



Organic Farmer Safety, Health & Life Questionnaire (OFSHLQ)



About the Organic Farmer Safety, Health & Life Questionnaire (OFSHLQ)

The conceptual framework and first prototype of the Organic Farmer Safety, Health & Life Questionnaire (OFSHLQ) was developed by Daisy Rosero and Francisco Soto Mas at the University of New Mexico College of Population Health, with input from Steve Guldán, New Mexico State University, and Vanessa Casanova, University of Texas at Tyler. A final draft was piloted with a sample of USDA-certified organic producers in the southwest region of the United States. The collected data was used to validate the tool. Psychometric testing was conducted by Francisco Soto Mas, Yu-Yu Hsiao, Ming Ji, and Shixi Zhao at the College of Population Health and the Department of Individual, Family, and Community Education, College of Education and Human Sciences, University of New Mexico, Albuquerque, New Mexico, USA.

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For more information on the development process and psychometric testing of the OFSHLQ, please see: Soto Mas, Francisco MD; Hsiao, Yu-Yu PhD; Ji, Ming PhD; Zhao, Shixi PhD. The Organic Farmer Safety, Health & Life Questionnaire (OFSHLQ): A Tool for an Expanded Paradigm on Occupational Safety and Health. *Journal of Occupational and Environmental Medicine*, 2025;67(3):214-222. DOI: 10.1097/JOM.0000000000003299

Related Publications

- McDaniel T, Soto Mas F, Sussman A. Growing connections: local food systems and community resilience. *Society & Natural Resources*, 2021; 34(10):1375-1393. doi:[10.1080/08941920.2021.1958965](https://doi.org/10.1080/08941920.2021.1958965).
- Rosero DV, Soto Mas F, Sebastian R, Guldán S, Casanova V, Nervi L. COVID-19 Prevalence and Prevention Behaviors among US Certified Organic Producers. *Journal of Occupational and Environmental Medicine*, 2021; 63(12):e937-e943. doi:10.1097/JOM.0000000000002411
- Parshall C, Soto Mas F, Fares Q. A Comparative analysis of the New Mexico organic and conventional producer: implications for occupational safety and health research and practice. *Scirea Journal of Health*, 2021; 5(6):95-107. doi:[10.54647/pmh33174](https://doi.org/10.54647/pmh33174).
- Martínez C, Rosero D, Thomas T, Soto Mas F. Community supported agriculture, human capital, and community health. *Health Promotion Practice*, 2022; 23(3):407-415. doi:[10.1177/15248399211070546](https://doi.org/10.1177/15248399211070546).
- Soto Mas F, Nervi L, Rosero DV, Sebastian R, Guldán S, Casanova V. COVID-19 and essential workers: healthcare delays among organic farmers. *Journal of Healthcare Quality Research*, 2022, Feb. doi:10.1016/j.jhqr.2022.02.001
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- Soto Mas F, Sebastian R, Rosero DV, Nervi L, Casanova V, Guldán S. Safety and injury of US certified organic crop producers in the southwest region. *Journal of Agromedicine*, 2024, 9(2):168-178. doi:10.1080/1059924X.2023.2281526
- Soto Mas F, Zhao S, Ji M. Vaccine intention, uptake, and hesitancy among US certified food producers: The National COVID-19 Organic Farmer Study. *Disaster Medicine and Public Health Preparedness*, 2024, Dec 23, 18:e321. doi:10.1017/dmp.2024.324.

ORGANIC FARMER SAFETY, HEALTH & LIFE QUESTIONNAIRE (OFSHLQ)

Copyright© 2024 UNM. Attribution: The Organic Farmer Safety, Health & Life Questionnaire (OFSHLQ) was developed by Francisco Soto Mas, MD, PhD, MPH, Yu-Yu Hsiao, PhD, Ming Ji, PhD, and Shixi Zhao, PhD, at the College of Population Health and the Department of Individual, Family, and Community Education, College of Education and Human Sciences, University of New Mexico, Albuquerque, New Mexico, USA.

