

Sequential Number: _____

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: _____

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 admitted 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, without 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 incident at an intersection?
[Intersection is meeting point of 2 roads]

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 actual end point, not 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 pencil initially. Check if correct, then mark with pen.

- | | |
|--|--|
| <i>Mark these points in pencil with a perpendicular stroke & the letter at the end of the stroke</i> | <ul style="list-style-type: none"> - "A" trip start - "B" injury site - "C" actual trip end |
|--|--|

Then measure route length with digital map wheel.

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

Planned destination same as C

[If different, "F", brief description, don't indicate "home"]

- | | |
|----------------------------------|--|
| <i>Mark intended destination</i> | <ul style="list-style-type: none"> - "F" intended destination |
|----------------------------------|--|

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

8. Total trip distance from starting point "A" to end point "C": _____ km, to 2 decimal places

9. Calculate distance from trip starting point "A" to additional site "D", then measure and mark on map.

Proportion _____ X total trip distance from 8. above = _____ km, to 2 decimal places

9.1 Indicate if intersection or not. If on edge or in doubt, mark as non-intersection.

D	1. Non-intersection
	2. Intersection

10. Calculate distance from trip starting point "A" to additional matched site "E", then measure and mark on map.

Proportion _____ X total trip distance from 8. above = _____ km, to 2 decimal places

10.1 Measure distance. This site is matched to "B" as an intersection or not.
If map wheel arrives at correct type of location, mark as "E" on map.
If not, check Sequential Number. If even, go forward along the route to nearest correct location, if odd, go back to nearest correct location.

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

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
- 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 within the sidewalk / path?
 1. right side
 2. middle
 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

- 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** *(with an X)*
 - **Direction of travel** *(with an arrow, before & after the X)*

[Check map.]



O Name: _____
 O Date: _____
 O Time: _____

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]*:

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

[Check all that apply]

- 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 within the sidewalk / path?
 1. right side
 2. middle
 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

- 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** *(with an X)*
 - **Direction of travel** *(with an arrow, before & after the X)*

[Check map.]



O Name: _____
 O Date: _____
 O 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]*:

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

[Check all that apply]

- 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 within the sidewalk / path?
 1. right side
 2. middle
 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

- 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** (with an X)
 - **Direction of travel** (with an arrow, before & after the X)

[Check map.]



O Name: _____
 O Date: _____
 O 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]*:

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

[Check all that apply]

- Leaves
- Glass
- Sand
- Gravel
- Papers
- Other *[specify: _____]*

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?

[Check all that apply]

*[Probe about cloud cover,
precipitation & wind.]*

- 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: _____]*

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
29. Did you have a front light that was turned on during this trip? 0. No
1. Yes
8. DK
9. Refuse
30. Did you have a back 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 0. No
1. Yes
8. DK
9. Refuse
[If examples needed: cocaine, heroin, crystal meth]

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 (<i>Dec, Jan, Feb</i>) | 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 |
| 35.2 | in the spring (<i>Mar, Apr, May</i>) | 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 (<i>Jun, Jul, Aug</i>) | 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 (<i>Sept, Oct, Nov</i>) | 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

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?

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]

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

If the respondent hesitates, do not suggest Canadian.]

- 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

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.

46. Do you have any comments you would like to add, for example, about the interview or about your route? *[Record in point form.]*

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 signed consent form, post card, cycling map & cloth bag to subject.]

Interview End: ____:____ am pm
hr: min