












DECISIONS LATITUDE (DL)					
"In your current FW...how		0	1	2	3
		NEVER	SOMETIMES	VERY OFTEN	ALWAYS
1	... often 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"/>
2	...often does your job require a high level of skill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	...often do you have the freedom to decide how you do your farmwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	...often does your job require you to be creative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JOB DEMANDS (JD)					
"In your current FW...how		0	1	2	3
		NEVER	SOMETIMES	VERY OFTEN	ALWAYS
1	...often does your job in farmwork require you to work very hard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	...often are you asked to do an excessive amount of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK LIMITATIONS (WL)	
<p>WL1. Do you have any mental or emotional problem that limits your work?</p> <p><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 DON'T KNOW <input type="checkbox"/> 7 REFUSED</p> <p>WL2. Do you have any physical problem that limits your work?</p> <p><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 DON'T KNOW <input type="checkbox"/> 7 REFUSED</p>	<p>WL3. In the last 12 months, ABOUT how many days have you MISSED WORK because of a work-related illness or injury?</p> <p><input type="checkbox"/> 1 _____ DAYS. <input type="checkbox"/> 2 DON'T KNOW <input type="checkbox"/> 7 REFUSED</p> <p>WL4. ...And in the last 12 months, ABOUT how many days have you WORKED while injured or ill because of a work-related illness or injury?</p> <p><input type="checkbox"/> 1 _____ DAYS. <input type="checkbox"/> 2 DON'T KNOW <input type="checkbox"/> 7 REFUSED</p>

JOB INSECURITY (JI)	
<p>JI1. Are you afraid that you could be fired from this farm job?</p> <p><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 3 DON'T KNOW</p>	<p>JI2. How easy would it be to find another job, FW or NF?</p> <p><input type="checkbox"/> 0 not at all easy? (difficult) <input type="checkbox"/> 1 somewhat easy? <input type="checkbox"/> 3 very easy? <input type="checkbox"/> 3 DON'T KNOW</p>

<p align="center">GENERAL HEALTH (GH)</p> <p>GH1. In general, how would you describe your health?</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 align="center">FAMILY WORRYING AND CONCERNS (FWC)</p> <p>WF1. How difficult is it for you to be separated from your family?</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>
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CESD - SHORT FORM (PILOT)		
[FIRST ASK ALL QUESTIONS IN FIRST COLUMN AND MARK RESPONSE IN COLUMN "CES1". DO NOT READ RESPONSE CATEGORIES (number of days in columns CES2 (1 TO 4) UNTIL YOU HAVE ASKED ABOUT ALL THE SYMPTOMS IN FIRST COLUMN]		
	CES1	CES2.
<p>"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. In the past seven (7) days, have you felt..."</p> <p align="center"></p>	<p align="center">[CHECK ALL RESPONSES]</p> <p align="center"></p>	<p>How many of the past 7 days did you feel... [SYMPTOM IN CES1] for MOST of the day?"</p> <p>[If RESPONDENT asks "what do you mean by most?", ANSWER: "whatever "most" means to you. [WRITE NUMBER OF DAYS]</p>
a	...depressed?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
b	...that everything you did was an effort?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
c	...restless in your sleep?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
d	...happy?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
e	...lonely?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
f	...that people were unfriendly?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
g	...that you enjoyed life?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
h	...sad?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
i	...that people disliked you?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 
j	...that you could not get going?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES 