

**SUPPLEMENT ONLY FOR WORKERS WHO SAID "YES" TO ANY OF NL QUESTIONS (NAWS page 17)****- SECTION NL - INJURIES/ACCIDENTS -**

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**[NL3 CODES FOR "INJURY LIST"] IN THE LAST 12 MONTHS, HAVE YOU HAD ANY: ...**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> a scrape/abrasion?                                   | <input type="checkbox"/> e broken or fracture bone/ crushed/ mangled? | <input type="checkbox"/> i otro?: <input type="text"/>           |
| <input type="checkbox"/> b bruise/contusion?                                  | <input type="checkbox"/> f dislocation?                               |  |
| <input type="checkbox"/> c amputation/lost of body part?                      | <input type="checkbox"/> g cut/laceration/puncture/ stab/ jab?        | <input type="checkbox"/> j insect bite/ sting/ bitten by animal? |
| <input type="checkbox"/> d sprain/strain/torn ligament/<br>traumatic rupture? | <input type="checkbox"/> h burn/blister/scald?                        |  |

**Please describe, how did you get injured? What happened when you where injured?**

**[INTERVIEWER: If there is more than one injury, write first the number corresponding to the incident (i.e., for the first incident write number 1) in the "Injury Grid" (next page). Use the following grids for the other incidents and number each one of them. If you need more grids, use "extras" from other unused supplements. In each grid, ask and write answers for questions NL3 to NL20]**

**IN THE NEXT GRIDS, WRITE IN DETAIL ALL NARRATIVE RESPONSES TO PROMPT QUESTIONS FROM NL3 TO NL20. AS YOU ASK EACH QUESTION, MARK RESPONSES; AND WHERE REQUIRED, MARK ITS CORRESPONDING BOX TO ENSURE THAT ALL QUESTIONS ARE ASKED (i.e., What happened?; What were you doing?; Where did it happen?; What caused the injury/accident?; What tools or machineries were you using when it happened?; etc.)**

**[USE A SEPARATE GRID FOR EACH INJURY/ACCIDENT]****CODES FOR NL13:**

- |   |   |                                 |
|---|---|---------------------------------|
| 13. COMMUNITY HEALTH CENTER/<br>HOSPITAL/EMERGENCY ROOM | 6. MIGRANT CLINIC                       | 9. DENTIST                      |
| 2. PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE<br>CLINIC    | 7. CHIROPRACTOR/<br>NATUROPATH'S OFFICE | 10. WENT TO HOME COUNTY         |
| 3. HEALER/"CURANDERO"/"SOBADOR"                         | 8. FIRST AID AT SCENE                   | 11. OTHER: <input type="text"/> |
|   |   | 12. NO MEDICAL TREATMENT        |

**CODES FOR NL14:**

- |                                     |   |  |
|-------------------------------------|---|--|
| 1 PAID OUT OF MY OWN POCKET         | 5 SELF OR FAMILY INSURANCE HEALTH<br>PLAN | 11 DO NOT REMEMBER WHO PAID FOR IT     |
| 2 MEDICAID/MEDICARE                 | 8 BILLED, BUT DID NOT PAY                 | 6 OTHER: <input type="text"/>          |
| 3 NO CHARGE                         | 9 "WORKER'S COMPENSATION"                 | 7 COMBINATION OF: <input type="text"/> |
| 4 EMPLOYER PROVIDED HEALTH-<br>PLAN | 10 EMPLOYER PAID "OUT-OF-POCKET"          |  |

INCIDENT #  [INTW: THIS GRID IS FOR THE FIRST INJURY/ACCIDENT MENTIONED BY THE INTERVIEWER]

**NL3** The following questions are about this injury/accident incident. What part(s) of your body was (were) injured and what type(s) of injury(-ies) did you have in this incident? [INTW: ASK FOR BODY-PARTS INJURIES, FROM THIS INCIDENT, FOR EACH BODY PART, WRITE ANSWER(S) AND CHECK ALL CODES THAT APPLY (SEE CODES - FIRST PAGE NL3).

[BODY PARTS: CODES FOR TYPE OF INJURY LISTED ON PREVIOUS PAGE (IN NL3). READ AND MARK ALL THAT APPLY]:

PART 1  a.  b.  c.  d.  e.  f.  g.  h.  i.  j.