1.	How would you describe your work arrangement as a farmer/principal operator/producer?	<input type="radio"/> Owner operator <input type="radio"/> Tenant <input type="radio"/> Regular, permanent employee (standard work arrangement) <input type="radio"/> Independent contractor, independent consultant <input type="radio"/> Other (please specify) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
2.	How many years in total have you worked on a farm or in agriculture?	<input type="radio"/> 5 years or less <input type="radio"/> 6-10 years <input type="radio"/> 11-19 years <input type="radio"/> 20 years or more
3.	How many total years have you been working as an ORGANIC farmer?	<input type="radio"/> Less than 1 year <input type="radio"/> 1-3 years <input type="radio"/> 4-5 years <input type="radio"/> 6-10 years <input type="radio"/> More than 10 years
4.	How far is the commute from your home to the farm where you most often work?	<input type="radio"/> My home is on the farm <input type="radio"/> Less than 10 miles <input type="radio"/> 11-25 miles <input type="radio"/> 26-50 miles <input type="radio"/> More than 50 miles
5.	During peak season, on average, how many hours per week do you work on the farm?	<input type="radio"/> 1-10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> 41-50 hours <input type="radio"/> 51-60 hours <input type="radio"/> more than 60 hours
6.	Do you have another job off the farm or do any other work for pay?	<input type="radio"/> Yes <input type="radio"/> No
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">If no, skip to question 7</div>

6a	How many months a year do you work off the farm?	<input type="radio"/> 1-3 months <input type="radio"/> 4-6 months <input type="radio"/> 7-9 months <input type="radio"/> 10-12 months
6b	On average, how many hours a week do you usually work off the farm?	<input type="radio"/> 1-10 hours <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> more than 40 hours
7.	How many certified organic acres do you own, rent or lease that are currently in production?	(Enter a number) <input type="text"/>
8.	How does this operation grow certified crops? (Check all that apply)	<input type="radio"/> Under cover <input type="radio"/> Open field
9.	In the last year, were there animals (poultry, livestock, swine) on the farm?	<input type="radio"/> Yes <input type="radio"/> No
10.	Does this farm use any of the following practices for organic agricultural production? (Check all that apply)	<input type="checkbox"/> Organic mulch <input type="checkbox"/> Compost (plant green manures, animal manure) <input type="checkbox"/> Cover cropping <input type="checkbox"/> Crop rotation <input type="checkbox"/> Bio-pesticides and mechanical controls <input type="checkbox"/> Organic no till <input type="checkbox"/> Other (please specify) 12a <input type="text"/>
11.	What type of tools or machinery do you use for production? (Check all that apply) <input type="text"/> If you do not use a tractor, skip to question 12	<input type="checkbox"/> Hand tools (clippers, shovels, rakes, etc.) <input type="checkbox"/> Light machinery (tiller, walk behind tractors) <input type="checkbox"/> Sub-compact and compact utility tractors <input type="checkbox"/> Heavy machinery (Utility tractor, etc.) <input type="checkbox"/> Other
11a	Does your tractor have a roll-over protection bar or an enclosed cab?	<input type="radio"/> Yes <input type="radio"/> No
11b	Does your tractor have a front-end loader?	<input type="radio"/> Yes <input type="radio"/> No

12.	How concerned are you about paying for the basic costs of running a farm (equipment, seeds, water, inputs)?	<input type="radio"/> Not at all concerned <input type="radio"/> Somewhat concerned <input type="radio"/> Very concerned <input type="radio"/> Extremely concerned <input type="radio"/> Not sure/Don't know
13.	Does this operation participate in the National Organic Certification Cost Share Program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure/Don't know
14.	Are any of this operation's total organic acres covered by crop insurance?	<input type="radio"/> Yes If yes, skip to question 15 <input type="radio"/> No <input type="radio"/> Not sure/Don't know
14a	Which of the following best describes why crop insurance was NOT purchased for the uninsured organic acres? (Check all that apply)	<input type="checkbox"/> Organic crop insurance is too expensive <input type="checkbox"/> I am unfamiliar with organic crop insurance <input type="checkbox"/> Crop insurance agents are unfamiliar with organic crop insurance <input type="checkbox"/> Organic crop insurance is not available for the organic commodities I produce <input type="checkbox"/> Organic price elections are not offered for the organic commodities I produce <input type="checkbox"/> I do not need/want organic crop insurance <input type="checkbox"/> Other (Please tell us why you did not purchase crop insurance) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
15.	Does the farm currently produce and sell any organic crops to any of the following? (Check all that apply)	<input type="checkbox"/> CSA (Community Supported Agriculture), online marketplaces, etc. <input type="checkbox"/> Consumers: farmers markets, on-farm stores or farm stands, roadside stands or stores, u-pick <input type="checkbox"/> Retail markets, food hubs for locally or regionally branded products: supermarkets, supercenters, restaurants, caterers, independently owned grocery stores, food cooperatives, aggregators <input type="checkbox"/> Institutions: K-12 schools, colleges or universities, hospitals, workplace cafeterias, prisons, foodbanks

