
































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

During the last 12 months [from XXX of last year until now (current month)], have you had pain or discomfort in your... 	What type of work were you doing when this pain/discomfort began?	[If NF, ask:] What type of TASK were you doing? [If FW, ask:] What type of TASK and CROP were you working on?	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.	f.	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 	"FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	<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
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 	"FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	<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
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 	"FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	<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
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 	"FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	<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
NMS5 ...LEGS / FEET / TOES? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> FW  <input type="checkbox"/> NF  <input type="checkbox"/> NW 	"FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	<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
NMS6 ...OTHER? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> FW  <input type="checkbox"/> NF  <input type="checkbox"/> NW 	"FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	<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

