

## Incidence of lower limb injuries in the Australian wine industry 2021

Submission of your response is considered as your consent to participate and that you have read and understood the participant information.

2. How would you describe your **general health**?

Excellent

	*	*	
1. Have you worked in the Australian wine in in the last <b>12 months</b> ? Choose all that apply	dustry /.		
Winery			
☐ Vineyard			
Cellar Door/Tasting Room			
Laboratory			
No (please exit the survey)			
Other (please specify)			

O Very good
○ Average
O Fair
O Poor
3. In the past <b>12 months</b> have you experienced any pain, aches or injuries related to your work? Choose all that apply.
Lower back
☐ Hip
Leg
Knee
Ankle
Feet
☐ Heel
Toe
Other (please specify)
None of the above (go to question 9)
4. Have you ever seen a health professional because of the pain? Choose all that apply
General practitioner (GP)

Sur	geon		,			
Pod	diatrist					
Phy	/siotherapis	st				
Chi	ropractor					
Ost	eopath				•	
Mas	ssage thera	pist				
Oth	ier (please s	specify)				
Veraneuron	ne of the ab you ever b		ospitalisec	d becaus	e of the	
	hes or inju					
O Yes						
O No						
	e rate the 12 months		f pain you	experier	nced in	
Low	Very mild	Mild	Moderate	Severe	N/A	
	e questions nced in the		_	evel of pa	ain you	

Many Very Never Occasionally times often Always N/A

	Never	Occasionally	Many times	Very often	Always	N/A
How often did you experience this pain?	0		0	Ö	0	0
Were you limited in the kind of work you could do because of your pain?				0		0
During the last 12 months has this pain caused you to have difficulties in your work activities?	0					
8. During a interfere wi		-			s the pa	ain
	Not at all	A little Mode	rately	Very often	Always	N/A
Vigourous activity such as running, lifting heavy objects, participate in strenuous sport.	0					

	Not at all	A little	Moderately	Very often	Always	N/A
Moderate activity such as cleaning the house, lifting a chair, participate in gentle sport.						
Lifting or carrying bags of shopping.		$\circ$	$\circ$	$\bigcirc$	$\circ$	$\circ$
Climbing a steep hill.	$\bigcirc$	$\bigcirc$	$\circ$			$\bigcirc$
Climbing one flight of stairs.	0	0	$\circ$	$\bigcirc$		
Bending or kneeling.	$\bigcirc$	$\bigcirc$		$\bigcirc$	0	$\bigcirc$
Walking more than one kilometre.	0	0	$\bigcirc$		0	$\circ$
Walking one hundred metres.	$\circ$	$\circ$		$\circ$	0	0
Showering or dressing yourself.	$\bigcirc$	$\bigcirc$		0	0	0

9. During the past **12 months**, how much of the time have you had any of the following problems with your work or other daily activities as a result of your **physical health?** 

	Not at all	Slightly	Moderately	of the time	the time	N/A	
Cut down on the amount of time you spent on work or other activities.	0	0		$\circ$	0	0	
Accomplished less than you would like.	$\bigcirc$	$\bigcirc$	$\circ$	0		$\circ$	
Were limited in the kind of work or other activities.	0	$\bigcirc$		0	0	$\circ$	
Had difficulty performing work or other activities (took extra time).	0	0		0	0	0	
Interefered with your normal social activities with family, friends, neighbours or groups.	0				0		
10. How true or false are the following statements about your <b>general health</b> to you?							
Defin fals	_	-	on't Mostl	y Defin trı		N/A	
I seem to get sick a lot easier than most people.	)	$\bigcirc$	0 0		)	0	

Most All of

	Definitely false	Mostly false	Don't know	Mostly true	Definitely true	N/A		
I am as healthy as anybody I know.	$\circ$		$\circ$	0	$\circ$			
I expect my health to get worse.	0	$\circ$	$\bigcirc$	0	0	0		
My health is excellent.	0	$\bigcirc$	$\circ$		$\circ$			
I feel full of life.	$\circ$	0	$\bigcirc$	$\bigcirc$		$\bigcirc$		
I feel tired.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$				
I feel calm and peaceful.	0	0	$\circ$			$\circ$		
I feel happy.	$\bigcirc$		$\bigcirc$			$\bigcirc$		
I feel depressed.			$\bigcirc$	$\bigcirc$		$\bigcirc$		
1. What types of shoes do you wear most often at work? Choose all that apply.								
parameters.	ided safe							
Safety boot with side zip and laces								
Low cut/below ankle safety shoe (with laces)								
Mid cut/ankle height safety boot (with laces)								
High cut	/above a	nkle sa	fety bo	oot (wit	h laces)			
Slip on/safety shoe (no laces)								

Elastic	Elastic sided boot (no safety toe protection)								
Sports shoe									
Fashion shoe									
Rubber	Rubber boot/Wellington boot								
Other (p	olease sp	ecify)							
None of the above									
12. Do you us support in yo				nionir	ng or				
Yes									
☐ No									
13. The follow wear most o			conce	rn the	e shoes	you			
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A			
It is hard to find shoes that do not hurt my feet.	0		0		0	$\bigcirc$			
I have difficulty in finding shoes that fit my feet.	0	0	0	0	$\circ$	0			

	Strongly disagree	Disagree	agree or disagree	Agree	Strongly agree	N/A
I am limited in the number of shoes that I can wear.	0	0	$\bigcirc$	0	0	0
My shoes are comfortable.	$\circ$			0	$\circ$	0
My shoes have good arch support.		0	0	0		0
My shoes are cushioned.		0	$\circ$	$\circ$	0	$\circ$
My shoes make my feet ache when I am at work.	0	$\circ$		0	0	0
My shoes make my feet ache after work.	0	0		0	0	0
My shoes have good grip.	$\circ$	$\circ$	$\circ$	0		0
My shoes make my feet hot.		$\circ$		0	$\bigcirc$	0
My shoes are durable (last a long time).		0	0	0	$\circ$	0
My shoes are easy to put on and take off.	$\bigcirc$	$\bigcirc$		0		0

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A
My shoes fit well.	$\bigcirc$	$\circ$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$
My shoes are heavy.	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$
My shoes are good value for money.	0	0	0	0	0	0
I like the style of my shoes.	$\circ$		$\circ$	$\bigcirc$	$\circ$	$\bigcirc$
I feel safe and protected when wearing my shoes.	0	0			0	0
My shoes provide good ankle support.		0	0	0	0	0
My shoes are water proof.	$\circ$	$\circ$	0	0	$\circ$	$\bigcirc$

Thank you for taking part in this survey.

Done

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