16.	Which of the following would you consider a major challenge to you as an organic farmer? (Check all that apply)	<input type="checkbox"/> Regulatory problems (excessive paperwork/record keeping such as OSP, GAP/GHP, certification costs, etc.) <input type="checkbox"/> Price issues (cost benefit, low premiums, lack of price information, prices inconsistent, etc.) <input type="checkbox"/> Production problems (high input costs, low yields, poor product quality, etc.) <input type="checkbox"/> Market access (too much competition, not enough volume produced, lack of buyers, etc.) <input type="checkbox"/> Management issues (overall time requirement, labor management, access to capital, etc.) <input type="checkbox"/> Access to loans or credit <input checked="" type="checkbox"/> Other, please describe your challenge <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
17.	Has the farm experienced economic loss due to contamination, weather or climate?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure/Don't know
18.	How concerned are you that the income from the farm alone is not enough to meet your family's usual monthly expenses and bills?	<input type="radio"/> Not at all concerned <input type="radio"/> Somewhat concerned <input type="radio"/> Very concerned <input type="radio"/> Extremely concerned <input type="radio"/> Not sure/Don't know
19.	How concerned are you about obtaining loans to help you pay for basic farm equipment or costs?	<input type="radio"/> Not at all concerned <input type="radio"/> Somewhat concerned <input type="radio"/> Very concerned <input type="radio"/> Extremely concerned <input type="radio"/> Not sure/Don't know

WORK ENVIRONMENT (Work Satisfaction & Work Role Perception)

Please indicate your level of agreement or disagreement with each of these statements.

		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
20.	My job on the farm requires that I keep learning new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	My job on the farm requires that I work very fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22.	On the farm, I know exactly what is expected of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
23.	The safety of workers/volunteers is a high priority on the farm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I am proud of the work I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Conditions on the farm allow me to be about as productive as I can be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	There are enough people or staff on the farm to get all the work done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	The farm is run in a smooth and effective manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	I can change my starting and quitting times on a daily basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	The morale of people working on the farm is high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REASONS FOR PURSUING ORGANIC FARMING

(Holistic Wellbeing; Community Connections; Environmental Stewardship; Economic Autonomy)

I am an organic farmer because...

		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
30.	Gives a positive image to a farm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	Provides access to local markets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	Is more profitable than conventional farming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	Gives me more freedom over what I grow than conventional farming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	Information on organic farming is easy to obtain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	Reduces chemical output to the environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36.	Products are healthier for the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	Is affordable to people in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38.	Let's me live more in harmony with nature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Please indicate your level of agreement or disagreement with each of the choices about organic farming.

		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
39.	Keeps me fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	Keeps me motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	Keeps me connected to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	Positively contributes to my family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43.	Helps connect me to my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
44.	Contributes positively to my physical health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45.	Contributes positively to my mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46.	Contributes positively to my social life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47.	Contributes positively to my spiritual life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48.	Contributes positively to my overall well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAFETY

When working on the farm, do you use any of the following equipment?

		Always	Often	Occasionally	Rarely	Never
49.	Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50.	Wide brimmed hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51.	Long sleeves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52.	Long pants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53.	Mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54.	Water resistant sunscreen with SPF of 30 or higher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55.	Ear protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56.	Eye protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57.	Safety shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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SAFETY ATTITUDES

Please indicate your level of agreement or disagreement with each of these statements

		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
58.	My safety and the safety of others on the farm is a priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59.	I am actively working towards improving farming safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60.	I encourage workers to report safety concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61.	I keep up with recommendations to ensure my safety and the safety of my employees/volunteers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INJURIES

In the last 12 months while doing activities on the organic farm, have you experienced any of the following to the point that required time away from work, restricted work activity or medical treatment from a healthcare provider?

