Sequential N | Sequential Number in **pencil**

Hospital:
1. St. Michael's
2. TGH
3. St. Paul's
4. VGH

Date Attended ED: ____ / ____ / _____
DD   MM   YYYY

Came by ambulance: 0. No
                             1. Yes

Admitted to Hospital: 0. No
                               1. Yes

CTAS: _____

Data above based on **information from hospital,** not study subject.

INTERVIEW FORM

Thanks so much, *[name of participant]*, for agreeing to take part in this study. The interview should take about 45 minutes.

I'll ask you about the route you cycled when you were injured, including the injury site, and two other sites, randomly selected along the route.

Did you receive a copy of the consent form with our letter of introduction to the study?

*[If **no**, give a copy.]*

*[If **yes:**]* Do you have it with you?

*[If **no**, give a copy.]*

Do you have any questions about it?

If you haven't already done so, could you please read it and sign 2 of them? I'll keep one, and you keep one.

[Proceed when the consent form has been signed.]

Are there any questions you'd like me to answer before we begin the interview?

[Give time to answer.]

Feel free to stop me and ask questions at any time during the interview. If there is a question that you feel uncomfortable answering, you are welcome to let me know that you don't want to answer it.

Interviewer: _____

Date of interview: ____ / ____ / _____
                      DD   MM   YYYY

Interview Start: ____:____ am pm
                    hr: min

INJURY DESCRIPTION

I will start by asking you about the trip when you sustained your injuries.

1.   When did you take this trip?   *[Provide calendar]*   Date: _____ / ____ / ____ / _____
                                                              Day of Week   DD   MM   YYYY

     1.1 What time did you leave your starting point?   *[Best estimate]*   _____ :____ am pm
                                                                                        hr: min

     1.2 At what time did the trip end?   *[Best estimate]*   _____:____ am pm
     [Stopped cycling]   hr: min

2.   What day did you visit the Emergency Department?   ☐ Same day

     [If different day:]   Date: ____ / ____ / _____
                                                      DD   MM   YYYY

3.   Were you <u>admitted</u> to hospital, in other words, did you stay
overnight in a ward other than the Emergency Department?   0. No
                                                            1. Yes

4.   In your own words, please describe the circumstances of the injury incident: *[Record as verbatim as possible.]*

_____

_____

_____

_____

_____

_____

_____

_____

_____

How are you feeling?

     4.1 Are you willing to have this description reported to the city,
<u>without</u> your name or identifying features, such as the street names?   0. No
                                                                              1. Yes

5. Was this a collision between you and a motor vehicle, person, animal or object (including holes in the road)?

0. No
1. **Yes**

[If yes]   **5.1** What did you collide with?

[Check all that apply]
☐ Car, SUV, pick-up truck, van
☐ Motorcycle or scooter
☐ Large truck
☐ Bus or streetcar
☐ Pedestrian
☐ Cyclist
☐ Other non-motorized wheeled transport
☐ Pot hole or other hole
☐ Street car or train track

☐ Animal *[describe]*: _____

☐ Other *[describe]*: _____

ROUTE AND SITE IDENTIFICATION

6. Now I am going to ask you questions about the complete route you took on your cycling injury trip. I will ask about the starting point of the trip, the site of the injury incident, and the trip end point.

    6.1 Where was your trip starting point? _____

                  ["A", nearest intersection, description, don't indicate "home"]

    6.2 Where did the injury incident occur? _____
         [point of impact, not where thrown to]   *["B", nearest intersection, description, don't indicate "home"]*

         6.2.1 Was the injury inciden[...] *[Intersection is meeting p[...]*

> See **definition** of intersection.
>
> NOTE: **Non-intersection now first.**

B	1. **Non-intersection**
	2. **Intersection**

    6.3 Where was your trip end point? If the end point of the trip changed because of the injury incident, I would like to know the <u>actual</u> end point, <u>not</u> your planned destination.

                             Actual trip end point same as B ☐

                  [If different, "C", nearest intersection, description, don't indicate "home"]

7. Would you feel comfortable tracing your complete route on a map?

    Use map to trace the route, using <u>pencil</u> initially. Check <u>if correct</u>, then mark with <u>pen</u>.

Mark these points in <u>pencil</u>	-	*"A" trip start*
with a perpendicular stroke &	-	*"B" injury site*
the letter at the end of the stroke	-	*"C" actual trip end*

    Then measure route length with digital map wheel.

    Could I also ask you to mark your original <u>planned</u> destination and the route you would have taken to that destination?

> **Mark route on city map.**
>
> Label map with **sequential number**, in pencil. We will use **one city map per participant**.
>
> Mark points **A, B, C, D, E, F.**
>
> If off-road paths or other features are not on city map, **use cycling route map or park map**, then transfer route to city map. **Include copy of this map with participant file.** Label it with **sequential number** too.
>
> Maps will be relabelled with participant ID after data collection.

                      Planned de[...]

                [If different, "F", brief descrip[...]

Mark intended destination	-	*"F" intended destination*

Excuse me for a few minutes, while I select two other sites on the route.

8. *Total trip distance from starting...*

9. *Calculate distance from trip star... site "D", then measure and ma...*

Proportion_____ X tota...

10. *...tarting point "A" to additional ...re and mark on map.*

...otal trip distance from 8. above = _____*km, to 2 decimal places*

...s site is matched to "B" as an

...drawings

...al ...rre...

The injury site must be in an **eligible geographical area**, screened by Study Coordinator: City of Vancouver; M postal code in Toronto. For bridges into Vancouver, the halfway point on the bridge is considered the city limit.

Therefore, if part of trip is **outside eligible geographical area**, **do not include that portion of trip in distance**, or in selection of points D or E.

If the trip includes a **portion by transit**, include the cycling portion before and after the transit ride. Do not include the transit ride. Control sites can be selected from cycling portions before or after the transit ride.

If map wheel arrives at **private property** (e.g., mall parking lot, condo sidewalk, driveway), or if participant is **off bike** at this point: check **Sequential Number**.

If **even**, go **forward** along the route to nearest location that is not private property or participant is on bike.
If **odd**, go **back** to nearest location that is not private property.

If it is not clear whether marked point **"D"** is an intersection or a non-intersection (e.g., map wheel stops at edge of intersection), mark it as a **non-intersection.**

D
1. Non-intersection
2. Intersection

If map wheel arrives at **incorrect** type of location (e.g., an intersection instead a non-intersection), check **Sequential Number**.
If **even**, go **forward** along the route to nearest correct location.
If **odd**, go **back** to nearest correct location.

If map wheel arrives at correct type of loca...

E
Match to B :
1. Non-intersection
2. Intersection

There are some streets that are very tiny, that participants may not define as streets. We should trust the map. **If the map indicates this is a street, it is a street for our purposes.** Intersections with such streets should be treated as intersections, not junctions.

It is possible for B, D, and/or E to be the same locations.

SITE-SPECIFIC QUESTIONS: INJURY SITE B

Now I'd like to ask you some questions about the site where you were injured – site B on the map. *[Indicate]*

First, I'd like to check where you were cycling. At this point, you were *[choose based on info from page 4 or 5]*

11.1
1. At a non-intersection location.
   Were you *[read 3 categories]*

2. At an intersection.
   Immediately before you entered the intersection, were you *[read 2 categories]*

11.2
1. Away from roads
2. On a sidewalk or path next to a road
3. On a road

11.3
Were you on the
1. right side of path
2. middle of path
3. left side of path
4. no path

Were you on the
1. right side of road
2. middle of road
3. left side of road
4. back lane/alley

> See **definitions** for difference between "side of road" and lane position within each side.

11.4

> Sidewalk or path next to a road, means **next to** but **separated by a physical barrier** such as a curb, concrete barrier, fence or bollards, raised median, or parked cars. It should interact with the road or be within 3 meters of the road.
> **Show participant sample photos.**

3. left side
8. DK

So you were on the *[indicate answer above]*.
Now, within that side of the road, were you in a marked *[read categories]*:
1. right lane
2. middle lane
3. left lane
4. parking lane
5. bike lane
6. shoulder
7. or were there no marked lanes?
8. DK

> All these features count as "marked lanes" for this question.

