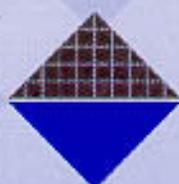


Injury risk factors, attitudes and awareness

A submission to the CATI-TRG



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Injury risk factors, attitudes and awareness

A submission to the CATI-TRG

**Clare Bradley
James Harrison**

March 2004

Australian Institute of Health and Welfare
Canberra

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Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Clare Bradley
Research Centre for Injury Studies
Flinders University of South Australia
GPO Box 2100,
Adelaide 5001, South Australia

Phone: (08) 8201 7602
email: Clare.Bradley@flinders.edu.au

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Executive summary

Computer assisted telephone interviewing (CATI) is a methodology increasingly utilised in the public health arena both in Australia and internationally. The CATI Technical Reference Group, in collaboration with other key organisations, is currently developing a national pool of question modules addressing a wide range of public health topics. These surveillance system modules include such topics as asthma, diabetes, physical activity, and nutrition. This paper contributes to the development of a module addressing injury.

Current Australian injury surveillance systems provide a comprehensive analysis of serious injury incidence and demographics. However, national, standardised data concerning injuries of low severity and, more importantly, the risk factors (behaviours, knowledge and attitudes) contributing to injury are conspicuously lacking. While a CATI surveillance system could be used to monitor minor injury incidence, it is uniquely able to provide information on risk factors and knowledge and attitudes regarding injury, which is likely to assist in preventing injury of many types. The CATI methodology is ideally suited to the surveillance of the population's knowledge and attitudes regarding injury and as such can place injury within a social context which can then be used in the planning and enhancement of injury prevention programs (Butchart et al, 2000).

Current and emerging injury prevention policy frameworks should guide specific selection of topics and the framing of CATI survey questions. Some questions should remain unchanged for a long period to enable time series to be accumulated. However, other items can be expected to change or to be replaced. One reason for this is that information requirements at an early stage of response to an issue (e.g. priority setting) tend to differ from requirements at later stages (e.g. monitoring the reach of an intervention). As such, it is envisaged that the development of the CATI injury module will be an iterative process.

An initial set of questions has been developed in conjunction with the Public Health Information Development Unit at the University of Adelaide. The items in the initial CATI injury module address specific national injury prevention priorities as well as more general beliefs, attitudes and behaviours regarding injury prevention. Specifically, the five topics suggested for the cognitive testing phase of module development are; falls in the elderly, general attitudes regarding safety and injury, safety practices in the home, injury preventability beliefs, and alcohol and injury.

1 Introduction

Computer assisted telephone interviewing (CATI) is a methodology increasingly utilised in the public health arena both in Australia and internationally. Studies using CATI are able to access relatively large numbers of subjects at a comparatively low cost and the methodology simplifies the data processing component of the study (Ketola & Klockars, 1999, see also Taylor et al, 1998b, Wilson et al, 1999). CATI methodology has been applied both in highly specific areas of health behaviours research (Robertson et al, 2000) and broad-scale national health surveys (Bolen et al, 1999). The reliability of this methodology applied to health behaviour research has been demonstrated (Koziol-McLain et al, 2000, Starr et al, 1999, Stein et al, 1996).

The CATI Technical Reference Group (TRG) was established by the National Public Health Information Working Group in 1998 to develop and promote national standards in Australian population surveillance systems and develop the basis of a national CATI health survey (Wilson et al, 2001). The CATI TRG, in collaboration with other key organisations, is currently developing surveillance system modules including such topics as asthma, diabetes, physical activity, and nutrition. Where appropriate, these modules address both incidences of disease and behavioural risk factors for disease. This paper contributes to the development of a module addressing injury.

National injury surveillance is currently limited to analysis of annual hospital separations data compiled by the Australian Institute of Health and Welfare (AIHW) and deaths data compiled by the Australian Bureau of Statistics (ABS), as well as intermittent population surveys such as the National Health Survey conducted by the ABS. While hospital separations and deaths records can be used to generate detailed analysis of injury incidence and demographics, these sources are necessarily restricted to the more severe injuries sustained by the Australian population. National, standardised data concerning injuries of low severity and, more importantly, the risk factors (behaviours, knowledge and attitudes) contributing to injury are conspicuously lacking. The developing CATI-based population surveillance system is considered to be an ideal method in which to address this lacuna in the current Australian injury surveillance system.

2 Injury surveillance

2.1 Injury indicators—hospital separations

National hospital separations data is collected annually by the AIHW and data pertaining to hospitalisations due to injury and poisoning is further analysed by the National Injury Surveillance Unit (NISU). In the financial year 1999-00, injury-related hospital separations represented 7% of the total number of hospital separations in this year and accounted for some 1.7 million patient bed-days (Helps et al, 2002). The incidence of hospital separations due to injury and poisoning can be expressed as an all-ages rate of 2,171 per 100,000 population. Falls were the most common cause of hospitalised injury (29% of separations) in 1999-00, followed by 'other' unintentional injuries (26.7%) and complications of medical and surgical care (16.5%). Where a place of occurrence was recorded, the home was the most commonly reported, particularly for those over the age of 65 years. Sports and athletic areas were the next most common place of occurrence for injury-related hospitalisations. Not surprisingly then, being engaged in sports activity was the most commonly reported specific activity group of those injury-related hospitalisations which recorded an activity code (Helps et al, 2002). Overall, age-specific rates of injury for males were higher than rates for females, but this pattern was reversed for patients aged 75+. In general, age-specific rates of injury-related hospitalisation increased until the age of 24, thereafter rates remained relatively constant until the 60-64 year age group, whereafter injury rates increased exponentially (Helps et al, 2002).

One issue concerning the quality of analyses derived from hospital separations data is that injuries resulting in more than one separation cannot be linked within the data-set and as such, may contribute to an overestimation of injury incidence (Harrison & Steenkamp, 2002). While some states and territories are developing linkage methodologies, these methodologies are not currently applied at a national level. Estimates of true incidence can be derived through the elimination of some cases on the basis of admission type and/or mode of separation. (These methods are being validated.)

2.2 Injury indicators—injury deaths

Data pertaining to deaths is produced annually by the Australian Bureau of Statistics (ABS) and injury-related deaths data is further analysed by NISU. Analysis for the calendar year 2000, reports that 6.3% (n = 8,098) of deaths in this year were due to injury or poisoning, the fifth leading cause of death overall (Kreisfeld, forthcoming). Deaths of males accounted for 68.1% of these and suicide was the leading cause of death, accounting for 29.2% of all injury-related deaths. More males than females died due to suicide in 2000. Transport-related injury deaths were the next most common cause of death, accounting for 2,015 deaths of which 72.4% were of males. Rates of death were lowest for children and highest for the elderly, 75+. Young adults, in the

age range 20–39 years, accounted for 35.6% of all injury deaths. Age-adjusted death rates were highest in the Northern Territory and lowest in the Australian Capital Territory. Most deaths where a place of death was recorded occurred in the home but unlike the injury hospital separations analysis, very few deaths (0.2 %) occurred in sports and athletics areas (Kreisfeld, forthcoming).

2.3 Severity issues

Analyses of injury-related hospital separations and deaths, incorporating 23 defined National Health Priority Areas injury indicators, by definition, address only serious injury. It can be reasonably assumed that all cases of severe injury, defined here in terms of posing a threat to life, are admitted to hospital or result in death. As such, separations-based rates are a good estimate of serious injury and, with careful application, can be good estimates of injury incidence *per se*. However, many factors (such as hospital accessibility, admission policies and individual patient characteristics) in addition to injury severity contribute to the likelihood of an injury resulting in admission to hospital and by far the majority of all injuries do not require hospitalisation. Estimates suggest that 20–30 times as many injury cases require attention of a general practitioner as are admitted to hospital (Harrison & Steenkamp, 2002). In addition, in the 2001 National Health Survey (NHS) conducted by the ABS, 12% of persons reported having sustained an injury in the previous month (ABS, 2002), vastly exceeding the estimates of injury incidence which can be extrapolated from the hospital separations and deaths data. As such, population-based injury surveillance that does not address issues of severity will include many more instances of injury than can be accounted for by existing deaths and hospital separations data sets. While this will add to our understanding of minor injury incidence, it is serious injuries (hospitalised injuries or fatalities) which incur by far the bulk of injury-related financial cost. Watson and Ozanne-Smith (1997) estimated that the cost of serious injury, excluding property-damage and unquantifiable social burdens, in Victoria for the financial year 1993–94 was \$2,214 million, six times more than their estimate of the cost of non-hospitalised injury (see Figure 1). It follows, then, that while the collection of data concerning minor injury fills a conspicuous gap in current injury surveillance, it would be of greater social benefit to focus surveillance towards reducing the cost of serious injury.

Serious injuries occur at incident rates that are too low to be monitored effectively by CATI population-based surveys of plausible sample size, and current injury surveillance systems already provide a good estimate of (serious) injury incidence. What is lacking in current systems are adequate sources of information regarding risk factors for injury and people's knowledge and attitudes concerning injury, and many other health issues for that matter. From the limited information available, it is thought that the risk factors for serious injury are broadly similar, though proportionately different, to risk factors for minor injury. As such, while a CATI surveillance system could be used to monitor minor injury incidence, it is proposed that it would be more expedient to use this opportunity to provide information on risk factors and knowledge and attitudes regarding injury as this is likely to assist in preventing injury of all types. CATI survey interviews are time-limited and only a fairly small number of questions can normally be devoted to a particular topic. Where this consideration

forces a choice between topics in CATI surveys, then, in our view, questions regarding risk factors for injury should usually have priority over questions relating to incidence.

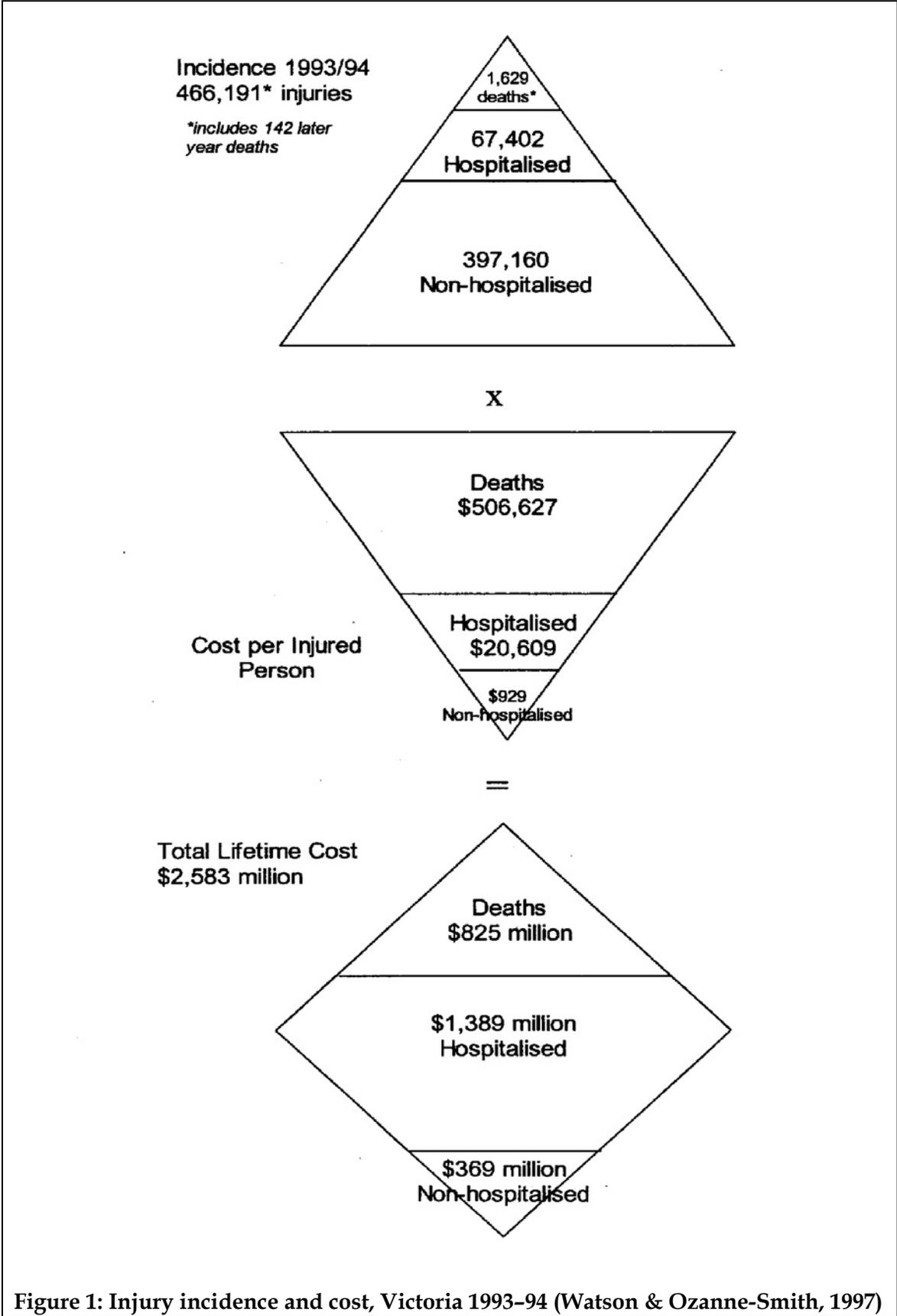


Figure 1: Injury incidence and cost, Victoria 1993-94 (Watson & Ozanne-Smith, 1997)

