____

36. Do you believe that work-related injury is a problem for Veterinary Technicians? *Check one.*

1 ☐ Yes 2 ☐ No 3 ☐ Unsure

37. What is your gender?

1 ☐ Male 2 ☐ Female

38. What is your date of birth?

(month/day/year) ____/____/____

39. What is your __height__?

____feet ______inches

40. What was your __average weight over the past 12 months__?

______pounds

41. What was your __marital status 12 months prior to today's date__? *Check one.*

1 ☐ Married
2 ☐ Living as married/Domestic partner
3 ☐ Never married
4 ☐ Separated
5 ☐ Divorced
6 ☐ Widowed

42. Which of the __following categories__ best described your __average annual household income__ from __all sources__, before taxes, over the past 12 months?

1 ☐ Less than $10,000
2 ☐ $10,000 to less than $15,000
3 ☐ $15,000 to less than $20,000
4 ☐ $20,000 to less than $25,000
5 ☐ $25,000 to less than $35,000
6 ☐ $35,000 to less than $50,000
7 ☐ $50,000 to less than $75,000
8 ☐ $75,000 or greater than $75,000
9 ☐ $ Unsure

We would appreciate your providing a telephone number in case we need to clarify some information with you.
( ) - - ☐ work ☐ home ☐ cell phone

February 2004

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

March 2004

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2004

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2004

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	**31**					

June 2004

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2004

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2004

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2004

S	M	T	W	Th	F	S
			1	2	3	4
5	**6**	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2004

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2004

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	**25**	**26**	27
28	29	30				

December 2004

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	**24**	**25**
26	27	28	29	30	**31**	

January 2005

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	**17**	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 2005

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March 2005

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April 2005

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2005

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	**30**	31				

June 2005

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July 2005

S	M	T	W	Th	F	S
					1	2
3	**4**	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2005

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2005

S	M	T	W	Th	F	S
				1	2	3
4	**5**	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Holidays are bolded and underlined.