



REFER TO QUESTIONS IN SECTION A:

# HOUSEHOLD GRID

62

										County		Farmworker ID			
A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	A16	A11	A12	A13	A30	
NAME	RELATION [CODE]	SEX	MARITAL	BIRTH DATE MM/YY	COUNTRY OF BIRTH [CODE]	HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K")]	COUNTRY SCHOOL [CODE]	MONTH AND YEAR FIRST ENTERED U.S.?	[ASK ALL IN A1]: DOES S/HE LIVE WITH YOU NOW? IF NOT, WHERE? [STATE/COUNTRY]	LAST 12 MONTHS, [NAME] JOINED YOU WHEN TRAVELED FOR FW?	ANY U.S. SCHOOL LAST 12 MONTHS?	ANY U.S. WORK NOW?	ANY U.S. FW LAST 12 MONTHS?	[UNDER 18] LAST 12 MONTHS, EVER ACCOMPANIED YOU TO THE FIELD?	
A. (FARMWORKER)		M	S	/				/			Y				
		F	M								N				
B.		M	S	/				/	Y	Y	Y	FW	Y	Y	
		F	M						N	N	N	NW	N	N	
C.		M	S	/				/	Y	Y	Y	FW	Y	Y	
		F	M						N	N	N	NW	N	N	
D.		M	S	/				/	Y	Y	Y	FW	Y	Y	
		F	M						N	N	N	NW	N	N	
E.		M	S	/				/	Y	Y	Y	FW	Y	Y	
		F	M						N	N	N	NW	N	N	
F.		M	S	/				/	Y	Y	Y	FW	Y	Y	
		F	M						N	N	N	NW	N	N	
G.		M	S	/				/	Y	Y	Y	FW	Y	Y	
		F	M						N	N	N	NW	N	N	
H.		M	S	/				/	Y	Y	Y	FW	Y	Y	
		F	M						N	N	N	NW	N	N	

\*CODES FOR A2 (RELATIONSHIP):

- 1 = SPOUSE/Common Law Spouse
- 2 = Own Child, Dependent or Adopted
- 3 = Sibling
- 4 = Parent
- 5 = Grandchild
- 6 = Other Relative (Cousins, Uncles, Etc.)
- 7 = Other: \_\_\_\_\_

\*\* CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):

- 1= U.S.A.
- 2= PUERTO RICO
- 3= MEXICO
- 4= CENTRAL AMERICA
- 5= SOUTH AMERICA
- 6= CARIBBEAN
- 7= SOUTHEAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND)
- 8= PACIFIC ISLANDS (THE PHILIPPINES, GUAM, FIJI, ETC.)
- 9= ASIA (CHINA, JAPAN, KOREA, ETC.)
- 97= OTHER: \_\_\_\_\_
- 99= NOT ANSWERED

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NAME	RELATION [CODE]	SEX	MARITAL STATUS	BIRTH DATE MM/YY	COUNTRY OF BIRTH [CODE]	HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K")]	COUNTRY SCHOOL [CODE]	MONTH AND YEAR FIRST ENTERED U.S.?	[ASK ALL IN A1]: DOES S/HE LIVE WITH YOU NOW? IF NOT, WHERE? [STATE/COUNTRY]	LAST 12 MONTHS, [NAME] JOINED YOU WHEN TRAVELED FOR FW?	ANY U.S. SCHOOL LAST 12 MONTHS?	ANY U.S. WORK NOW?	ANY U.S. FW LAST 12 MONTHS?	[UNDER 18] LAST 12 MONTHS, EVER ACCOMPANIED YOU TO THE FIELD?	
I.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	
J.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	
K.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	
L.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	
M.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	
N.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	
O.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	
P.		M	S	/				/		Y		Y	FW	Y	
		F	M							N		N	NW	N	

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**[ASK ONLY TO RESPONDENTS WHO - IN FAMILY GRID- HAVE CHILDREN UNDER 6 YEARS OLD WHO HAVE BEEN OR ARE CURRENTLY IN THE U.S.A.]**

Now I'd like to ask you some questions about child care. There are many places and persons that take care of children while parents work. Parents use childcare or a neighbor's home; other times the kids stay at home with their mother, siblings or other relatives...

**HS1. ...Now that you're working here in [NAME OF LOCALITY], how have you arranged for your child (-dren) to be taken care of while you work (FW)?** Please tell me all the types of child care arrangements you have used **[IF ONLY ONE RESPONSE, PROBE FOR MORE. CHECK ALL THAT APPLY]**

- a. MSHS
- b. Spouse
- c. Child(-ren)'s older sibling(s).Age(s)?: \_\_\_\_\_
- d. Other relatives (not spouse or child(-dren)'s older siblings)
- e. Out of home (DAYCARE / CENTER / BABYSITTER)
- f. Friends / Neighbors
- g. Take them to the field (FW)
- z. Other (specify): \_\_\_\_\_

**HS2. [IF MORE THAN ONE ANSWER IN HS1, ASK]:** Which one do you use most often during an average work week (FW)? **[ENTER LETTER CODE IN HS1]:**  
-----

**HS3. [ASK ALL] Why do you use this type the most while doing FW? [CHECK ALL THAT APPLY]**

- a. Trust
- b. Flexible / Convenient hours
- c. Convenient location
- d. Culturally compatible (same language, food, staff, etc.)
- e. Prepares child for school (e.g., English)
- f. Don't know (e.g., spouse decides)
- z. Other (specify): \_\_\_\_\_

**[IF MSHS ("a") WAS NOT MENTIONED IN "HS1", ASK]:**

**HS4. Have you ever heard of MSHS? [IF NEEDED, EXPLAIN MSHS. MENTION LOCAL MSHS NAMES]**

- 0 NO **[SKIP TO "A15" NEXT SECTION]**
- 1 YES

**HS5. Has/Have your child(-dren) ever used MSHS? (When?)**

- 0 NO **[ASK ONLY "HS6"]**
- 1 YES. NOW, IN THIS LOCATION **[SKIP TO "HS7"]**
- 2 YES. NOT NOW, BUT WITHIN THE LAST 12 MONTHS. **[ASK HS6 AND HS7]**
- 3 YES. BUT, MORE THAN 12 MONTHS **[ASK ONLY "HS6"]**

**HS6. Why aren't you (or your spouse) using MSHS at this location? [CHECK ALL THAT APPLY]**

- a. Prefer own child care arrangements
- b. No MSHS in this area
- c. MSHS not open entire season (FOR FW)
- d. Inconvenient hours
- e. MSHS full (applied, but no openings)
- f. Applied, but did not qualify
- g. Does not serve infants / older children
- h. Do not like it. Specify: \_\_\_\_\_
- i. Do not qualify. (Specify) ¿why?: \_\_\_\_\_
- z. Other (specify): \_\_\_\_\_

**HS7. [ASK QUESTIONS IN REFERENCE TO CHILDREN WHO USE/ USED MSHS IN THE LAST 12 MONTHS]**

a	b	c	d	e	f
CHILD(-REN) WHO USE/USED MSHS [ENTER NAMES]	DATE LAST USED MSHS? (MONTH/YEAR)	LOCATION (CITY/STATE)?	NAME OF CENTER?	HOW DID YOU LEARN ABOUT MSHS? [ENTER CODE]	[INTERVIEWER: CHECK IF CENTER IN "d" is in MSHS LIST]
1	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
2	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES

**CODES FOR "e":**

- 1 = PREVIOUS MSHS REFERRED US
- 2 = RECRUITER FROM MSHS CONTACTED US
- 3 = SOCIAL WORKER (AGENCY, CLINIC, ETC.) REFERRED ME (SPOUSE)
- 4 = SAW A FLYER WITH MSHS INFORMATION
- 5 = A RELATIVE/FRIEND TOLD US ABOUT IT
- 6 = OTHER: \_\_\_\_\_

**[THE FOLLOWING QUESTIONS REFER TO OTHER INDIVIDUALS WHO LIVE WITH THE WORKER AND WERE NOT MENTIONED IN THE "HOUSEHOLD GRID"]**

**A15** Other than those you have already mentioned, how many people live with you now?

TOTAL

Out of those (TOTAL IN "A15"), ... ...how many are: ...	A20 ... your relatives?	A16 ... doing FW?	A17 How many are doing NF?	A18 How many NW?
a. ...ADULTS? (18 YEARS OR OLDER)? <div style="float: right; margin-right: 20px;"> <input type="text"/> <input type="text"/> </div>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. ...CHILDREN? (17 YEARS OR YOUNGER)? <div style="float: right; margin-right: 20px;"> <input type="text"/> <input type="text"/> </div>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. ...DO NOT KNOW AGE? <div style="float: right; margin-right: 20px;"> <input type="text"/> <input type="text"/> </div>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**INSURANCE QUESTIONS ABOUT RESPONDENT AND HIS/HER FAMILY  
(INDIVIDUALS IN THE "HOUSEHOLD GRID") [DESCRIBE/EXPLAIN "HEALTH INSURANCE"]**

A21	A23								
In the U.S.A.,... Who has Health (Medical) Insurance in your family? ... How about... <div style="float: right; margin-right: 20px;"> <input type="text"/> </div> [ONLY FOR CHILDREN: IF YES, ASK HOW MANY OF THE CHILDREN UNDER AND OVER 18 YRS. OLD HAVE INSURANCE. MATCH TOTAL NUMBER WITH FAMILY GRID]	Who pays for it? [USE CODES. MARK ALL THAT APPLY]								
a. ...you (farm worker)? <div style="float: right; margin-right: 20px;"> <input type="text"/> </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input style="width: 50px;" type="text"/>								
b. ...your spouse? <div style="float: right; margin-right: 20px;"> <input type="text"/> </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input style="width: 50px;" type="text"/>								
c. ...your children?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input style="width: 50px;" type="text"/>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">A21c2</th> <th style="width: 50%;">A24</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES, ALL HAVE IT [ASK A23]  <input type="checkbox"/> 2 YES, ONLY SOME HAVE IT  <input type="checkbox"/> 7 DON'T KNOW                             </td> <td style="vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 100%;">(a) How many under 18 yrs?:</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="width: 100%;">(b) How many over 18 yrs?:</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> </table> </td> </tr> </tbody> </table>	A21c2	A24	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, ALL HAVE IT [ASK A23] <input type="checkbox"/> 2 YES, ONLY SOME HAVE IT <input type="checkbox"/> 7 DON'T KNOW	<table style="width: 100%;"> <tr> <td style="width: 100%;">(a) How many under 18 yrs?:</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="width: 100%;">(b) How many over 18 yrs?:</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> </table>	(a) How many under 18 yrs?:	<input type="text"/> <input type="text"/>	(b) How many over 18 yrs?:	<input type="text"/> <input type="text"/>	
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(b) How many over 18 yrs?:	<input type="text"/> <input type="text"/>								

**CODES FOR "A23" (WHO PAYS?):**

1= I PAY

3= MY EMPLOYER

5= GOVERNMENT

2= MY SPOUSE

4= MY SPOUSE'S EMPLOYER

6= OTHER:

**B4** In the last **2 years**, has anyone in your household (from "Family Grid")- **excluding yourself** - attended, training, **special** classes or schools in the U.S.? [READ CHOICES. **CHECK ALL THAT APPLY**]: ...

- a. ...Adult Education such as English/ ESL/Adult Basic Education/ Citizenship?
- d. ...Job training?:
- f. ...GED (High School Equivalency)?
- j. ...Migrant Education?
- k. ...Head Start?
- l. ...Migrant Head Start?
- n. ...Other?:
- Don't know

**G4** In the last **2 years**, have you or anyone in your household received benefits or used the services of any of the following social programs? [READ CHOICES. **CHECK ALL THAT APPLY**]: ...

- p. ...(TANF) Temporary assistance for needy families?
- b. ...Food stamps?
- c. ...Disability insurance?
- d. ...Unemployment insurance?
- e. ...Social Security?
- f. ...Veteran's pay?
- g. ...General assistance/welfare?
- h. ...Low income housing?
- i. ...Public Health Clinic?
- j. ...Medicaid?
- k. ...WIC?
- l. ...Disaster Relief?
- m. ...Legal Services?
- n. ...Other?:
- Don't know

**G6** Do you own or are you buying any of the following items in the U.S.? [READ CHOICES. **CHECK ALL THAT APPLY**]: ...

- a. ...a plot of land?
- b. ...a house?
- c. ...a mobile home?
- d. ...a car/truck?
- e. ...a business?
- f. ...other?:
- None

**G7** **[ONLY FOR THOSE BORN OUTSIDE THE U.S.A.]** ...And in your home country, do you own or are you buying any of the following items? [READ CHOICES. **CHECK ALL THAT APPLY**]: ...

- a. ...a plot of land?
- b. ...a house?
- c. ...a mobile home?
- d. ...a car/truck?
- e. ...a business?
- f. ...other?:
- None

**B1** Which of the following describes you? [READ CHOICES. **CHECK ONLY ONE**]: ...

- 1 ...MEXICAN-AMERICAN?
- 2 ...MEXICAN?
- 3 ...CHICANO?
- 5 ...PUERTO RICAN?
- 4 ...OTHER HISPANIC?:
- 7 ...NOT HISPANIC OR LATINO?


**B2** Which of the following do you consider yourself? [READ CHOICES EXCEPT "OTHER." **MARK ONE OR MORE RESPONSE**]: ...

- 1 ...WHITE?
- 2 ...BLACK OR AFRICAN AMERICAN?
- 4 ...AMERICAN INDIAN/ALASKAN NATIVE?
- 5 ...ASIAN?
- 6 ...NATIVE HAWAIIAN OR PACIFIC ISLANDER?
- 7 ...OTHER?:

**B3** Have you received any job training or attended any of the following special classes or school in the U.S.? [READ CHOICES. **CHECK ALL THAT APPLY**]: ...

- d. ...Job training?:
- a. ...English/ESL?
- b. ...Citizenship?
- c. ...Literacy?
- e. ...GED, High School Equivalency?
- f. ...College or University?
- g. ...Adult Basic Education?
- h. ...Even Start?
- i. ...Migrant Education?
- j. ...Other?:
- None

<b>[IF FOREIGN BORN, ASK];</b>				
<b>B18. Where were you born? In what...</b>			<b>B16. When you live in your country, did you work in...</b>	<b>B17-18. Before coming to the USA, you lived in what...</b>
(d) ...STATE?: (DEPARTMENT)	(e) ...MUNICIPALITY (EQUIVALENT)?:	(f) ...TOWN (OR CITY)?:	<input type="checkbox"/> 1 ...AGRICULTURE [FW]? <input type="checkbox"/> 2 ...NON-AGRICULTURE [NF]? <input type="checkbox"/> 3 ...PART FARM AND PART NON-FARM [FW AND NF]? <input type="checkbox"/> 5 ...NEVER WORKED? <input type="checkbox"/> 8 NOT APPLICABLE [ONLY FOR THOSE BORN IN THE U.S.]	(B17) ...COUNTRY?:  (B18) ...STATE (OR DEPARTMENT)?:

<b>LANGUAGE SECTION</b>					
<b>B7</b> How well do you <b>speak</b> English? [READ CHOICES. MARK <b>ONLY ONE</b> RESPONSE]: ... <input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?			<b>B8</b> How well do you <b>read</b> English? [READ CHOICES. MARK <b>ONLY ONE</b> RESPONSE]: ... <input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?		
<b>B20</b>		<b>B21</b>			<b>B24</b>
When you were a <b>child</b> , in what languages did adults speak to you at home? [CHECK ALL THAT APPLY] ✓		And now, <b>as an adult</b> , what languages can you speak? [CHECK ALL THAT APPLY] ✓			In which language do you believe you are most dominant (comfortable) conversing? [CHECK ONE] ✓
		<b>[FOR EACH CHECKED ANSWER, ASK]:</b>			
		<b>B22</b> And now, how well do you <b>speak</b> it? [READ CHOICES. MARK <b>ONLY ONE</b> PER CHECK]:	<b>B23</b> And now, how well do you <b>read</b> it? [READ CHOICES. MARK <b>ONLY ONE</b> PER CHECK]:		
<b>a</b>	ENGLISH				
<b>b</b>	SPANISH	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
<b>c</b>	CREOLE	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
<b>d</b>	MIXTEC	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
<b>e</b>	KANJOBAL	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
<b>f</b>	ZAPOTEC	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
<b>z</b>	OTHER:	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		





**D34a** In what type of living quarters do you live now (housing structure at this location)? [READ CHOICES. MARK **ONLY ONE**]:

**...Is it a (an)...**

- 1 ...Mobile home?
- 2 ...Single-family home (detached)?
- 3 ...Duplex, triplex, etc. (attached, own parking space with direct access to home)?
- 4 ...Apartments (two or more in a building, shared parking spaces)?
- 5 ...Dormitory or barracks?
- 6 ...Campsite or tent?
- 7 ...Motel or hotel?
- 8 ...Without shelter, "homeless." (Includes "sleeping in a car")? [SKIP TO **D36a**]
- 97 ...Other:

**D35** Where are your living quarters located? [READ CHOICES. MARK **ONLY ONE**]: ...

- 1 ...**Off farm** in property **not** owned or administered by your present employer?
- 2 ...**Off farm** in property owned or administered by your present employer?
- 3 ...**On farm** of the grower you currently work for?
- 7 ...Other?:

**D54** How many of the following do you have in your current living quarters (dwelling)...

- a. ...Bedrooms?:
- b. ...Bathrooms?:
- c. ...Kitchens?:
- f. ...Other rooms?:

**D52** How many people total sleep in these rooms? [VERIFY RESPONSE BY ADDING TOTAL NUMBER GIVEN IN HOUSEHOLD GRID PLUS TOTAL IN **A15**. IF ANSWERS DO NOT MATCH MAKE APPROPRIATE CHANGES]

**D36a [FOR PARENTS OF CHILDREN 12 YEARS OLD OR YOUNGER]** I already asked you about the daycare arrangements for your children under 6 years old here in (**NAME OF LOCATION**)...How about in all the places you've lived in the past **12 MONTHS**, where have all your children **12 years old or younger** stayed while you are working (**FW** in the USA)? [CHECK ALL THAT APPLY]

- 1 THEY'VE STAYED HOME ALONE, AT LEAST SOMETIMES
- 13 WITH MY SPOUSE, OTHER FAMILY
- 14 WITH A NEIGHBOR / BABYSITTER, MIGRANT HEAD START, HEAD START, MIGRANT EDUCATION, DAYCARE CENTER, ETC.
- 11 WITH ME IN THE FIELDS
- 12 OTHER:

REMINDER FOR INTERVIEWER:

BEFORE BEGINNING WITH "THE WORK GRID" ASK FOR "NW" AND "AB" PERIODS: "DURING THE LAST 12 MONTHS, FOR 5 OR MORE DAYS ...HAVE YOU BEEN ILL OR SICK? ...HAVE YOU BEEN UNEMPLOYED? ...HAVE YOU TRAVELED OUT OF THE COUNTRY?" [USE THE AFFIRMATIVE RESPONSES TO PROBE AND DOCUMENT DATES HERE OR DURING THE QUESTIONS IN THE "WORK GRID"]:

WORK GRID

62

County

Farmworker ID

[C1-C2 FOR OFFICE USE ONLY]

REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2007 TO PRESENT

Table with columns C1-C2, C15, C3, C4, C5, C6, C8, C9, C10, C11, C12, C13, C7, C16. Rows include employer name, crop, activity codes, dates, and commute information.

\* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) [WRITE ACTIVITY FOR FW AND NF]

\*\* C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):

\*\*\* C-7 CODES: WHY LEFT "FW" AND "NF"?

- 201 = LOOKING FOR FW AND NF WORK
202 = LOOKING FOR FARM WORK
203 = LOOKING FOR NF WORK
204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF)
205 = WAITING FOR START OF SEASON
206 = FAMILY RESPONSIBILITIES/ WORK IN HOME
207 = IN SCHOOL
208 = LAID UP DUE TO INJURY
209 = IN-TRANSIT BETWEEN JOBS
210 = VACATION
211 = DID NOT LOOK FOR WORK
212 = OTHER: (SPECIFY IN GRID)

- 311 = FW IN FAMILY RANCH
312 = FW-HIRED
320 = NF IN OWN BUSINESS: (SPECIFY IN GRID)
341 = NF IN "MAQUILA"
359 = NF- OTHER: (SPECIFY IN GRID)
361 = NW - MEDICAL TREATMENT
362 = NW - VACATION
369 = NW - OTHER: (SPECIFY IN GRID)

- 1 = LAID OFF/END OF SEASON
2 = FIRED
3 = FAMILY RESPONSIBILITIES
4 = SCHOOL
5 = MOVED
6 = HEALTH REASON
7 = VACATION

- 8 = RETIRED
10 = QUIT
11 = CHANGE JOBS
9 = OTHER (SPECIFY):

Empty rectangular box for specifying other reasons.

# WORK GRID

62

County

Farmworker ID

[C1-C2 FOR OFFICE USE ONLY]

## REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2007 TO PRESENT

C1-C2	C15	C3	C4	C5	C6	C8	C9		C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME (FARM WORK, NON-FARM WORK AND WORK ABROAD)	CROP	WRITE ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR *NW AND**AB]	FW? NF?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB		# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE/COUNTRY	***FW AND NF: WHY LEFT? [CODES]	WERE YOUR SPOUSE AND KIDS WITH YOU?
					NW? AB?		FROM:	TO:						
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO

\* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.)  
[WRITE ACTIVITY FOR FW AND NF]

- |   |   |
|---|---|
| 201 = LOOKING FOR FW AND NF WORK              | 206 = FAMILY RESPONSIBILITIES/ WORK IN HOME |
| 202 = LOOKING FOR FARM WORK                   | 207 = IN SCHOOL                             |
| 203 = LOOKING FOR NF WORK                     | 208 = LAID UP DUE TO INJURY                 |
| 204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF) | 209 = IN-TRANSIT BETWEEN JOBS               |
| 205 = WAITING FOR START OF SEASON             | 210 = VACATION                              |
|   | 211 = DID NOT LOOK FOR WORK                 |
|   | 212 = OTHER: (SPECIFY IN GRID)              |

\*\* C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):

- |   |
|---|
| 311 = FW IN FAMILY RANCH                    |
| 312 = FW-HIRED                              |
| 320 = NF IN OWN BUSINESS: (SPECIFY IN GRID) |
| 341 = NF IN "MAQUILA"                       |
| 359 = NF- OTHER: (SPECIFY IN GRID)          |
| 361 = NW - MEDICAL TREATMENT                |
| 362 = NW - VACATION                         |
| 369 = NW - OTHER: (SPECIFY IN GRID)         |

\*\*\* C-7 CODES: WHY LEFT "FW" AND "NF"?

- |                             |                      |
|-----------------------------|----------------------|
| 1 = LAID OFF/END OF SEASON  | 8 = RETIRED          |
| 2 = FIRED                   | 10 = QUIT            |
| 3 = FAMILY RESPONSIBILITIES | 11 = CHANGE JOBS     |
| 4 = SCHOOL                  | 9 = OTHER (SPECIFY): |
| 5 = MOVED                   |                      |
| 6 = HEALTH REASON           |                      |
| 7 = VACATION                |                      |

# WORK GRID

County

62

Farmworker ID

[C1-C2 FOR OFFICE USE ONLY]

## REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2007 TO PRESENT

C1-C2	C15	C3	C4	C5	C6	C8	C9		C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME FOR: FW, NF AND WORK AB	CROP	WRITE ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR *NW AND **AB]	FW? NF?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB		# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE/COUNTRY	***FW AND NF: WHY LEFT? [CODES]	WERE YOUR SPOUSE AND KIDS WITH YOU?
					NW? AB?		FROM:	TO:						
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			

<p><b>* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) [WRITE ACTIVITY FOR FW AND NF]</b></p> <p>201 = LOOKING FOR FW AND NF WORK                  202 = LOOKING FOR FARM WORK                  203 = LOOKING FOR NF WORK                  204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF)                  205 = WAITING FOR START OF SEASON</p>	<p><b>206 = FAMILY RESPONSIBILITIES/ WORK IN HOME</b>                  207 = IN SCHOOL                  208 = LAID UP DUE TO INJURY                  209 = IN-TRANSIT BETWEEN JOBS                  210 = VACATION                  211 = DID NOT LOOK FOR WORK                  212 = OTHER: (SPECIFY IN GRID)</p>	<p><b>** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):</b></p> <p>311 = FW IN FAMILY RANCH                  312 = FW-HIRED                  320 = NF IN OWN BUSINESS: (SPECIFY IN GRID)                  341 = NF IN "MAQUILA"                  359 = NF- OTHER: (SPECIFY IN GRID)                  361 = NW - MEDICAL TREATMENT                  362 = NW - VACATION                  369 = NW - OTHER: (SPECIFY IN GRID)</p>	<p><b>*** C-7 CODES: WHY LEFT "FW" AND "NF"?</b></p> <p>1 = LAID OFF/END OF SEASON                  2 = FIRED                  3 = FAMILY RESPONSIBILITIES                  4 = SCHOOL                  5 = MOVED                  6 = HEALTH REASON                  7 = VACATION</p> <p>8 = RETIRED                  10 = QUIT                  11 = CHANGE JOBS                  9 = OTHER (SPECIFY):</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>
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# WORK GRID

62

County

Farmworker ID

[C1-C2 FOR OFFICE USE ONLY]

## REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2007 TO PRESENT

C1-C2	C15	C3	C4	C5	C6	C8	C9		C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER (FARM WORK, NON-FARM AND ABROAD JOB)	CROP	ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR *NW AND **AB]	FW? NF?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW,NF, NW,AB		# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE/COUNTRY	***FW AND NF: WHY LEFT? [CODES]	WERE YOUR SPOUSE AND KIDS WITH YOU?
					NW? AB?		FROM:	TO:						
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			N/A
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			N/A
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			N/A
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			N/A
	GR				FW NF	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y N			N/A

\* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.)  
[WRITE ACTIVITY FOR FW AND NF]

- 201 = LOOKING FOR FW AND NF WORK
- 202 = LOOKING FOR FARM WORK
- 203 = LOOKING FOR NF WORK
- 204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF)
- 205 = WAITING FOR START OF SEASON

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- 311 = FW IN FAMILY RANCH
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- 369 = NW - OTHER: (SPECIFY IN GRID)

\*\*\* C-7 CODES: WHY LEFT "FW" AND "NF"?

- 1 = LAID OFF/END OF SEASON
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- 3 = FAMILY RESPONSIBILITIES
- 4 = SCHOOL
- 5 = MOVED
- 6 = HEALTH REASON
- 7 = VACATION
- 8 = RETIRED
- 10 = QUIT
- 11 = CHANGE JOBS
- 9 = OTHER (SPECIFY):

**D1** In the year before last [FROM **OCTOBER 2006 TO SEPTEMBER 2007**] YEAR BEFORE THE ONE COVERED IN WORK GRID], how many months did you do (FW) in the U.S.? [1 DAY OR MORE PER MONTH EQUALS 1 MONTH]

months

**D2** [IF **NON-FARM** JOB LISTED ON WORK GRID]: For your most recent non-farm (NF) employer, how many hours per week did you work on average?

hours

**D3** [IF **NON-FARM** JOB LISTED] For your most recent non-farm employer (NF), how much were you paid per week on average?

\$ .

**CURRENT FARM JOB**

Now I am going to ask you some questions about the crop/task you are CURRENTLY performing for the EMPLOYER through whom we contacted you [LAST PERIOD IN WORK GRID].

**D4** How many hours did you work last week at your current farm job?

hours

[D5 TO D8: IF SHE/HE HAS NOT RECEIVED PAYMENT YET FOR CURRENT CROP, ASK FOR ESTIMATES]: Can you tell me how you were paid and the amount your employer paid you on your last pay day?

**D5** After taxes:

\$ .

**D6** Before taxes:

\$ .

**D61** Were you paid by [READ CHOICES. MARK ONE RESPONSE]:...

- 1 ...PAYROLL CHECK?     4 ...OTHER CHECK?
- 2 ...PERSONAL CHECK?    5 ...CASH?
- 3 ...CASH AND CHECK?    6 ...OTHER:

**D62** Did you get a receipt?

- 0 NO     1 YES

**D7** For what time period was that payment?

- 1 ONE DAY?     4 ONE MONTH?
- 2 ONE WEEK?    7 OTHER?:
- 3 TWO WEEKS?

**D8** How many hours did you work during that period (in D7)?

hours

**D9** Now - with your current employer - you already told me that the crop you are currently working is:...

**D10** And you told me that - with your current employer - the task you are now doing is:

**D11** Are you paid: ...

- 1 ...BY THE HOUR?
- 2 ...BY THE PIECE? [SKIP TO D13]
- 3 ...COMBINATION HOURLY WAGE AND PIECE RATE? [ASK D12 THRU D18]
- 4 ...SALARY OR OTHER? [SKIP TO D19]

**D12** How much per hour (to nearest cent)? [IF PAID ONLY BY THE HOUR, ENTER AMOUNT AND SKIP TO D20. IF COMBINATION, ENTER AMOUNT AND CONTINUE WITH D13]:

\$  .  PER HOUR

**D13 [IF PAID BY THE PIECE]:** Are you paid as an individual or by the crew? [IF THE ANSWER IS "CREW", ASK QUESTIONS **D14** to **D18** CONSISTENTLY IN REFERENCE TO THE CREW]

- 1 INDIVIDUAL [SKIP TO **D15**]
- 2 CREW

**D14 [IF CREW PIECE RATE]:** How many people are in your crew? [**ONE IS NOT** A POSSIBLE ANSWER]

**D15 [IF BY PIECE]:** How do they pay you/your crew [i.e., UNIT OF MEASURE SUCH AS BOX, BIN, BUCKET, ETC.]?

**D16 [IF BY PIECE]:** How many of these (in **D15** e.g., boxes, bins, buckets, etc.) you/your crew do in an average day?

**D17 [IF BY PIECE]:** How many hours per day you/your crew work on average at this task?

hours

**D18 [IF BY PIECE]:** How much do "they" pay you/your crew on average for each (box bin, bucket, etc. In **D15**)?

\$  ,    .

**D19 [IF PAID BY SALARY, OR OTHER]:** Explain fully how and how much you are paid (salary or other). Explain thoroughly the method and amount of payment. [USE BACK OF PAGE IF NEEDED]:

[USE BACK OF PAGE IF NEEDED]

**D20** In the **last 12 months**, aside from your wages, have you received (do you receive) any **money bonus** from your current employer?

- 0 NO [SKIP TO **D22**]
- 1 YES
- 7 DON'T KNOW [SKIP TO **D22**]

**D21 [IF PAID A BONUS]:** How and when do you receive the **money bonus**? [READ CHOICES. **MARK ALL** THAT APPLY]:...

- g. ...retention (return or rehire) bonus?
- a. ...holiday bonus?
- b. ...incentive bonus (rewards)?
- c. ...dependent on grower profit?
- d. ...end of season bonus?
- e. ...money for transportation?
- f. ...Other?:

**D63** How much **money bonus** have you been given (**TOTAL last 12 months** with current employer)?

\$  ,    .

**D22** If you are injured **at work** or get sick as a result of your work, does your employer provide health insurance or pay for your health care?

- 0 NO
- 1 YES
- 7 DON'T KNOW

**D23** If you are injured **at work** or get sick as a result of your work, do you get any payment while you are recuperating (i.e., "workers' compensation")?

- 0 NO
- 1 YES
- 7 DON'T KNOW

**D24** If you are injured or get sick **off the job** (e.g., at home), does your employer provide health insurance or pay for your health care? [**WHETHER OR NOT THE WORKER TAKES IT OR USES IT**]

- 0 NO
- 1 YES
- 7 DON'T KNOW

**D26** Are you covered by unemployment insurance if you lose this job?

- 0 NO  
 1 YES  7 DON'T KNOW

**D27** How many years have you worked for this employer? [ONE DAY/PER YEAR=ONE YEAR]

years

**D28** Do you work for (current employer) year round or on a seasonal basis?

- 0 YEAR ROUND [SKIP TO D30]  
 1 SEASONAL  
 7 DON'T KNOW (FIRST TIME) [SKIP TO D30]

**D29 [IF WORKED ON A SEASONAL BASIS]** Does this employer keep in contact with you about future employment? [READ CHOICES. MARK ALL THAT APPLY]: ...

- a. ... Yes, before leaving at the end of the season?  
 b. ... Yes, by letter (written message)?  
 c. ... Yes, by phone/in person?  
 d. ... Yes, by someone else?  
 e. ... No, you contact employer?  
 f. ... Other?:   
 Don't know

**D30** How did you get this job? [DO NOT READ CHOICES. MARK ONLY ONE RESPONSE]

- 1 I APPLIED FOR THE JOB ON MY OWN  
 4 I WAS RECRUITED BY A GROWER OR HIS FOREMAN  
 5 I WAS RECRUITED BY FARM LABOR CONTRACTOR OR HIS FOREMAN  
 6 I WAS REFERRED BY THE EMPLOYMENT SERVICE  
 7 I WAS REFERRED BY THE WELFARE OFFICE  
 8 I WAS REFERRED BY RELATIVE / FRIEND / WORKMATE  
 9 I WAS REFERRED BY LABOR UNION  
 10 DAY LABORER / PICKED UP AT SHAPE UP  
 97 Other:

**D37a** How far is your current job from your current residence?

- 1 I'M LOCATED AT THE JOB  
 2 WITHIN 9 MILES  
 3 10-24 MILES  
 4 25-49 MILES MILES  
 5 50-74 MILES  
 6 75 OR MORE

**D37** At your current job, how do you usually get to work? [READ CHOICES. MARK ONE]:...

- 1 ...DRIVE CAR? [SKIP TO D39a]  
 2 ...WALK [SKIP TO D39a]  
 5 ...PUBLIC TRANSPORTATION (BUS, TRAIN, ETC.)? [SKIP TO D39a]  
 6 ...LABOR BUS, TRUCK, VAN?  
 8 ..."RAITERO":?  
 4 ...RIDE WITH OTHERS (SHARES RIDE)?  
 7 ...OTHER?:

**D38a** Do you have to use the transport (in D37) (IS IT MANDATORY OR OBLIGATORY)?

- 0 NO  1 YES

**D38** Do you pay a fee to (responsible in D37 and/or "raiteros") for rides to work?

- 0 NO  
 1 YES, A FEE  
 2 YES, JUST FOR GAS

**D39a** At your current job, who pays for the equipment you use at work? [READ CHOICES. MARK ONLY ONE]:...

- 1 ...DON'T NEED ANY EQUIPMENT?  
 2 ...(YOU) PAY ALL?  
 3 ...THE GROWER/CONTRACTOR PAYS ALL?  
 5 ...A FRIEND / RELATIVE PAYS SOME OR ALL?  
 6 ...(YOU) PAY SOME?  
 10 ...(YOU) PAY ONLY FOR REPLACEMENT OF DAMAGED TOOLS?  
 11 ... THE GROWER/CONTRACTOR PROVIDES YOU WITH TOOLS, BUT YOU PREFER TO BUY/BRING YOUR OWN?  
 12 ...THE GROWER/CONTRACTOR PROVIDES SOME AND YOU HAVE TO BRING/BUY THE REST?  
 97 ...OTHER?:



**“Now I’m going to ask you some questions about your individual and family income for last year (2007)”...**

**G1** What was your **total personal income** last year - in **2007** - in U.S. dollars [U.S. earnings only FOR **FW** AND **NF**]? **[READ OR SHOW CHOICES. MARK ONLY ONE]**

- 0** DID NOT WORK AT ALL IN **2007**
- 1** LESS THAN 500
- 2** 500 TO 999
- 3** 1,000 TO 2,499
- 4** 2,500 TO 4,999
- 5** 5,000 TO 7,499
- 6** 7,500 TO 9,999
- 7** 10,000 TO 12,499
- 8** 12,500 TO 14,999
- 9** 15,000 TO 17,499
- 10** 17,500 TO 19,999
- 11** 20,000 TO 24,999
- 12** 25,000 TO 29,999
- 13** 30,000 TO 34,999
- 14** 35,000 TO 39,999
- 15** OVER 40,000
- 97** DON'T REMEMBER (DON'T KNOW)

**G2** How much of that income was from **agricultural employment** (U.S. earnings only)? **[READ / SHOW CHOICES. MARK ONLY ONE]**

- 0** DID NOT WORK AT ALL IN **2007**
- 1** LESS THAN 500
- 2** 500 TO 999
- 3** 1,000 TO 2,499
- 4** 2,500 TO 4,999
- 5** 5,000 TO 7,499
- 6** 7,500 TO 9,999
- 7** 10,000 TO 12,499
- 8** 12,500 TO 14,999
- 9** 15,000 TO 17,499
- 10** 17,500 TO 19,999
- 11** 20,000 TO 24,999
- 12** 25,000 TO 29,999
- 13** 30,000 TO 34,999
- 14** 35,000 TO 39,999
- 15** OVER 40,000
- 97** DON'T REMEMBER (DON'T KNOW)

**G3** What was your **family’s total income** last year - in **2007** - in U.S. dollars [U.S. EARNINGS **FW** AND **NF** FOR ALL IN “FAMILY GRID”]? **[READ OR SHOW CHOICES. MARK ONLY ONE]**

- 0** DID NOT WORK AT ALL IN **2007**
- 1** LESS THAN 500
- 2** 500 TO 999
- 3** 1,000 TO 2,499
- 4** 2,500 TO 4,999
- 5** 5,000 TO 7,499
- 6** 7,500 TO 9,999
- 7** 10,000 TO 12,499
- 8** 12,500 TO 14,999
- 9** 15,000 TO 17,499
- 10** 17,500 TO 19,999
- 11** 20,000 TO 24,999
- 12** 25,000 TO 29,999
- 13** 30,000 TO 34,999
- 14** 35,000 TO 39,999
- 15** OVER 40,000
- 97** DON'T REMEMBER (DON'T KNOW)

**E1** At any time during the **last 2 years** (in the U.S.), were you covered by a union contract while doing farm work (**FW**)?