3 Applications of CATI in injury-related areas

3.1 The United States of America Behavioral Risk Factor Surveillance System

The Behavioral Risk Factors Surveillance System (BRFSS) was established by the US Centers for Disease Control and Prevention in the 1980s. Administered by individual US states and territories, the BRFSS is now an ongoing, state-based telephone (CATI) surveillance system (CDC, 1998). Participating states collect monthly data, in a standardised manner, on the behaviours and conditions that place adults at risk for the chronic diseases, injuries, and preventable infectious diseases. That this method of data collection allows comparisons to be made between populations, geographic areas and over time is considered to be a highlight of this surveillance system (CDC, 1998). The system incorporates three levels of questions; core components which must be included in all interviews, optional modules which may or may not be included, and state-added questions which are developed by the individual states (CDC, 1998). As such, state-specific issues or topics of contemporary interest can be addressed in addition to the collection of standardised data (for examples, see Coughlin et al, 2003, Gohdes et al, 2002, Koepsell et al, 2002, Vest et al, 2002).

In 'odd' years, questions related to injury risks are included in the BRFSS as part of the 'rotating core' question unit (CDC, 1998). States may also add their own injury-related questions in any given year. One such state to do so was the state of Colorado, which included questions on traffic accidents, bicycle helmet use, violent and suicidal behaviour and gun storage in the years 1996–1998. The reliability of these injury risk questions were later assessed and all questions were found to have substantial test-retest validity (Koziol-McLain et al, 2000). Studies of other modules of the BRFSS have also found that questions have high test-retest reliability (Stein et al, 1993, Stein et al, 1996). Reliability in similarly structured CATI health risk factor surveys has also been demonstrated (Lin et al, 2002).

3.2 New Zealand activities

Injury prevention organisations in New Zealand have embraced CATI survey techniques in recent years and have been able to develop surveys which address non-hospitalised injury rates and injury prevention awareness to compliment hospitalised injury surveillance (Coggan et al, 2002, Hooper et al, 2003). When asked to report on the occurrence of injuries 'requiring treatment by a medical doctor' to a member of the household, a survey of over 5,000 adult New Zealanders reported an injury incidence rate of 24,497 per 100,000 population. Only eight per cent of these injuries had required overnight hospitalisation and as such would have been detected by routine injury

surveillance. As with hospitalised injuries, the majority of injuries reported in this study were due to falls but unlike hospitalised injuries, the next-most common injury types reported were sports injuries and injuries sustained through the lifting of objects. The authors posit that this is likely to be due to the generally low severity of injuries of this type, only 4–5% of such injuries resulting in hospitalisation (Coggan et al, 2002). As such, this study succinctly demonstrates that injury incidence rates are much higher when surveillance is expanded to include non-hospitalised injuries and as such, reveal areas in which injury prevention strategies may be under-emphasised if attention is restricted to deaths and hospitalisations.

3.3 Australian CATI health surveys

Computer assisted telephone interviews have been utilised in a number of health areas in Australia (Kirke, 2000, Robertson et al, 2000, Watson et al, 1999). In particular, the South Australian Social, Environmental and Risk Context Information System (SERCIS) has been used extensively in areas as diverse as diabetes, gambling and health risk factors, arthritis prevalence and medical services usage (Dal Grande et al, 2001, Gill et al, 2002, Gill et al, 2003, Taylor et al, 2001). Injury incidence has been addressed by two statewide surveys, but only as minor components of these surveys (Dal Grande et al, 2002, Taylor et al, 1998a). The 1998 Health Monitoring Indicators survey identified injury as a cause of chronic back-pain (Taylor et al, 1998a) while the 2000 Health & Wellbeing Survey found that 17.2% of the South Australian population had sustained an injury in the last 12 months that required medical treatment (Dal Grande et al, 2002). This study was conducted in tandem with surveys in Western Australia and the Northern Territory. While general health risk factors data were collected in these studies, current published analyses do not link injuries sustained with any specific cause or risk factor other than to note that no significant difference was detected in injury incidence between metropolitan/rural/remote regional classifications (Dal Grande et al, 2002, Daly et al, 2001). Although the capacity for the SERCIS to be applied to injury and risk factors for injury has not been fully exploited to date, the system has been demonstrated to be highly reliable (Starr et al, 1999) and is a good model for future Australian CATI health surveys.

4 Risk factors for injury and the potential for CATI techniques

4.1 Risk factors for injury

Age has been demonstrated to be a factor in injury incidence, younger children and older adults having higher rates of injury, as has gender, males sustaining higher rates of injuries than females in most age groups (ABS, 2002, Helps et al, 2002, Moller, 1995). Living in non-metropolitan regions and/or being of Aboriginal and Torres Strait Islander background have also been demonstrated to be factors in elevated risk of injury (Moller, 1994, Moller, 1996). Socioeconomic status is also thought to be a factor in rates of injury incidence (Cubbin et al, 2000, Lalloo & Sheiham, 2003). However, it is important to note that these risk factors are unmodifiable or difficult to modify (as in the case of socioeconomic status). While useful for priority setting and some other purposes, it may be of more use to focus on modifiable behaviours and attitudes from an injury prevention point of view. Alcohol use is considered to be of influence on injury incidence (Chikritzhs et al, 2000, McLeod et al, 2003), but as yet the strength of this relationship as it pertains to certain types of injury is undetermined (Driscoll et al, 2003). While contrary to exercise's role in other health issues, participation in sporting activities and vigorous exercising has been demonstrated to increase rates of injury. Research suggests that those undertaking very high levels of exercise are twice as likely to sustain an injury than those who do not undertake any exercise (Plugge et al, 2002). The above demographic factors and behaviours are considered to be common risk factors for a number of health issues, not only injury (Braun et al, 1996, Commonwealth Department of Health and Aged Care, 2001, Mathers, 1995, Mathers & de Looper, 1994, Mathers & Merton, 1994, National Expert Advisory Committee on Alcohol, 2001). And as such, age, gender, region of residence, cultural identity, socioeconomic status, body mass, exercise levels and alcohol and tobacco use, must be necessarily included in any survey of health status and play an important role in injury risk factor surveillance.

Past studies of risk factors for injury have largely concentrated on specific types of risky behaviours, posing questions which ask the respondent to enumerate the number of times they may have engaged in such behaviours over a particular time-span (e.g. Koziol-McLain et al, 2000). For example, core questions included in the 1999, 1997 and 1995 US BRFSS asked how often the oldest child under 16 years of age in the household wore a helmet when riding a bicycle. Similarly, in 1995 a core question asked how often the oldest child under 16 used a car safety seat (if under 5) or seatbelt (if 5 or older) when they travelled in a car (CDC, 2002). Many of the US BRFSS injury-related questions in recent years have focused on firearm ownership and behaviours, and have been included in both the core and module components of the system. These include types of firearms owned, firearm storage (e.g. loaded or unloaded, securely

locked away) and whether or not the firearm is carried on the person or in a motor vehicle (CDC, 2002). Other injury topics in recent US BRFSS surveys, though to a lesser degree than firearms, have included the use of seatbelts in vehicles, fire-safety behaviour and smoke alarm ownership, and poisoning prevention behaviours (CDC, 2002). State-added questions in contemporary BRFSS surveys have expanded upon the topics broached in the national core and module injury components to include questions on injury incidence, types of injuries sustained and injury severity (type of treatment required), and helmet-use in activities other than cycling, e.g. snowboarding or in-line skating (CSTE, 2002). Surveys other than the BRFSS appear to ask similar questions in similar ways (see McLeod et al, 2003, Plugge et al, 2002), the authors of one study noting that they used “the traditional survey question relating to injuries in the last year which required medical attention...” (Plugge et al, 2002 p. 27-28).

While these studies add to our understanding of ‘risky’ behaviours and conditions and provide the type of information that is useful for the purposes of priority setting, further information is required for the development of intervention programs. The CATI methodology is ideally suited to the surveillance of the population’s knowledge and attitudes regarding injury and as such can place injury within a social context which can then be used in the planning and enhancement of injury prevention programs (Butchart et al, 2000). This tack has been taken by injury prevention researchers in New Zealand with the explanation that many studies have found that people generally believe that injuries “just happen” and as such injury prevention must seek to raise “awareness about injuries so that they are seen as preventable rather than an inevitable and unavoidable part of life” (Hooper et al, 2003, p. 42). As outlined in a previous section, the authors utilised a CATI methodology to survey over 5000 New Zealand households regarding injury prevention attitudes and awareness and report some promising results. Contrary to the above premise, the majority of householders surveyed (84%) did not view injury to be inevitable, yet beyond installing smoke alarms and having first aid kits in the home, comparatively few respondents reported practising other common methods of injury prevention, such as installing safety glass in windows and doors or having non-slip mats in bathrooms and showers (Hooper et al, 2003). Interestingly, while older people and people of lower socioeconomic status were the most likely to report their homes as being ‘very safe’ or ‘reasonably safe’ they were also the most likely to report the belief that injuries were largely unpreventable (Hooper et al, 2003). While this finding requires further exploration, it has important implications for the direction, and effectiveness, of injury-prevention programs.

4.2 Current Australian risk factor research

Previous research conducted by NISU has collated existing Australian surveys addressing injury-related behaviours, knowledge and attitudes. This research was restricted to the current Strategic Injury Prevention Partnership (SIPP) priority areas, that is; falls in older people, falls in children, drowning and near drowning, and poisoning in children 0–4 years. Contacts were established for this study via a letter to various injury prevention organisations around the nation (for a copy of this communication, see Appendix 1). We note that the response rate from key contacts was considered to be poor.

Contributing organisations included the South Australian Department of Human Services, the New South Wales Health Department, the Health Department of Western Australia, Queensland Health, the Injury Research Centre of the University of WA, Surf Life Saving Australia Ltd, and the Poisons Information Service of the Royal Children's Hospital. Most respondents indicated that their injury prevention priorities were in line with the SIPP priority areas but few of the survey examples provided addressed risk factors as such, rather than incident characteristics of recently-sustained injuries. Suggested topics for further development within surveys addressing injury-related behaviours, knowledge and attitudes included knowledge relating to pool fencing legislation and poisoning risk-minimisation practices. For a full list of injury-related questions collated by NISU from the sources mentioned above, see Appendix 2.

Input into future policy regarding SIPP priority areas for the period 2003–2005 is currently in development (Pointer et al, 2003). While the process is not complete as of this writing, the discussion paper emphasises a population-based approach to injury prevention while maintaining continuity with the previous period's priorities. As such, the proposed six priority areas are; the elderly (75+), children (0–14), emerging adults (15–24), the Aboriginal and Torres Strait Islander population, the rural and remote population, and alcohol and injury. Emphasised within the proposal is the importance of risk factor identification and intervention evaluation. We envisage that an injury-related CATI module is extremely well suited to application in these areas and recommend that development of specific question sets should take account of this emerging policy framework. For example, falls in the elderly was a priority area in the 2001–2003 SIPP policy and the elderly (75+) are a priority population flagged in the new proposal. Analyses of annual hospital separations, deaths data and the 2001 National Health Survey demonstrate an extreme rate of falls in this age group, confirming the area as a priority in injury prevention (ABS, 2002, Cripps & Carman, 2001). In addition, there is a wealth of research which reports that exercise programs targeted to the elderly may help reduce the number of falls in this group (Deery et al, 2000, Shigematsu et al, 2002). However, there is also work which suggests that there are cultural differences within the age group which effect the degree to which people are prepared to undertake such falls-prevention (Lewis et al, 1997). Thus, having set a priority for falls prevention in the elderly on the basis of current injury surveillance, a CATI injury module can be utilised to assess knowledge and attitudes regarding exercise in the elderly population and to explore potential intervention possibilities. For example, the Lewis et al. (1997) study reports that there were distinct cultural differences between types of preferred exercise and that English constituted a significant barrier for elderly immigrants from non-English speaking countries. Once such intervention programs have been developed and instituted, there is then a role for CATI in the evaluation and further development of the injury prevention strategy.