11.5 Was this path / sidewalk *[read categories]*:
1. for cyclists only
2. for pedestrians only *[if DK, default for sidewalk]*
3. for pedestrians, cyclists, and other users *[if DK, default for off-road path]*

11.6 In which direction were you travelling compared to motor vehicle traffic?
1. in the same direction
2. facing motor vehicle street

> If neither of these apply (e.g., perpendicular to traffic), leave blank and make a note in 46. comments.

12. Now we need a sketch of the site *[in pencil]*. Would you feel comfortable drawing it for me?

Please mark the following:
- Names of streets or other identifiable features
- **Your location** *(with an X)*
- **Direction of travel** *(with an arrow, before & after the X)*

[Check map.]

N

For Site Observers to complete

SO Name:
SO Date:
SO Time:

> You will not be able to pinpoint an exact location. The purpose is to identify
> - the correct block,
> - the approximate **position on the block**, with an "X",
> - the **direction of travel** (both **before** & **after X**), and
> - where the cyclist was riding at this position (via question 11)
>
> **Prompt** participant while drawing to ensure
> - the **drawing is correctly oriented** (to North) (check against map)
> - **names of streets** are indicated
> - **lots of identifying features** to locate the position are indicated for **off-road locations** or **unusual sites**
>
> The drawing should **fill the space**. **Show participant sample drawings**. Ensure site diagrams at injury sites do not have details that would distinguish them from the control sites.
>
> The Site Observer will be collecting data on the "permanent" infrastructure. As long as the observations are done as soon as possible after the injury event, the correct data should be captured.

B13. What type of surface were you cycling on at this point? Would you say it was *[read categories]*:

[Check all that apply]
- ☐ Smooth pavement
- ☐ Pavement with potholes, bumps, train or streetcar tracks
- ☐ Cobblestones, bricks, or paving stones
- ☐ Packed gravel or dirt
- ☐ Loose gravel or dirt
- ☐ Grass
- ☐ Other [*specify:* _____]
- ☐ DK

B14. Was the surface dry, wet, icy, or snowy?

[If wet, prompt about puddles]

[Check all that apply]
- ☐ Dry
- ☐ Wet
- ☐ Puddles of waters
- ☐ Icy
- ☐ Snow covered

B15. Did the surface have debris such as leaves, glass, sand, gravel, or papers, on it?

0. No
1. **Yes**
8. DK

[If yes]   **B15.1** Was it *[read categories]*:

[Check all that apply]

[If needed, prompt that there was "enough debris that you found it bothersome".]
- ☐ Leaves
- ☐ Glass
- ☐ Sand
- ☐ Gravel
- ☐ Papers
- ☐ Other [*specify:* _____]

B16. Please estimate how fast you were going at this point:

1. less than 15 km/h
2. 15 to 29 km/h
3. 30 km/h or more
8. DK

B17. Was it dawn, daytime, dusk, or night-time at this point on the trip?:

1. Dawn (not fully light)
2. Day
3. Dusk (beginning to get dark)
4. Night

B18. Were there any street lights that were on and illuminating this site?

0. No
1. Yes
8. DK

B19. Were you travelling with one or more companions at this point?

0. No
1. **Yes**

[If yes]   **B19.1** How many others were with you, and how were they travelling?

[Check all that apply]
☐ On same bike as me   # _____
☐ Cycling, on different bike   # _____
☐ Jogging / walking   # _____
☐ In-line skating / skateboarding   # _____
☐ Stroller   # _____
☐ Other [*specify:* _____]   # _____

B20. How safe do you think this site was for cyclists on that trip? Would you say it was *[read categories:]*

1. **Very dangerous**
2. **Somewhat dangerous**
3. Neither safe nor dangerous
4. Somewhat safe
5. Very safe
8. DK, no opinion

[If very dangerous or somewhat dangerous]

B20.1 What dangers do you think there are at this site? *[Record in point form.]*

_____

_____

_____

B21. Was there construction work or any other temporary features at this site?