		Yes	No	Not Sure / Don't Know
62.	Bites and stings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63.	Falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64.	Sprains, strains, tears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65.	Tendonitis, carpal tunnel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66.	Extensions due to lifting, lowering, bending, pushing, pulling or turning/twisting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67.	Cuts, lacerations, punctures, bruises, contusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68.	Chemical burns and corrosions, heat (thermal) burns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69.	Multiple traumatic injuries with fractures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70.	Amputations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 12 months while doing activities for your organic farm, have you been injured by any of the following to the point that required days away from work, restricted work activity or medical treatment from a healthcare provider?

		Yes	No	Not Sure / Don't Know
71.	Struck by object or equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72.	Struck by animal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73.	Roadway accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74.	Exposure to high noise levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75.	Exposure to environmental heat or cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76.	Contact with hot or cold objects or substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77.	Exposure to harmful substance through skin, eyes, nose, or other exposed tissue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78.	Injured by handheld object or equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79.	Are you deaf or do you have serious difficulty hearing?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not sure / Don't Know		
80.	Over the last year, how much work time did you lose due to accidents or injuries?	<input type="radio"/> No days <input type="radio"/> Less than 1 day <input type="radio"/> 1 day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4-7 days <input type="radio"/> More than one week <input type="radio"/> Two weeks or more		

81.	In your opinion, compared to CONVENTIONAL farming, the risk of injury and illness associated with organic farming is...	<input type="radio"/> Much lower <input type="radio"/> Lower <input type="radio"/> About the same <input type="radio"/> Greater <input type="radio"/> Much greater
82.	In your opinion, compared to OTHER types of jobs, the risk of injury and illness associated with organic farming is...	<input type="radio"/> Much lower <input type="radio"/> Lower <input type="radio"/> About the same <input type="radio"/> Greater <input type="radio"/> Much greater
83.	In your opinion, compared to conventional farming, organic farming is... (Check all that apply)	<input type="checkbox"/> More intense labor <input type="checkbox"/> More physically demanding <input type="checkbox"/> Mentally harder <input type="checkbox"/> More rewarding <input type="checkbox"/> None of these

LIFESTYLE

84.	Outside your job, do you regularly participate in any physical activities, exercises or sports?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
85.	On average, how many hours of sleep do you get in a 24-hour period?	<input type="radio"/> Less than 6 hours <input type="radio"/> 6 to 7 hours <input type="radio"/> 7 to 9 hours <input type="radio"/> 9 to 10 hours <input type="radio"/> More than 10 hours
86.	Do you currently smoke cigarettes?	<input type="radio"/> Yes <input type="radio"/> No
87.	Are you exposed to other people's tobacco smoke?	<input type="radio"/> Never <input type="radio"/> Some days <input type="radio"/> Every day <input type="radio"/> Not sure/Don't know

88.	Do you currently use chewing tobacco, snuff, or snus?	<input type="radio"/> Yes <input type="radio"/> No
89.	Do you currently use e-cigarettes or other electronic vaping products?	<input type="radio"/> Yes <input type="radio"/> No
90.	During the past 30 days, how many days per week did you have an alcoholic beverage such as beer, wine, a malt beverage or liquor?	<input type="radio"/> 0 days per week <input type="radio"/> 1 day per week <input type="radio"/> 2 days per week <input type="radio"/> 3 to 4 days per week <input type="radio"/> 5 to 7 days per week
91.	How often do you use seat belts when you drive or ride in a vehicle?	<input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Occasionally <input type="radio"/> Rarely <input type="radio"/> Never

DIET

		Daily	Weekly	Occasionally	Almost Never	Never
92.	I limit my fat intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93.	I eat whole grains and whole cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94.	I avoid sweets and sugars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95.	I limit my intake of meat, poultry and other animal products (milk, cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96.	I eat fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97.	I eat a variety of vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTH

98.	How would you rate your level of concern for your own health?	<input type="radio"/> Not at all concerned <input type="radio"/> Somewhat concerned <input type="radio"/> Very concerned <input type="radio"/> Extremely concerned <input type="radio"/> Not sure/Don't know
99.	Thinking about your PHYSICAL health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?	<input type="radio"/> None <input type="radio"/> 1-3 days <input type="radio"/> 4-6 days