It is apparent in the above example then that we envisage that the types of questions asked in an injury-related CATI module will change according to the status of the injury prevention topic. That is, some questions should remain unchanged for a period of time to enable time series to be accumulated, but other items should be expected to change or to be replaced. Very different questions must be asked in order to help elucidate and validate priority areas than must be asked in order to guide the development of an intervention or to evaluate the performance of an injury prevention

strategy. While the forthcoming SIPP priority areas have been suggested as a focus for the development of a CATI injury module, it is envisaged that the question-selection process will be a continuing task in coming months and further work on this issue is to be expected. Suggestions for the CATI injury module as framed around the proposed 2003–2005 SIPP priority areas can be found in section 0. An initial set of injury-related questions and concepts was submitted through the CATI-TRG process, in mid-2003, for cognitive testing and subsequent field-testing (see section 7.4).

5 Summary

Injury prevention is an important public health issue in Australia. Effective injury prevention practice requires a sound foundation of information. Current methods of injury surveillance provide good analyses of serious injury incidence and broad-scale incident characteristics. However, data pertaining to minor injury incidence is limited. Further, data relating to the population's risk factor exposure, and knowledge, attitudes and awareness regarding injury prevention is sorely lacking. A national population-based surveillance system, utilising CATI techniques, which incorporates these aspects is a highly desirable addition to current injury information systems. While past population-based surveys have indicated that much larger numbers of (minor) injuries occur than is reflected in the analysis of hospital separations data, it is considered that a primary focus on surveillance of the incidence of such injuries would be an under-utilisation of the CATI system's potential. A better match between information needs for injury prevention and the strengths of CATI surveys occurs in another area. Namely, an exploration of the population's knowledge and attitudes regarding injury prevention, flagging risk factor exposure and social variables which may be useful in the development of prevention programs and the evaluation of injury prevention interventions, and well as contribute to the setting of injury prevention priorities. Current and emerging injury prevention policy frameworks should guide specific selection of topics and the framing of CATI survey questions.

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7 Appendices

7.1 Letter to Australian injury prevention organisations

The letter below was sent to a number of representatives of various injury prevention organisations in May 2002.

Dear Colleague

This year we are contemplating the development of a national population survey focussing on community knowledge, attitudes and behaviours relevant to injury and its prevention, and on exposures to particular risk, or protective, factors. The need for this information is outlined in the National Public Health Information Development Plan, which can be down-loaded from:

<http://www.aihw.gov.au/publications/health/nphidp99/>

Injury prevention is poorly served with such information, other than on some road safety issues. The information will complement our national information on injury occurrence and burden.

Injury prevention and control has been recognised as a National Health Priority Area (NHPA) since 1986 (Commonwealth Department of Health and Aged Care, 2001). In August 2001, the Strategic Injury Prevention Partnership¹ (SIPP) released the National Injury Prevention Plan following its endorsement by the Australian Health Ministers' Council. The Plan specified four priority areas for 2001–2003 (Commonwealth Department of Health and Aged Care, 2001). These are:

- Falls in older people;
- Falls in children;
- Drowning and near drowning; and
- Poisoning among children aged 0–4 years

The recent introduction of injury prevention initiatives under the National Injury Prevention Plan, focussing on these priority areas, emphasises the need for information to enable planning and monitoring. The focussed nature of the plan suggests that a

¹ SIPP is the body through which Commonwealth, State and Territory government health agencies and other key organisations and sectors meet on injury prevention and control. SIPP has responsibility for implementing the National Injury Prevention Plan, and its Priorities for 2001–2003.

similarly focussed approach is needed for the selection of data items for surveys. Therefore, the scope of the current project will be restricted to the SIPP priority areas.

It is recognised that survey planning should build on experience with data items that have already been field-tested in Australia and overseas. I am therefore seeking your advice on any such item banks and your recommendation of particular items to be included in the Australian Injury Prevention Survey. In making your recommendations I request that you justify the items in terms of the specific uses of such data, making the justification as applied as possible. In other words, I am asking you to champion the cause of specific items. An unjustified 'wish list' of items can be provided but may not receive the same consideration as a justified list.

If a suitable item bank can be gathered and is clearly justified, we will proceed to plan and cost an implementation via computer aided telephone interviewing (CATI). The implementation will probably occur next financial year.

Please consider that the scope of the project is national and that the available resources for the survey will probably not extend to providing state level estimates with low standard errors. State financial contributions could extend the survey and improve the State level estimates. Please contact me as soon as possible should such resources be available.

Finally, should you be aware of any people in Australia or elsewhere who have special knowledge or expertise relevant to the project, would you please bring them to my attention.

Your reply should be forwarded by Friday 24th May 2002.

Thank you for your assistance.

Yours sincerely,

Peter O'Connor
Assistant Director
1 May 2002

7.2 Documented injury prevention survey items

This table contains a list of the questions received from various injury prevention organisations during research into injury prevention surveys. The table is segmented into the four SIPP injury priority areas.

Item	Sponsor
Falls in older people	
<p>1 D.3 Now I would like to ask you about falls you may have had in the past year—including those falls that did not result in injury as well as those that did.</p> <p>How many falls (including slips, trips and falls to the ground) did you have in the past year? (<i>Single Response. Interviewer note: enter number of falls, enter 999 if unknown.</i>)</p> <p>Enter number of falls ____</p> <p>None—Go to E.</p> <p>Not known (999)</p>	Centre for Population Studies in Epidemiology, SA Department of Human Services
<p>2 D.4 Do you think you are at risk of having another fall? (<i>Single response.</i>)</p> <p>1. Yes</p> <p>2. No—Go to E.</p> <p>3. Don't know</p>	Centre for Population Studies in Epidemiology, SA Department of Human Services
<p>3 D.5 Which of the following would you be prepared to do to reduce the risk of having another fall? (<i>Read Options. Multiple Response.</i>)</p> <p>1. Have home modifications done (eg rails, ramps, non-slip surfaces installed)</p> <p>2. Stop taking sleeping tablets</p> <p>3. Have an exercise class at your home</p> <p>4. Have an education session at your home</p> <p>5. Have a medical check up</p> <p>6. Go to exercise classes outside your home</p> <p>7. Go to education sessions outside your home</p> <p>8. None of the above</p>	Centre for Population Studies in Epidemiology, SA Department of Human Services
<p>4 128. In the last 12 months have you had a fall?</p> <p>1. Yes</p> <p>2. No—Q130</p> <p>3. Don't know—Q130</p> <p>4. Refused—Q130</p>	NSW Health Department (http://www.health.nsw.gov.au/public-health/ophs99/ophs1999.pdf)
<p>5 129. In the last 12 months have you had a fall which required medical treatment for injuries?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't know</p> <p>4. Refused</p>	NSW Health Department (http://www.health.nsw.gov.au/public-health/ophs99/ophs1999.pdf)

6	130. Are you afraid of falling? 1. Yes 2. No—Q132 3. Don't know—Q132 4. Refused—Q132	NSW Health Department (http://www.health.nsw.gov.au/public-health/ophs99/ophs1999.pdf)
7	131. Would you say you are somewhat, fairly, or very afraid of falling? 1. Not at all 2. Somewhat afraid 3. Fairly afraid 4. Very afraid 5. Don't know 6. Refused	NSW Health Department (http://www.health.nsw.gov.au/public-health/ophs99/ophs1999.pdf)
8	132. Do you currently use any personal alert or alarm in case you have a fall or other emergency? 1. Yes 2. No 3. Don't know 4. Refused	NSW Health Department (http://www.health.nsw.gov.au/public-health/ophs99/ophs1999.pdf)
9	133. Would you consider doing a program of gentle exercise in order to reduce your chances of falling? 1. Yes 2. No—Q135 3. Already do exercise—Q135 4. Don't know—Q135 5. Refused—Q135	NSW Health Department (http://www.health.nsw.gov.au/public-health/ophs99/ophs1999.pdf)
10	134. Would you consider: (<i>Multiple Response.</i>) 1. Walking? 2. Gentle exercises at home? 3. Gentle exercises in a group? 4. Dancing 5. Any other exercise which you would like to do? (specify) _____ 6. Don't know 7. Refused	NSW Health Department (http://www.health.nsw.gov.au/public-health/ophs99/ophs1999.pdf)
11	In the last 12 months how many injuries have you had that required treatment? (<i>Single Response. Interviewer note: The Royal Flying Doctors is included.</i>) Enter number ()	Health Department of Western Australia
12	How many of these injuries were falls? (<i>Asked in older persons survey only. Single Response.</i>) Enter number ()	Health Department of Western Australia

13	Which of the following types of health services did you attend for treatment for your injury / injuries? (Read options. Multiple response.) 1. Primary health care eg. general practitioner, community health centre, community or district nurses 2. Hospital based services eg. accident & emergency department 3. Allied health services eg physiotherapist, chiropractor, Acupuncturist, naturopath, osteopath, podiatrist 4. Dental services 5. A mental health service eg. psychiatrist, psychologist or counsellor 6. None of the above	Health Department of Western Australia
14	FA1. In the past 12 months have you had a fall? 1. Yes 2. No (next module)	Injury Research Centre, University of WA
15	FA2. Where did the fall occur? 1. Inside residence (go to FA3) 2. Outside residence (go to FA4)	Injury Research Centre, University of WA
16	FA3. Could you specify the place where the fall occurred? 1. Hall 2. Laundry 3. Bathroom 4. Dining room 5. Toilet 6. Lounge 7. Family room 8. Bedroom 9. Access points 10. Stairwell 11. Kitchen 12. Other (specify)_____	Injury Research Centre, University of WA
17	FA3(a). Which of the following risk factors / hazards contributed to your fall? 1. Stairs/steps 2. Furniture/furnishings 3. Floor conditions 4. Mat/rug 5. Cord 6. Slippery flooring (dry) 7. Slippery floor (wet) 8. Object on floor 9. Other (specify)_____	Injury Research Centre, University of WA

18	FA4. Could you specify the place where the fall occurred?	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Garden 2. Garage/Shed 3. Verandah/patio 4. Inside another house 5. Public buildings/offices/shops 6. Roads 7. Footpath 8. Transport 9. Parking area 10. Open space/sporting 11. Other (specify) _____ 	
19	FA4(a). Which of the following risk factors / hazards contributed to your fall?	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Outdoor fixture/reticulation/potplants 2. Gardening tools (eg wheelbarrow) 3. Ground irregularity 4. Ladder/tree/other height 5. Garden hose 6. Slippery ground (dry) 7. Slippery ground (wet) 8. Object on ground 9. Pet 10. Other (specify)_____ 11. No risk factor/hazard 	
20	FA5. Under which of the following circumstances did you fall?	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Trip 2. Slip 3. Overbalanced 4. Fainted 5. Dizzy 6. Don't know 7. Legs gave way 8. Illness 9. Other (specify)_____ 	
21	FA7. Were you injured?	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. No (Skip FA8, go to FA9) 2. Bruises 3. Cut/Graze 4. Back pain 5. Strain/Sprain 6. Fracture 7. Other (specify)_____ 	

