ocquerman morriber.		
Hospital:	1. St. <i>N</i> 2. TGH 3. St. P 4. VGH	aul's
Date Attended ED: DD	//_	
Came by ambulance:	0. No 1. Yes	
Admitted to Hospital:	0. No 1. Yes	
CTAS.		

Seguential Number:

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?

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:	://
Interview Start:	: am pm nr: min

INJURY DESCRIPTION

l wi	ll start by asking you about the t	rip when you sustai	ned your injuries.				
1.	When did you take this trip?	[Provide calendar]	Date:	y of Week	_///		
	1.1 What time did you leave yo	our starting point?	[Best estimate]			am pm min	
	1.2 At what time did the trip en [Stopped cycling]	nd?	[Best estimate]			am pm min	
2.	What day did you visit the Eme	rgency Departmen	t? [If different	<i>† day:]</i> [Date: / _ DD _ N		
3.	Were you <u>admitted</u> to hospital overnight in a ward other than				0. N 1. Y		
4. In your own words, please describe th <i>possible.</i>]		cribe the circumstai	nces of the injury i	ncident: []	Record as verba	tim as	
							_
							_
	How are you feeling?						
	4.1 Are you willing to have this without your name or iden			mes?	0. N 1. Y	-	

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 cor ask about the starting point of the trip, the site of the 	nplete route you took on your cycling injury trip. I will e 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 the trip changed because of the injury incident would like to know the <u>actual</u> end point, <u>not</u> yo planned destination.	;,
		Actual trip end point same as B \Box
		"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 cor</u>	rect, then mark with <u>pen</u> .
	Mark these points in <u>pencil</u> with a perpendicular stroke & the letter at the end of the stroke	 "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 <u>planned</u> destination and the route you would have taken to that destination?	Planned destination same as C □
		Figure a destination same as C
		[If different, "F", brief description, don't indicate "home"]
	Mark intended destination	- "F" intended destination

10.1 Measure distance. This site is matched to "B" as an intersection or not.

Proportion X total trip distance from 8. above =

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.



Match to B:

1. Non-intersection

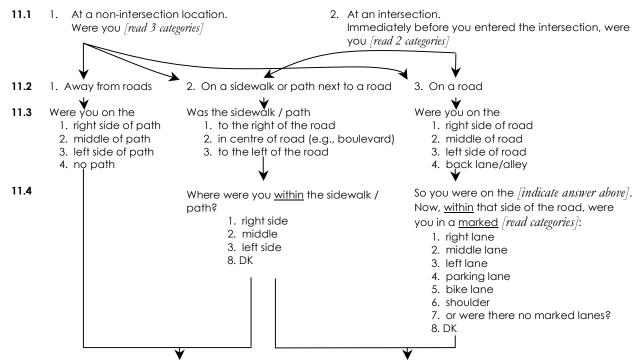
_km, to 2 decimal places

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]



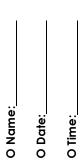
- 11.5 Was this path / sidewalk [read categories]:
 - 1. for cyclists only
 - 2. for pedestrians only [if DK, default for sidewalk]
 - 3. for pedestrians, cyclists, and other users [if DK, default for off-road path]
- 11.6 In which direction were you travelling compared to motor vehicle traffic?
 - 1. in the same direction as motor vehicle traffic
 - 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.]





		[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 su	urface dry, wet, icy, or snowy?	[Check all that apply]
	[If wet, prompt about puddles]	Dry Wet Puddles of waters Icy Snow covered
B15. Did the sur	face have debris such as leaves	s, 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 esti	mate how fast you were going c	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 daw	vn, daytime, dusk, or night-time (at this point on the trip?:
		 Dawn (not fully light) Day Dusk (beginning to get dark) Night
B18. Were there	e any street lights that were on <u>a</u>	nd illuminating this site?
		0. No 1. Yes 8. DK

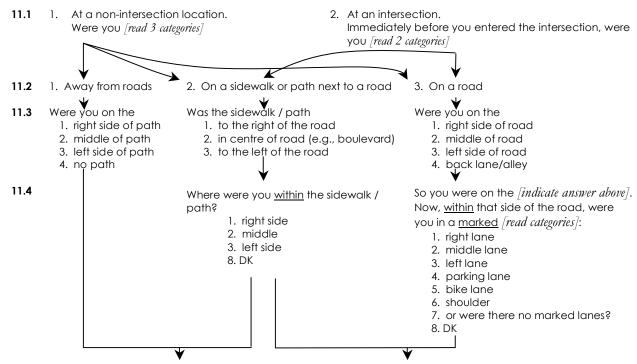
B13. What type of surface were you cycling on at this point? Would you say it was [read categories]:

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 #
	\square 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 dat	ngerous or somewhat dangerous]
	B20.1 What dangers do you think there are at this site? Record in point form.
	b20.1 What dangers do you mink mere are at this site? [Extora in point form.]
B21. Was there	construction work or any other temporary features at this site?
	0. No
	1. Yes
	8. DK
$\Pi f \mathbf{n} \mathbf{a} \mathbf{c} 7$	B21.1 Please describe them: /Record in point form.]
[If yes]	b21.1 Hease describe mem. [Actora in point form.]
200 5	
B22. Do you ho	ave 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]



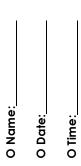
- 11.5 Was this path / sidewalk [read categories]:
 - 1. for cyclists only
 - 2. for pedestrians only [if DK, default for sidewalk]
 - 3. for pedestrians, cyclists, and other users [if DK, default for off-road path]
- 11.6 In which direction were you travelling compared to motor vehicle traffic?
 - 1. in the same direction as motor vehicle traffic
 - 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.]





