ENGLISH
Cycle 89, FALL 2017
OMB NO. 1205-0453
EXPIRATION DATE: XX/XX/20XX
[REV. Mar 10, 2017]

						8	**9**				

COUNTY FIPS | **FARM WORKER ID** [FOR OFFICE USE ONLY]

NATIONAL AGRICULTURAL WORKERS SURVEY - 2017   ("NAWS")

CS2   DATE: ☐☐ / ☐☐ / ☐☐

CS5   CROP: _____

CS6   TASK: _____

LANGUAGE DURING INTERVIEW: _____

[FOR OFFICE USE ONLY]
CROP CODE
☐☐☐

TASK CODE
☐☐☐

GN: _____   **ID:** ☐☐☐☐☐☐☐☐☐☐

GN REFERRED TO:

☐ **"CONTRACTOR"?:**
☐ **OTHER GROWER?**
☐ **OTHER?:** _____
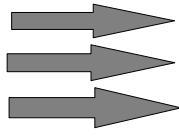
IF GN REFERRED TO CONTRACTOR, GROWER OR OTHER, WRITE INFORMATION)
NAME :

ADDRESS: _____

_____

TELEPHONE:
(_____)_____-_____

WORKER IS ACTUALLY EMPLOYED BY?:   ☐ 1 GROWER   ☐ 2 CONTRACTOR

TYPE OF WORK?: ☐1 FIELD WORK   ☐2 NURSERY   ☐3 PACKING HOUSE   ☐7 OTHER:_____

FARM WORKER'S NAME: _____

LOCAL ADDRESS:

TELEPHONE:

INTER VIEWER'S NAME: _____

CS9 INTERVIEWER'S ID: ☐☐☐

CP5 TIME BEGAN: ☐☐ : ☐☐ ☐ AM ☐ PM   **CP6   TIME ENDED:** ☐☐ : ☐☐ ☐ AM ☐ PM

HOUSEHOLD GRID

___ ___ ___ ___   **89** ___ ___ ___ ___

County   Farmworker ID

A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	***A31	A32-33	A34-35	A11	A13	HA15			*****HA16	HA17	*****HA18
NAME	RELATION	SEX	MARITAL STATUS	BIRTHDAY MM / YY	COUNTRY BIRTH [CODE]	HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K") ⚠ [ASK ONLY WORKER FOR HIGHEST DEGREE OBTAINED.]	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 and COUNTRY]	IF NOT HERE, WHY NOT? _CODE_	LAST 12 MONTHS, TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	PRIOR 12 MONTHS TO (A32-33), TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	ANY U.S. SCHOOL LAST 12 MONTHS?	ANY U.S. FW LAST 12 MONTHS?	ONLY FOR SPOUSE AND CHILDREN UNDER 22 YEARS OLD ⚠ In the USA, in the LAST 12 MONTHS, has [NAME of (spouse) (child)] used any type of health care service from doctors nurses, dentists, clinics or hospitals for... ⬇			And the last time, where did [NAME] go? [ENTER CODE] ⬇	When? (Last time) [Enter 'within' number of months ago]: 1 TO 12]	[For each "NO" IN "HA15"] Why did [NAME] not access health care? [ENTER CODES]
A. (FARMWORKER)	▨	M F	S M O	/		HG: ____ HD: ____		/	▨	▨	Y N	Y N	Y N	▨	NOTE: Explain that ILLNESS below refers to: "A physical illness, as well as a mental health problem or substance abuse."			▨	▨	▨
B.		M F	S M O	/				/	Y N		Y N	Y N	Y N	Y N	a. illness?:	Y N DK RF			
															b. injury?:	Y N DK RF			
															c. routine or preventive care?:	Y N DK RF			
															d. dental treatment or preventive care?:	Y N DK RF			
C.		M F	S M O	/				/	Y N		Y N	Y N	Y N	Y N	a. illness?:	Y N DK RF			
															b. injury?:	Y N DK RF			
															c. routine or preventive care?:	Y N DK RF			
															d. dental treatment or preventive care?:	Y N DK RF			

*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.)
95= RF (REFUSE)
96= DK (DON'T KNOW)
97=OTHER::_____

** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):
1= U.S.A.
2= PUERTO RICO
3= MEXICO
4= CENTRAL AMERICA
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6= CARIBBEAN
7= SOUTH EAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND)
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***CODES FOR A31
1 = NO CHILD CARE IN THIS LOCATION
2 = NO HOUSING IN THIS LOCATION
3 = CHILD IN SCHOOL, AFFECTED IF MOVED
95= RF (REFUSE)
96= DK (DON'T KNOW)
97=OTHER: _____

****CODES FOR HA16
1 = COMMUNITY/MIGRANT HEALTH CENTER
2 = PRIVATE MEDICAL CLINIC/ DOCTOR'S OFFICE
3 = HOSPITAL
4 = EMERGENCY ROOM
7 = DENTIST
95= RF (REFUSE)
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*****CODES FOR HA 18
a = Did not know where to go
b = No transportation
c = Too far away
d = Health Center not open when needed
e = No need to go / Does not get sick
f = Too expensive
g= No insurance
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HOUSEHOLD GRID

___ ___ ___ ___ ___   **89** ___ ___ ___ ___

County   Farmworker ID

A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	***A31	A32-33	A34-35	A11	A13	HA15		*****HA16	HA17	*****HA18
NAME	RELATION	SEX	MARITAL STATUS	BIRTHDAY MM/YY	COUNTRY OF BIRTH [CODE]	HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K") ⚠ [ASK ONLY WORKER FOR HIGHEST DEGREE OBTAINED.]	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 and COUNTRY]	IF NOT HERE, WHY NOT? _CODE	LAST 12 MONTHS, TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	PRIOR 12 MONTHS TO (A32-33), TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	ANY U.S. SCHOOL LAST 12 MONTHS?	ANY U.S. FW LAST 12 MONTHS?	ONLY FOR SPOUSE AND CHILDREN UNDER 22 YEARS OLD ⚠ In the USA, in the LAST 12 MONTHS, has [NAME of (spouse) (child)] used any type of health care service from doctors nurses, dentists, clinics or hospitals for...		And the last time, where did [NAME] go? [ENTER CODE]	When? (Last time) [Enter 'within' number of months ago]: 1 TO 12]	[For each "NO" IN "HA15"] Why did [NAME] not access health care? [ENTER CODES]
D.	M F	S M O	/					/	Y N		Y N N	Y N N	Y N N	Y N N	a. illness?:	Y N DK RF			
															b. injury?:	Y N DK RF			
															c. routine or preventive care?:	Y N DK RF			
															d. dental treatment or preventive care?:	Y N DK RF			
E.	M F	/ S M O	/					/	Y N		Y N N	Y N N	Y N N	Y N N	a. illness?:	Y N DK RF			
															b. injury?:	Y N DK RF			
															c. routine or preventive care?:	Y N DK RF			
															d. dental treatment or preventive care?:	Y N DK RF			
F.	M F	/ S M O	/					/	Y N		Y N N	Y N N	Y N N	Y N N	a. illness?:	Y N DK RF			
															b. injury?:	Y N DK RF			
															c. routine or preventive care?:	Y N DK RF			
															d. dental treatment or preventive care?:	Y N DK RF			

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HOUSEHOLD GRID

___ ___ ___ ___   **89** ___ ___ ___ __
County   Farmworker ID

A1 NAME	*A2 RELATION	A3 SEX	A5 MARITAL STATUS	A6 BIRTHDAY MM / YY	**A7 COUNTRY BIRTH [CODE]	A9 HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K") ⚠ [ASK ONLY WORKER FOR HIGHEST DEGREE OBTAINED.]	**A10 COUNTRY SCHOOL [CODE]	A8 MONTH AND YEAR FIRST ENTERED U.S.?	A4 [ASK ALL IN A1]: DOES S/HE LIVE WITH YOU NOW? IF NOT, WHERE? [STATE and COUNTRY]	***A31 IF NOT HERE, WHY NOT? _ CODE	A32-33 LAST 12 MONTHS, TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	A34-35 PRIOR 12 MONTHS TO (A32-33), TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	A11 ANY U.S. SCHOOL LAST 12 MONTHS?	A13 ANY U.S. FW LAST 12 MONTHS?	HA15 ONLY FOR SPOUSE AND CHILDREN UNDER 22 YEARS OLD ⚠ In the USA, in the LAST 12 MONTHS, has [NAME of (spouse) (child)] used any type of health care service from doctors nurses, dentists, clinics or hospitals for...		*****HA16 And the last time, where did [NAME] go? [ENTER CODE]	HA17 When? (Last time) [Enter 'within' number of months ago]: 1 TO 12]	*****HA18 [For each "NO" IN "HA15"] Why did [NAME] not access health care? [ENTER CODES]
G.		M F	S M O	/				/	Y N		Y N	Y N	Y N	Y N	a. illness?:	Y N DK RF		
															b. injury?:	Y N DK RF		
															c. routine or preventive care?:	Y N DK RF		
															d. dental treatment or preventive care?:	Y N DK RF		
H.		M F	S M O	/				/	Y N		Y N	Y N	Y N	Y N	a. illness?:	Y N DK RF		
															b. injury?:	Y N DK RF		
															c. routine or preventive care?:	Y N DK RF		
															d. dental treatment or preventive care?:	Y N DK RF		
I.		M F	S M O	/				/	Y N		Y N	Y N	Y N	Y N	a. illness?:	Y N DK RF		
															b. injury?:	Y N DK RF		
															c. routine or preventive care?:	Y N DK RF		
															d. dental treatment or preventive care?:	Y N DK RF		

