

County										Farm Worker ID										
[For Office Use Only]																				

## Florida Agricultural Workers Survey 2009

CS2 Date:   /   /

CS5 Crop:

CS6 Task:

**[For Office Use Only]**

Crop Code

Task Code

Language During Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

<b>GN:</b>		<b>ID:</b>																	
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<p style="text-align: center;"><b>GN Referred to:</b></p> <p><input type="checkbox"/> Contractor?      ⇨</p> <p><input type="checkbox"/> Other Grower?</p> <p><input type="checkbox"/> Other? _____</p>	<p style="text-align: center;"><b>If GN Referred to Contractor, Grower or Other, Write Information</b></p> <p>Name: _____</p> <p>Address _____</p> <p>Telephone: (    ) - _____</p>
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Worker Is Actually Employed By?:  1 Grower  2 Contractor    Number of Production Workers

Type of Work?:  1 Field Work     2 Nursery     3 Packing House     7 Other \_\_\_\_\_

Farm Worker's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

<b>Interviewer's Name:</b>	<b>CS9 Interviewer's ID</b>
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CP5 Time Began:   :    AM  PM    CP6 Time Ended:   :    AM  PM

Public reporting burden for the collection of information is estimated to average 75 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 or any other aspect of this collection of information, including suggestions for reducing this burden to: the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, NW, Washington, DC 20210; and to: the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

REFER TO QUESTIONS IN THE FOLLOWING SECTION

**Household Grid**

County:       Farmworker ID:

A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4		A16
Name	Relation [Code]	Gender	Marital	Birth Date MM/YY	Country of Birth [Code]	Highest Grade Level	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?
A. (Farmworker)		M F	S M O	/				/			
B.		M F	S M O	/					Y N		Y N
C.		M F	S M O	/					Y N		Y N
D.		M F	S M O	/					Y N		Y N
E.		M F	S M O	/					Y N		Y N
F.		M F	S M O	/					Y N		Y N
G.		M F	S M O	/					Y N		Y N
H.		M F	S M O	/					Y N		Y 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

REFER TO QUESTIONS IN THE FOLLOWING SECTION

**Household Grid**

County:      Farmworker ID:

A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4		A16
Name	Relation Code	Gender	Marital	Birth Date MM/YY	Country of Birth [Code]	Highest Grade Level	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?
I.		M F	S M O	/					Y N		Y N
J.		M F	S M O	/					Y N		Y N
K.		M F	S M O	/					Y N		Y N
L.		M F	S M O	/					Y N		Y N
M.		M F	S M O	/					Y N		Y N
N.		M F	S M O	/					Y N		Y N
O.		M F	S M O	/					Y N		Y N
P.		M F	S M O	/					Y N		Y N

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**[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?)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	...children? (17 years or younger?)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	...do not know age?	<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")**

A21			A23
Who has Health (Medical) Insurance in your family (in the U.S.A.)?			Who Pays For It?
How about... ▼	[Only for Children: If yes, ask how many of the children under and over 18 year old have insurance. Match total number with Family Grid.]		[Use Codes.] Mark All That Apply
a. ...you (farm worker)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes ..... ▶▶▶ <input type="checkbox"/> 7 Don't Know		<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 type="text"/>
b. ...your spouse?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes ..... ▶▶▶ <input type="checkbox"/> 7 Don't Know		<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 type="text"/>
c. ...your children?	A21c2	A24	
	<input type="checkbox"/> 0 No	(a) How many under 18 yrs.? <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> 1 Yes, All Have It (Ask A23)	(b) How many over 18 yrs.? <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> 2 Yes, Some Have It ▶▶	<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 type="text"/>	
	<input type="checkbox"/> 7 Don't Know		

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 ALL CHOICES. MARK 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. MARK ALL THAT APPLY.]**:

- p. Temporary Assistance for Needy Families (TANF)?
- 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. MARK ALL THAT APPLY.]**:

- a. A Plot of Land?
- b. A House?
- c. A Mobile Home?
- d. A Car or Truck?
- e. A Business?
- f. Other? \_\_\_\_\_
- None.

**G7 [ONLY for those BORN OUTSIDE the U.S.A.]** In your home country, do you own or are you buying any of the following items? **[READ ALL CHOICES. MARK ALL THAT APPLY.]**:

- a. A Plot of Land?
- b. A House?
- c. A Mobile Home?
- d. A Car or Truck?
- e. A Business?
- f. Other? \_\_\_\_\_
- None.

**B1** Which of the following describes you? **[READ ALL 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 ALL CHOICES. MARK ALL THAT APPLY.]**:

- 1. White?
- 2. Black or African American?
- 4. American Indian/Alaskan Native, Indigenous?
- 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 ALL CHOICES. MARK ALL THAT APPLY.]**:

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

[IF FOREIGN BORN, ASK]

<b>B18</b> Where were you born? In what...			<b>B16</b> When you lived in your country, did you work in...		<b>B17 - 18</b> Before coming to the USA, you lived in what...	
<b>(d)</b> ...State? (Department)	<b>(e)</b> ...Municipality (Equivalent)?	<b>(f)</b> ...Town (or City)?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	...Agriculture [FW]? ...Non-Agriculture [NF]? ...Part Farm and Part Non-Farm [FW and NF] ...Never Worked?	<b>(B17)</b> ...Country?	<b>(B18)</b> ...State (or Department)?
			<input type="checkbox"/> 5 <input type="checkbox"/> 8	Not Applicable [Only for those born in the U.S.]		

