

FLIPP Fisherman Survey



**Fisherman Led Injury
Prevention Program**

Thanks for taking this survey. We are going to ask you about injuries and your safety.

We are interested in the injuries that happened *in relation to commercial fishing*. This includes shore and/or land based activities such as working in the gear yard.

By “**injury**” we mean a time when your body was damaged and

- **required first aid/medical care at the time of injury or after the injury.**

OR

- **caused time away from fishing or other work.**

OR

- **required you to change how you did your job to accommodate the injury.**

Survey is free for use, please cite:

Kincl, L, Nery, M, Syron, LN, Bovbjerg, V, Jacobson, K. Dungeness crab commercial fishermen's perceptions of injuries inform survey development. Am J Ind Med. 2019; 62: 265– 271.
<https://doi.org/10.1002/ajim.22948>

Grant sponsor: National Institute for Occupational Safety and Health (CDC/NIOSH); Grant number: U01 OH010843.

Study ID: A0001

Date:

Port where survey taken:

I. INJURY INFORMATION

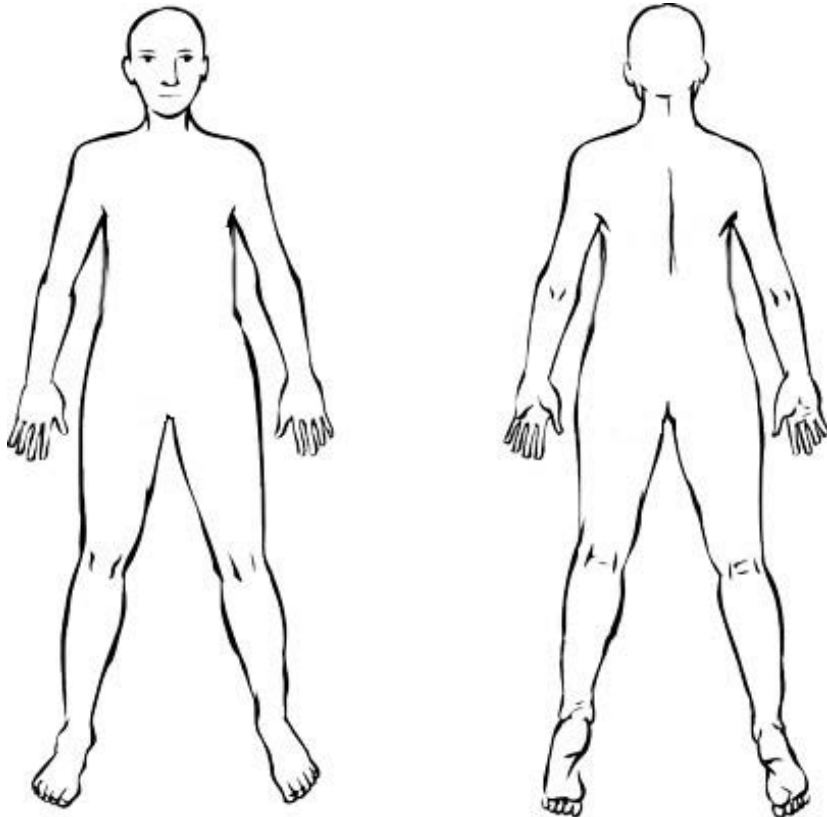
If you had no injuries, skip to II. Opinions

INJURY # 1

1. For this injury, which month were you injured? (check one)

Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What body part(s) were injured? (mark all that apply with an "x")



3. What was the injury? (check one)

- | | |
|---|--|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Sprain or strain |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Surface wound or bruise |
| <input type="checkbox"/> Tear | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Other (describe) _____ | |

4. Were you limited in your ability to work or should you have been limited to work following the injury?

- Yes No

If yes, How were you limited? _____

How long were you limited?

_____ days weeks months

5. What treatment did you receive for the injury and where?
(for example: first aid on vessel)

6. Do you think that being tired contributed to the injury?

- Yes No

If yes, please explain: _____

7. Do you think that weather conditions contributed to the injury?

- Yes No

If yes, please explain: _____

8. What you were doing at the time of injury? **Write in any details.** (check one)

Walking (Ex: getting on/off vessel, on dock, inside vessel)

At watch (Ex: helm or anchor)

Preparing fishing gear in port/at sea (Ex: repairing/cleaning gear)

Setting the gear (Ex: throwing pots/nets, baiting, changing line)

Hauling the gear (Ex: operating block/winch, landing pots/net)

Handling gear on deck (Ex: securing gear, stacking pots manually)

Handling catch at sea (Ex: emptying catch from pot/net, counting/measuring catch)

Handling catch on shore (Ex: offloading catch, pumping hold)

Preparing other gear on deck (Ex: repairing, greasing)

*other gear that doesn't go in the water

Working in the engine room (Ex: inspecting, maintenance)

Mooring (Ex: handling vessel or lines)

Working in the galley (Ex. Cooking)

Off duty on vessel (Ex. sleeping, on deck off duty)

9. What was your position in the crew at the time of the injury?

Owner

Captain

Captain/Owner

Deckhand

Other _____

10. What fishery were you working in at the time of the injury? (check one)

Dungeness crab

Pacific whiting

Shrimp

Other groundfish

Salmon

Albacore

Other _____

11. What was the overall vessel length you were working on when the injury happened? _____ Feet

12. What was the vessel activity at the time of injury? (check one)

Anchored (not fishing)

Dry Dock

Fishing

Moored

Outbound to fishing grounds

Offloading

Inbound to port (Which port? _____)

Other. Please describe: _____

13. Is there anything else you would like us to know about this injury?

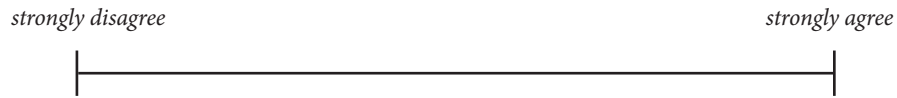
II. OPINIONS

The following questions ask about *your opinion* on safety while doing fishing activities. Make a mark along the line.

Example mark on line for someone who disagrees:



1. It is important to reduce the risk of accidents and injuries.



2. I use safety equipment and procedures that are beyond what is required.



3. How much do you worry about getting injured while fishing?



4. What are your chances of being injured while fishing?



5. As an individual, how much can you do to avoid injury?



6. As a crew, how much can you do to avoid injury?



7. What are two things you think are most important for staying safe while commercial fishing?

1)

2)

8. What do you think contributes most to commercial fishing injuries?

III. ABOUT YOU

The last few questions describe you.

Like all other information from this survey, they are never used to identify individuals, and never shared with others.

1. Are you...? Male Female

2. How old are you? _____ years

3. What is your current position in the crew?

Owner Captain Other _____

Captain/Owner Deckhand

END OF SURVEY: THANK YOU!