0. No
1. **Yes**
8. DK

[If yes]   **B21.1** Please describe them: *[Record in point form.]*

_____

_____

_____

B22. Do you have any other comments about this site you would like to add? *[Record in point form.]*

_____

_____

_____

_____

SITE-SPECIFIC QUESTIONS: ADDITIONAL SITE D

Now I'd like to ask you the same questions about site D that we identified on the map. *[Indicate site on map]*

First, I'd like to check where you were cycling. At this point, you were *[choose based on info from page 4 or 5]*

11.1　1. At a non-intersection location.
　　　　　Were you *[read 3 categories]*

　　　　　2. At an intersection.
　　　　　Immediately before you entered the intersection, were you *[read 2 categories]*

11.2　1. Away from roads　　2. On a sidewalk or path next to a road　　3. On a road

11.3　Were you on the
　　　　1. right side of path
　　　　2. middle of path
　　　　3. left side of path
　　　　4. no path

Was the sidewalk / path
　　1. to the right of the road
　　2. in centre of road (e.g., boulevard)
　　3. to the left of the road

Were you on the
　　1. right side of road
　　2. middle of road
　　3. left side of road
　　4. back lane/alley

11.4

Where were you <u>within</u> the sidewalk / path?
　　　1. right side
　　　2. middle
　　　3. left side
　　　8. DK

So you were on the *[indicate answer above]*. Now, <u>within</u> that side of the road, were you in a <u>marked</u> *[read categories]*:
　　　1. right lane
　　　2. middle lane
　　　3. left lane
　　　4. parking lane
　　　5. bike lane
　　　6. shoulder
　　　7. or were there no marked lanes?
　　　8. DK

11.5　Was this path / sidewalk *[read categories]*:
　　　1. for cyclists only
　　　2. for pedestrians only *[if DK, default for sidewalk]*
　　　3. for pedestrians, cyclists, and other users *[if DK, default for off-road path]*

11.6　In which direction were you travelling compared to motor vehicle traffic?
　　　1. in the same direction as motor vehicle traffic
　　　2. facing motor vehicle traffic on your side of the street

12.　Now we need a sketch of the site *[in pencil]*. Would you feel comfortable drawing it for me?

　　　Please mark the following:　　- Names of streets or other identifiable features
　　　　　　　　　　　　　　　　　　- **Your location** (<u>with an X</u>)
　　　　　　　　　　　　　　　　　　- **Direction of travel** (<u>with an arrow</u>, before & after the X)

[Check map.]

N

SO Name: _____
SO Date: _____
SO Time: _____

D13. What type of surface were you cycling on at this point? Would you say it was *[read categories]*:

[Check all that apply]
☐ Smooth pavement
☐ Pavement with potholes, bumps, train or streetcar tracks
☐ Cobblestones, bricks, or paving stones
☐ Packed gravel or dirt
☐ Loose gravel or dirt
☐ Grass
☐ Other [*specify:* _____]
☐ DK

D14. Was the surface dry, wet, icy, or snowy?

[Check all that apply]

[If wet, prompt about puddles]
☐ Dry
☐ Wet
☐ Puddles of waters
☐ Icy
☐ Snow covered

D15. Did the surface have debris such as leaves, glass, sand, gravel, or papers, on it?

0. No
1. **Yes**
8. DK

[If yes]   **D15.1** Was it *[read categories]*:

[Check all that apply]

[If needed, prompt that there was "enough debris that you found it bothersome".]
☐ Leaves
☐ Glass
☐ Sand
☐ Gravel
☐ Papers
☐ Other [*specify:* _____]

D16. Please estimate how fast you were going at this point:

1. less than 15 km/h
2. 15 to 29 km/h
3. 30 km/h or more
8. DK

D17. Was it dawn, daytime, dusk, or night-time at this point on the trip?:

1. Dawn (not fully light)
2. Day
3. Dusk (beginning to get dark)
4. Night

D18. Were there any street lights that were on and illuminating this site?