**LANGUAGE SECTION**

**B7** How well do you **spea**k English? [READ CHOICES. MARK **ONLY ONE RESPONSE.**]:

1. Not At All?     3. Somewhat?  
 2. A Little?     4. Well?

**B8** How well do you **read** English? [READ CHOICES. MARK **ONLY ONE RESPONSE.**]:

1. Not At All?     3. Somewhat?  
 2. A Little?     4. Well?

<b>B20</b> When <b>you were a child</b> , in what language did adults speak to you at home? [CHECK ALL THAT APPLY.]:		<b>B21</b> And now, <b>as an adult</b> , what languages can you speak? [For each checked answer, ask]:				<b>B24</b> In which language do you believe you are most dominant (comfortable conversing)? [CHECK ONLY ONE.]:	
	✓	[CHECK ALL THAT APPLY]	✓	<b>B22</b> And now, how well do you <b>spea</b> k it? [READ CHOICES. MARK <b>ONLY ONE PER CHECK</b> ]:	<b>B23</b> And now, how well do you <b>read</b> it? [READ CHOICES. MARK <b>ONLY ONE PER CHECK</b> ]:		✓
a.	ENGLISH						
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?		
c.	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?		
d.	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?		
e.	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?		
f.	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?		
z.	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?		

**B10** In what **month** and **year** did you first do any farm work in the U.S. (First time **FW** in the U.S.)?  
[ASK FOR MONTH AND YEAR.]:

Month   / Year

**B11** Approximately how many years have you done **farmwork** in the U.S.? [COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED]:

Years

**B12** Approximately how many years have you done **non-farmwork** in the U.S.? [COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED.]

Years

**B13** When was the last time **your parents** did hired farm-work in the U.S.?

- 0. Never?
- 1. Now/**Within Last Year**?
- 2. **One to Five** Years Ago?
- 3. **Six to 10** Years Ago?
- 4. **Over 11** Years Ago?
- 7. Don't Know?

**B26-27** ...And where were your **parents** born? In what...

...Country?:

(B26a) Father?:

(B27a) Mother?:

[Ask Questions Below Only For Foreign Country in "B26a" and "B27a"]:...

...State ( or Department or Equivalent)?:

(B26b) Father?:

B27b) Mother?:

...Municipality (or District or Equivalent)?:

(B26c) Father?:

(B27c) Mother?:

...Town (or City)?:

(B26d) Father?:

(B27d) Mother?:

**D33a** While you are working for this grower/contractor, what type of payment arrangement do you have for your living quarters? [IF PAYMENT IS ONLY FOR UTILITIES, CONSIDER IT FREE. DO NOT READ CHOICES. MARK ONLY ONE]:

- 10. I (or I and my family) receive **FREE** housing from my employer. [SKIP TO D34a]
- 3. I **Pay** for housing provided by **My Employer**. (I pay directly or through wage deduction.)
- 5. I **Pay** for housing provided by the Government, a charity, or other non-work related institution.
- 11. I **Do Not Pay Rent**. (I or family member **own** the house or live for free with friends or relatives.) [SKIP TO D34a]
- 12. I **Rent** from **Non-Employer** (relative or non-relative).
- 97.

**D50** At this location, how much do **you** pay for housing (including housing for your family, if they live with you)?

1.   
     **per week** \$   ,    .

or

**per month** \$   ,    .

or

**per day** \$   ,    .

- 2. Don't know. taken out of my paycheck.
- 3. Don't know/Don't remember, but **not** taken out of my paycheck.
- 7. Other.

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

**Is it a...**

- 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 for whom you currently work?
- 7. Other?

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

a. Bedrooms?	<input style="width: 100%; height: 20px;" type="text"/>
b. Bathrooms?	<input style="width: 100%; height: 20px;" type="text"/>
c. Kitchen?	<input style="width: 100%; height: 20px;" type="text"/>
f. Other Rooms?	<input style="width: 100%; height: 20px;" type="text"/>

**D52** How many people, in total, sleep in these rooms?

**[VERIFY RESPONSE BY ADDING TOTAL NUMBER GIVEN IN THE HOUSEHOLD GRID PLUS TOTAL IN A15. IF ANSWERS DO NOT MATCH, MAKE APPROPRIATE CHANGES.]**

**D36a** **[FOR PARENTS OF CHILDREN 12 OR YOUNGER.]**

During the past **12 months**, where have your children, 12 and under, been while your work in U.S. farmwork?

