

**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 JUDGMENT 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 might have had in the United States in the last 12 months while doing farm work (“FW”), and also while doing non-farm work (“NF”) like construction, landscaping, working at a hotel or restaurant, or any other job. They could be things like:...**

- ...injuries from a car accident traveling to and from work;
- ...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...

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 you from doing the first job (or task)]

- 0 NO
- 1 YES

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?

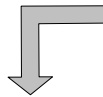
- 0 NO
- 1 YES

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 TO NLS04), SKIP TO NEXT SECTION (“XX”, PAGE XX).**



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

NL1E HOW MANY OF THESE TYPES OF INJURIES HAVE YOU HAD?

FW:        NF:

**[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”!!!**

NAME OF WORKER: \_\_\_\_\_

**SUPPLEMENT ONLY FOR WORKERS WHO SAID "YES" TO ANY OF NL QUESTIONS (NAWS page XX)**

**- SECTION NL - INJURIES/ACCIDENTS -**

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

**[NL3 CODES FOR "INJURY LIST"] IN THE LAST 12 MONTHS, HAVE YOU HAD ANY: ...**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> a scrape/abrasion?                                   | <input type="checkbox"/> e broken or fractured bone/ crushed/ mangled? | <input type="checkbox"/> i insect bite/ sting/ bitten by animal? |
| <input type="checkbox"/> b bruise/contusion?                                  | <input type="checkbox"/> f dislocation?                                |  |
| <input type="checkbox"/> c amputation/loss of body part?                      | <input type="checkbox"/> g cut/laceration/puncture/ stab/ jab?         | <input type="checkbox"/> j otro?: <input type="text"/>           |
| <input type="checkbox"/> d sprain/strain/torn ligament/<br>traumatic rupture? | <input type="checkbox"/> h burn/blister/scald?                         |  |

**Please describe, how did you get injured? What happened when you where injured?**

**[INTERVIEWER: If there is more than one injury, write first the number corresponding to the incident (i.e., for the first incident write number 1) in the "Injury Grid" (next page). Use the following grids for the other 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]**

**IN THE NEXT GRIDS, WRITE IN DETAIL ALL NARRATIVE RESPONSES TO PROMPT QUESTIONS 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?; Where did it happen?; What caused the injury/accident?; What tools or machineries were you using when it happened?; etc.)**

**[USE A SEPARATE GRID FOR EACH INJURY/ACCIDENT]**

**CODES FOR NL13:**

- |   |                               |                                   |
|---|-------------------------------|-----------------------------------|
| 1. COMMUNITY HEALTH CENTER                        | 5. MIGRANT HEALTH CLINIC      | 8. FIRST AID ON SITE              |
| 2. PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC | 6. CHIROPRACTOR OR NATUROPATH | 9. WENT TO HOME (ANOTHER) COUNTRY |
| 3. HOSPITAL                                       | 7. DENTIST                    | 10. NO MEDICAL TREATMENT          |
| 4. EMERGENCY ROOM                                 |                               | 88. OTHER: <input type="text"/>   |

**CODES FOR NL14:**

- |                                 |  |  |
|---------------------------------|--|--|
| 1 PAID OUT OF MY OWN POCKET     | 5 SELF OR FAMILY INSURANCE HEALTH PLAN | 11 DO NOT REMEMBER WHO PAID FOR IT     |
| 2 MEDICAID/MEDICARE             |  | 6 OTHER: <input type="text"/>          |
| 3 NO CHARGE                     | 8 BILLED, BUT DID NOT PAY              |  |
| 4 EMPLOYER PROVIDED HEALTH-PLAN | 9 "WORKER'S COMPENSATION"              | 7 COMBINATION OF: <input type="text"/> |
|                                 | 10 EMPLOYER PAID "OUT-OF-POCKET"       |  |

INCIDENT # = FW?: <input type="text"/>	NF?: <input type="text"/>	<b>[INTW: THIS GRID IS FOR THE FIRST INJURY/ACCIDENT MENTIONED BY THE RESPONDENT]</b>
<p><b>NL3</b> 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? <i>[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).</i></p> <p><b>[BODY PARTS:                      CODES FOR TYPE OF INJURY LISTED ON PREVIOUS PAGE (IN NL3). READ AND MARK ALL THAT APPLY]:</b></p>		
PART 1	<input style="width:150px; height:20px;" 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 style="width:150px; height:20px;" 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 style="width:150px; height:20px;" 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"/>
<p><b>[NARRATIVE SECTION (IF YOU NEED MORE SPACE, USE BACK PAGE). AFTER ASKING EACH PROMPT-QUESTION, MARK CORRESPONDING BOX]:</b>  <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?</p>		
<p><b>[IF IT IS “NF”: ASK “OCCUPATION AND INDUSTRY”:]</b></p>		
<p><b>NL4</b> Where?:    <input type="checkbox"/> 1 “field”    <input type="checkbox"/> 2 “labor camp”    <input type="checkbox"/> 3 farm building    <input type="checkbox"/> 4 ranch roadway    <input type="checkbox"/> 5 public street    <input type="checkbox"/> 8 other:</p>		
<p><b>NL5</b> When? [MONTH AND YEAR]:</p> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<p><b>NL6</b> With current employer?:</p> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<p><b>NL8</b> Crop?</p> <input style="width:100px; height:20px;" type="text"/>
<p><b>NL9a</b> Task / Activity?:</p> <input style="width:100%; height:20px;" type="text"/>		<p><b>NL7a</b> During working hours?:</p> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
<p><b>NL11</b> Not able to work normally &gt;4 hours?:</p> <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<p><b>NL12</b> # of days not able to work normally?:</p> <input type="text"/> <input type="text"/>	<p><b>NL21</b> # of days DID NOT WORK because of injury?:</p> <input type="text"/> <input type="text"/>
<p><b>NL13</b> Where treated? [ENTER ALL, USE Codes]:</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<p><b>NL14</b> How was it paid for? [Codes]:</p> <input type="text"/> <input type="text"/>
<p><b>NL20</b> Did you receive first aid?</p> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Yes		

**INCIDENT # = FW?:**  **NF?:**  *[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]*

**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: 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]:**

<b>PART 1</b>	<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"/>
<b>PART 2</b>	<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"/>
<b>PART 3</b>	<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 PAGE). AFTER ASKING EACH PROMPT-QUESTION, MARK CORRESPONDING BOX]:*  
 WHAT HAPPENED?  WHAT WERE YOU DOING?  WHERE DID IT HAPPEN?  WHAT CAUSED IT?  DETAILS?  NAMES OF MACHINES AND/OR TOOLS?

**[IF IT IS "NF": ASK "OCCUPATION AND INDUSTRY":]**

**NL4** Where?  1 "field"  2 "labor camp"  3 farm building  4 ranch roadway  5 public street  8 other:

<b>NL5</b> When?: [MONTH/YEAR] <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<b>NL6</b> With current employer?: <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<b>NL8</b> Crop? <input type="text"/>	<b>NL9a</b> Task / Activity?: <input type="text"/>	<b>NL7a</b> During working hours?: <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	
<b>NL11</b> Not able to work normally >4 hours?: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<b>NL12</b> # of days not able to work normally?: <input type="text"/> <input type="text"/>	<b>NL21</b> # of days DID NOT WORK because of injury?: <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"/>	<b>NL14</b> How was it paid for? [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