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[ASK ONLY TO RESPONDENTS WHO - IN FAMILY GRID- HAVE CHILDREN UNDER 6 YEARS OLD WHO HAVE BEEN OR ARE CURRENTLY IN THE U.S.A.]

Now I'd like to ask you some questions about child care. There are many places and persons that take care of children while parents work. Parents use childcare or a neighbor's home; other times the kids stay at home with their mother, siblings or other relatives...

HS1. **...Now that you're working here in [NAME OF LOCALITY],** how have you arranged for your child (-dren) to be taken care of **while you work (FW)**? Please tell me all the types of child care arrangements you have used **[IF ONLY ONE RESPONSE, PROBE FOR MORE. CHECK ALL THAT APPLY]**

- □ **a.** MSHS
- □ **b.** Spouse
- □ **c.** Child(-ren)'s older sibling(s).Age(s)?:___ ___ ___
- □ **d.** Other relatives (not spouse or child(-dren)'s older siblings)
- □ **e.** Out of home (DAYCARE / CENTER / BABYSITTER)
- □ **f.** Friends / Neighbors
- □ **g.** Take them to the field (FW)
- □ **z.** Other (specify): _____

HS2. **[IF MORE THAN ONE ANSWER IN HS1, ASK]**: Which one do you use most often during an average work week (FW)? **[ENTER LETTER CODE IN HS1]:**

HS3. **[ASK ALL]** Why do you use this type (the most) while doing **FW**? **[CHECK ALL THAT APPLY]**

- □ **a.** Trust
- □ **b.** Flexible / Convenient hours
- □ **c.** Convenient location
- □ **d.** Culturally compatible (same language, food, staff, etc.)
- □ **e.** Prepares child for school (e.g., English)
- □ **f.** Don't know (e.g., spouse decides)
- □ **z.** Other (specify):_____

[IF MSHS ("a") WAS NOT MENTIONED IN "HS1", ASK HS4]: ...

HS4. ...Have you ever heard of MSHS?

- □ **0** NO **[EXPLAIN MSHS. MENTION LOCAL MSHS NAMES, IF STILL "NO," SKIP TO "A15" NEXT SECTION]**
- □ **1** YES

HS5. Has/Have your child(-dren) ever used MSHS? (**When?**)

- □ **0** NO **[ASK ONLY "HS6"]**
- □ **1** YES. NOW, IN THIS LOCATION **[SKIP TO "HS7"]**
- □ **2** YES. NOT NOW, BUT WITHIN THE LAST 12 MONTHS. **[ASK HS6 AND HS7]**
- □ **3** YES. BUT, MORE THAN 12 MONTHS **[ASK ONLY "HS6"]**

HS6. Why aren't you (or your spouse) using MSHS at this location? **[CHECK ALL THAT APPLY]**

- □ **a.** Prefer own child care arrangements
- □ **b.** No MSHS in this area
- □ **c.** MSHS not open entire season (FOR **FW**)
- □ **d.** Inconvenient hours
- □ **e.** MSHS full (applied, but no openings)
- □ **f.** Applied, but did not qualify
- □ **g.** Does not serve infants / older children
- □ **h.** Do not like it. Specify: _____
- □ **i.** Do not qualify. (Specify) Why?:

  _____
- □ **z.** Other (specify): _____

HS7. [ASK QUESTIONS IN REFERENCE TO CHILDREN WHO USE/ USED MSHS IN THE LAST 12 MONTHS]					
a	b	c	d	e	f
CHILD(-REN) WHO USE/USED MSHS [ENTER NAMES]	DATE LAST USED MSHS? (MONTH/YEAR)	LOCATION (CITY/STATE)?	NAME OF CENTER?	HOW DID YOU LEARN ABOUT MSHS? [ENTER CODE]	[INTERVIEWER: CHECK IF CENTER IN "d" IS IN MSHS LIST]
1	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			□ **0** NO □ **1** YES
2	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			□ **0** NO □ **1** YES
CODES FOR "e":					
1 = PREVIOUS MSHS REFERRED US **2 =** RECRUITER FROM MSHS CONTACTED US **3 =** SOCIAL WORKER (AGENCY, CLINIC, ETC.) REFERRED ME (SPOUSE)			**4 =** SAW A FLYER WITH MSHS INFORMATION **5 =** A RELATIVE/FRIEND TOLD US ABOUT IT **6 =** OTHER:_____		

[THESE QUESTIONS REFER TO OTHER INDIVIDUALS WHO LIVE WITH THE WORKER AND <u>WERE NOT</u> 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? ⬇
a. ...ADULTS? (**18** YEARS OR OLDER)?			
b. ...CHILDREN? (**17** YEARS OR YOUNGER)?			
c. ...**DO NOT KNOW** AGE?			

INSURANCE QUESTIONS ABOUT RESPONDENT AND HIS/HER FAMILY
(INDIVIDUALS IN THE "HOUSEHOLD GRID") [DESCRIBE/EXPLAIN "HEALTH INSURANCE"]

A21	A23
In the U.S.A.,... Who has Health (Medical) Insurance in your family? ... How about... ⬇	**Who pays for it?** [USE CODES. MARK ALL THAT APPLY]

	A21	A23
a. ...you (farmworker)?	☐ 0 NO ☐ 1 YES ➡ ☐ 95 DON'T KNOW	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 97: ☐
b. ...your spouse?	☐ 0 NO ☐ 1 YES ⇨ ☐ 95 DON'T KNOW	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 97: ☐

[CHILDREN UNDER AND OVER 18 YRS. OLD. MATCH TOTAL WITH FAMILY GRID] **c. ...your children?**	A21c2	A24	A23
	☐ 0 NO ☐ 1 YES, ALL HAVE IT [ASK A23] ☐ 2 YES, ONLY SOME HAVE IT ➡ ☐ 95 DON'T KNOW	(a) How many under 18 yrs?: ☐☐ (b) How many over 18 yrs?: ☐☐	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 97: ☐

CODES FOR "A23" (WHO PAYS?):

1= I PAY	3= MY EMPLOYER	5= GOVERNMENT
2= MY SPOUSE	4= MY SPOUSE'S EMPLOYER	97= OTHER:

G4 In the last 2 years **[LAST 24 MONTHS]**, have you or anyone in your household received benefits or used the services of any of the following social programs? **[READ CHOICES. CHECK ALL THAT APPLY]: ...**

☐ **r.** ...Welfare (general assistance) or TANF (Temporary Assistance for Needy Families)?
☐ **b.** ...Food stamps?
☐ c. ...Disability insurance?
☐ **d.** ...Unemployment insurance?
☐ **e.** ...Social Security?
☐ **h.** ...Low income housing?
☐ **i.** ...Public Health Clinic?
☐ **j.** ...Medicaid?
☐ **k.** ...WIC?
☐ **l.** ...Disaster Relief
☐ **m.** ... Legal Advice or Services
☐ **n.** ...Other?**:**
☐ Don't know
☐ **none**

D36a **[FOR PARENTS OF CHILDREN 12 YEARS OLD OR YOUNGER]:** ...I already asked you about the daycare arrangements for your children under 6 years old here in (**NAME OF LOCATION**)...How about in all the places you've lived in the past **12 MONTHS**, where have all your children **12 years old or younger** stayed while you are working (**FW** in the USA)? **[CHECK ALL THAT APPLY]**

☐ **1** They've stayed 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:

D65 **Do you live in a labor camp or Migrant Center?** [IF YES, PROBE: WHO OWNS OR RUNS IT?]

- ☐ 0 **NO**
- ☐ 1 **YES, labor camp run by a grower or labor contractor**
- ☐ 2 **YES, labor camp run by migrant center or public agency**
- ☐ 3 **YES, labor camp run by another person/group Specify: _____**

D35b **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?**
- ☐ 5 **...ON FARM OR NEXT TO OR ADJACENT TO A FARM OWNED BY THE GROWER YOU CURRENTLY WORK FOR?**
- ☐ 6 **...ON A FARM OR NEXT TO OR ADJACENT TO A FARM NOT OWNED BY THE GROWER YOU CURRENTLY WORK FOR?**
- ☐ 97 **...OTHER?:**

D34b **In what type of living quarters do you live now (housing structure at this location)?** [READ CHOICES. MARK ONLY ONE]: ...Is it a (an)...

- ☐ 1 **...MOBILE HOME?**
- ☐ 2 **...SINGLE-FAMILY HOME (DETACHED)?**
- ☐ 4 **...APARTMENTS (TWO OR MORE IN A BUILDING, SHARED PARKING SPACES)?**
- ☐ 97 **...OTHER:**

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

- ☐ a. **...Bedrooms?:**
- ☐ b. **...Bathrooms?:**
- ☐ c. **...Kitchens?:**
- ☐ f. **...Other rooms?:**

D52 **How many people total sleep in these rooms?** [VERIFY RESPONSE BY ADDING TOTAL NUMBER GIVEN IN HOUSEHOLD GRID PLUS TOTAL IN A15. IF ANSWERS DO NOT MATCH, MAKE APPROPRIATE CHANGES]

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 B10]**
- ☐ 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 **DO NOT PAY RENT. (I OR FAMILY MEMBER OWN THE HOUSE OR LIVE FOR FREE WITH FRIENDS OR RELATIVES) [SKIP TO B10]**
- ☐ 12 **I RENT FROM NON-EMPLOYER (RELATIVE OR NON-RELATIVE)**
- ☐ 97 **OTHER:**

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:**

G6 **Do you own or are you buying any of the following item in the U.S.?** [READ OPTIONS. MARK ALL "YES" RESPONSES]

- ☐ h. **...a plot of land?**
- ☐ I. **...a type of housing, such as a house, mobile home, condominium, or apartment?**
- ☐ d. **...any kind of vehicle, such as a car or truck?:**
- ☐ f. **...other?:**
- ☐ **None**

D37a How far is your current job from your current residence?

- ☐ 1 **I'M LOCATED AT THE JOB**
- ☐ 2 **WITHIN 9 MILES**
- ☐ 3 <u>**10-24**</u> **MILES**
- ☐ 4 <u>**25-49**</u> **MILES MILES**
- ☐ 5 <u>**50-74**</u> **MILES**
- ☐ 6 <u>**75**</u> **MILES OR MORE**

D37 At your current job, how do you usually get to work? [READ CHOICES. MARK ONE]:...

- ☐ 1 ...DRIVE CAR? [SKIP TO B10]
- ☐ 2 ...WALK [SKIP TO B10]
- ☐ 5 ...PUBLIC TRANSPORTATION (BUS, TRAIN, ETC.)? [SKIP TO B10]
- ☐ 6 ...LABOR BUS, TRUCK, VAN?
- ☐ 8 ..."RAITERO":?
- ☐ 4 ...RIDE WITH OTHERS (SHARES 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, A FEE**
- ☐ 2 **YES, JUST FOR GAS**

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 TEN YEARS AGO**
- ☐ 4 **OVER 11 YEARS AGO**
- ☐ 7 **DON'T KNOW**

E2 How long do you expect to continue doing farm work (FW 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 job (NF) within a month?

- ☐ 0 **NO**
- ☐ 1 **YES**
- ☐ 7 **DON'T KNOW**

B1 [ASK ALL] Which of the following describes you? [READ 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 CHOICES EXCEPT "OTHER." MARK ONE OR MORE RESPONSES]: ...

- ☐ 1 ...White?
- ☐ 2 ...Black or African American?
- ☐ 4 ...American Indian/Alaska Native?
- ☐ 5 ...Asian?
- ☐ 6 ...Native Hawaiian or Pacific Islander?
- ☐ 7 ...Other?: [_____]

[IF FOREIGN BORN, ASK];				
B18. Where were you born? In what...			**B16. When you lived in your country, did you work in...**	**B17-18. Before coming to the USA, you lived in what...**

(d) ...STATE?: (DEPARTMENT)	**(e) ...MUNICIPALITY (EQUIVALENT)?:**	**(f) ...TOWN (OR CITY)?:**	☐ 1 ...AGRICULTURE [FW]? ☐ 2 ...NON-AGRICULTURE [NF]? ☐ 3 ...PART FARM AND PART NON-FARM [FW AND NF]? ☐ 5 ...NEVER WORKED?	**(B17)...COUNTRY?:**	**(B18)...STATE (OR DEPARTMENT)?:**

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

	...COUNTRY?	**STATE (OR EQUIVALENT)**	**MUNICIPALITY (OR EQUIVALENT)**	**TOWN (OR CITY)**
(B26a) FATHER: ⇨				
(B27a) MOTHER?: ⇨				

LANGUAGE SECTION

B7 How well do you speak 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?

	B20		**B21**			**B24**
	When you were a child, in what languages did adults speak to you at home? [CHECK ALL THAT APPLY] ⇩	✔	**And now, as an adult, what languages can you speak?** [CHECK ALL THAT APPLY] ✔	**[FOR EACH CHECKED ANSWER, ASK]:** **B22 And now, how well do you speak it?** [READ CHOICES. MARK ONLY ONE PER CHECK]:	**B23 And now, how well do you read it?** [READ CHOICES. MARK ONLY ONE PER CHECK]:	**In which language do you believe you are most dominant (comfortable) conversing? [CHECK ONE. If fully bilingual, enter and check both]** ✔
a	**ENGLISH**			✖✖✖✖✖✖	✖✖✖✖✖✖	
b	**SPANISH**			☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	☐ 1 ...NOT AT ALL? ☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	
c	**CREOLE**			☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	☐ 1 ...NOT AT ALL? ☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	
d	**MIXTEC**			☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	☐ 1 ...NOT AT ALL? ☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	
e	**KANJOBAL**			☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	☐ 1 ...NOT AT ALL? ☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	
f	**ZAPOTEC**			☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	☐ 1 ...NOT AT ALL? ☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	
z	**OTHER:**			☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	☐ 1 ...NOT AT ALL? ☐ 2 ...A LITTLE? ☐ 3 ...SOMEWHAT? ☐ 4 ...WELL?	

REMINDER FOR INTERVIEWER:
BEFORE BEGINNING WITH "THE WORK GRID" ASK FOR "NW" AND "AB" PERIODS: "DURING THE LAST 12 MONTHS, FOR 5 OR MORE DAYS ...HAVE YOU BEEN ILL OR SICK? ...HAVE YOU BEEN UNEMPLOYED? ...HAVE YOU TRAVELED OUT OF THE COUNTRY?" [USE THE "YES" RESPONSES TO PROBE AND DOCUMENT DATES HERE OR DURING THE QUESTIONS IN THE "WORK GRID"]:

WORK GRID

___ ____ ____ ____ ____ **89** ____ ____ ____ ____

County   Farmworker ID

[C1-C2 FOR OFFICE USE ONLY]

REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2016 TO PRESENT

C1-C2	C15	C3	C4	C5	C6	C8	C9		C10	C11	C12	C13	C7
PER. AND SUB PER. NO.	GR CO [FW ONLY]	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]	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB FROM:	TO:	# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE and COUNTRY	***FW AND NF: WHY LEFT? [CODE]
GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		

* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) [WRITE ACTIVITY FOR FW AND NF]	** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):	*** C-7 CODES: WHY LEFT "FW" AND "NF"?
201 = LOOKING FOR FW AND NF WORK 206 = FAMILY RESPONSIBILITIES/ WORK IN HOME 202 = LOOKING FOR FARM WORK 203 = LOOKING FOR NF WORK 207 = IN SCHOOL 204 = WAITING FOR RECALL 208 = LAID UP DUE TO INJURY NOTICE(AFTER LAYOFF) 209 = IN-TRANSIT BETWEEN JOBS 205 = WAITING FOR START OF SEASON 210 = VACATION 211 = DID NOT LOOK FOR WORK 212 = OTHER: (SPECIFY IN GRID)	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)	1 = LAID OFF/END OF SEASON 8 = RETIRED 2 = FIRED 10 = QUIT 3 = FAMILY RESPONSIBILITIES 11 = CHANGE JOBS 4 = SCHOOL 97 = OTHER (SPECIFY): 5 = MOVED 6 = HEALTH REASON 7 = VACATION