**[CHECK ALL THAT APPLY.]**

- 1. They've stayed at 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:



REFER TO QUESTIONS IN THE FOLLOWING SECTION

### Work Grid

REPORT FROM PRESENT TO PERIOD COVERING JANUARY 1, 2008

[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

C1-C2	C15	C6	C8	C3	C4	C5	C9	C10	C11	C12	C13	C7	C16	
PER. & SUB-PER. NO.	GR	FW?	UNEMPLOYMENT RECEIVED?	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]	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?
	CO	NF?					FROM	TO						
	GR	FW NF	Y										SPOUSE CHILDREN	
	CO	NW AB	N							COMMUTE FROM MEXICO TO DO FW? Y N			ALL No	
	GR	FW NF	Y										SPOUSE CHILDREN	
	CO	NW AB	N							COMMUTE FROM MEXICO TO DO FW? Y N			ALL No	
	GR	FW NF	Y										SPOUSE CHILDREN	
	CO	NW AB	N							COMMUTE FROM MEXICO TO DO FW? Y N			ALL No	
	GR	FW NF	Y										SPOUSE CHILDREN	
	CO	NW AB	N							COMMUTE FROM MEXICO TO DO FW? Y N			ALL No	
	GR	FW NF	Y										SPOUSE CHILDREN	
	CO	NW AB	N							COMMUTE FROM MEXICO TO DO FW? Y N			ALL No	

<p>C-5 Activity Codes: Only for "NW" (In the U.S.A.) [Write Activity for FW and NF]</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 206 = Family Responsibilities/Work in Home</p> <p>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>** C-5 Activity Codes: Only for "AB" (While in a Foreign Country or Abroad)</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>*** C-7 Codes: Why Left "FW" and "NF"?</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; height: 20px; width: 100%;"></div>
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[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

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PER. & SUB-PER. NO.	GR CO [FW Only]	FW?	UNEMPLOYMENT RECEIVED?	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]	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						
	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			

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REPORT FROM PRESENT TO PERIOD COVERING JANUARY 1, 2008

[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

C1-C2	C15	C6	C8	C3	C4	C5	C9		C10	C11	C12	C13	C7	C16
PER. & SUB-PER. NO.	GR CO [FW Only]	FW?	UNEMPLOYMENT RECEIVED?	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]	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						
	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.)</b> [Write Activity for FW and NF]</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 206 = Family Responsibilities/Work in Home</p> <p>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; height: 20px; width: 100%;"></div>
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REFER TO QUESTIONS IN THE FOLLOWING SECTION

### Work Grid

REPORT FROM PRESENT TO PERIOD COVERING JANUARY 1, 2008

[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

C1-C2	C15	C6	C8	C3	C4	C5	C9		C10	C11	C12	C13	C7	C16
PER. & SUB-PER. NO.	GR CO [FW Only]	FW? NF? NW? AB?	UNEMPLOYMENT RECEIVED?	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]	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?
		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.)</b> [Write Activity for FW and NF]</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 206 = Family Responsibilities/Work in Home</p> <p>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; height: 20px; width: 100%;"></div>
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REFER TO QUESTIONS IN THE FOLLOWING SECTION

### Work Grid

Report from December 31, 2007 to First Work in the U.S.

[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

C1-C2	C15	C6	C8	C3	C4	C5	C9		C11	C13
PER. AND SUB-PER. NO.	GR CO [FW Only]	FW?	UNEMPLOYMENT RECEIVED?	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]	DATES FOR Periods of FW, NF, NW, AB		CITY	STATE / COUNTRY
		NF?					NW?	AB?		
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							

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[Write Activity for FW and NF]

- 201 = Looking for FW and NF Work
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- 205 = Waiting for Start of Season
- 206 = Family Responsibilities/Work in Home

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- 208 = Laid-up Due to Injury
- 209 = In-transit Between Jobs
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- 211 = Did Not Look for Work
- 212 = Other: (Specify in Grid)

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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)

REFER TO QUESTIONS IN THE FOLLOWING SECTION

### Work Grid

Report from December 31, 2007 to First Work in the U.S.

[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

C1-C2	C15	C6	C8	C3	C4	C5	C9		C11	C13
PER. AND SUB-PER. No.	GR  CO [FW Only]	FW?  NF?	UNEMPLOYMENT RECEIVED?	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]	DATES FOR Periods of FW, NF, NW, AB		CITY	STATE / COUNTRY
		NW?  AB?					From	To		
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							

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[Write Activity for FW and NF]

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REFER TO QUESTIONS IN THE FOLLOWING SECTION

### Work Grid

Report from December 31, 2007 to First Work in the U.S.

[C1-C2 FOR OFFICE USE ONLY]

County:

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Farmworker ID:

--	--	--	--	--	--

C1-C2	C15	C6	C8	C3	C4	C5	C9		C11	C13
PER. AND SUB-PER. No.	GR  CO [FW Only]	FW?  NF?	UNEMPLOYMENT RECEIVED?	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]	DATES FOR Periods of FW, NF, NW, AB		CITY	STATE / COUNTRY
		NW?  AB?					From	To		
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							

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[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

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PER. AND SUB-PER. No.	GR CO [FW Only]	FW? NF?	UNEMPLOYMENT RECEIVED?	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]	DATES FOR Periods of FW, NF, NW, AB		CITY	STATE / COUNTRY
		NW? AB?					From	To		
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
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### Work Grid

Report from December 31, 2007 to First Work in the U.S.

