

**Supplementary Material**

**for**

**Not your average dairy farmer: Clustering dairy farmers of Western Canada and Ontario  
based on management practices and well-being**

**By Tambadou et al.**

**Survey Questions for Dairy Farmers**

## A) Questions about you and your role on the farm

Please select your age group:

- 17 or younger (excluded)
- 18-29
- 30-39
- 40-49
- 50-59
- 65 or older

Please select the province your farm is located:

- Alberta
- British Columbia
- Manitoba
- Ontario
- Saskatchewan
- Other (excluded)

With what gender do you identify? \_\_\_\_\_

How involved are you in the decision-making process on your farm?

- I am a primary decision maker
- I am a secondary decision maker or co-decision maker
- I am not actively involved in making decisions (excluded)

How long have you owned/managed the farm as a primary or secondary decision maker?

- Less than a year
- 1-5 years
- 5-10 years
- 10 or more years

On your operation, roughly what proportion of your time do you spend working directly with animals?

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

On your operation, roughly what portion of your time is spent working alone?

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

From the list below, please select all farm work you perform on a regular basis:

- Calf management
- Cleaning and bedding stalls/pack
- Cleaning milking equipment
- Cropping (seasonally)
- Feeding cows and heifers
- Finances
- Health checks and treatments
- Milking cows (including bringing to parlour/robot)
- Reproduction and breeding
- Other \_\_\_\_\_

Does your workload allow you to achieve a healthy work-life balance?

- Yes
- Sometimes
- No

During an average week, how often are you able to take time for recreation or rest or anything that brings you joy? (i.e. sports, playing games with family, walking the dog, spending time with calves, watching TV, etc.)

- Less than once per week
- Once per week
- A few times per week
- Nearly everyday
- Everyday

On average, how many days do you work per week? (This includes time spent physically at work, or any work you may do from home)?

- 1       2       3       4       5       6       7

How much vacation time do you take per year (not including your regular days off)? (This time does not need to be consecutive)

- None       Two weeks off  
 1-2 days       Three weeks off  
 3-6 days       Other: \_\_\_\_\_  
 One week off

## **B) ANIMAL HEALTH QUESTIONS:**

Over the last 12 months, what was your approximate calf mortality rate for calves under 3 months old? \_\_\_\_\_

Over the last 12 months, how many cases of mastitis did you have on your farm? (Please include recurring cases for a single cow and count them as multiple cases.) \_\_\_\_\_

## **C) Occupational health & well-being**

Have you experienced any of the following injuries or health problems while farming? (Select all that apply)

- Broken bone/Fracture       Partial or complete loss of eyesight  
 Burns       Partial or complete loss of hearing  
 Chronic use injuries/joint pain       Respiratory disease  
 Contusion Head injury/concussion       Tendon lesion/injury  
 Dislocation/sprains       Amputation  
 Laceration (requiring stitches)       Other \_\_\_\_\_  
 Major bruises

What was the cause of the injury? (Select all that apply)

- Machinery or equipment (i.e., tractor, truck, farm machines, etc.)  
 Work Environment (i.e., slippery surfaces, unlevelled terrain, splash with chemicals, confined spaces, etc.)  
 Animals (i.e., kick, bites, headbutts, stepped on, etc.)  
 Other \_\_\_\_\_

On average, how many hours do you sleep?

- Less than 5       9-10  
 5-6       More than 10  
 7-8

Do you feel like you are getting enough sleep per night?

- Yes       No

**The following section involves questions to ask you about your feelings and thoughts during the last month to assess your stress level. In each case, you will be asked to indicate by selecting how often you felt or thought a certain way.**

In the last month, how often have you been upset because of something that happened unexpectedly?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt that you were unable to control the important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt nervous and “stressed”?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt confident about your ability to handle your personal problems?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt confident in your ability to handle your business and operation problems?