22	<p>FA8. Did you go to the hospital, GP or other place for medical care because of the fall?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused 5. N/A (Skip) 	Injury Research Centre, University of WA
23	<p><i>FALLS—ONLY ASKED OF RESPONDENTS AGED 65 YEARS AND OVER</i></p> <p>Fall 1. The next few questions are about injuries related to falls</p> <p>Have you suffered an accidental fall in the last 12 months? By a fall, I mean where you accidentally lost your balance, tripped or slipped and found yourself on the floor or ground.</p> <ol style="list-style-type: none"> 1. Yes 2. No—skip to FBI1 3. No response—skip to FBI1 	Omnibus Survey 2001, Queensland Health
24	<p>Fall 3. Now, thinking about your most recent fall, what sort of activity were you doing when you had this fall?</p> <p><i>(Interviewer: Do not read out options except to clarify.)</i></p> <ol style="list-style-type: none"> 1. Walking 2. Gardening/farming/maintenance work 3. Going up or down steps/stairs 4. Housework/domestic activities 5. Shopping 6. Showering/bathing/dressing etc 7. Standing up 8. Recreation/sport 9. Other (specify) 10. Don't know 	Omnibus Survey 2001, Queensland Health
25	<p>Fall 4. What sort of factors do you think contributed to your last fall? Would you say...?</p> <p><i>(Interviewer: Read out options 1—9, can choose more than one option.)</i></p> <ol style="list-style-type: none"> 1. Poor eye sight 2. Loss of balance or dizziness 3. Surfaces that were slippery, cluttered or uneven 4. Objects such as furniture or any other object 5. Loose mats or rugs 6. Clothing or footwear 7. Stairs in need of repair 8. Stairs that were steep or narrow or without a handrail 9. Any other factors (specify) 10. Don't know 11. Refused to answer 	Omnibus Survey 2001, Queensland Health

26	Fall 5. Did you go to a hospital casualty department as a result of your most recent fall? 1. Yes 2. No 3. No response	Omnibus Survey 2001, Queensland Health
27	Fall 5(b). Were you ADMITTED to hospital as a result of your most recent fall? 1. Yes—skip to Fall 7 2. No 3. No response	Omnibus Survey 2001, Queensland Health
28	Fall 5(c). Did you need to seek medical treatment from a doctor, nurse, ambulance or pharmacist for this fall? 1. Yes 2. No 3. No response	Omnibus Survey 2001, Queensland Health
29	Fall 6. Did your most recent fall affect your usual daily activities FOR MORE THAN ONE DAY? 1. Yes 2. No 3. Don't know 4. Refused to answer	Omnibus Survey 2001, Queensland Health
30	Fall 7. As a result of this fall, did you hurt yourself so you were less able to do things like...? <i>(Interviewer: Read out categories 1–4.)</i> <i>(Interviewer: Multiple responses allowed—tick all that apply.)</i> 1. Bathe, dress or toilet 2. (What about) cook or perform household tasks/chores 3. (And) do your shopping or visit friends or family 4. (And) other social activities you usually do like bowls, golf and social clubs 5. None of the above 6. Don't know 7. Refused to answer	Omnibus Survey 2001, Queensland Health
31	Fall 8. As a result of this fall, are you less confident about doing any of the following things like... <i>(Interviewer: Read out categories 1–4.)</i> <i>(Interviewer: Multiple responses allowed—tick all that apply.)</i> 1. Bathe, dress or toilet 2. (What about) cook or perform household tasks/chores 3. (And) do your shopping or visit friends or family 4. (And) other social activities you usually do like bowls, golf and social clubs 5. None of the above 6. Don't know 7. Refused to answer	Omnibus Survey 2001, Queensland Health

32	<p><i>Target population – people aged 60 years and over.</i></p> <p>Q1 Firstly, I'd like to ask you some general questions about older people falling over. By a fall, I mean where people accidentally lose their balance, trip or slip and find themselves on the floor or ground. I am going to say a sentence and ask you if you agree or disagree.</p> <p>Older people fall and there is nothing that can be done about it. Would you say you agree or disagree?</p> <p><i>(INTERVIEWER: if R asks this question is about preventing falls.)</i></p> <p><i>(INTERVIEWER: probe for STRONGLY, or just DIS/AGREE.)</i></p> <ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Neither agree nor disagree 6. Don't know 7. Refused to answer 	<p>Falls reduction community baseline survey, Queensland Health</p>
33	<p>Q2 This question is about your chance of falling.</p> <p>Do you think your chance of falling is:</p> <p><i>(INTERVIEWER: Read highlighted categories 1–3)</i></p> <ol style="list-style-type: none"> 1. Low 2. Medium 3. High 4. Don't know 5. Refused to answer 	<p>Falls reduction community baseline survey, Queensland Health</p>
34	<p>Q3 How high a priority is preventing falls for you? Would you say:</p> <p><i>(INTERVIEWER: Read highlighted options 1–5)</i></p> <p><i>(INTERVIEWER: If they make comment as to why it is a priority, please note using F2)</i></p> <ol style="list-style-type: none"> 1. Very high priority 2. High priority 3. Medium priority 4. Low Priority 5. Very low priority 6. Don't know 7. Refused to answer 	<p>Falls reduction community baseline survey, Queensland Health</p>
35	<p>Q4 The next few questions are about injuries related to falls. By a fall I mean where you accidentally lost your balance, tripped or slipped and found yourself on the floor or ground.</p> <p>Have you suffered a fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (ans=1) skip to Q5</p> <p>if (ans>1) skip to Q12a</p>	<p>Falls reduction community baseline survey, Queensland Health</p>

36	<p>Q5 How many times did you fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Once 2. Twice 3. Three times or more 4. Don't know 5. Refused to answer 	Falls reduction community baseline survey, Queensland Health
37	<p>Q6 Have you suffered any injuries as a result of any fall in the last 12 months? By injuries we mean anything from bruises or cuts to broken bones or concussion.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (Q5=1) show "the fall you had in the"</p>	Falls reduction community baseline survey, Queensland Health
38	<p>Q7 Did you go to a hospital as a result of any fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (Q5=1) show "this fall?"</p> <p>if (ans>1) skip to Q9</p>	Falls reduction community baseline survey, Queensland Health
39	<p>Q8 Were you ADMITTED to the hospital as a result of any fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (Q5=1) show "your fall"</p> <p>if (Q8=1) & if (Q6>1) skip to Q11</p> <p>otherwise if (Q8=1) skip to Q10</p>	Falls reduction community baseline survey, Queensland Health
40	<p>Q9 Did you need to get medical treatment from a health professional like a doctor, nurse, ambulance, chiropractor, physiotherapist or pharmacist for any fall in the 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (Q5=1) show "your fall in the last 12 months?"</p> <p>if (Q6>1) & if (Q5=1) skip to Q12a</p> <p>otherwise if (Q6>1) skip to Q11</p>	Falls reduction community baseline survey, Queensland Health

41	<p>Q10 The next question asks you about your most SERIOUS fall in the last 12 months. What sort of injury or injuries did you suffer in your most serious fall in the last 12 months? Would you say:</p> <p><i>(INTERVIEWER: Read highlighted options 1–8.)</i></p> <p><i>(INTERVIEWER: Multiple responses allowed.)</i></p> <ol style="list-style-type: none"> 1. Pain 2. Bruises 3. Cuts or grazes 4. Broken bones 5. Dislocation 6. Sprain or strain 7. Unconsciousness 8. Concussion 9. Other (please specify) 10. None of the above 11. Don't know 12. Refused to answer 13. EXIT 	<p>Falls reduction community baseline survey, Queensland Health</p>
<p>if (Q5=1) skip to Q12a</p>		
42	<p>Q11 The next question asks you about your most RECENT fall. Did you go to a hospital as a result of your most recent fall?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	<p>Falls reduction community baseline survey, Queensland Health</p>
43	<p>Q12a I am now going to ask some questions about whether you have talked about various health issues with a health professional such as a doctor, nurse, pharmacist, physiotherapist, chiropractor and so on. Have you ever discussed ways of preventing or reducing falls with a health professional?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	<p>Falls reduction community baseline survey, Queensland Health</p>
<p>if (ans>1) skip to Q13a</p>		
44	<p>Q12b Who did you talk to about this?</p> <p><i>(INTERVIEWER: Prompt with "is there anyone else?")</i></p> <p><i>(INTERVIEWER: Multiple responses allowed.)</i></p> <ol style="list-style-type: none"> 1. Doctor 2. Pharmacist 3. Nurse 4. Physiotherapist 5. Podiatrist 	<p>Falls reduction community baseline survey, Queensland Health</p>

	6. Chiropractor	
	7. Other (specify)	
	8. Don't know	
	9. Refused to answer	
	10. EXIT	
45	Q13a Have you ever discussed with a health professional about exercise or physical activities you might do, remembering that health professionals may include doctors, nurses, pharmacists, physiotherapists, chiropractors and so on?	Falls reduction community baseline survey, Queensland Health
	1. Yes	
	2. No	
	3. Don't know	
	4. Refused to answer	
	if (ans>1) skip to Q14a	
46	Q13b Who did you talk to about this? (INTERVIEWER: Prompt with "is there anyone else?") (INTERVIEWER: Multiple responses allowed.)	Falls reduction community baseline survey, Queensland Health
	1. Doctor	
	2. Pharmacist	
	3. Nurse	
	4. Physiotherapist	
	5. Podiatrist	
	6. Chiropractor	
	7. Other (specify)	
	8. Don't know	
	9. Refused to answer	
	10. EXIT	
47	Q14a Have you ever discussed with a health professional about whether you need to use anything to assist you when you walk?	Falls reduction community baseline survey, Queensland Health
	1. Yes	
	2. No	
	3. Don't know	
	4. Refused to answer	
	if (ans>1) skip to Q15a	
48	Q14b Who did you talk to about this? (INTERVIEWER: Prompt with "is there anyone else?") (INTERVIEWER: Multiple responses allowed.)	Falls reduction community baseline survey, Queensland Health
	1. Doctor	
	2. Pharmacist	
	3. Nurse	
	4. Physiotherapist	

	<ul style="list-style-type: none"> 5. Podiatrist 6. Chiropractor 7. Other (specify) 8. Don't know 9. Refused to answer 10. EXIT 	
49	<p>Q15a If you currently take prescription medications have you talked to a health professional about any possible side effects from these?</p> <p><i>(INTERVIEWER: Medications = prescribed only)</i></p> <ul style="list-style-type: none"> 1. Yes 2. No 3. Don't take medications 4. Don't know 5. Refused to answer <p>if (ans=3) skip to Q17 if (ans>1) skip to Q16</p>	Falls reduction community baseline survey, Queensland Health
50	<p>Q15b Who did you talk to about this?</p> <p><i>(INTERVIEWER: Prompt with "is there anyone else?")</i></p> <p><i>(INTERVIEWER: Multiple responses allowed.)</i></p> <ul style="list-style-type: none"> 1. Doctor 2. Pharmacist 3. Nurse 4. Physiotherapist 5. Podiatrist 6. Chiropractor 7. Other (specify) 8. Don't know 9. Refused to answer 10. EXIT 	Falls reduction community baseline survey, Queensland Health
51	<p>Q16 How many prescription medications do you currently take?</p> <ul style="list-style-type: none"> 1. One 2. Two 3. Three 4. Four or more 5. None 6. Don't know 7. Refused to answer 	Falls reduction community baseline survey, Queensland Health
52	<p>Q17 This question is about shoes. How often do you wear low-heeled shoes with a non-slip sole? Would you say:</p> <p><i>(INTERVIEWER: Read out highlighted options 1–4)</i></p> <ul style="list-style-type: none"> 1. Daily or almost daily (6–7 days per week) 2. Several days per week (3–5 days per week) 	Falls reduction community baseline survey, Queensland Health

	<ol style="list-style-type: none"> 3. 1–2 days per week 4. Less than once a week 5. Don't know 6. Refused to answer 	
53	<p>Q18 This question is about making changes to your home to prevent you from falling. Have you, or someone else, made changes to your home to prevent falls?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
54	<p>Q19 Have you had your eyes checked in the past 2 to 3 years?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
55	<p>Q20 How many times a day would you have a serve of high-calcium food (like dairy products, soy products, or canned fish with bones)?</p> <p><i>(INTERVIEWER: If people ask what is "a serve" say: "Examples of one serve are: a cup of milk; a small tub of yogurt; a cup of custard; 40 grams/ two slices of cheese").</i></p> <p><i>(INTERVIEWER: If participant says "it varies" ask how many serves on a normal/typical day).</i></p> <p><i>(INTERVIEWER: Please note—do not include calcium supplements).</i></p> <ol style="list-style-type: none"> 1. Three or more times 2. 1–2 times 3. Never/ rarely 4. Don't know 5. Refused to answer 	Falls reduction community baseline survey, Queensland Health
56	<p>Q21a Do you use a wheel chair to get about?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (ans>1) skip to Q21b</p>	Falls reduction community baseline survey, Queensland Health
57	<p>Q21a(i) Do you use the wheel chair inside the home only, outside the home only or both inside and outside the home?</p> <ol style="list-style-type: none"> 1. Inside home only 2. Outside home only 3. Both inside and outside home 4. Other (specify) 5. Don't know 6. Refused to answer <p>if (ans=3) skip to Q28</p>	Falls reduction community baseline survey, Queensland Health