		<input type="radio"/> 7-10 days <input type="radio"/> More than 10 days
100.	Do you have any kind of health care coverage, including health insurance, Indian Health Service, prepaid plans such as HMOs, or government plans such as Medicare?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
101.	Do you have a regular health care provider?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
102.	When did you last visit your DOCTOR for a routine checkup?	<input type="radio"/> Once within the past year <input type="radio"/> It has been more than 1 year <input type="radio"/> It has been more than 2 years <input type="radio"/> It has been more than 3 years <input type="radio"/> Not sure / Don't Know
103.	When did you last visit your DENTIST for a routine checkup?	<input type="radio"/> Once within the past six months <input type="radio"/> Once within the past year <input type="radio"/> It has been more than 1 year <input type="radio"/> Never <input type="radio"/> Not sure / Don't Know
104.	In the past year, was there a time when you needed to see a doctor or dentist but could not because of cost?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
105.	In the past year, have you had either a flu shot or a flu vaccine that was sprayed in your nose?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
106.	In the last 10 years, have you received a tetanus shot?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

		Yes	No	Not Sure / Don't Know
107.	Heart attack, also called myocardial infarction angina or coronary heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108.	Stroke?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

109.	Hypertension (high blood pressure?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110.	Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111.	Skin cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112.	Any other types of cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113.	Chronic obstructive pulmonary disease (C.O.P.D.), emphysema or chronic bronchitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114.	Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Yes	No	Not Sure / Don't Know
115.	Depressive disorder (including depression, major depression, dysthymia, or minor depression)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116.	Kidney disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117.	Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118.	Obesity/overweight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119.	Have you ever had a pneumonia shot, also known as a pneumococcal vaccine?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know		
120.	Have you ever had a mammogram?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know		
121.	Have you ever had a pap smear? <input type="text" value="female/women only"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know		
122.	Have you ever had a Prostate-Specific Antigen or PSA test? <input type="text" value="male/men only"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know		
123.	A blood stool test is a test to determine whether the stool contains blood. Have you ever had a blood stool test using a home kit or in a clinic/hospital, a sigmoidoscopy or colonoscopy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know		

124.	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
125.	Would you say that, in general, your overall health is	<input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Not sure / Don't Know

Listed below are potential sources of work-related stress. Please indicate the level of stress they cause you because you are an organic farmer:

		No stress at all	A little stress	Moderate stress	High stress	Not sure / Don't Know
126.	Money/finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127.	Future of farm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128.	Loss of farm value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129.	Loss of farm tradition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130.	Farm policy and legislation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131.	Amount of paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132.	Family problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133.	Illness/health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134.	Isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135.	Extreme weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136.	Climate change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137.	Over the past two weeks how often have you been bothered by having little interest or pleasure in doing things, feeling down, or hopeless?	<input type="radio"/> Not at all <input type="radio"/> On several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day				
138.	Over the past two weeks how often have you been bothered by having trouble sleeping, concentrating, have little energy or sleep too much?	<input type="radio"/> Not at all <input type="radio"/> On several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day				
139.	Would you say that your mental health is generally...	<input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Not sure / Don't Know				

PERCEPTIONS OF PERSONAL LIFE (Social and Work-Life Balance)

Please indicate your level of agreement or disagreement with each of these statements

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
140.	The demands of family interfere with my farm work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141.	I feel that there is no one I can share my most private worries and fears with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142.	I receive sufficient emotional support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FRIENDS, SOCIAL CIRCLES AND CONNECTIONS TO COMMUNITY

143.	Do you have a network of family, friends and neighbors with which you regularly socialize?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
144.	Do you have a network of farmers that can help with production, marketing, or distribution of products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
145.	After an average work day, about how many hours do you have to relax or pursue activities that you enjoy?	<input type="radio"/> 1-2 hours <input type="radio"/> 3-4 hours <input type="radio"/> 4 or more hours <input type="radio"/> I don't have time to relax
146.	Has your work as a farmer ever been negatively affected or you felt unsafe because you were discriminated against based on your age, race/ethnicity or gender identity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
147.	Do you feel there is enough support in your community for organic farming?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
148.	Do you feel there is enough government support for organic farming?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know

INTELLECTUAL HEALTH

Please indicate your level of agreement or disagreement with each of these statements

		Always	Often	Occasionally	Rarely	Never
149.	I seek opportunities to teach or mentor others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150.	I keep informed about social and political issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151.	I am interested in understanding the views of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152.	I participate in cultural events and programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153.	I seek opportunities to learn new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPIRITUAL WELL-BEING & LIFE SATISFACTION