[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

C1-C2	C15	C6	C8	C3	C4	C5	C9		C11	C13
PER. AND SUB-PER. No.	GR  CO [FW Only]	FW? NF?	UNEMPLOYMENT RECEIVED?	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]	DATES FOR Periods of FW, NF, NW, AB		CITY	STATE / COUNTRY
		NW? AB?					From	To		
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							

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### Work Grid

Report from December 31, 2007 to First Work in the U.S.

[C1-C2 FOR OFFICE USE ONLY]

County:

Farmworker ID:

C1-C2	C15	C6	C8	C3	C4	C5	C9		C11	C13
PER. AND SUB-PER. NO.	GR  CO  [FW Only]	FW? NF?	UNEMPLOYMENT RECEIVED?	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]	DATES FOR Periods of FW, NF, NW, AB		CITY	STATE / COUNTRY
		NW? AB?					From	To		
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							
	GR	FW NF	Y							
	CO	NW AB	N							

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**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. [**FIRST 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?
- 2. Personal Check?
- 3. Cash and Check?
- 4. Other Check?
- 5. Cash?
- 6. Other? \_\_\_\_\_

**D62** Did you get a receipt?

- 0. No
- 1. Yes

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

- 1. One Day?
- 2. One Week?
- 3. Two Weeks?
- 4. One Month?
- 7. Other? \_\_\_\_\_

**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 THROUGH D18**]
- 4. Salary or Other? [**SKIP TO D19**]

**D12** How much per hour (to the 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 do 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.]**

**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
- 2. 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 in the 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.
- 5. **50 - 74** miles.
- 6. **75 or more** miles.

**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 (share 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
- 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 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 OR SHOW CHOICES. MARK ONLY ONE.]**

- 0. Did not work in **FW** in **2007**.
- 1. Under 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. We did not work AT ALL in **2007**.
- 1. Under 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 (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 (**NF**) job within a month?

- 0. No
- 1. Yes
- 7. Don't know.

**SCREENING FOR INJURY SUPPLEMENT**

**[INTERVIEWER... ONLY IF THE RESPONDENT SEEMS HESITANT TO TALK ABOUT INJURIES, e.g., BECAUSE HE/SHE IS FEARFUL, SHOULD YOU REMIND THE RESPONDENT THAT ALL THE INFORMATION HE/SHE SHARES WITH YOU IS CONFIDENTIAL. USE YOUR JUDGEMENT ABOUT REMINDING THE INTERVIEWER ABOUT CONFIDENTIALITY AT ANY POINT WHILE ADMINISTERING THIS SUPPLEMENT.**

"I would like to ask you some questions about injuries or accidents that you may have had while doing farm work in the United States. These injuries include a car accident while traveling to and from work.

They could also be things like...

- ... cutting yourself with a sharp tool or knife;
- ... hurting yourself lifting heavy objects, such as crates;
- ... hurting yourself by falling, for example, falling off a ladder or crate, or tripping in the field; or
- ... getting sick from working too long in the hot sun, being bitten or stung by an insect, or breathing pesticides while working in the fields."

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

**NLS03** ...Use any type of first aid, such as a bandage to stop bleeding or antiseptic to clean a wound (or ice packs for a bruise, etc.) or seek medical treatment at a clinic or from a nurse or doctor?

- 0 No
- 1 Yes

**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 were assigned a different job (or different task) that was easier because the injury prevented your from doing the first job (or task)]

- 0 No
- 1 Yes

**NLS04** ...Take strong medicine, except aspirin (or Tylenol or ibuprofen), to allow you to keep working?

- 0 No
- 1 Yes

**INTERVIEWER...**

...IF THE RESPONDENT ANSWERED "NO" TO ALL OF THE PREVIOUS QUESTIONS (NLS01 - NLS04), SKIP TO NEXT SECTION ("NP1f", PAGE 24).



...IF THE RESPONDENT ANSWERED "YES" TO ANY OF THE PREVIOUS QUESTIONS (NLS01 - NLS04), ASK NL1E

**NL1E** How many of these types of injuries have you had

**[INTERVIEWER: WRITE HERE ANY SPONTANEOUS RESPONSE RELATED TO AN INJURY OR INJURIES (e.g., TYPE OF INJURIES AND DATES) SO YOU CAN REFER TO IT WHEN COMPLETING THE "INJURY SUPPLEMENT"]:**



**CONTINUE WITH NEXT SECTION ("NP1f) UNTIL COMPLETION OF QUESTIONNAIRE, THEN COMPLETE "INJURY / ACCIDENT - SUPPLEMENT QUESTIONNAIRE"]**

