

By completing this form, you indicate you are interested in being included in the Farmer/Rancher Registry. You have reviewed the registry description and are interested in being informed about research underway in the Great Plains Center for Agricultural Health, including our partners at the University of Iowa and across the region, where the research is focused on studies that meet our mission: to prevent agricultural injuries and illness and to improve the safety and health among agricultural communities. You will be contacted notifying your inclusion in the registry, which will provide you with your personal link to the data, where you can confirm your information after we enter data from this form. You will also be directed to the web page describing the Registry and provides you with ways to contact us and instructions on how to withdraw. You can withdraw from this registry at any time. Submit via email to <mailto:cph-greatplainscenter@uiowa.edu>

**About You:**
**Name:** \_\_\_\_\_

**Address (residence)** \_\_\_\_\_

Street/PO Box \_\_\_\_\_

State \_\_\_\_\_

**County of Residence** \_\_\_\_\_

**Year you were Born:** \_\_\_\_\_

**Years you have been in Farming:** \_\_\_\_\_

**Gender:**       Male       Female       Nonbinary       Choose not to say

**Farming status:**     Active       Retired

**Farming Involvement (as many as apply)**

- Owner/operator – working on own/family land
- Owner/operator – working on rented land
- Family member of owner/operator
- Contract farm worker
- Hired Farm Hand
- Other \_\_\_\_\_

**About your Farm:**

Farm production (Check as many as apply)

**Commodity crops:**

- Corn / Soy
- Wheat / Oats
- Hay/forage
- Other \_\_\_\_\_

**Other crops:**

- Vegetables
- Tree fruits/nuts
- Other \_\_\_\_\_

**Animal production/dairy:**

- Hog
- Chicken (layers, broilers)
- Other poultry
- Cattle
- Dairy
- Other \_\_\_\_\_

How many acres do you farm (roughly)? \_\_\_\_\_

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<mailto:cph-greatplainscenter@uiowa.edu>

**About your Interests:**

Below is a list of health and safety topics that researchers may be investigating.

Check topics that you are interested in.

Select as many or as few as you like.

*We will notify you* about research studies on topics you select when researchers have approved studies that match your interests.

*We will not share any of your information* with research teams directly – We will only notify you of the study that matches your interest. You will receive information about how contact that researcher if you want to participate or get more information.

**Equipment:**

- Machine safety
- Tractor safety
- ATV safety
- Roadway safety (e.g., hazards on roadways related to ag and non-ag vehicles)
- Confined space safety (grain bin entry, manure pits)

**General Safety:**

- Child/youth safety on the farm
- Fall prevention
- Safe animal handling
- Farm structures/buildings
- Animal handling structures (e.g., chutes, gates)
- Farm safety checklists

**Health Topics:**

- Chemical safety and health (e.g., pesticides, ammonia, manure gases)
- Musculoskeletal hazards (e.g., back / leg / shoulder pain / arthritis)
- Air quality on the farm and respiratory health
- Noise exposures and hearing loss
- Zoonotic disease
- Personal protective equipment
- Heat/cold hazards
- Skin cancer
- Mental health, including work stress
- Cognitive decline/aging on the farm

**Other Ideas:**

- Other specific topics (specify): \_\_\_\_\_

**Open to anything:**

- Let me know about *any studies* related to health and safety on the farm

**Preference for being contacted:**

What is your preferred method of being contacted about future studies that relate to health and safety on the farm? (Select 1 as primary, as many as desire for secondary)

**Primary (pick 1)**

**Secondary**

- |                          |                          |         |   |
|--------------------------|--------------------------|---------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Email   | _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Phone   | _____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | US Mail | (we will use information from other side) |

**Complete Page 1 before submitting**

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