/DECI	NJURYMODULECY59FOROMB.wpd		(REV. 12/7/06)	NAME OF WORKER:			
	SUPPLEMENT O		RKERS WHO SAID "YES" TO CTION NL - INJURIES/ACCID	DANY OF NL QUESTIONS (NAWS page 17) DENTS - 5 9			
/NL:	3 CODES FOR "INJURY LIST"]	IN THE LAST 1	12 MONTHS, HAVE YOU HA	D ANY:			
		□ f disloc □ g cut/lac	cation? ceration/puncture/ stab/ jab?	nangled? □ i otro?: □ j insect bite/ sting/ bitten by animal?			
[IN wri	TERVIEWER: If there is more the ite number 1) in the "Injury Grid u need more grids, use "extras"	an one injury, v " (next page).	write first the number corres Use the following grids for t	sponding to the incident (i.e., for the first incident the other incidents and number each one of them. If			
AS. QU	K EACH QUESTION, MARK RES IESTIONS ARE ASKED (i.e., Wh	PONSES; AND nat happened?; Vusing when it ha	WHERE REQUIRED, MARK What were you doing?; Where appened?; etc.)	ITS CORRESPONDING BOX TO ENSURE THAT ALL e did it happen?; What caused the injury/accident?;			
			CODES FOR NL13:				
2.	L3 CODES FOR "INJURY LIST"] IN THE LAST 12 MONTHS, HAVE YOU HAD ANY: a scrape/abrasion?						
			CODES FOR NL14:				
2 3 4	MEDICAID/MEDICARE NO CHARGE EMPLOYER PROVIDED HEALTH-	PLAN 8 BILLED, BU 9 "WORKER'S	AMILY INSURANCE HEALTH JT DID NOT PAY S COMPENSATION"	6 OTHER:			

DECINJURY	WODULEC 159FOR	JIVIB.WPa				INJU	KIESIAC	CIDEN	113					(REV. 1	12/1/06)		
INCIDENT	· #	[INTW: THIS G	RID IS I	FOR THE	FIRST INJ	URY/AC	CCIDENT	MENT	IONED E	BY THE INT	ERVIEW	ER]					
inci	dent? [INTW: AS	ons are about this inju SK FOR BODY-PART CODES - FIRST PAC TS: CODES	S INJUI SE NL3 ,	RIES, FRO !).	OM THIS İN	ICIĎEN	T, FOR E	ACH B	ODY PA	RT, WRITE	ANSWE		CHECK	ALL COD			
PART 1		a	. 🗆	b. □	c. □	d. □	e.		f.		g. 🗆	h. 🗆	i. 🗆	j. 🗆	İ		
PART 2		a	. 🗆	b. □	c. □	d. □	e.		f.		g. 🗆	h. 🗆	i. 🗆	j. 🗆	İ		
PART 3		a	. 🗆	b. □	c. □	d. □	е.		f.		g. 🗆	h. 🗆	i. 🗆	j. 🗆	<u> </u>		
	[NARRATIVE SECTION (IF YOU NEED MORE SPACE, USE BACK PAGE). AFTER ASKING EACH PROMPT-QUESTION, MARK CORRESPONDING BOX]: UNHAT HAPPENED? UNHAT WERE YOU DOING? WHERE DID IT HAPPEN? WHAT CAUSED IT? DETAILS? NAMES OF MACHINES AND/OR TOOLS?																
NL4 Wh	ere?: □	1 "field" □ 2 "labor	camp"	□ 3 farm	building	□ 4 ran	ch roadw	vay □	5 public	c street [□ 8 other:	:					
NL5			NL6			NL31				NL8		NL9					
When?: At current job?:		s		Doing FW or NF?: □ 1 FW □ 2 NF				Crop?		For FW: Task? / (for NF: Activity							
	NL11	NL12			NL21			•	NL13		I	NL14 NL20					
Not able to >4 hours? □ 0 No		# of days not able to normally?:	o work	# of day because injury?:	I	T WORK	Where USE Co		d? [ENT	ER ALL,	How v [Code	was it paid for seals:	fire	d you rece st aid? □ 0 NO □			

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]																			
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.	
		YOU NEED MC																	
NL4 Where	e?: □	1 "field" □ 2 "la	bor c	amp"	□ 3 fa	rm buildi	ng □4	ranc	ch roadw	ay □	□ 5 publi	ic stree	et 🗆	8 other:					
NL5 NL6						NL7					NL8			NL9					
When?: At curren		t job?:				Doing FW or NF?:				Crop?			For FW: Task? / (for NF: Activity?):						
	/	□ 0 N	0 🗆	1 YE	S		□ 1 FW	·	□ 2 NF	:									
NL		NL12				NL21					NL13				NL14			NL	_
Not able to w >4 hours?: □ 0 No	ork normally □ 1 Yes	# of days not al normally?:	ole to	work	# of dabecau	se of	OT WORK		/here trea	ated?	[ENTER	R ALL,	- 1	How was [Codes]:	•	aid for	aid?		eive first