0. No
1. Yes
8. DK

D19. Were you travelling with one or more companions at this point?

> 0. No
> 1. **Yes**

[If yes] **D19.1** How many others were with you, and how were they travelling?

> *[Check all that apply]*
> ☐ On same bike as me   # _____
> ☐ Cycling, on different bike   # _____
> ☐ Jogging / walking   # _____
> ☐ In-line skating / skateboarding   # _____
> ☐ Stroller   # _____
> ☐ Other [*specify:* _____]   # _____

D20. How safe do you think this site was for cyclists on that trip? Would you say it was *[read categories:]*

> 1. **Very dangerous**
> 2. **Somewhat dangerous**
> 3. Neither safe nor dangerous
> 4. Somewhat safe
> 5. Very safe
> 8. DK, no opinion

[If very dangerous or somewhat dangerous]

> **D20.1** What dangers do you think there are at this site? *[Record in point form.]*
>
> _____
>
> _____
>
> _____

D21. Was there construction work or any other temporary features at this site?

> 0. No
> 1. **Yes**
> 8. DK

[If yes] **D21.1** Please describe them: *[Record in point form.]*

> _____
>
> _____
>
> _____

D22. Do you have any other comments about this site you would like to add? *[Record in point form.]*
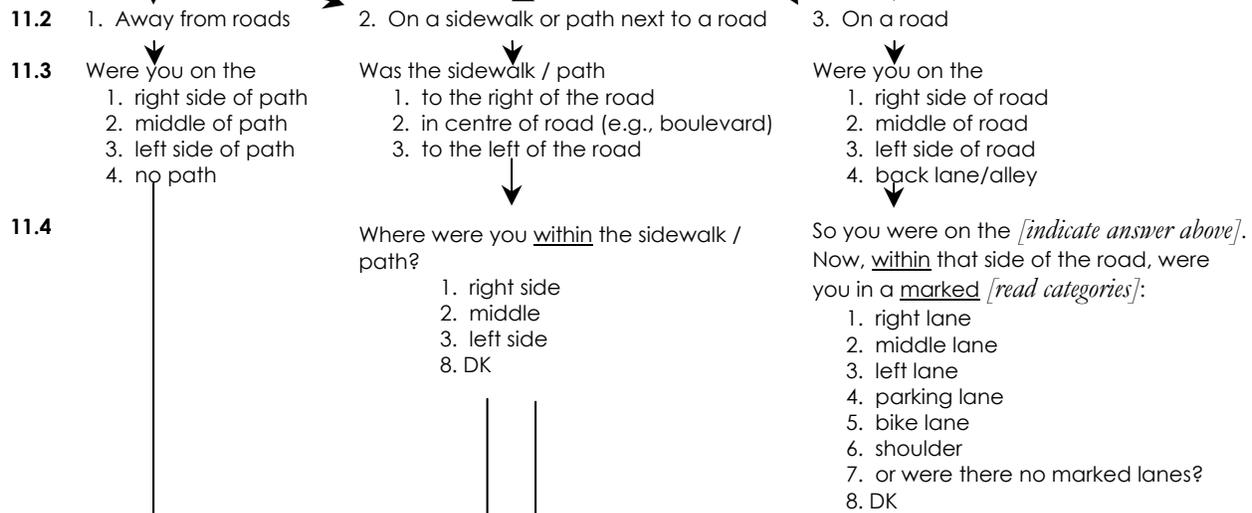
> _____
>
> _____
>
> _____
>
> _____

SITE-SPECIFIC QUESTIONS: ADDITIONAL SITE E *[matched]*

Now I'd like to ask you the same questions about site E that we identified on the map. *[Indicate site on map]*

First, I'd like to check where you were cycling. At this point, you were *[choose based on info from page 4 or 5]*