### NP - Handling Pesticides (in the U.S.A.)

<b>NP1f.</b>	In the last 12 months, have you loaded, mixed, or applied pesticides?			
	<input type="checkbox"/> 0. No ... ⇨ <b>[SKIP TO "SECTION NT2a"]</b> <input type="checkbox"/> 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 U.S.A, doing <b>FW</b> )?	<b>[If YES:]</b> When was the last time?  (MONTH / YEAR)	<b>NAME OF CROP?</b>	<b>[IF WITHIN THE LAST 30 DAYS IN P11]</b>  <b>HOW MANY DAYS?</b>
a.	...Insecticide?	<input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨		
b.	...Herbicide?	<input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨		
c.	...Fungicide?	<input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨		
d.	...Rodenticide?	<input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨		
z.	...Other. Specify: _____	<input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨		
f.	...Don't know the type?	<input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨		

### NT - TRAINING AND INSTRUCTIONS

<b>NT2a.</b>	And...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)?  <input type="checkbox"/> 0. No  <input type="checkbox"/> 1. YES
--------------	--



## NMS - Musculoskeletal

**INTERVIEWER: TO BEGIN, ASK ALL QUESTIONS IN 1<sup>ST</sup> COLUMN.]**

During the last 12 months [From (month of last year) until now (month of current year)], have you had pain or discomfort in your:  ↓	What type of activity were you doing when this pain/discomfort began?	Did you have this pain/discomfort for <u>Five (5)</u> 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?
(MS1-6)	a.	b.	c.	d.	e.
NMS1 - Back? <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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ⇒	<input type="checkbox"/> 1. A little. <input type="checkbox"/> 2. A lot. <input type="checkbox"/> 3. Unbearable	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know
NMS2 - Shoulder/Neck? <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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ⇒	<input type="checkbox"/> 1. A little. <input type="checkbox"/> 2. A lot. <input type="checkbox"/> 3. Unbearable	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know
NMS3 - Elbow/Arm? <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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ⇒	<input type="checkbox"/> 1. A little. <input type="checkbox"/> 2. A lot. <input type="checkbox"/> 3. Unbearable	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know
NMS4 - Hand/Wrist/Finger? <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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ⇒	<input type="checkbox"/> 1. A little. <input type="checkbox"/> 2. A lot. <input type="checkbox"/> 3. Unbearable	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know
NMS5 - Legs/Feet/Toes? (Lower Extremities) <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 style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ⇒	<input type="checkbox"/> 1. A little. <input type="checkbox"/> 2. A lot. <input type="checkbox"/> 3. Unbearable	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know
NMS6 - Other? <input type="checkbox"/> 0. No      ↓ <input type="checkbox"/> 1. Yes <input style="width: 100px; height: 20px;" type="text"/> ⇒	<input type="checkbox"/> FW <input type="checkbox"/> NF <input type="checkbox"/> NW	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes, days: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> ⇒	<input type="checkbox"/> 1. A little. <input type="checkbox"/> 2. A lot. <input type="checkbox"/> 3. Unbearable	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know	<input type="checkbox"/> 1. Less than 1 day <input type="checkbox"/> 2. Days: <input type="checkbox"/> 3. Weeks: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 4. Months: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> 7. Don't Know

**A Little**

**A Lot**

**Unbearable**

### NS - Sanitation Section

The following questions refer to sanitation at your job with your current **FW** employer.

Does your current employer provide <b>Every Day</b> :	
<p><b>NS1</b> - Provides (potable) clean drinking water and disposable cups?</p> <p><input type="checkbox"/> 0. No water, No cups.  <input type="checkbox"/> 1. Yes, water only.  <input type="checkbox"/> 2. Yes, water and disposable cups.  <input type="checkbox"/> 7. Don't know.</p>	<p><b>NS4</b> - A Toilet (Every Day)?</p> <p><input type="checkbox"/> 0. No  <input type="checkbox"/> 1. Yes  <input type="checkbox"/> 7. Don't know.</p> <p><b>NS9</b> - (Provides) water to wash hands (<b>EVERY Day</b>)?</p> <p><input type="checkbox"/> 0. No  <input type="checkbox"/> 1. Yes  <input type="checkbox"/> 7. Don't know.</p>

### NH - Individual Personal Health History (Lifetime)

**INTERVIEWER: FIRST ASK ALL QUESTIONS IN 1<sup>ST</sup> COLUMN.]**

	a.		b.		c.
Have you ever - <b>in your whole life</b> - been told by a doctor or nurse that you have the following conditions:  ↓			Are you currently taking medication for this condition?		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 style="width: 100px;" 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 style="width: 100px;" 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 style="width: 100px;" 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 style="width: 100px;" 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 style="width: 100px;" 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 style="width: 100px;" type="text"/>
<b>NH10</b> - Other? <input style="width: 100px; height: 20px;" 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 style="width: 100px;" 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 (MONTH) OF 2 YEARS AGO UNTIL NOW (MONTH) OF CURRENT YEAR]**, in the U.S., have you used any type of health care services from doctors, nurses, dentists, clinics, or hospitals?

- 0. No ➡ **[SKIP TO NQ8]**
- 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 Plan: \_\_\_\_\_
- 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.

**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)



<b>CESD - SHORT FORM (MC)</b>		
<b>[FIRST READ INSTRUCTIONS 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>		
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>	<b>MC</b> <b>[Check All Responses]</b>	<b>MCDAYS</b> 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]
		<b>[Write Number of Days]</b>
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> where 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

### NSK - Skin

**INTERVIEWER: FIRST ASK ALL QUESTIONS IN 1<sup>ST</sup> COLUMN.]**

*Document only "Dermatitis-Related" Problems*

The following questions regarding skin refer to the last 12 months, from [Month] of [Last Year] until now {Month} of [Current Year].

Have you had any skin problems such as redness, inflammation, discoloration, or rash on your:	4. The last time you had this skin problem, what were you working on?	FW Only	
		1. (FW) Crop?	2. (FW) Task?
<b>NSK1 - Hands?</b> <input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨	<input type="checkbox"/> FW ⇨ <input type="checkbox"/> NF <input type="checkbox"/> NW		
<b>NSK2 - Arms?</b> <input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨	<input type="checkbox"/> FW ⇨ <input type="checkbox"/> NF <input type="checkbox"/> NW		
<b>NSK3 - Face?</b> <input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨	<input type="checkbox"/> FW ⇨ <input type="checkbox"/> NF <input type="checkbox"/> NW		
<b>NSK6 - Torso?</b> <input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨	<input type="checkbox"/> FW ⇨ <input type="checkbox"/> NF <input type="checkbox"/> NW		
<b>NSK7 - Feet/Legs?</b> <input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes ⇨	<input type="checkbox"/> FW ⇨ <input type="checkbox"/> NF <input type="checkbox"/> NW		
<b>NSK4 - Any other part of your body?</b> <input type="checkbox"/> 0. No ↓ <input type="checkbox"/> 1. Yes <input type="text"/> ⇨	<input type="checkbox"/> FW ⇨ <input type="checkbox"/> NF <input type="checkbox"/> NW		

**INTERVIEWER:**

**PLEASE CHECK IF RESPONDENT  
QUALIFIES FOR THE INJURY SUPPLEMENT!**

**CHECK PAGE 23  
(SCREENING SECTION)**

## L - 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.]**

<p><b>L1</b>    What is your current legal status in the U.S.? <b>[READ CHOICES, IF NECESSARY.]</b></p> <p><input type="checkbox"/> 1.    <b>I am a U.S. citizen by birth.</b>    ⇨<b>[SKIP TO NEXT PAGE]</b></p> <p><input type="checkbox"/> 2.    <b>I am a naturalized U.S. citizen</b> (foreign born, naturalized).    <b>[Ask:</b> "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)    <b>Then ask:</b> L4-1, L4-2 and L4-3].</p> <p><input type="checkbox"/> 3.    <b>Permanent resident/Green Card</b> (right to reside and work in the U.S.).    <b>[Ask:</b> L2, "Under which program did you apply?" (Possible answers in L2: 1-9, 97).    <b>Then ask:</b> L4-1 and L4-2].</p> <p><input type="checkbox"/> 4.    <b>Border crossing card/Commuter Card</b> (right to cross the border and work in the U.S.).    <b>[Ask:</b> L2, "Under which program did you apply?" (Possible answers in L2: 9, 12, 13, and 97).    <b>Then ask:</b> L3, L4-1 and L4-2].</p> <p><input type="checkbox"/> 5.    <b>Pending status</b> (without documents, applied, awaiting official decision)    <b>[Ask:</b> L2, "Under which program did you apply?" (Possible answers in L2: 1-9, 97).    <b>Then ask:</b> L3 and L4-1].</p> <p><input type="checkbox"/> 6.    <b>Undocumented</b> (application denied/did not apply to any programs). (Possible answers, "None".)    <b>[SKIP TO NEXT PAGE]</b>.</p> <p><input type="checkbox"/> 7.    <b>Temporary resident/Non Immigrant Visa</b> (only for specified time).    <b>[Ask:</b> L2, "Under which program did you apply?" (Possible answers in L2: 10 - 97).    <b>Then ask:</b> L3 and L4-1].</p> <p><input type="checkbox"/> 8.    <b>Other.</b>    <b>[If relevant and appropriate, Ask : L2, L3, L4-1, L4-2 and L4-3; then skip to next page.]:</b></p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 10px;"></div>	<p><b>L2</b>    <b><u>PROGRAMS</u> [DO NOT READ OPTIONS.]</b></p> <p><input type="checkbox"/> 1.    Amnesty under 5 year program.</p> <p><input type="checkbox"/> 2.    Amnesty under SAW (90 day) program.</p> <p><input type="checkbox"/> 3.    Cuban/Haitian entrant.</p> <p><input type="checkbox"/> 4.    Spousal petition program/Family unity.</p> <p><input type="checkbox"/> 5.    Labor certification program.</p> <p><input type="checkbox"/> 6.    Registry program.</p> <p><input type="checkbox"/> 7.    Political asylum.</p> <p><input type="checkbox"/> 8.    Refugee.</p> <p><input type="checkbox"/> 9.    Protective status (temporary).</p> <p><input type="checkbox"/> 10.    Guest worker program [bracero].</p> <p><input type="checkbox"/> 11.    Student.</p> <p><input type="checkbox"/> 12.    Tourist.</p> <p><input type="checkbox"/> 13.    Border crossing card/"passport"</p> <p><input type="checkbox"/> 97.    Other.</p> <p><input type="checkbox"/> 99.    Not answered.</p>
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**L3**    Do you have general work authorization?     0. No     1. Yes     7. Don't Know     9. Not Answered