58	Q21b Do you use a walking aid? 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
	if (ans>1) skip to Q22	
59	Q21b(i) Do you use the walking aid inside the home only, outside the home only or both inside and outside the home? 1. Inside home only 2. Outside home only 3. Both inside and outside home 4. Other (specify) 5. Don't know 6. Refused to answer	Falls reduction community baseline survey, Queensland Health
60	Q22 Next I have some questions about your physical activities in a usual week. Firstly, I am going to ask you about moderate physical activities and then I am going to ask you about vigorous physical activities. This question is about moderate activities which cause some increase in breathing or heart rate. They may include things like brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate. The question is; in a usual week, do you do moderate activities for at least 10 minutes at a time? 1. Yes 2. No 3. Don't know 4. Refused to answer	
	if (ans>1) skip to Q24	
61	Q22a And on how many days do you do moderate activities for at least 10 minutes at a time?	Falls reduction community baseline survey, Queensland Health
62	Q23 On days when you do moderate activities for at least 10 minutes at a time, how much total time in the day do you spend doing these activities? 1. Specified time in HOURS and MINUTES per day 2. Don't know 3. Refused to answer	Falls reduction community baseline survey, Queensland Health
	if (ans>1) skip to Q24	
63	Q23h <i>INTERVIEWER: Type in the number of whole HOURS and enter the number of minutes on the next screen (exact or approximate)</i> _____ HOURS per day	Falls reduction community baseline survey, Queensland Health
64	Q23m <i>INTERVIEWER: Type in the number of MINUTES (half an hour = 30 minutes)</i> _____ MINUTES per day	Falls reduction community baseline survey, Queensland Health

65	<p>Q24 This question is about vigorous activities which cause large increases in breathing or heart rate. They may include things like running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate.</p> <p>The question is; in a usual week, do you do vigorous activities for at least 10 minutes at a time?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (ans>1) skip to Q26</p>	Falls reduction community baseline survey, Queensland Health
66	<p>Q24a And on how many days do you do vigorous activities for at least 10 minutes at a time?"</p>	Falls reduction community baseline survey, Queensland Health
67	<p>Q25 On days when you do vigorous activities for at least 10 minutes at a time, how much total time in the day do you spend doing these activities?</p> <ol style="list-style-type: none"> 1. Specified time in HOURS AND MINUTES per day 2. Don't know 3. Refused to answer <p>if (ans>1) skip to Q26</p>	Falls reduction community baseline survey, Queensland Health
68	<p>Q25h <i>INTERVIEWER: Type in the number of whole HOURS and enter the number of minutes on the next screen (exact or approximate)</i></p> <p>_____ HOURS per day</p>	Falls reduction community baseline survey, Queensland Health
69	<p>Q25m <i>INTERVIEWER: Type in the number of MINUTES (half an hour = 30 minutes)</i></p> <p>_____ MINUTES per day</p>	Falls reduction community baseline survey, Queensland Health
70	<p>Q26 Now I am going to ask you about specific activities. You might have already told me about these, but I need you to tell me again.</p> <p>In a usual week, do you walk at least 10 minutes at a time for recreation, exercise, while at work, to get to and from places, or for any other reason?</p> <p><i>(INTERVIEWER: Note that this includes any intensity of walking, not just "brisk" walking)</i></p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (ans>1) skip to Q28</p>	Falls reduction community baseline survey, Queensland Health
71	<p>Q26a And on how many days do you walk at least 10 minutes at a time?</p>	Falls reduction community baseline survey, Queensland Health

72	<p>Q27 On days when you walk for at least 10 minutes at a time, how much total time in the day do you spend walking?</p> <ol style="list-style-type: none"> 1. Specified time in HOURS and MINUTES per day 2. Don't know 3. Refused to answer <p>if (ans>1) skip to Q28</p>	Falls reduction community baseline survey, Queensland Health
73	<p>Q27h <i>INTERVIEWER: Type in the number of whole HOURS and enter the number of minutes on the next screen (exact or approximate)</i></p> <p>_____ HOURS per day</p>	Falls reduction community baseline survey, Queensland Health
74	<p>Q27m <i>INTERVIEWER: Type in the number of MINUTES (half an hour = 30 minutes)</i></p> <p>_____ MINUTES per day</p>	Falls reduction community baseline survey, Queensland Health
75	<p>Q28 In a usual week, do you do any activities to increase your muscle strength or your muscle tone? This might include lifting weights, pull-ups, push-ups, or sit-ups.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (ans>1) skip to Q29</p>	Falls reduction community baseline survey, Queensland Health
76	<p>Q28a And on how many days do you do these activities?</p>	Falls reduction community baseline survey, Queensland Health
77	<p>Q29 The next questions are about your health now and your current daily activities. In general, would you say your health is:</p> <p><i>(INTERVIEWER: Read out highlighted options 1–5)</i></p> <ol style="list-style-type: none"> 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor 6. Don't know 7. Refused to answer 	Falls reduction community baseline survey, Queensland Health

78	<p>Q30 In general, does your physical health limit the kind of work or other regular daily activities you do? Would you say:</p> <p><i>(INTERVIEWER: Read out highlighted options 1–5)</i></p> <ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Or extremely 6. Don't know 7. Refused to answer 	Falls reduction community baseline survey, Queensland Health
79	<p>Q31a Have you experienced any of the following in the past 12 months?</p> <p>Problems with balance</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
80	<p>Q31b Have you experienced...</p> <p>Feeling dizzy when you get up</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
81	<p>Q31c Have you experienced...</p> <p>Dizziness at other times or fainting spells</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
82	<p>Q31d Have you experienced...</p> <p>Pain in the chest</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
	Skip to Q31ei	

83	<p>Q31e Have you experienced... Problems with hearing</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>* This question was originally asked instead of Q31ei.</p>	Falls reduction community baseline survey, Queensland Health
84	<p>Q31ei Have you experienced... Hearing problems that weren't correctable by hearing aids</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>Skip to Q31fi</p>	Falls reduction community baseline survey, Queensland Health
85	<p>Q31f Have you experienced... Problems with vision</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>* This question was originally asked instead of Q31fi</p>	Falls reduction community baseline survey, Queensland Health
86	<p>Q31fi Have you experienced... Vision problems that weren't correctable by glasses</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
87	<p>Q31g Have you experienced... Muscle stiffness or weakness</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
88	<p>Q31h Have you experienced... Incontinence <i>(INTERVIEWER: Incontinence = weak bladder)</i></p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health

89	Q31i Have you experienced... Feeling depressed or anxious 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
90	Q32a Has a doctor said you have, or have ever had, any of the following? Arthritis (osteoarthritis, rheumatoid arthritis) 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
91	Q32b Has a doctor said you have, or have ever had... Osteoporosis (thinning of the bones) 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
92	Q32c Has a doctor said you have, or have ever had... Parkinson's disease 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
93	Q32d Has a doctor said you have, or have ever had... Angina 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
94	Q32e Has a doctor said you have, or have ever had... Heart attack or heart disease 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
95	Q32f Has a doctor said you have, or have ever had... High blood pressure 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health

96	Q32g Has a doctor said you have, or have ever had... Emphysema or lung disease 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
97	Q32h Has a doctor said you have, or have ever had... Stroke 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
98	Q32l Has a doctor said you have, or have ever had... Diabetes <i>(INTERVIEWER: if Gestational diabetes attach an F2 note and choose "yes")</i> 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
99	Q33a We would now like to ask whether you have heard or seen any information about certain issues. In the last 12 months, do you recall hearing or seeing anything about the following issues? Preventing falls in older people 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
100	Q33b In the last 12 months, do you recall hearing or seeing anything about... Making changes to homes to prevent falls 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health
101	Q33c In the last 12 months, do you recall hearing or seeing anything about... Physical activity or exercising for older people 1. Yes 2. No 3. Don't know 4. Refused to answer	Falls reduction community baseline survey, Queensland Health

102	<p>Q33d In the last 12 months, do you recall hearing or seeing anything about... Diet or healthy eating for older people</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
103	<p>Q33e In the last 12 months, do you recall hearing or seeing anything about... Checking medications for older people</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
104	<p>Q34 As far as you know, does your local council do anything to reduce falls among older people?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Falls reduction community baseline survey, Queensland Health
105	<p><i>Target population—people aged 60 years and over</i></p> <p>F4 The next few questions are about injuries related to falls. By a fall I mean where you accidentally lost your balance, tripped or slipped and found yourself on the floor or ground.</p> <p>Have you suffered a fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer <p>if (ans=1) skip to F5 if (ans>1) skip to Fallend</p>	Omnibus 2002 Falls among older persons, Queensland Health
106	<p>F5 How many times did you fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Once 2. Twice 3. Three times or more 4. Don't know 5. Refused to answer 	Omnibus 2002 Falls among older persons, Queensland Health
107	<p>F6 Have you suffered any injuries as a result of (any fall/the fall you had) in the last 12 months? By injuries we mean anything from bruises or cuts to broken bones or concussion.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	Omnibus 2002 Falls among older persons, Queensland Health

108	<p>F7 Did you go to a hospital as a result of (any/this) fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	<p>Omnibus 2002 Falls among older persons, Queensland Health</p>
if (ans>1) skip to F9		
109	<p>F8 Were you ADMITTED to the hospital as a result of (any/your) fall in the last 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	<p>Omnibus 2002 Falls among older persons, Queensland Health</p>
<p>if (ans=1) if (F6>1) skip to F11 endif skip to F10 if (F7=1) skip to F10</p>		
110	<p>F9 Did you need to get medical treatment from a health professional like a doctor, nurse, ambulance, chiropractor, physiotherapist or pharmacist for (any/your) fall in the 12 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused to answer 	<p>Omnibus 2002 Falls among older persons, Queensland Health</p>
<p>if (F6>1) if (F5=1) skip to Fallend endif skip to F11 endif</p>		
111	<p>F10The next question asks you about your most SERIOUS fall in the last 12 months. What sort of injury or injuries did you suffer in your most serious fall in the last 12 months? Would you say:</p> <p><i>(INTERVIEWER: Read highlighted options 1-8)</i></p> <p><i>(INTERVIEWER: Multiple responses allowed)</i></p> <ol style="list-style-type: none"> 1. Pain 2. Bruises 3. Cuts or grazes 4. Broken bones 5. Dislocation 6. Sprain or strain 	<p>Omnibus 2002 Falls among older persons, Queensland Health</p>

	<p>7. Unconsciousness</p> <p>8. Concussion</p> <p>9. Other (please specify)</p> <p>10. None of the above</p> <p>11. Don't know</p> <p>12. Refused to answer</p> <p>13. EXIT</p> <p>if (F5=1) skip to Fallend</p> <p>if (F7=2) skip to Fallend</p>	
112	<p>F11 The next question asks you about your most RECENT fall. Did you go to a hospital as a result of your most recent fall?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't know</p> <p>4. Refused to answer</p>	Omnibus 2002 Falls among older persons, Queensland Health
Falls in children		
113	<p>FA9 In the past 12 months, did any of the children under the age of 15 living in the residence fall?</p> <p>1. Yes (FA9A)</p> <p>2. No (next module)</p> <p>3. Don't know (next module)</p> <p>4. Refused (next module)</p>	Injury Research Centre, University of WA
114	<p>FA9A Who fell? (Mark each kid who fell)</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't know</p> <p>4. Refused</p> <p>5. N/A (Skip)</p>	Injury Research Centre, University of WA
115	<p>FA10 Did each child noted in FA9A go to the hospital, GP or other place for medical care because of the fall?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't know</p> <p>4. Refused</p> <p>5. N/A (Skip)</p>	Injury Research Centre, University of WA
116	<p><i>QUESTIONS INJ2–INJ12 ARE ASKED OF PARENT/CARE GIVER WITH A CHILD / CHILDREN 5–9 YEARS</i></p> <p>Inj2 Do you have an outdoor trampoline?</p> <p><i>(INTERVIEWER: This does not include the small circular exercise trampolines)</i></p> <p>Yes</p> <p>No (skip to Inj10)</p> <p>Refused to answer (skip to Inj10)</p>	Omnibus 2001, Queensland Health

117	Inj3 Is the trampoline usually in the shade when being used? 1. Yes 2. No 3. Trampoline not used—skip to Inj10 4. Other (specify) 5. Refused to answer	Omnibus 2001, Queensland Health
118	Inj4 What type of surface does your trampoline stand on whilst being used? 1. Grass 2. Cement 3. Pavers 4. Bitumen 5. Other (specify) 6. Refused to answer	Omnibus 2001, Queensland Health
119	Inj5 Does your trampoline have padding covering all of the springs on the trampoline? 1. Yes 2. No 3. Don't know 4. Refused to answer	Omnibus 2001, Queensland Health
120	Inj6 Approximately how often is the trampoline checked for safety—that is for fraying or missing or rusted springs? 1. Never 2. Less than once a year 3. Once a year / every 12 months 4. 2–3 times a year / every 4–6 months 5. 6 times a year / every 2–3 months 6. More than 6 times a year / more often than every 2 months 7. Other (specify) 8. Trampoline is new 9. Don't know 10. Refused to answer	Omnibus 2001, Queensland Health
121	Inj10 Do you have any other children's outdoor play equipment, like slides and swings, at home? <i>(INTERVIEWER: Play equipment does NOT include basketball hoops. Play equipment includes anything that can potentially cause injury—tyres tied to trees are included)</i> 1. Yes 2. No (skip to next relevant section) 3. Other (specify) 4. No response (skip to next relevant section)	Omnibus 2001, Queensland Health

122	Inj11 Is this equipment usually in the shade when being used? 1. Yes 2. No 3. Outdoor play equipment not used (skip to next relevant section) 4. Other (specify) 5. No response	Omnibus 2001, Queensland Health
123	Inj12 Approximately how often is the equipment checked for safety? 1. Never 2. Less than once a year 3. Once a year / every 12 months 4. 2–3 times a year / every 4–6 months 5. 4–6 times a year / every 2–3 months 6. More than six times a year / more often than every 2 months 7. Other (specify) 8. Don't know 9. Refused to answer	Omnibus 2001, Queensland Health
Drowning and near drowning		
124	Q7 Over the past 4 years, do you think that community awareness of water safety has increased, decreased or hasn't changed much? 1. Increased 2. Decreased 3. Hasn't changed much <i>(DO NOT READ 8=UNSURE 9=REFUSED)</i>	NSW Health Department, Safewaters evaluation
125	Q8 What proportion of drownings in NSW do you think could be prevented? <i>(READ SCALE)</i> 1. Nearly all of them 2. More than half 3. About half 4. Less than half 5. Hardly any <i>(DO NOT READ 8=UNSURE 9=REFUSED)</i>	NSW Health Department, Safewaters evaluation
126	Q9 Compared to 4 years ago, do you think MORE or LESS is being done to prevent drownings or near drownings? 1. More being done 2. Less being done 3. Hasn't been much change <i>(DO NOT READ 8=UNSURE 9=REFUSED)</i>	NSW Health Department, Safewaters evaluation

127	<p>Q10 Thinking about the number of drownings that do occur in NSW, over the last 4 years, do you think the number of drownings has increased, decreased, or hasn't changed much?</p> <ol style="list-style-type: none"> 1. Increased 2. Decreased 3. Hasn't changed much <p><i>(DO NOT READ 8=UNSURE 9=REFUSED)</i></p>	NSW Health Department, Safewaters evaluation
128	<p>Q10a What do you think would be the most effective way of reducing the number of people who drown in NSW?</p> <p>_____</p> <p><i>(99= DON'T KNOW/CAN'T THINK OF ANYTHING)</i></p>	NSW Health Department, Safewaters evaluation
129	<p>!RANDOM (ITEMS IN THIS QUESTION WILL BE ASKED IN A RANDOM ORDER)</p> <p>Q11 Now I am going to ask you if you agree or disagree that the following may increase the chances of drowning. In your opinion, on a scale of 1 to 5 where:</p> <ol style="list-style-type: none"> 1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree, and 5=Stongly agree <p><i>(DO NOT READ 8=DON'T KNOW 9=REFUSED)</i></p> <p>Do you think (ITEM) increases the chances of drowning?</p> <ul style="list-style-type: none"> - being a tourist visiting a new area - being a child under 5 years - being caught in a rip in the surf - poor swimming ability - consuming alcohol before swimming - swimming alone in the surf, lake or river - unseen submerged objects that may hinder a person - diving into water without checking the depth first - not swimming between the red and yellow flags - being unfamiliar with the water location 	NSW Health Department, Safewaters evaluation
130	<p>!RANDOM (ITEMS IN THIS QUESTION WILL BE ASKED IN A RANDOM ORDER)</p> <p>Q12 The next question asks how often you do certain things. The scale is;</p> <ol style="list-style-type: none"> 1=Always 2=Mostly 3=Sometimes 4=Rarely 5=Never <p><i>(DO NOT READ 7=NOT APPLICABLE/NOT APPROPRIATE 8=DON'T KNOW 9=REFUSED)</i></p>	NSW Health Department, Safewaters evaluation

Could you tell me how often you (ITEM)

- swim between the flags when at the beach
- walk alone after dark
- wear sunscreen when outdoors
- swim at patrolled beaches
- lock your car up
- avoid being in dangerous areas alone
- swim alone in the surf, lake or river
- check the depth of water before jumping or diving in
- drink and drive
- check for and be aware of strong currents in rivers or at the beach
- check the temperature of the bath water before getting in
- avoid talking on the phone during a thunderstorm
- check for submerged objects in rivers, lakes or dams before diving in
- wear shoes when walking on the beach
- keep a good eye out when others are in the water
- avoid travelling on public transport alone at night
- check for traffic, left and right, before crossing the street
- check who is around before drawing money from an ATM (automatic teller machine)
- ensure everyone has a lifejacket if out on a boat
- take regular breaks when driving long distances
- ensure that young children are constantly supervised when they are in the water
- avoid swimming near board riders

131	Q13 Have you been in or on the water at a pool, beach, lake, river or dam IN THE PAST 2 WEEKS? 1. Yes 2. No 3. Don't know 9. Refused	NSW Health Department, Safewaters evaluation
132	Q14 Do you have a swimming pool at your home? 1. Yes 2. No 3. Don't know 9. Refused	NSW Health Department, Safewaters evaluation
133	IF Q14=1 Q15 Is the pool fenced from the house? 1. Yes 2. No 3. Don't know 4. 9. Refused	NSW Health Department, Safewaters evaluation

134	<p>IF Q14=1</p> <p>Q16 Are there self-closing gates installed?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 9. Refused 	NSW Health Department, Safewaters evaluation
135	<p>IF Q14=1</p> <p>Q17 How often would you use the family pool in summer? (<i>READ SCALE</i>)</p> <ol style="list-style-type: none"> 1. Everyday 2. 3–6 days a week 3. 1–2 days a week 4. 1–2 times a month 5. 1–2 times during summer <p>(<i>DO NOT READ 7=DON'T USE THE POOL 8=DON'T KNOW 9=REFUSED</i>)</p>	NSW Health Department, Safewaters evaluation
136	<p>If Q17=3.or.Q17=4.or.Q17=5</p> <p>Q18 When you do use the pool is it usually on weekdays or the weekend?</p> <ol style="list-style-type: none"> 1. Weekdays 2. Weekends 3. Either/both weekdays and weekends <p>(<i>DO NOT READ 8=DON'T KNOW 9=REFUSED</i>)</p>	NSW Health Department, Safewaters evaluation
137	<p>Q19 How often would you go to the beach in summer? (<i>READ SCALE</i>)</p> <ol style="list-style-type: none"> 1. Everyday 2. 3–6 days a week 3. 1–2 days a week 4. 1–2 times a month 5. 1–2 times during summer <p>(<i>DO NOT READ 7=DON'T GO TO THE BEACH 8=DON'T KNOW 9=REFUSED</i>)</p>	NSW Health Department, Safewaters evaluation
138	<p>If Q19=3.or.Q19=4.or.Q19=5</p> <p>Q20 When you do go to the beach is it usually on weekdays, the weekend or while you are on holidays?</p> <ol style="list-style-type: none"> 1. Weekdays 2. Weekends 3. Either/both weekdays and weekends 4. ONLY on holidays 5. Holidays plus weekdays or weekends <p>(<i>DO NOT READ 8=DON'T KNOW 9=REFUSED</i>)</p>	NSW Health Department, Safewaters evaluation
139	<p>Does your home have a private or communal pool?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	NSW Health Department (http://www.health.nsw.gov.au/public-health/nswhs/injury/injury_intro.htm)

140	W1 If the standard length of a swimming pool is 25 meters, how many pool lengths can you swim without stopping? None, less than 1 pool length, 1–2 pool lengths or more than 2 pool lengths? (<i>Interviewer: Length means from one end of the pool to the other.</i>)	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Less than 1 pool length 2. 1–2 pool lengths 3. More than 2 pool lengths 4. None/I do not swim 5. Don't know 6. Refused 	
141	W2 Do you own an outdoor swimming pool, or is an outdoor swimming pool available to you at your residence? Children's wading pools are NOT included. (<i>Interviewer: pools at beach club, swim club, neighbour's pool, pools at hotel or motel, water parks, creeks, rivers, and ponds are not included. Indoor pools are excluded.</i>)	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Yes 2. No (Next module) 3. Don't know (Next module) 4. Refused (Next module) 	
142	W3 Is this an in-ground or aboveground pool? (<i>If respondent says yes or no, re-read</i>)	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. In-ground pool 2. Above-ground pool 3. Don't know (Next module) 4. Refused (Next module) 5. N/A (Skip) 	
143	W4 Is there a fence around the pool? (<i>Interviewer: "By this I mean a fence at least 1.2m (4 feet) high. Tall trees, shrubbery, and other foliage are not included."</i>)	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Yes (W4A) 2. No (Next module) 3. Don't know (Next module) 4. Refuse (Next module) 5. N/A (Skip) 	
144	W4A Can you get from inside the residence directly to the pool by going through a door in the residence? (<i>Interviewer: door includes conventional doors, French doors, sliding glass doors.</i>)	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Yes (W4B) 2. No (Next module) 3. Don't know (Next module) 4. Refused (Next module) 5. N/A (Skip) 	
145	W4B Is there a fence or self-closing and self-latching gate between the residence and the pool? (<i>Interviewer: "By this I mean a fence at least 1.2m high. Tall trees, shrubbery, and other foliage are not included."</i>)	Injury Research Centre, University of WA
	<ol style="list-style-type: none"> 1. Yes 	

	<ol style="list-style-type: none"> 2. No 3. Don't know 4. Refused 5. N/A (Skip) 	
146	<p>HS.5 Do any children under the age of 5 live in your household?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unwilling to answer <p>if (ans = 1) skip to HS.6 If (ans > 1) skip to HS.5a</p>	Statewide Health Survey, Queensland Health
147	<p>HS.5a Do any children under the age of 5 regularly spend at least half an hour per week at your home?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unwilling to answer 	Statewide Health Survey, Queensland Health
148	<p>HS.6 Is there a swimming pool on the property on which you live? <i>(Interviewer: Does not include wading pools)</i></p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unwilling to answer <p>if (ans = 1) skip to HS.7 If (ans > 1) skip to HS.19</p>	Statewide Health Survey, Queensland Health
149	<p>HS.7 Is it an inground or an above ground pool?</p> <ol style="list-style-type: none"> 1. Inground 2. Above ground 3. Don't know / unwilling to answer 	Statewide Health Survey, Queensland Health
150	<p>HS.8 Was the pool installed or approved prior to February 1992 or after February 1992?</p> <ol style="list-style-type: none"> 1. Prior to Feb 1992 2. After Feb 1992 3. Around that time—can't remember exactly 4. Don't know / unwilling to answer 	Statewide Health Survey, Queensland Health
151	<p>HS.9 Is there a child resistant fence around the pool?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unwilling to answer <p>if (ans = 1) skip to HS.11 If (ans > 1) skip to HS.10</p>	Statewide Health Survey, Queensland Health