- 0** NO
- 1** YES
- 7** DON'T KNOW

**E2** How long do you expect to continue doing farm work (**FW** in the U.S.)? **[READ CHOICES. MARK ONLY ONE]**

- 1** **LESS THAN ONE YEAR**
- 2** **ONE TO THREE YEARS**
- 3** **FOUR TO FIVE YEARS**
- 4** **OVER FIVE YEARS**
- 5** **OVER FIVE YEARS/ AS LONG AS I AM ABLE**
- 7** **OTHER?:**

**E4** Could you get a U.S. non-farm job (**NF**) within a month?

- 0** NO
- 1** YES
- 7** DON'T KNOW

**SCREENING FOR INJURY SUPPLEMENT**

**“I would like to ask you some questions about injuries or accident that you may have had in the last 12 months.**

**...Again...any information that you share with me will be confidential.**

**...I would like you to think about any injuries you may have had while doing farmwork (FW) in the USA.**

**...The injuries may have occurred while on a farm or your place of work, while working or not, or while traveling to or from a farm or a place of work.”**

**...In the past 12 months, have you had any injury or accident that made you...**

**NLS01 ...UNABLE TO WORK FOR AT LEAST 4 HOURS?**

- 0 NO
- 1 YES

**NLS02 ...UNABLE TO WORK AS HARD AS YOU NORMALLY DO FOR AT LEAST 4 HOURS? [OR BECAUSE OF THE INJURY YOU WERE ASSIGNED TO A DIFFERENT (EASIER) TASK]**

- 0 NO
- 1 YES

**NLS03 ...SEEK MEDICAL TREATMENT, INCLUDING ANY TYPE OF FIRST AID?**

- 0 NO
- 1 YES

**NLS04 ...TAKE STRONG MEDICINE TO ALLOW YOU TO KEEP WORKING? BY STRONG MEDICINE I MEAN SOMETHING OTHER THAN OVER-THE-COUNTER MEDICATIONS.**

- 0 NO
- 1 YES

**INTERVIEWER:...**

***...IF THE RESPONDENT ANSWERED “NO” TO ALL OF THE PREVIOUS QUESTIONS (NLS01 TO NLS04), SKIP TO NEXT SECTION (“NP1F”, PAGE 18).***

***...IF THE RESPONDENT ANSWERED “YES” TO ANY OF THE PREVIOUS QUESTIONS (NLS01 TO NLS04), ASK NL1E***

**NL1E. HOW MANY OF THESE TYPES OF INJURIES DID YOU HAVE?**

--	--

**CONTINUE WITH NEXT SECTION UNTIL COMPLETION OF QUESTIONNAIRE, THEN COMPLETE “INJURY / ACCIDENT -SUPPLEMENT QUESTIONNAIRE”!!!**

### NP – HANDLING PESTICIDES (IN THE U.S.A.)

**NP1f.** In the last 12 months, have you loaded, mixed or applied pesticides?

0 NO [SKIP TO “SECTION NT”]

1 YES

	P10	P11	P12	P13
	Which of the following classes of pesticides have you loaded, mixed or applied in the last 12 months (in the USA, doing <b>FW</b> )? ↓	[IF YES:] When was the last time? [MONTH/YEAR]	NAME OF CROP?	[IF WITHIN THE LAST 30 DAYS IN P11]  How many days?
<b>a</b>	...INSECTICIDE? <input type="checkbox"/> 0 No ↓ <input type="checkbox"/> 1 Yes →			
<b>b</b>	...HERBICIDE? <input type="checkbox"/> 0 No ↓ <input type="checkbox"/> 1 Yes →			
<b>c</b>	...FUNGICIDE? <input type="checkbox"/> 0 No ↓ <input type="checkbox"/> 1 Yes →			
<b>d</b>	...RODENTICIDE? <input type="checkbox"/> 0 No ↓ <input type="checkbox"/> 1 Yes →			
<b>z</b>	...OTHER. SPECIFY: <input type="checkbox"/> 0 No ↓ <input type="checkbox"/> 1 Yes →			
<b>f</b>	..DON'T KNOW THE TYPE? <input type="checkbox"/> 0 No ↓ <input type="checkbox"/> 1 Yes →			

### NT – TRAINING AND INSTRUCTIONS

**NT2a.** In the last 12 months, with your current employer, has anyone given you training or instructions in the safe use of pesticides (through video, audio, cassette, classroom lectures, written material, informal talks or by any other means)?

0 NO

1 YES

### NS – SANITATION SECTION

“The following questions refer to sanitation at your job with your current **FW** employer: ...  
... Does your current employer provide **EVERY DAY**...

**NS1** ... (potable) clean drinking water and disposable cups?

0 NO WATER, NO CUPS

1 YES, WATER ONLY

2 YES, WATER AND DISPOSABLE CUPS

7 DON'T KNOW

**NS4** ... a toilet (**EVERY DAY**)?

0 NO

1 YES

7 DON'T KNOW

**NS9** ... (provide) water to wash hands (**EVERY DAY**)?

0 NO

1 YES

7 DON'T KNOW

**NMS - MUSCULOSKELETAL: [INTERVIEWER: FIRST ASK ALL FIRST COLUMN QUESTIONS]**

During the last 12 months [from Oct. of last year until now (month of current year)], have you had pain or discomfort in your...	What type of work were you doing when this pain/discomfort began?	Did you have this pain/discomfort for FIVE (5) or more consecutive days? [If "YES", ask]: How many DAYS?	How severe was this pain/discomfort? [SHOW SCALE BELOW]	How long did you work with this pain/discomfort?	How many days did you NOT WORK because of this pain/discomfort?
NMS (1 TO 6)	a.	b.	c.	d.	e.
<b>1 ...BACK?</b> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: [ ] [ ] DAYS	<input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
<b>2 ...SHOULDER / NECK?</b> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: [ ] [ ] DAYS	<input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
<b>3 ...ELBOW / ARM?</b> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: [ ] [ ] DAYS	<input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
<b>4 ...HAND, / WRIST / FINGER?</b> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: [ ] [ ] DAYS	<input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
<b>5 ...LEGS / FEET / TOES?</b> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: [ ] [ ] DAYS	<input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
<b>6 ...OTHER?</b> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: [ ] [ ] DAYS	<input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW

A LITTLE

A LOT

UNBEARABLE



**NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME)**

**[INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]**

Have you ever -- <b>in your whole life</b> – been told by a doctor or nurse that you have the following conditions: ...	a.	b. Are you currently taking medication for this condition?	c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition in NH COLUMN)? [IF ANSWER IS “YES” FOR THE U.S. AND “AB” MARK BOTH]
<b>NH1</b> ...ASTHMA?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, “AB”: <input type="text"/>
<b>NH2</b> ...DIABETES?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, “AB”: <input type="text"/>
<b>NH3</b> ...HIGH BLOOD PRESSURE?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, “AB”: <input type="text"/>
<b>NH4</b> ...TUBERCULOSIS?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, “AB”: <input type="text"/>
<b>NH5</b> ...HEART DISEASE?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, “AB”: <input type="text"/>
<b>NH6</b> ...URINARY TRACT INFECTIONS?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, “AB”: <input type="text"/>
<b>NH10</b> ...OTHER?: <input type="text"/>	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, “AB”: <input type="text"/>

## NQ – QUALITY OF AND ACCESS TO HEALTH CARE SECTION

**[INTERVIEWER]:** I would like to ask you a few final questions about health care in general. You may have given me some of this information already, but I would like to make sure it is correct.