PART 2  a.  b.  c.  d.  e.  f.  g.  h.  i.  j.

PART 3  a.  b.  c.  d.  e.  f.  g.  h.  i.  j.

[NARRATIVE SECTION (IF YOU NEED MORE SPACE, USE BACK PAGE). AFTER ASKING EACH PROMPT-QUESTION, MARK CORRESPONDING BOX]:

WHAT HAPPENED?  WHAT WERE YOU DOING?  WHERE DID IT HAPPEN?  WHAT CAUSED IT?  DETAILS?  NAMES OF MACHINES AND/OR TOOLS?


**NL4 Where?:**  1 “field”  2 “labor camp”  3 farm building  4 ranch roadway  5 public street  8 other:

<p><b>NL5</b> When?:</p> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> / <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<p><b>NL6</b> At current job?:</p> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<p><b>NL31</b> Doing FW or NF?:</p> <input type="checkbox"/> 1 FW <input type="checkbox"/> 2 NF	<p><b>NL8</b> Crop?</p> <input style="width:80px; height:20px;" type="text"/>	<p><b>NL9</b> For FW: Task? / (for NF: Activity?):</p> <input style="width:180px; height:20px;" type="text"/>	
<p><b>NL11</b> Not able to work normally &gt;4 hours?:</p> <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<p><b>NL12</b> # of days not able to work normally?:</p> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<p><b>NL21</b> # of days DID NOT WORK because of injury?:</p> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<p><b>NL13</b> Where treated? [ENTER ALL, USE Codes]:</p> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<p><b>NL14</b> How was it paid for? [Codes]:</p> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<p><b>NL20</b> Did you receive first aid?</p> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Yes

INJURIES/ACCIDENTS

INCIDENT #  [INTW: THIS GRID IS FOR THE SECOND INCIDENT (INJURY/ACCIDENT) MENTIONED BY THE INTERVIEWER. IF HE MENTIONS MORE THAN TWO INCIDENTES (INJURIES/ACCIDENTS), USE BLANK FORMS FROM OTHER SUPPLEMENTS]

NL3 The following questions are about this injury/accident incident. What part(s) of your body was (were) injured and what type(s) of injury(-ies) did you have in this incident? [INTW: ASK FOR BODY-PARTS INJURIES, FROM THIS INCIDENT, FOR EACH BODY PART, WRITE ANSWER(S) AND CHECK ALL CODES THAT APPLY (SEE CODES - FIRST PAGE NL3).

[BODY PARTS: CODES FOR TYPE OF INJURY LISTED ON PREVIOUS PAGE (IN NL1). READ AND MARK ALL THAT APPLY]:

PART 1  a.  b.  c.  d.  e.  f.  g.  h.  i.  j.

PART 2  a.  b.  c.  d.  e.  f.  g.  h.  i.  j.

PART 3  a.  b.  c.  d.  e.  f.  g.  h.  i.  j.

[NARRATIVE SECTION (IF YOU NEED MORE SPACE, USE BACK PAGE). AFTER ASKING EACH PROMPT-QUESTION, MARK CORRESPONDING BOX]:  
 WHAT HAPPENED?  WHAT WERE YOU DOING?  WHERE DID IT HAPPEN?  WHAT CAUSED IT?  DETAILS?  NAMES OF MACHINES AND/OR TOOLS?

Empty grid for narrative section.

NL4 Where?:  1 "field"  2 "labor camp"  3 farm building  4 ranch roadway  5 public street  8 other:

NL5 When?: <input type="text"/> / <input type="text"/>	NL6 At current job?: <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	NL7 Doing FW or NF?: <input type="checkbox"/> 1 FW <input type="checkbox"/> 2 NF	NL8 Crop? <input type="text"/>	NL9 For FW: Task? / (for NF: Activity?): <input type="text"/>
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NL11 Not able to work normally >4 hours?: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	NL12 # of days not able to work normally?: <input type="text"/> <input type="text"/>	NL21 # of days DID NOT WORK because of injury?: <input type="text"/> <input type="text"/>	NL13 Where treated? [ENTER ALL, USE Codes]: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NL14 How was it paid for? [Codes]: <input type="text"/> <input type="text"/>	NL20 Did you receive first aid? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Yes
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