### L4 - Date Status Became Effective

<p>1.    When did you apply to the program (in L2)?</p>	<p>2.    <u>[Only for those who responded "2", "3", or "4" in L1]</u> When did you obtain your legal status?</p>	<p>3.    <u>[Only for those who responded "2" in L1]</u> When did you obtain your naturalization/ become a U.S. citizen?</p>																																																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">/</td> <td colspan="8"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month</td> <td colspan="8" style="text-align: center;">Year</td> </tr> </table>											/										Month		Year								<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">/</td> <td colspan="8"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month</td> <td colspan="8" style="text-align: center;">Year</td> </tr> </table>											/										Month		Year								<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">/</td> <td colspan="8"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month</td> <td colspan="8" style="text-align: center;">Year</td> </tr> </table>											/										Month		Year							
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**INFORMED CONSENT**  
**INDIVIDUAL AGREEMENT TO BE A RESEARCH PARTICIPANT**

OMB No.: XXXX-XXXX EXPIRATION DATE XX/XX/XX

UFIRB No. \_\_ XXXX EXPIRATION DATE XX/XX/XX

Protocol Title: Worker Interviews - *Assessing Agricultural Labor Risk for Specialty Crops*

**Please read this consent document carefully before you decide to participate in this study.**

**Introduction/Purpose:**

You are invited to participate in this study for the University of Florida and the U.S. Department of Agriculture because you are currently working on a farm. The purpose of the study 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 75 minutes.

**Risks:**

Since we will only be asking you questions, there is very little risk to you as a result of being in the study. 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 study. 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 study will be allowed to see it. Only results aggregated over numerous individuals will be presented; your name will not appear on any reports about the study. (See back of page for details.)

**Alternatives to participation:**

Participating in this study is voluntary, and you can quit at any time. You can also choose not to participate in any part of the study at any time, with no penalty. Whether or not you participate in this study 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 major 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 study.

**Whom to call with questions:**

If you have questions about the research study, including questions about your rights as a research subject, you may call Aguirre International [Toll Free] at (877) 850-5200. They will refer your questions to Robert Emerson at the University of Florida at (352) 392-1881, ext 316.

If you have questions about your rights as a research participant in the study, contact: UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; ph (352) 392-0433.

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 study as a research subject. I admit that I have received a copy of this form and \$15.00 for my participation.

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Signature of Participant

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Date

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Signature of Interviewer

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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. farm workers. 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.

Public reporting burden for the collection of information is estimated to average 75 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 or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, NW, Washington, DC 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**SUPPLEMENT ONLY FOR WORKERS WHO SAID "YES" TO ANY OF THE NL QUESTIONS (PAGE 29).**

**>>> SECTION NL - INJURIES / ACCIDENTS <<<**

<b>[NL3 CODES FOR "INJURY LIST"] IN THE LAST 12 MONTHS, HAVE YOU HAD ANY...</b>		
<input type="checkbox"/> a. scrape/abrasion?	<input type="checkbox"/> d. sprain/strain/torn ligament/traumatic rupture?	<input type="checkbox"/> g. cut/laceration/puncture/stab/jab?
<input type="checkbox"/> b. bruise/contusion?	<input type="checkbox"/> e. broken or fractured bone/crushed/ mangled?	<input type="checkbox"/> h. burn/blister/scald?
<input type="checkbox"/> c. amputation/loss of body part?	<input type="checkbox"/> f. dislocation?	<input type="checkbox"/> i. insect bite/sting/bitten by animal?
		<input type="checkbox"/> j. other?: _____
<p><b>Please describe how you got injured? What happened when you were injured?</b></p> <p>INTERVIEWER: [If there is more than one injury, first write the number corresponding to the incident (i.e., for the first incident write number 1) in the "Injury Grid" on the next page. Use the following grids for additional 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.]</p> <p>IN THE NEXT GRIDS, WRITE IN DETAIL ALL NARRATIVE RESPONSES TO PROMPT QUESTION 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?; WHAT CAUSED THE INJURY/ACCIDENT?; WHAT TOOLS OR MACHINERY WERE YOU USING WHEN IT HAPPENED?, etc...)</p> <p>[USE A SEPARATE GRID FOR EACH INJURY/ACCIDENT]</p>		

**Codes for NL13**

13.	Community Health Center/Hospital/Emergency Room	6.	Migrant Clinic	9.	Dentist
2.	Private Medical Doctor's Office/Private Clinic	7.	Chiropractor/Naturopath's Office	10.	Went to Home County
3.	Healer/"Curandero"/"Sobador"	8.	First Aid at Scene	11.	Other: _____
				12.	No Medical Treatment

**Codes for NL14**

1.	Paid out my own pocket	5.	Self or family insurance/Health Plan	11.	Do not remember who paid for it.
2.	Medicaid/Medicare	8.	Billed, but did not pay.	6.	Other: _____
3.	No charge.	9.	"Worker's Compensation"	7.	Combination of: _____
4.	Employer provided Health Plan.	10.	Employer paid "Out-of-Pocket".		