152	<p>HS.10 Is there any particular reason why you don't have a fence surrounding your pool?</p> <p><i>(Interviewer: Do NOT read out options, Prompt with "Anything else?")</i></p> <ol style="list-style-type: none"> 1. Our pool is subject to an exemption 2. It is up to the parent to supervise children when in or near the pool 3. Our children can swim so it isn't a problem 4. We believe we should have a fence but haven't got around to it 5. Our property is fully fenced 6. It might reduce the enjoyment of the pool 7. Too expensive 8. It will destroy the look of the garden 9. The terrain of our yard makes it difficult to build one 10. Other (specify) 11. No reason <p>skip to HS.18</p>	Statewide Health Survey, Queensland Health
153	<p>HS.11 I would now like to ask you some questions about your pool fence. Firstly, is the fence three-sided where the wall of your house makes up the fourth side or is the pool fenced on all four sides?</p> <ol style="list-style-type: none"> 1. Three-sided with house 2. Fence on all 4 sides 3. Other (specify) 4. Don't know / unwilling to answer 	Statewide Health Survey, Queensland Health
154	<p>HS.12 Are ALL of the entrances to the pool area, including gates, windows and doors, self-closing with child-resistant latches?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know <p>if (ans = 1) skip to HS.14 If (ans = 2) skip to HS.13 If (ans = 3) skip to HS.14</p>	Statewide Health Survey, Queensland Health
155	<p>HS.13 Thinking of those entrances to the pool area without self-closing and child resistant latches: have the latches been removed or have they never been installed?</p> <ol style="list-style-type: none"> 1. Removed 2. Never installed 3. Some of each 4. Don't know 	Statewide Health Survey, Queensland Health
156	<p>HS.14 Does your pool fence have a gate?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know / unwilling to answer 	Statewide Health Survey, Queensland Health

157	HS.15 Is this gate self-closing with a child resistant latch? 1. Yes 2. No 3. Don't know / unwilling to answer	Statewide Health Survey, Queensland Health
158	HS.16 Is the gate ever left open? 1. Yes 2. No 3. Don't know / unwilling to answer	Statewide Health Survey, Queensland Health
159	HS.17 Is it likely a child under the age of 5 could open the fence gate? 1. Yes 2. No 3. Don't know / unwilling to answer	Statewide Health Survey, Queensland Health
160	HS.18 If young children under 5 years of age were visiting <i>YOUR</i> home <i>WITH</i> their parent or carer, do you think it is your responsibility or the parents' or carers' responsibility to watch the children when they are in or near the swimming pool? 1. My own responsibility 2. The parent or carer of the child 3. Both 4. Other (specify)	Statewide Health Survey, Queensland Health
161	HS.19 If you and a child in your care were visiting another home with a swimming pool, do you think it would be your responsibility or the responsibility of an adult living in the house to watch them when they were in or near the water? 1. My own 2. Owner of the house/pool 3. Both 4. Other (specify)	Statewide Health Survey, Queensland Health
162	Q2(a) How far do you live from the nearest surfing beach? 1. 10kms or less 2. 11–20 kms 3. 21–50 kms 4. More than 50kms 5. Don't know	Surf Life Saving Australia Ltd
163	Q2(b) On average, how often do you go to a surfing beach in the summer and go swimming? (<i>Single code, do not prompt</i>) 1. Once a week or more 2. Once a fortnight 3. Once every 3 weeks 4. Once a month 5. Less than once a month 6. Never (Terminate)	Surf Life Saving Australia Ltd
164	Q3(a) When you go swimming on a surf beach what would you consider swimming safely? (<i>Record first mention</i>)	Surf Life Saving Australia Ltd

165	Q3(a)(ii) What else would you consider as swimming safely? Anything else? <i>(Record other mentions)</i>	Surf Life Saving Australia Ltd
166	Q3(b) When people go to a surf beach what should they do to make sure they swim safely at the beach? <i>(Record first mention)</i>	Surf Life Saving Australia Ltd
167	Q3(b)(ii) What else should they do to swim safely? Anything else? <i>(Record other mentions)</i> <ol style="list-style-type: none"> 1. Swim between the flags 2. Learn to swim properly 3. Not jump off the rocks into the surf/stay away from rocks 4. Use flippers in the surf/use other safety aids 5. Talk to lifesavers about where to swim 6. Not swim out too far/don't go in deep water 7. Others (Specify) _____ 8. Don't know 9. Swim with other people / don't swim alone / supervise children 10. Common sense 11. Observe weather / sea conditions 12. Read / observe the warning / signs 13. Avoid big waves, rough surf 14. Avoid boards 15. Do not drink alcohol before swimming 16. Do not eat before swimming 17. Use sunscreen / hat / suitable clothing 	Surf Life Saving Australia Ltd
168	Ask if swim between the flags mentioned (Code 1) in Q3, else skip to Q4b Q4(a) You mentioned "swim between the flags" how did you become aware of this being a safer place to swim at a surf beach? <i>(Record first mentioned)</i> <ol style="list-style-type: none"> 1. I grew up knowing this/I was taught as child/I just knew this 2. Lifesavers told me this 3. Recent news/publicity/advertising 4. Others (Specify) _____ 5. Don't know/refused 6. Saw at beach/sign at beach 7. Commonsense 8. School 9. Parents/family/friends 10. Lifesavers course/I am a lifesaver/know lifesavers 11. Advertising/radio/newspaper reports (over the years) 	Surf Life Saving Australia Ltd
169	Q4(a)(ii) How else....Anything else ? <i>(Record other mentions)</i> <ol style="list-style-type: none"> 1. I grew up knowing this/I was taught as child/I just knew this 2. Lifesavers told me this 3. Recent news/publicity/advertising 4. Others (Specify) _____ 5. Don't know/refused 6. Saw at beach/sign at beach 	Surf Life Saving Australia Ltd

	<ul style="list-style-type: none"> 7. Commonsense 8. School 9. Parents/family/friends 10. Lifesavers course/I am a lifesaver/know lifesavers 11. Advertising/radio/newspaper reports (over the years) 	
170	<p>Ask if swim between the flags not mentioned (code 1) in Q3a or Q3b</p> <p>Q4(b) You did not mention "swim between the flags" as a way of swimming safely, why is that?</p> <ul style="list-style-type: none"> 1. I didn't know I should swim between the flags 2. I just didn't think about it 3. Other (Specify _____) 4. Too crowded to swim between the flags 5. Flags are too far to walk 6. Don't have flags on our beach/no flags where I go 7. Don't know/have no reason 8. Meant to say swim between the flags 9. Don't swim/don't swim at the beach 	Surf Life Saving Australia Ltd
171	<p>Ask all</p> <p>Q5 When you go to a surf beach do you swim between the flags? (Read out codes 1-4)</p> <ul style="list-style-type: none"> 1. All the time 2. Most of the time 3. Sometime 4. Never 5. Refused/not answered 	Surf Life Saving Australia Ltd
172	<p>Ask if swum between flags not all the time (codes 2 to 4 at Q5), else skip to Q7</p> <p>Q6(a) Why don't you always swim between the flags? (Record first mentioned)</p> <ul style="list-style-type: none"> 1. Good surf is not always where the flags are put 2. I don't need to because I'm a good swimmer 3. Its not where my friends are 4. That is where the kids swim 5. It is always too crowded between the flags / too many boards 6. The flags are too far to walk 7. No flags at the beach where I usually swim/not patrolled 8. Other (Specify) _____ 9. No reason / don't know 10. Drift away from flags 11. Don't go too far out / just paddling / don't go into deep water 12. When using a board / scuba diving etc (with dog) 13. Know it is safe where I swim 14. Rarely go to a surf beach / rarely go swimming / don't swim 15. I can read the surf conditions 	Surf Life Saving Australia Ltd

173	Q6(b) Any other reason for not always swimming between the flags? Anything else? (Record other mentions)	Surf Life Saving Australia Ltd
	<ol style="list-style-type: none"> 1. Good surf is not always where the flags are put 2. I don't need to because I'm a good swimmer 3. Its not where my friends are 4. That is where the kids swim 5. It is always too crowded between the flags / too many boards 6. The flags are too far to walk 7. No flags at the beach where I usually swim/not patrolled 8. Other (Specify) _____ 9. No reason / don't know 10. Drift away from flags 11. Don't go too far out / just paddling / don't go into deep water 12. When using a board / scuba diving etc (with dog) 13. Know it is safe where I swim 14. Rarely go to a surf beach / rarely go swimming / don't swim 15. I can read the surf conditions 	
174	Q8(a) When you have previously gone swimming at a beach, have you ever got into trouble or had problems in the surf?	Surf Life Saving Australia Ltd
	<ol style="list-style-type: none"> 1. Yes (continue) 2. No (skip to Q9) 	
175	Q8(b) What type of troubles or problems have you experienced in the surf? (Do not prompt, code all that apply)	Surf Life Saving Australia Ltd
	<ol style="list-style-type: none"> 1. I got caught in a rip 2. I was dumped by the surf 3. I found myself unable to touch the ground/sand 4. I was being swept down the beach 5. I found myself in large swell/waves 6. I became tired and unable to swim 7. I had cramp 8. Other (Specify) _____ 	
Poisoning among children aged 0-4 years		
176	QUESTIONS INJ20–INJ28 ASKED OF PARENTS WITH CHILDREN AGED 7 months–4 YEARS	Omnibus 2001, Queensland Health
	<p>Inj20 Which of the following places best describes where you store medicines and vitamins? Are they...?</p> <p>(INTERVIEWER: Read out options 1–3)</p> <p>All in cupboards, containers or fridges that are NOT locked</p> <ol style="list-style-type: none"> 1. All in cupboards, containers or fridges that are kept locked, or 2. Are some kept locked up and others not 3. Other (specify) 4. Don't have medicines or vitamins at home 5. Don't know 6. Refused to answer 	

177	Inj21 Which of the following places best describes where you store your kitchen cleaners? Are they...?	Omnibus 2001, Queensland Health
	<ol style="list-style-type: none"> 1. All in cupboards or containers that are NOT locked 2. All in cupboards or containers that are kept locked, or 3. Are some kept locked up and others not 4. Other (specify) 5. Don't have kitchen cleaners at home 6. Don't know 7. Refused to answer 	
178	Inj22 Which of the following places best describes where you store your laundry and household cleaners? Are they...?	Omnibus 2001, Queensland Health
	<ol style="list-style-type: none"> 1. All in cupboards or containers that are NOT locked 2. All in cupboards or containers that are kept locked, or 3. Are some kept locked up and others not 4. Other (specify) 5. Don't have laundry and household cleaners at home 6. Don't know 7. Refused to answer 	
179	Inj23 Which of the following places best describes where you store your household insecticides and rat poisons? Are they...?	Omnibus 2001, Queensland Health
	<ol style="list-style-type: none"> 1. All in cupboards or containers that are NOT locked 2. All in cupboards or containers that are kept locked, or 3. Are some kept locked up and others not 4. Other (specify) 5. Don't have household insecticides and rat poisons at home 6. Don't know 7. Refused to answer 	
180	Inj24 Which of the following places best describes where you store garage chemicals? By garage chemicals I mean things like petrol, paints, turps and so on. Are they...?	Omnibus 2001, Queensland Health
	<ol style="list-style-type: none"> 1. All in cupboards or containers that are NOT locked 2. All in cupboards or containers that are kept locked, or 3. Are some kept locked up and others not 4. Other (specify) 5. Don't have garage chemicals at home 6. Don't know 7. Refused to answer 	

181	Inj25 Which of the following places best describes where you store garden and pool chemicals? Are they...? <ol style="list-style-type: none"> 1. All in cupboards or containers that are NOT locked 2. All in cupboards or containers that are kept locked, or 3. Are some kept locked up and others not 4. Other (specify) 5. Don't have garden or pool chemicals at home 6. Don't know 7. Refused to answer 	Omnibus 2001, Queensland Health
182	Inj26 Which of the following places best describes where you store any Eucalyptus oil or aromatherapy or essential oils? Are they...? <ol style="list-style-type: none"> 1. All in cupboards or containers that are NOT locked 2. All in cupboards or containers that are kept locked, or 3. Are some kept locked up and others not 4. Other (specify) 5. Don't have Eucalyptus or Aromatherapy oils at home 6. Don't know 7. Refused to answer 	Omnibus 2001, Queensland Health
183	Inj27 Does any of your children aged between 7 months and 4 years visit at another house like grandparents, other relatives, friends, babysitters or neighbours, without your supervision at least ONCE A WEEK? <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. No response 	Omnibus 2001, Queensland Health
184	Inj28 At these houses, have you checked whether medicines and poisons are kept locked up? <ol style="list-style-type: none"> 1. Yes 2. No (skip to FBICH1) 3. Other (specify)—skip to FBICH1 4. Refused to answer—skip to FBICH1 	Omnibus 2001, Queensland Health
185	What are the poisoning risks in the environment ie. home, school, park etc.?	Poisons Information Service, Royal Children's Hospital
186	How could you minimise these risks?	Poisons Information Service, Royal Children's Hospital
187	Where should medicines be stored in the home?	Poisons Information Service, Royal Children's Hospital
188	Where should garden chemicals be stored?	Poisons Information Service, Royal Children's Hospital
189	What products should be kept out of reach of children?	Poisons Information Service, Royal Children's Hospital
190	What protection measures should be used when using pesticides, painting etc.?	Poisons Information Service, Royal Children's Hospital
191	Who could you contact for advice on methods to reduce the risks of poisoning?	Poisons Information Service, Royal Children's Hospital

192	If your two-year old son swallowed some rat bait what would you do?	Poisons Information Service, Royal Children's Hospital
193	If your three-year old daughter sprayed disinfectant in her eye, what would you do?	Poisons Information Service, Royal Children's Hospital
194	Who would you contact for advice if a poisoning occurred?	Poisons Information Service, Royal Children's Hospital

7.3 Suggested topics for CATI questions regarding injury prevention behaviours, knowledge and attitudes

What follows is a number of possible topics to be included in a CATI injury module concerned with the population's knowledge, attitudes and awareness of injury prevention issues. These topics have been shaped around the proposed SIPP priority areas for 2003-2005, which are presented as a population-based approach, but allow for continued focus on the previous period's priority issues.