**NQ1** In the last **TWO YEARS [SINCE (OCTOBER 2006), 2 YEARS AGO UNTIL NOW (MONTH) 2008]**, in the **U.S.A.**, have you used any type of health care services from doctors, nurses, dentists, clinics, or hospitals?

- 0** NO [**SKIP TO NQ10**]  
 **1** YES

**NQ3** ...And the last time you used the health care provider, where did you go (what kind of place was it)?

- 1** COMMUNITY HEALTH CENTER/  
 **2** PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC  
 **3** HEALER/ "CURANDERO"  
 **4** HOSPITAL  
 **5** EMERGENCY ROOM  
 **6** MIGRANT HEALTH CLINIC  
 **7** CHIROPRACTOR OR NATUROPATH'S OFFICE  
 **8** DENTIST  
 **10** OTHER:   
 **97** DON'T KNOW

**NQ5** And, ...the last time you used the health care provider, who paid the majority of the cost?

- 1** I PAID THE BILL OUT OF "MY OWN POCKET"  
 **2** MEDICAID / MEDICARE  
 **3** PUBLIC CLINIC DID NOT CHARGE  
 **4** EMPLOYER PROVIDED HEALTH PLAN  
 **5** SELF OR FAMILY BOUGHT INDIVIDUAL HEALTH PLAN  
 **8** BILLED, BUT DID NOT PAY  
 **9** WORKER'S COMPENSATION  
 **6** OTHER:   
 **7** COMBINATION OF:

**NQ10** [**ASK ALL**]: ...When you **NEED** to get health care **in the USA** what are the main difficulties you face? [**CHECK ALL THAT APPLY**]

- m.** I do not know. I've never needed it  
 **l.** I'm "undocumented" / "no papers" (that's why they don't treat me well)  
 **a.** No transportation, too far away  
 **b.** Don't know where services are available  
 **c.** Health Center not open when needed  
 **d.** They don't provide the services I need  
 **e.** They don't speak my language  
 **f.** They don't treat me with respect / I don't feel welcomed  
 **g.** They don't understand my problems  
 **h.** I'll lose my job  
 **i.** Too expensive/ no insurance  
 **j.** Other:   
 No difficulties / No problems

**NQ1a.** (**How about**) **In a foreign country (e.g. Mexico)**, Have you used any type of health service **IN THE LAST TWO YEARS** [**IF "YES," ASK AND ENTER COUNTRY**]

- 0** NO  
 **1** YES, IN:   
**[NAME OF COUNTRY]**

<p style="text-align: center;"><b>GENERAL HEALTH (MG)</b></p> <p><b>MG1.</b> In general, how would you describe your health? Would you say...[<b>READ OPTIONS</b>]</p> <p><input type="checkbox"/> 1 ...EXCELLENT?</p> <p><input type="checkbox"/> 2 ...GOOD?</p> <p><input type="checkbox"/> 3 ...FAIR?</p> <p><input type="checkbox"/> 4 ... POOR?</p> <p><input type="checkbox"/> 7 DON'T KNOW</p> <p><input type="checkbox"/> 6 REFUSED</p>	<p style="text-align: center;"><b>FAMILY WORRYING AND CONCERNS (MF)</b></p> <p><b>MF1.</b> How difficult is it for you to be separated from your family? Would you say [<b>READ OPTIONS</b>]...</p> <p><input type="checkbox"/> 0 ...NOT AT ALL DIFFICULT?</p> <p><input type="checkbox"/> 1 ...SOMEWHAT (MORE OR LESS)</p> <p><input type="checkbox"/> 2 ...VERY DIFFICULT</p> <p><input type="checkbox"/> 3 NOT SEPARATED FROM FAMILY</p> <p><input type="checkbox"/> 7 DON'T KNOW</p> <p><input type="checkbox"/> 6 REFUSED</p>
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<b>WORK LIMITATIONS (MW)</b>	
<p><b>MW1.</b> Do you have any <b>PHYSICAL</b> problem that <b>limits</b> your work?</p> <p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 7 DON'T KNOW</p> <p><input type="checkbox"/> 6 REFUSED</p> <p><input type="checkbox"/> 5 OTHER: <input style="width: 150px;" type="text"/></p> <p><b>MW2.</b> Do you have any <b>MENTAL</b> or <b>EMOTIONAL</b> problem that <b>limits</b> your work?</p> <p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 7 DON'T KNOW</p> <p><input type="checkbox"/> 6 REFUSED</p> <p><input type="checkbox"/> 5 OTHER: <input style="width: 150px;" type="text"/></p>	<p><b>MW3.</b> In the last 12 months, <b>ABOUT</b> how many days have you <b>MISSED WORK</b> because of a work-related illness or injury?</p> <p><input type="checkbox"/> 1 <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> DAYS.</p> <p><input type="checkbox"/> 7 DON'T KNOW</p> <p><input type="checkbox"/> 6 REFUSED</p> <p><input type="checkbox"/> 5 OTHER: <input style="width: 150px;" type="text"/></p> <p><b>MW4.</b> ...And in the last 12 months, <b>ABOUT</b> how many days have you <b>WORKED</b> while <b>injured</b> or <b>ill</b> because of a work-related illness or injury?</p> <p><input type="checkbox"/> 1 <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> DAYS.</p> <p><input type="checkbox"/> 7 DON'T KNOW</p> <p><input type="checkbox"/> 6 REFUSED</p> <p><input type="checkbox"/> 5 OTHER: <input style="width: 150px;" type="text"/></p>

**DECISIONS LATITUDE (MD)**

“In your current FW...how often...		0	1	2	3	7	6	5
		NEVER	SOMETIMES	VERY OFTEN	ALWAYS	DON'T KNOW	REFUSED	DOESN'T UNDERSTAND
1	... do you have a lot of say about what happens on your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	... does your job require a high level of skill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	... do you have the freedom to decide how you do your farmwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	... does your job require you to be creative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**JOB DEMANDS (MJ)**

“In your current FW...how often...		0	1	2	3	7	6	5
		NEVER	SOMETIMES	VERY OFTEN	ALWAYS	DON'T KNOW	REFUSED	DOESN'T UNDERSTAND
1	... does your job in farmwork require you to work very hard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	... are you asked to do an excessive amount of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CESD - SHORT FORM (MC)</b>		
<b>[FIRST READ INTRODUCTION AND ASK ALL QUESTIONS IN FIRST COLUMN. MARK RESPONSES IN SECOND COLUMN "MC". THEN, ASK "MCDAYS" FOR EACH "YES" RESPONSE IN SECOND COLUMN "MC"]</b>		
	MC	MCDAYS
The next set of items are about your mood. Different people experience their moods in different ways, so some of the items may sound similar, but I need to ask them. <b>In the past seven (7) days, have you felt...</b>  <div style="text-align: center;">↓</div>	<b>[CHECK ALL RESPONSES]</b>  <div style="text-align: center;">↓</div>	How many of the past 7 days did you feel... <b>[SYMPTOM IN CES1]</b> for <b>MOST</b> of the day?" [IF RESPONDENT ASKS "WHAT DO YOU MEAN BY MOST?", ANSWER: "WHATEVER "MOST" MEANS TO YOU]  <div style="text-align: center;"><b>[WRITE NUMBER OF DAYS]</b></div>
1	...that you enjoyed life?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
2	...happy?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
3	...that everything you did was an effort?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
4	...restless in your sleep?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
5	...lonely?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
6	...that people were unfriendly?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
7	...sad?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
8	...that people disliked you?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
9	...that you could not get going?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →
10	...depressed?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →

<b>JOB INSECURITY (MI)</b>	
<b>MI1.</b> Are you afraid that you could be fired from this farm job?  <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 6 REFUSED	<b>MI2.</b> How easy would it be to find another job, <b>FW</b> or <b>NF</b> were you would earn at least as much as you earn now? ...Would you say...  <input type="checkbox"/> 1 ...NOT AT ALL EASY? (DIFFICULT) <input type="checkbox"/> 2 ...SOMEWHAT EASY? <input type="checkbox"/> 3 ...VERY EASY? <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 6 REFUSED



**INTERVIEWER:**

**PLEASE CHECK  
IF RESPONDENT QUALIFIES FOR  
THE INJURY SUPPLEMENT!  
CHECK PAGE 18 (SCREENING SECTION)**

**LEGAL STATUS**

**We are interested in knowing whether any of the following apply to you. Please be assured that no one besides us will know your response.**

- L1 What is your current legal status in the U.S.? [READ CHOICES IF NECESSARY]**
- 1 I AM A U.S. CITIZEN BY BIRTH [SKIP TO NEXT PAGE]
  - 2 I AM A NATURALIZED U.S. CITIZEN (FOREIGN BORN, NATURALIZED). (ASK: "BEFORE BECOMING A NATURALIZED U.S. CITIZEN, UNDER WHICH PROGRAM DID YOU APPLY TO OBTAIN YOUR PERMANENT RESIDENCE?") [POSSIBLE ANSWERS IN L2: 1 - 9, 97). THEN ASK: L4-1, L4-2, AND L4-3]
  - 3 PERMANENT RESIDENT/GREEN CARD (RIGHT TO RESIDE AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1 HASTA 9 Y 97). THEN ASK: L4-1 AND L4-2]
  - 4 BORDER CROSSING CARD/COMMUTER CARD (RIGHT TO CROSS THE BORDER AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 9, 12, 13, Y 97. THEN ASK: L3, L4-1 AND L4-2]
  - 5 PENDING STATUS (WITHOUT DOCUMENTS, APPLIED, AWAITING OFFICIAL DECISION) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1- 9, 97. THEN ASK: L3, AND L41]
  - 6 UNDOCUMENTED (APPLICATION DENIED/DID NOT APPLY TO ANY PROGRAMS) [POSSIBLE ANSWERS: "NONE". SKIP TO NEXT PAGE]
  - 7 TEMPORARY RESIDENT - NON IMMIGRANT VISA (ONLY FOR SPECIFIED TIME) [ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?" POSSIBLE ANSWERS: 10 - 97. THEN ASK: L3 AND L41]
  - 8 OTHER [IF RELEVANT AND APPROPRIATE ASK L2, L3, L4-1, L4-2, AND L4-3. THEN SKIP TO NEXT PAGE]:

- L2 PROGRAMS [DO NOT READ OPTIONS]**
- 1 AMNESTY UNDER 5 YEAR PROGRAM ["TIME"]
  - 2 AMNESTY UNDER SAW (90 DAY) PROGRAM ["FW"]
  - 3 CUBAN/HAITIAN ENTRANT
  - 4 SPOUSAL PETITION PROGRAM/FAMILY UNITY
  - 5 LABOR CERTIFICATION PROGRAM
  - 6 REGISTRY PROGRAM
  - 7 POLITICAL ASYLUM
  - 8 REFUGEE
  - 9 PROTECTIVE STATUS (TEMPORARY)
  - 10 GUEST WORKER PROGRAM ["BRACERO"]
  - 11 STUDENT
  - 12 TOURIST
  - 13 BORDER CROSSING CARD/ "PASSPORT"
  - 97 OTHER:
  - 99 NOT ANSWERED

**L3 Do you have general work authorization?:**  0 NO  1 YES  7 DON'T KNOW  9 NOT ANSWERED

<b>L4 DATE STATUS BECAME EFFECTIVE:</b>														
<b>1</b> When did you apply to the program (in L2)?					<b>2</b> [Only for those who responded "2,3, or 4" in L1]: When did you obtain your legal status?					<b>3</b> [Only for those who responded "2" in L1]: When did you obtain your naturalization/ become a U.S. citizen?				
		/						/						
(Month) / (Year)					(Month) / (Year)					(Month) / (Year)				

**INDIVIDUAL AGREEMENT TO BE A RESEARCH SUBJECT**

**OMB CONTROL NUMBER: 1205-0453**

**INTRODUCTION/PURPOSE**

You are invited to participate in this survey for the National Institute for Occupational Safety and Health and the Department of Labor because you are currently working on a farm. The purpose of the survey is to learn more about the living conditions and health of farm workers.

**PROCEDURES TO BE FOLLOWED**

You will be asked to answer some questions about your work history and about your health. The interview will last approximately 60 minutes.

**RISKS**

Since we will only be asking you questions, there is very little risk to you as a result of being in the survey. You may refuse to answer any question at any time, with no penalty.

**BENEFITS**

There are no direct benefits to you from being in the survey. But, knowledge gained through this research may help us learn how to prevent any harmful effects of farm work for workers like you.

**CONFIDENTIALITY**

Your answers to the interview will be kept private to the extent allowed by law. This means that the interview record will be kept in a locked file, and only researchers on the survey will be allowed to see it. Your name will not appear on any reports about the survey. (See back of page for details.)

**ALTERNATIVES TO PARTICIPATION**

Participating in this survey is voluntary and you can quit at any time. You can also choose not to participate in any part of the interview at any time, with no penalty. Whether or not you participate in this survey will not affect benefits and services to which you are normally entitled. You will be paid for the time you are spending in this interview. However, if you choose not to participate in sections of the interview you may not receive the full payment. At any time, you may ask the researchers to explain any part of the survey.

**WHO TO CALL WITH QUESTIONS**

If you have questions about the research survey, including questions about your rights as a research subject, you may call Aguirre International (toll free) at 877- SAY-NAWS (or 877-729-6297). They will refer your questions to Daniel Carroll at the Department of Labor, at (202) 693-2795.

I have read and understand the statement above. My questions about any unclear or confusing statements have been answered clearly. I agree to participate in this survey as a research subject. I admit that I have received a copy of this form and \$20 for my participation.

-----  
**Signature of Subject**

-----  
**Date**

**(See reverse)**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C.552a), we are notifying you that this study is authorized by the U.S. Department of Labor, Employment and Training Administration (ETA). Your voluntary participation is important to the success of this study and will enable the ETA to understand the labor market and living experiences of U.S. farmworkers. Under written agreement with research organizations, the ETA may release certain information necessary for research but only after all identifying information has been removed. Unless required by law, or necessary for litigation or legal proceedings and except as indicated in this statement, we will hold all personal identifiers (e.g. name, address, and social security number) in total confidence and will not release them.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 1 hour (or 60 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy, Development and Evaluation, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.