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
154.	Spirituality has a positive influence in my daily life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155.	I use prayer, meditation and/or quiet personal reflection in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156.	I am satisfied with my spiritual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157.	In general, how satisfied are you with your life?	<input type="radio"/> Very satisfied <input type="radio"/> Somewhat satisfied <input type="radio"/> Somewhat dissatisfied <input type="radio"/> Not satisfied at all <input type="radio"/> Not sure/Don't know				
158.	In general, how satisfied are you with your work and work arrangements	<input type="radio"/> Very satisfied <input type="radio"/> Somewhat satisfied <input type="radio"/> Somewhat dissatisfied <input type="radio"/> Not satisfied at all <input type="radio"/> Not sure/Don't know				
159.	Overall, how satisfied are you as an organic farmer?	<input type="radio"/> Very satisfied <input type="radio"/> Somewhat satisfied <input type="radio"/> Somewhat dissatisfied <input type="radio"/> Not satisfied at all <input type="radio"/> Not sure/Don't know				

ORGANIC AGRICULTURE PRINCIPLES

Please indicate whether you subscribe -or agree- with the four principles of organic agriculture

		Yes	No	Not Sure / Don't Know
160.	Organic agriculture should sustain and enhance the health of soil, plant, animal, human and planet as one and indivisible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161.	Organic agriculture should be based on living ecological systems and cycles, work with them, emulate them and help sustain them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162.	Organic agriculture should build on relationships that ensure fairness with regard to the common environment and life opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163.	Organic agriculture should be managed in a precautionary and responsible manner to protect the health and well-being of current and future generations and the environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SOCIAL DEMOGRAPHICS

164.	Where were you born?	<input type="radio"/> USA <input type="radio"/> Outside the USA
165.	Which of the following do you consider yourself to be? (Check all that apply)	<input type="radio"/> American Indian, Alaskan Native, Indigenous <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Black, African/American <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Prefer not to disclose
166.	Are you...	<input type="radio"/> Hispanic/Latino <input type="radio"/> Non Hispanic/non Latino

167.	Sex at birth?	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Prefer not to disclose
168.	What is your gender identity?	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender <input type="radio"/> Other <input type="radio"/> Prefer not to disclose
169.	What is your age?	<input type="radio"/> 18-24 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65 or older
170.	What is the highest level of school you have completed or the highest degree you have received?	<input type="radio"/> No schooling <input type="radio"/> Elementary school <input type="radio"/> Middle school <input type="radio"/> High school NO DIPLOMA <input type="radio"/> High school GRADUATE (diploma or GED) <input type="radio"/> Some College <input type="radio"/> Associate degree <input type="radio"/> Bachelors degree <input type="radio"/> Masters degree <input type="radio"/> Doctorate
171.	What is your marital status?	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Cohabiting <input type="radio"/> Other

172.	Other than you, how many people (children and adults) live in your household?	<input type="radio"/> I live alone <input type="radio"/> 1 person <input type="radio"/> 2 people <input type="radio"/> 3 or more people
173.	What was your FAMILY'S total gross income last year?	<input type="radio"/> 0 - \$4,999 <input type="radio"/> \$5,000 - \$9,999 <input type="radio"/> \$10,000 - \$24,999 <input type="radio"/> \$25,000 - \$49,999 <input type="radio"/> \$50,000 - \$99,999 <input type="radio"/> \$100,000 - \$249,999
174.	Do you use mobile devices? (cell phone, tablet, other)	<input type="radio"/> Yes <input type="radio"/> No
175.	Do you have access to internet? (Check all that apply)	<input type="radio"/> Farm <input type="radio"/> Home <input type="radio"/> Mobile Phone <input type="radio"/> Not sure/don't know
176.	For the home in which you live, how do you pay for housing?	<input type="radio"/> Mortgage payments <input type="radio"/> Rent/Lease <input type="radio"/> I don't pay for housing
177.	During the past year, how hard was it for your family to pay for basic expenses like food, clothing, shelter, medical care and transportation?	<input type="radio"/> Not a problem <input type="radio"/> Slightly hard <input type="radio"/> Moderately hard <input type="radio"/> Very hard <input type="radio"/> Not sure/don't know
178.	Within the past year, have you received benefits from or used the services of any social programs such as food stamps, unemployment, Medicaid or social security?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure / Don't Know
179.	IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US ABOUT YOU, YOUR ORGANIC FARMING COMMUNITY AND YOUR EXPERIENCES AS AN ORGANIC FARMER?	

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