11.1　1.　At a non-intersection location.
　　　　　　Were you *[read 3 categories]*

　　　　　2.　At an intersection.
　　　　　　Immediately before you entered the intersection, were you *[read 2 categories]*

11.2　1.　Away from roads　　2.　On a sidewalk or path next to a road　　3.　On a road

11.3　Were you on the
　　　　1. right side of path
　　　　2. middle of path
　　　　3. left side of path
　　　　4. no path

Was the sidewalk / path
　　1. to the right of the road
　　2. in centre of road (e.g., boulevard)
　　3. to the left of the road

Were you on the
　　1. right side of road
　　2. middle of road
　　3. left side of road
　　4. back lane/alley

11.4

Where were you <u>within</u> the sidewalk / path?
　　1. right side
　　2. middle
　　3. left side
　　8. DK

So you were on the *[indicate answer above]*. Now, <u>within</u> that side of the road, were you in a <u>marked</u> *[read categories]*:
　　1. right lane
　　2. middle lane
　　3. left lane
　　4. parking lane
　　5. bike lane
　　6. shoulder
　　7. or were there no marked lanes?
　　8. DK

11.5　Was this path / sidewalk *[read categories]*:
　　1.　for cyclists only
　　2.　for pedestrians only *[if DK, default for sidewalk]*
　　3.　for pedestrians, cyclists, and other users *[if DK, default for off-road path]*

11.6　In which direction were you travelling compared to motor vehicle traffic?
　　1.　in the same direction as motor vehicle traffic
　　2.　facing motor vehicle traffic on your side of the street

12.　Now we need a sketch of the site *[in pencil]*. Would you feel comfortable drawing it for me?

　　　Please mark the following:　　- Names of streets or other identifiable features
　　　　　　　　　　　　　　　　　　- **Your location** *(<u>with an X</u>)*
　　　　　　　　　　　　　　　　　　- **Direction of travel** *(<u>with an arrow</u>, before & after the X)*

[Check map.]

N

↑

SO Name: _____
SO Date: _____
SO Time: _____

E13. What type of surface were you cycling on at this point? Would you say it was *[read categories]:*

[Check all that apply]
- ☐ Smooth pavement
- ☐ Pavement with potholes, bumps, train or streetcar tracks
- ☐ Cobblestones, bricks, or paving stones
- ☐ Packed gravel or dirt
- ☐ Loose gravel or dirt
- ☐ Grass
- ☐ Other [*specify:* _____]
- ☐ DK

E14. Was the surface dry, wet, icy, or snowy?

[If wet, prompt about puddles]

[Check all that apply]
- ☐ Dry
- ☐ Wet
- ☐ Puddles of waters
- ☐ Icy
- ☐ Snow covered

E15. Did the surface have debris such as leaves, glass, sand, gravel, or papers, on it?

0. No
1. **Yes**
8. DK

[If yes]   **E15.1** Was it *[read categories]:*

[Check all that apply]
- ☐ Leaves
- ☐ Glass
- ☐ Sand
- ☐ Gravel
- ☐ Papers
- ☐ Other [*specify:* _____]

[If needed, prompt that there was "enough debris that you found it bothersome".]

E16. Please estimate how fast you were going at this point:

1. less than 15 km/h
2. 15 to 29 km/h
3. 30 km/h or more
8. DK

E17. Was it dawn, daytime, dusk, or night-time at this point on the trip?:

1. Dawn (not fully light)
2. Day
3. Dusk (beginning to get dark)
4. Night

E18. Were there any street lights that were on and illuminating this site?

0. No
1. Yes
8. DK

E19. Were you travelling with one or more companions at this point?

> 0. No
> 1. **Yes**

[If yes]   **E19.1** How many others were with you, and how were they travelling?

> *[Check all that apply]*
> ☐ On same bike as me   # _____
> ☐ Cycling, on different bike   # _____
> ☐ Jogging / walking   # _____
> ☐ In-line skating / skateboarding   # _____
> ☐ Stroller   # _____
> ☐ Other [*specify:* _____]   # _____

E20. How safe do you think this site was for cyclists on that trip? Would you say it was *[read categories:]*

> 1. **Very dangerous**
> 2. **Somewhat dangerous**
> 3. Neither safe nor dangerous
> 4. Somewhat safe
> 5. Very safe
> 8. DK, no opinion

[If very dangerous or somewhat dangerous]

> **E20.1** What dangers do you think there are at this site? *[Record in point form.]*

> _____

> _____

> _____

E21. Was there construction work or any other temporary features at this site?