		[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 su	urface 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 su	rface have debris such as leaves	s, 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 est	imate how fast you were going o	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 day	vn, daytime, dusk, or night-time (at this point on the trip?:
		 Dawn (not fully light) Day Dusk (beginning to get dark) Night
D18. Were there	e any street lights that were on c	and illuminating this site?
		0. No 1. Yes 8. DK

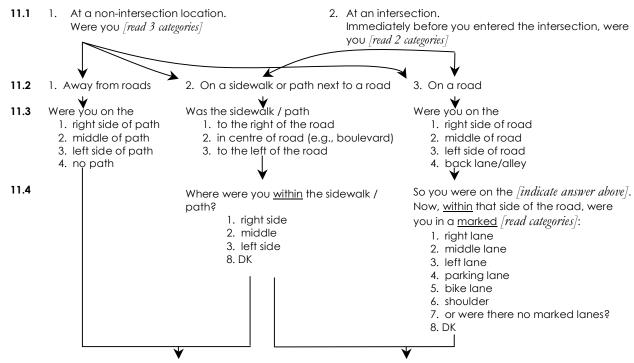
D13. What type of surface were you cycling on at this point? Would you say it was [read categories]:

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
The name of a	ngamana ay samambat danganana?
[1] very aar	ngerous or somewhat dangerous]
	D20.1 What dangers do you think there are at this site? Record in point form.
	·
D21. Was there	e construction work or any other temporary features at this site?
	0. No
	1. Yes
	8. DK
[[face]	D21.1 Please describe them: /Record in point form.]
[If yes]	D21.1 Flease describe mem. [Newra in point form.]
D22. Do you ho	ave 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]



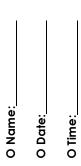
- 11.5 Was this path / sidewalk [read categories]:
 - 1. for cyclists only
 - 2. for pedestrians only [if DK, default for sidewalk]
 - 3. for pedestrians, cyclists, and other users [if DK, default for off-road path]
- 11.6 In which direction were you travelling compared to motor vehicle traffic?
 - 1. in the same direction as motor vehicle traffic
 - 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.]





		[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 su	urface dry, wet, icy, or snowy?	[Check all that apply]
	[If wet, prompt about puddles]	☐ Dry☐ Wet☐ Puddles of waters☐ Icy☐ Snow covered☐
E15. Did the su	rface have debris such as leaves	s, 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 est	imate how fast you were going o	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 day	wn, daytime, dusk, or night-time (at this point on the trip?:
		 Dawn (not fully light) Day Dusk (beginning to get dark) Night
E18. Were ther	e any street lights that were on c	and illuminating this site?
		0. No 1. Yes 8. DK

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

		D. No 1. Yes
[If yes]	E19.1 How many others were with you, and	d how were they travelling?
	[Check ali [[[[that apply On same bike as me
E20. How safe	do you think this site was for cyclists on that t	rip? 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 dan	ngerous or somewhat dangerous]	
	E20.1 What dangers do you think there are	e at this site? [Record in point form.]
E21. Was there	construction work or any other temporary f	eatures at this site?
		D. No 1. Yes 8. DK
[If yes]	E21.1 Please describe them: [Record in point	form.]
E22. Do you ho	ave any other comments about this site you	would like to add? [Record in point form.]

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

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.

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	óś
[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 crosswind
25. What type of bike were you riding? [Show photos]	 City bike Touring/road bike Mountain bike Racing bike Folding bike Recumbent Hybrid Cruiser Other [specify:]
26. When was the last time this bike unde	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 <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

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) 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 (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 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?			
		 Working for pay full-time (≥ 30 hours/week) Working for pay part-time (< 30 hours/week) Seasonal work Homemaker Student Retired Unemployed Disabled, unable to work DK 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?	YYYYY 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		
	[If "Canadian" is the only	Scottish		
	response, probe.	☐ Irish		
		Italian		
	If the respondent hesitates, do not	Ukrainian		
	suggest Canadian.]	☐ Dutch (Netherlands)☐ Chinese		
		☐ Jewish		
		Polish		
		Portuguese		
			t Indian, Pakistani, Punjabi, Sri Lankan)	
		∐ Black		
		☐ Indigenous North Am ☐ Métis	erican	
		☐ Inuit / Eskimo		
		Other [specify:	7	
		□ DK		
		Refuse		
45.	45. In which of the income categories on this card was your total household income before taxes in 20 You don't need to tell me the amount, you can just read the category number.			
	[Show card]	1. 2.		
	[311011 เนเน]	3.		
		4.		
		5.		
		6.		
		8.		
		9.		
46.	Do you have any comments you w route? [Record in point form.]	rould like to add, for example, o	about the interview or about your	
Tho	at's it! Thank you so much for particip	ating in this study.		
16			lists of an the analysis forms	
пу	ou ever have any questions, feel free	e to call me or the investigators	s listed on the consent form.	
[E	nsure that you have given a <u>signed consent f</u>	orm, post card, cycling map & cloth	bag to subject.]	
			Interview End: am pm hr: min	