The elderly (75+)

- Knowledge regarding falls and falls prevention (e.g. exercise programs and domestic safety modifications such as hand-rails)
- Attitudes towards injury / falls prevention
- Knowledge and awareness regarding driving competence and injury risk

Children (0-14)

- Knowledge of injury risks, especially amongst parents and likely future parents
- Domestic swimming pools and related safety behaviour; knowledge and attitudes regarding pool fencing and supervision of children around swimming pools
- Knowledge and attitudes regarding children's travel to and from school; road safety, supervision and protective equipment use
- Presence, knowledge and attitudes regarding injury due the presence of potentially hazardous domestic pets (n.b. dogs)

Emerging adults (15-24)

- Attitudes and behaviours regarding alcohol and other drugs in relation to injury risk
- Knowledge and attitudes relating to injury in the workplace and relating to sport

The Aboriginal and Torres Strait Islander population

Surveillance of risk factor, knowledge and attitudes in the Aboriginal and Torres Strait Islander population will require the development of specialised methodologies in conjunction with organisations representative of this community. Available information suggests that likely topics for risk factor, knowledge and attitudes surveillance will include issues of interpersonal violence, suicide and self-harm in the young and alcohol use.

The rural and remote population

- Exposure to transport-related injury, knowledge and attitudes regarding transport injury
- Farm safety; knowledge and attitudes regarding on-farm vehicle use or attitudes relating to farm equipment and /or chemical use (incorporating attitudes regarding training and education)

Alcohol and injury

- Risk factors, knowledge and attitudes regarding alcohol use and workplace safety
- Knowledge and attitudes regarding alcohol use and transport injury

The general population

Issues related to domestic residences. For example;

- The presence and functional status of smoke alarms, and related knowledge and attitudes
- The presence and functional status of devices to control hot water temperature at outlets, and related knowledge and attitudes
- The storage of poisons

Suicide and self-harm. For example;

- Knowledge of the problem of suicide and self harm; whether rates are higher for young or old, whether suicide trends are going up or down
- Attitudes towards suicide and self-harm (eg acceptability)
- Knowledge regarding and use of crisis services
- Knowledge and attitudes regarding the means of suicide (e.g. access to firearms)

Interpersonal violence. For example;

- Knowledge of the problem; where attacks may occur, or why they may occur
- Attitudes relating to interpersonal violence (e.g. fears for personal safety)

7.4 Injury questions/concepts to be tested in the cognitive laboratory

In conjunction with Su Gruzin of the Public Health Information Development Unit, the following submission was made regarding the questions and concepts which should be included in the cognitive testing phase of the development of the CATI injury module.

The input received from the following injury prevention experts was also greatly appreciated; Pam Albany (NSW Dept of Health), Kerry Smith (Commonwealth Department of Health and Ageing), Rod McClure (Qld Injury Prevention and Control Australia, School of Population Health, Queensland University) and Carolyn Coggan (NZ Injury Prevention Research Centre, University Auckland).

Current injury surveillance systems provide reasonable estimates of the incidence of more serious injuries. However, information on risk factors for injury and on population awareness, knowledge and attitudes to injury generally, and to preventable injury in particular is lacking. State CATI health surveys and monitoring may be best suited to providing information on these aspects of injury (rather than on incidence). Population knowledge of and attitudes to injury prevention, exposure to risk factors, and associated social variables may be more usefully explored through CATI, for use in the development of prevention programs, the evaluation of injury prevention interventions, and in setting injury prevention priorities.

For instance, after a recent CATI survey on preventable injuries in New Zealand, injury specialists ask, since most respondents believe that injuries are preventable and their homes are safe, why are injury rates in New Zealand so high? (Injury Prevention Research Centre, 2003)

The intention ultimately would be to test questions applicable to the general population, to elicit their knowledge, awareness and attitudes to injury prevention (for instance, the preventability of injuries generally, assessment of the safety of homes and surroundings generally, and in relation to specifics (smoke alarms, storage of poisons, non-slip surfaces, etc)).

Falls in the Elderly, 75+

Falls in the elderly is a specified priority topic of the National Injury Prevention Plan 2000–2003 (Commonwealth Department of Health and Aged Care, 2001). It is also suggested that the elderly aged 75+ be a priority population in the upcoming National Injury Prevention Plan (Pointer et al., 2003). This suggested priority population addresses both the issue of shifting population demographics with the restriction of the 75+ age category and allows for wider injury prevention initiatives for this age group with its population-based approach, while still allowing for the continuation of work initiated under the current falls prevention priority. The following questions concerning knowledge and attitudes regarding falls in the elderly are based on similar

questions included in the New South Wales Older People's Health Survey 1999 (New South Wales Health Department, 2000). These questions are aimed at establishing both the current levels of exercise participation in the elderly population as well as the preparedness of people to participate in future falls prevention exercise programs.

The intention in cognitive testing would be to ensure that the question flow in the module is effective, that the response categories provided are appropriate, and that the 'if costs were kept low' concept expressed in question (B) is comprehended by respondents.

Although the target population is described above as 75+ it would be useful to test the questions on, say 60+ or any other age range that was convenient for testing purposes.

Question source: NSW Older People's Health Survey 1999

(A) Regular exercise has been shown to help reduce falls. Do you currently undertake any form of exercise?

- 1) Yes, question continues below
- 2) No, next question (B)
- 3) Don't know
- 4) Refused

If yes, what type of exercise do you do? (Multiple Response)

- 1) Walking
- 2) Exercises at home
- 3) Exercises in a group
- 4) Swimming
- 5) Dancing
- 6) Any other exercise? (specify) _____

If yes, how often do you do this exercise?

- 1) Less than once a week
- 2) One to two times a week
- 3) Three to six days a week
- 4) Daily

(B) Would you consider doing a program of exercise, or increasing your current level of exercise, particularly if costs were kept low?

- 1) Yes question continues below
- 2) No
- 3) Don't know
- 4) Refused

If yes, would you consider: (Multiple Response)

- 1) Walking
- 2) Exercises at home
- 3) Exercises in a group
- 4) Swimming
- 5) Dancing
- 6) Any other exercise? (specify) _____

General attitudes regarding safety and injury

The following questions concern broad-scale attitudes regarding injury in the general population. Based on questions developed and utilised in a recent New Zealand CATI survey (Hooper et al., 2003), these questions address the beliefs held regarding safety and injury preventability with a view to contributing to the development and refinement of current injury prevention programs. It is suggested that these, or similarly worded, questions be considered for inclusion in State CATI health surveys. Importantly, the questions must be couched in terms of safety from injury rather than safety per se, in order to avoid undue attention on the threat of interpersonal violence or criminal acts as threats to safety.

The intention in cognitive testing would be to test the general comprehension of the concepts expressed (safe from injury in your home/neighbourhood); to determine the amount of definitional assistance or prompts required for interviewers; and to gain some information on the main causes of concern expressed by respondents (with the possibility of establishing (some) pre-coded responses).

(A) To what extent do you believe that you are safe from injury in your home?

- 1) Very safe
- 2) Reasonable safe
- 3) Needs improving
- 4) Very unsafe
- 5) Don't know
- 6) Refused

(B) What is your main cause of concern your safety from injury in your home?

(Specify) _____

(C) To what extent do you believe that you are safe from injury in your neighbourhood?

- 1) Very safe
- 2) Reasonable safe
- 3) Needs improving
- 4) Very unsafe
- 5) Don't know
- 6) Refused

(D) What is your main cause of concern regarding your safety from injury in your neighbourhood?

(Specify) _____

Of note, strong trends were detected in the New Zealand study in relation to the socioeconomic status of the respondent household (Hooper et al., 2003). As most State CATI health surveys include collection of household income data in demographic modules, comparable analyses to the New Zealand study could be undertaken.

Safety practices in the home

The Hooper et al. study (2003) included several questions relating to safety practices in the home, allowing the relationship between attitudes (see above) and actual practice to be explored. A significant linear trend was noted, the proportion of households with the safety feature increasing as the reported safety rating of the home increased (Hooper et al., 2003). Questions that were not restricted to respondents who were parents of small children are paraphrased below.

The intention in cognitive testing would be to test the general comprehension of the concepts expressed (non-slip mats, safety glass, etc); to determine any definitional assistance and/or prompts required for interviewers; to gain interviewer and respondent views on whether the item list holds the attention of respondents; and to gain information on the workability of the suggested forms of the questions on smoke alarms and hot water temperature.

(Responses: Yes / No / Don't know / Refused)

(A) Do you have a first aid kit?

(B) Do you use non-slip mats in the shower or bath?

(C) Are there handrails or grab bars where necessary for older people?

(D) Do you have safety strips or safety glass in your windows and glass doors?

(E) Do you have barriers or guards for heaters or fires?

This study also asked respondents whether or not they had a working smoke alarm in their homes. It is suggested that a more valid way of addressing this issue is to ask respondents about the testing of their smoke alarms. For example, the US Behavioral Risk Factor Surveillance System included the following question in 2000 (CDC, 2002);

- When was the last time you or someone else deliberately tested all of the smoke detectors in your home?
 - 1) Within the past month
 - 2) Within the past 6 months
 - 3) Within the past year
 - 4) One or more years ago
 - 5) Never
 - 6) No smoke detectors in home
 - 7) Don't know or not sure
 - 8) Refused

The New Zealand study also asked whether respondents kept their hot water at 55°C or below. It is suggested that this question may require information that few people may know and that it may be preferable to ask such a question in the following form;

- Can you adjust your hot water system to lower the temperature of the flow?
 - 1) Yes
 - 2) No
 - 3) Don't know
 - 4) Refused

Injury preventability beliefs

The New Zealand survey (Hooper et al, 2003) opened with an extremely general question regarding injury preventability. Previous studies have reported that most people believe that injuries are largely unpreventable, a belief which must be addressed in order to establish effective injury prevention programs (Hooper et al., 2003). As such, the survey asked;

- To what extent do you agree with the statement; most injuries are preventable?
 - 1) Strongly agree
 - 2) Agree
 - 3) Neither agree or disagree
 - 4) Disagree
 - 5) Strongly disagree

The above question may also be extended to include specific types of injury, for example; “most sporting injuries are preventable” or “most injuries sustained through

violence are preventable". Interestingly, Hooper et. al. (2003) found that most New Zealanders believed that injuries were largely preventable, in opposition to the previous research reported. While information on this issue may prove more unwieldy to utilise than other safety topics, such data may provide a good starting point for the discussion of effective safety communication strategies.

The intention in cognitive testing would be to ascertain the diversity of responses and acceptability (to interviewers and respondents) of the belief statement/s.

Alcohol and injury

One further suggestion is for Australian CATI health surveys to include questions on alcohol and injury. We emphasise the need for questions relating to alcohol consumption with relevance to risk taking / potentially injurious behaviour. The consumption of alcohol is an established risk factor for injury (Driscoll et al., 2003, McLeod et al., 2000, Steenkamp et al., 2002), particularly consumption in the short-term and binge drinking.

It is suggested that questions included in the CATI Alcohol module be phrased such that mean number of drinks consumed per episode is quantifiable, allowing for an approximation of binge-drinking behaviour.

It is also suggested that a question relating to the beliefs and attitudes regarding alcohol use and injury, possibly alcohol consumption's contribution to occasions of inter-personal violence, be included within the CATI Injury module.