> 0. No
> 1. **Yes**
> 8. DK

[If yes]   **E21.1** Please describe them: *[Record in point form.]*

> _____

> _____

> _____

E22. Do you have any other comments about this site you would like to add? *[Record in point form.]*

> _____

> _____

> _____

> _____

OTHER CHARACTERISTICS OF THE TRIP

Now, I would like to ask you some questions about your bike, your visibility, and some personal circumstances on this trip. These questions are not the main focus of the study. Your answers will be used for descriptive purposes only.

23. What was the purpose of this trip?

[Read list & check all that apply]
- [ ] To go to or from work
- [ ] To go to or from school
- [ ] As part of your job (e.g., courier)
- [ ] For personal business, e.g., shopping, doctor's visit
- [ ] For social reasons, e.g., visiting friends, movies
- [ ] For exercise or recreation
- [ ] Other *[specify: _____]*

24. What was the weather like on this trip?

[Probe about cloud cover, precipitation & wind.]

[Check all that apply]
- [ ] Clear sky
- [ ] Partial cloud cover
- [ ] Complete cloud cover
- [ ] Fog/Mist
- [ ] Smog/Smoke
- [ ] Raining *[include light and heavy rainfall]*
- [ ] Snowing
- [ ] Hail
- [ ] Strong winds against you
- [ ] Strong winds with you
- [ ] Strong crosswind

25. What type of bike were you riding?

[Show photos]

1. City bike
2. Touring/road bike
3. Mountain bike
4. Racing bike
5. Folding bike
6. Recumbent
7. Hybrid
8. Cruiser
9. Other *[specify: _____]*

> Record "**fixed gear**" or "**track bikes**" as "other" and specify the either of these types.

26. When was the last time this bike underwent maintenance prior to the injury incident?

1. less than 1 month before
2. 1 to 6 months before
3. 7 to 11 months before
4. 1 year to 3 years before
5. more than 3 years before
6. never
8. DK
9. Refuse

27. During this trip, prior to the injury incident, did you notice anything that needed to be fixed on this bike?

0. No
1. Yes *[specify:_____]*
8. DK
9. Refuse

28. How old is this bike?

_____ years
8. DK
9. Refuse

> If unknown, ask for best estimate first, e.g., > 10. If less than 1 year, put < 1.

29. Did you have a <u>front</u> light that was turned on during this trip?

0. No
1. Yes
8. DK
9. Refuse

30. Did you have a <u>back</u> light that was turned on during this trip?

0. No
1. Yes
8. DK
9. Refuse

31. What colour was the clothing on your upper body?

[specify:_____]
7. No clothing on upper body
8. DK
9. Refuse

32. What colour was the helmet you were wearing?

[specify:_____]
7. No helmet
8. DK
9. Refuse

33. In the 24 hours prior to this trip, how many hours of sleep had you had?

_____ hours
8. DK
9. Refuse

34. In the 6 hours prior to this trip, had you consumed any of the following:

34.1 Over the counter or prescription medications

0. No
1. Yes
8. DK
9. Refuse

34.2 Alcohol, such as beer, wine, spirits, cider

0. No
1. Yes
8. DK
9. Refuse

34.3 Marijuana, cannabis or hashish

0. No
1. Yes
8. DK
9. Refuse

34.4 Other recreational drugs
[If examples needed: cocaine, heroin, crystal meth]

0. No
1. Yes
8. DK
9. Refuse

16

CYCLING AND DRIVING EXPERIENCE

Now I have some questions about your cycling and driving experience. As with the last section, these questions are not the main focus of the study. Your answers will be used for descriptive purposes only.

35. Please tell me how frequently you cycled in the 12 months prior to this injury event:

35.1 in the winter *(Dec, Jan, Feb)*

0. never
1. less than
2. 1 to 3 tir
3. 1 to 3 tir
4. 4 or mor
8. DK

Can use **current season**. For example, it is summer when the injury event occurred, can respond about this summer.