### INJURIES / ACCIDENTS

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: SHOW FIGURE. ASK INJURIES, FROM THIS INCIDENT, FOR EACH BODY PART; WRITE ANSWER(S) AND CHECK ALL CODES THAT APPLY (SEE CODES IN NL1)].

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

Part 1	<input type="text"/>	a.	<input type="checkbox"/>	b.	<input type="checkbox"/>	c.	<input type="checkbox"/>	d.	<input type="checkbox"/>	e.	<input type="checkbox"/>	f.	<input type="checkbox"/>	g.	<input type="checkbox"/>	h.	<input type="checkbox"/>	i.	<input type="checkbox"/>	j.	<input type="checkbox"/>
Part 2	<input type="text"/>	a.	<input type="checkbox"/>	b.	<input type="checkbox"/>	c.	<input type="checkbox"/>	d.	<input type="checkbox"/>	e.	<input type="checkbox"/>	f.	<input type="checkbox"/>	g.	<input type="checkbox"/>	h.	<input type="checkbox"/>	i.	<input type="checkbox"/>	j.	<input type="checkbox"/>
Part 3	<input type="text"/>	a.	<input type="checkbox"/>	b.	<input type="checkbox"/>	c.	<input type="checkbox"/>	d.	<input type="checkbox"/>	e.	<input type="checkbox"/>	f.	<input type="checkbox"/>	g.	<input type="checkbox"/>	h.	<input type="checkbox"/>	i.	<input type="checkbox"/>	j.	<input type="checkbox"/>

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

<input type="checkbox"/>	WHAT HAPPENED?	<input type="checkbox"/>	WHAT WERE YOU DOING?	<input type="checkbox"/>	WHERE DID IT HAPPEN?	<input type="checkbox"/>	WHAT CAUSED IT?	<input type="checkbox"/>	DETAILS?	<input type="checkbox"/>	NAMES OF MACHINES AND/OR TOOLS?
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<b>NL5</b> When? <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<b>NL6</b> At Current Job? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<b>NL7</b> Doing FW? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<b>NL8</b> Crop? <input type="text"/>	<b>NL9</b> Task? <input type="text"/>
<b>NL11</b> Not able to work normally > 4 hours? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<b>NL12</b> Number of days not able to work normally? <input type="text"/> <input type="text"/>	<b>NL13</b> Where treated? [Enter all, Use Codes] <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>NL14</b> How was it paid? [Codes] <input type="text"/> <input type="text"/>	<b>NL20</b> Did you receive first aid? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

### INJURIES / ACCIDENTS

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: SHOW FIGURE. ASK INJURIES, FROM THIS INCIDENT, FOR EACH BODY PART; WRITE ANSWER(S) AND CHECK ALL CODES THAT APPLY (SEE CODES IN NL1)].

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

Part 1	<input type="text"/>	a.	<input type="checkbox"/>	b.	<input type="checkbox"/>	c.	<input type="checkbox"/>	d.	<input type="checkbox"/>	e.	<input type="checkbox"/>	f.	<input type="checkbox"/>	g.	<input type="checkbox"/>	h.	<input type="checkbox"/>	i.	<input type="checkbox"/>	j.	<input type="checkbox"/>
Part 2	<input type="text"/>	a.	<input type="checkbox"/>	b.	<input type="checkbox"/>	c.	<input type="checkbox"/>	d.	<input type="checkbox"/>	e.	<input type="checkbox"/>	f.	<input type="checkbox"/>	g.	<input type="checkbox"/>	h.	<input type="checkbox"/>	i.	<input type="checkbox"/>	j.	<input type="checkbox"/>
Part 3	<input type="text"/>	a.	<input type="checkbox"/>	b.	<input type="checkbox"/>	c.	<input type="checkbox"/>	d.	<input type="checkbox"/>	e.	<input type="checkbox"/>	f.	<input type="checkbox"/>	g.	<input type="checkbox"/>	h.	<input type="checkbox"/>	i.	<input type="checkbox"/>	j.	<input type="checkbox"/>

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

<input type="checkbox"/>	WHAT HAPPENED?	<input type="checkbox"/>	WHAT WERE YOU DOING?	<input type="checkbox"/>	WHERE DID IT HAPPEN?	<input type="checkbox"/>	WHAT CAUSED IT?	<input type="checkbox"/>	DETAILS?	<input type="checkbox"/>	NAMES OF MACHINES AND/OR TOOLS?
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<b>NL5</b> When? <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<b>NL6</b> At Current Job? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<b>NL7</b> Doing FW? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<b>NL8</b> Crop? <input type="text"/>	<b>NL9</b> Task? <input type="text"/>
<b>NL11</b> Not able to work normally > 4 hours? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<b>NL12</b> Number of days not able to work normally? <input type="text"/> <input type="text"/>	<b>NL13</b> Where treated? [Enter all, Use Codes] <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>NL14</b> How was it paid? [Codes] <input type="text"/> <input type="text"/>	<b>NL20</b> Did you receive first aid? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes