



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.

1. Have you worked in the Australian wine industry in the last **12 months**? Choose all that apply.

- Winery
- Vineyard
- Cellar Door/Tasting Room
- Laboratory
- No (please exit the survey)
- Other (please specify)

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

- Excellent

Very good

Average

Fair

Poor

3. In the past **12 months** 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)

- Surgeon
- Podiatrist
- Physiotherapist
- Chiropractor
- Osteopath
- Massage therapist
- Other (please specify)

- None of the above

5. Have you ever been hospitalised because of the pain, aches or injuries?

- Yes
- No

6. Please rate the level of pain you experienced in the last 12 months.

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Low | Very mild | Mild | Moderate | Severe | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. These questions relate to your level of pain you experienced in the last 12 months.

- | | | | | | |
|-------|--------------|------------|------------|--------|-----|
| Never | Occasionally | Many times | Very often | Always | N/A |
|-------|--------------|------------|------------|--------|-----|

	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying bags of shopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing a steep hill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing one flight of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending or kneeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than one kilometre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one hundred metres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showering or dressing yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**?

	Definitely false	Mostly false	Don't know	Mostly true	Definitely true	N/A
I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect my health to get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel full of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel calm and peaceful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What types of shoes do you wear most often at work? Choose all that apply.

- Elastic sided safety boot (no laces)
- 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 ankle safety boot (with laces)
- Slip on/safety shoe (no laces)

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree N/A

I am limited in the number of shoes that I can wear.

My shoes are comfortable.

My shoes have good arch support.

My shoes are cushioned.

My shoes make my feet ache when I am at work.

My shoes make my feet ache after work.

My shoes have good grip.

My shoes make my feet hot.

My shoes are durable (last a long time).

My shoes are easy to put on and take off.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	N/A
My shoes fit well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My shoes are heavy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My shoes are good value for money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like the style of my shoes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe and protected when wearing my shoes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My shoes provide good ankle support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My shoes are water proof.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking part in this survey.

Done

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