35.2 in the spring *(Mar, Apr, May)*

0. never
1. less than once a month, but more than never
2. 1 to 3 times a month
3. 1 to 3 times a week
4. 4 or more times a week
8. DK

35.3 in the summer *(Jun, Jul, Aug)*

0. never
1. less than once a month, but more than never
2. 1 to 3 times a month
3. 1 to 3 times a week
4. 4 or more times a week
8. DK

35.4 in the fall *(Sept, Oct, Nov)*

0. never
1. less than once a month, but more than never
2. 1 to 3 times a month
3. 1 to 3 times a week
4. 4 or more times a week
8. DK

36. Have you ever taken an urban cycling training course?

0. No
1. Yes

An "**urban cycling course**" is any course that contributes to safety or skills for riding in the city.
A **trick riding or mountain biking** course would **not** be.

37. Would you consider yourself an experienced cyclist?

0. No
1. Yes
2. Somewhat

38. Have you ever had a driver's license?

0. No
1. Yes

[If yes] **38.1.** At what age did you first learn to drive?

_____ years old
88. DK

DEMOGRAPHIC INFORMATION

I would like to finish by asking you a few questions that will allow us to compare the general characteristics of the people who participated in this study to other adults in the Metro area.

39. *[Record gender]*

1. Male
2. Female

40. What is the total number of people who live your household (including yourself)?

_____
88. DK
99. Refuse

[If 1 or more] **40.1** How many people who live in your household are < 19 years of age?

_____
88. DK
99. Refuse

41. What was your employment status at the time of the injury incident?

Students working in the summer should be classified as **students**, not seasonal work.

1. Working for pay full-time (≥ 30 hours/week)
2. Working for pay part-time (< 30 hours/week)
3. Seasonal work
4. Homemaker
5. Student
6. Retired
7. Unemployed
8. Disabled, unable to work
88. DK
99. Refuse

42. What is your highest level of education?

[Do not provide categories, use open-ended answer as basis for categorizing]

1. < high school
2. Completed high school
3. Some post-secondary education
4. Completed college or technical diploma
5. Completed university degree
6. Completed graduate university degree
8. DK
9. Refuse

43. What was your year of birth?

_____
YYYY
99. Refuse

44. To which ethnic or cultural group(s) did your ancestors belong? For example: French, Scottish, Chinese.

[Check all that apply]

- ☐ Canadian
- ☐ French
- ☐ English
- ☐ German
- ☐ Scottish
- ☐ Irish
- ☐ Italian
- ☐ Ukrainian
- ☐ Dutch (Netherlands)
- ☐ Chinese
- ☐ Jewish
- ☐ Polish
- ☐ Portuguese
- ☐ South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)
- ☐ Black
- ☐ Indigenous North American
- ☐ Métis
- ☐ Inuit / Eskimo
- ☐ Other *[specify: _____]*
- ☐ DK
- ☐ Refuse

[If "Canadian" is the only response, probe.

If the respondent hesitates, do not suggest Canadian.]

45. In which of the income categories on this card was your **total household income** before taxes in 2007? You don't need to tell me the amount, you can just read the category number.

[Show card]

1.
2.
3.
4.
5.
6.
8.
9.

Income should include **all household members**, not just family members. Exception is someone simply renting a room in a house or apartment, and therefore not part of the household (not sharing expenses, etc.).

If **income is between categories**, round to nearest category.

If the participant **changed households** during the year, the household incomes can be averaged.

46. Do you have any comments you would like to ad~~~~ route? *[Record in point form.]*

_____

_____

_____

_____

You can use this comment section to indicate any unusual answers to questions, that don't quite fit. Please indicate the question number the comment is for.

That's it! Thank you so much for participating in this study.

If you ever have any questions, feel free to call me or the investigators listed on the consent form.

[Ensure that you have given a <u>signed consent form</u>, post card, cycling map & cloth bag to subject.]

Interview End: _____:_____ am pm
hr: min