- Never
- Almost never
- Sometimes

In the last month, how often have you found that you could not cope with all the things that you had to do?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you been able to control irritations in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt that you were on top of things?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you been angered because of things that were outside of your control?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

Fairly often

Very often

**The following section involved questions used to assess your resilience.  
Please rate how you have felt over the past month.**

I am able to adapt to change:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I can deal with whatever comes:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I try to see the humorous side of problems:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

Coping with stress can strengthen me:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I tend to bounce back after illness or hardship:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I can achieve goals despite obstacles:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I can stay focused under pressure:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I am not easily discouraged by failure:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I think of myself as a strong person:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

I can handle unpleasant feelings:

- Not true at all
- Rarely true
- Sometimes true
- Often true
- True nearly all of the time

**The following section involves questions used to assess your mental health. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought-out response.**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

Little interest or pleasure in doing things

- Not at all
- Several days
- More than half of the days
- Nearly every day

Feeling down, depressed, or hopeless

- Not at all
- Several days
- More than half of the days
- Nearly every day

Trouble falling or staying asleep, or sleeping too much

- Not at all
- Several days
- More than half of the days
- Nearly every day

Feeling tired or having little energy

- Not at all
- Several days
- More than half of the days
- Nearly every day

Poor appetite or overeating

- Not at all
- Several days
- More than half of the days
- Nearly every day

Feeling bad about yourself – or that you are a failure or have let yourself or your family down

- Not at all
- Several days
- More than half of the days
- Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television

- Not at all
- Several days
- More than half of the days
- Nearly every day

Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.

- Not at all
- Several days
- More than half of the days
- Nearly every day

Thoughts that you would be better off dead or of hurting yourself in some way

- Not at all
- Several days
- More than half of the days
- Nearly every day

**Over the last two weeks how often have you been bothered by any of the following problems?**

Feeling nervous, anxious or on edge

- Not at all
- Several days
- More than half of the days
- Nearly every day

Not being able to stop or control worrying

- Not at all
- Several days
- More than half of the days
- Nearly every day

Worrying too much about different things

- Not at all
- Several days
- More than half of the days
- Nearly every day

Trouble relaxing

- Not at all
- Several days
- More than half of the days
- Nearly every day

Being so restless it is hard to sit still

- Not at all
- Several days
- More than half of the days
- Nearly every day

Becoming easily annoyed or irritable

- Not at all
- Several days
- More than half of the days
- Nearly every day

Feeling afraid as if something awful might happen

- Not at all
- Several days
- More than half of the days
- Nearly every day

The following table seeks to determine specific stressors on your operation.

In the past month, how often have you felt stressed or concerned by the following on a scale of 0 to 5 (0 = Never; 4 = Always)?

	Never 0	Rarely 1	Sometimes 2	Very often 3	Always 4	Not Applicable
Animal health						
Animal rights activists						
Continuation of quota						
Drought						
Energy pricing						
Feed availability						
Feed costs						
Finances (personal and farm)						
Flooding						
Government policy and industry regulations						
Human resource management						
Installing new farm machinery						
Public perception						
Raw milk prices						
Transitioning the farm to the next generation						
Value of quota						
Weather						
Wildfires						
Workload/time constraints						
Other (please specify)						

**What resources would help reduce your stress? (Select all that apply)**

- Reduced workload
- Finding more time for the things I enjoy (including time family, self-care etc.)
- Attracting reliable employees
- Retaining reliable employees
- Better emotional support from my family
- Better access to preventative stress management and mental health resources
- Better access to mental health treatment services (counsellor, therapist, doctors, etc.)
- Better access to production support resources (equipment, technology, land, etc.)
- Better access to financial support resources (including capital and financial analysis tools)
- Better access to business support resources (including marketing, human resource management advisors, etc.)
- Better understanding of my business options and opportunities (including financial, marketing, human resource management, farm transition, technology, etc.)
- A change in my production practices (ex. timing, equipment, buildings, technology, etc.)
- A change in my business practices (ex. planning, record-keeping, human resource management, marketing, financial analysis, etc.)
- Other: (please specify) \_\_\_\_\_