WORK GRID

___ ___ ___ ___ ___ **89** ___ ___ ___ ___
County   Farmworker ID

REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2016 TO PRESENT

C1-C2	C15	C3	C4	C5	C6	C8	C9		C10	C11	C12	C13	C7
PER. AND SUB PER. NO.	GR CO [FW ONLY]	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]	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB FROM:	TO:	# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE and COUNTRY	***FW AND NF: WHY LEFT? [CODE]
	GR CO				FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		

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201 = LOOKING FOR FW AND NF WORK
202 = LOOKING FOR FARM WORK
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204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF)
205 = WAITING FOR START OF SEASON
206 = FAMILY RESPONSIBILITIES/ WORK IN HOME
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)

** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):

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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)

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2 = FIRED
3 = FAMILY RESPONSIBILITIES
4 = SCHOOL
5 = MOVED
6 = HEALTH REASON
7 = VACATION
8 = RETIRED
10 = QUIT
11 = CHANGE JOBS
97 = OTHER (SPECIFY):

WORK GRID

___ ___ ___ ___ ___ __89__ ___ ___ ___ ___
County   Farmworker ID

REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2016 TO PRESENT

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PER. AND SUB PER. NO.	GR CO [FW ONLY]	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]	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB FROM:	TO:	# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE and COUNTRY	***FW AND NF: WHY LEFT? [CODE]
	GR CO				FW NF — Y / NW AB — N						COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF — Y / NW AB — N						COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF — Y / NW AB — N						COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF — Y / NW AB — N						COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF — Y / NW AB — N						COMMUTE FROM MEXICO TO DO FW? Y N		
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WORK GRID

___ ____ ____ ____ ____   **89** ____ ____ ____ ____

County   **Farmworker ID**

REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2016 TO PRESENT

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GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		
GR CO					FW NF / NW AB	Y / N					COMMUTE FROM MEXICO TO DO FW? Y N		

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4 = SCHOOL
5 = MOVED
6 = HEALTH REASON
7 = VACATION
8 = RETIRED
10 = QUIT
11 = CHANGE JOBS
97 = OTHER (SPECIFY):

D1 In the year before last [FROM OCTOBER 2015 TO OCTOBER 2016, YEAR BEFORE THE ONE COVERED IN WORK GRID], how many months did you do (FW) in the U.S.? [1 DAY OR MORE PER MONTH EQUALS 1 MONTH]

[   ][   ] **months**

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?

$ [   ],[   ][   ][   ].[   ][   ]

D27 How many years have you worked for this employer? [ONE DAY/PER YEAR=ONE YEAR]

[   ][   ] **years**

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   □ 95   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   □ 95   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   □ 95   DON'T KNOW

D26 Are you covered by unemployment insurance if you lose this job?

□ 0   NO
□ 1   YES   □ 95   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: [   ]

NP – HANDLING PESTICIDES (IN THE U.S.A.)

NP1f. In the last 12 months, have you loaded, mixed or applied pesticides?

□ 0   NO
□ 1   YES

NT – TRAINING AND INSTRUCTIONS

NT2a. 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)?

□ 0   NO
□ 1   YES

NS – SANITATION SECTION

"The following questions refer to sanitation at your job with your current FW employer: ... Does your current employer provide EVERY DAY...

NS1 ... (potable) clean drinking water and disposable cups?

□ 0   NO WATER, NO CUPS
□ 1   YES, WATER ONLY
□ 2   YES, WATER AND DISPOSABLE CUPS
□ 95   DON'T KNOW

NS4 ... a toilet (EVERY DAY)?
□ 0   NO
□ 1   YES
□ 95   DON'T KNOW

NS9 ... (provide) water to wash hands (EVERY DAY)?
□ 0   NO
□ 1   YES
□ 95   DON'T KNOW

CURRENT FARM JOB

Now I am going to ask you some questions about the FW you are CURRENTLY performing for the EMPLOYER through whom we contacted you [INCLUDED IN A WORK GRID PERIOD].

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? ☐ 4 ...OTHER CHECK?
☐ 2 ...PERSONAL CHECK? ☐ 5 ...CASH?
☐ 3 ...CASH AND CHECK? ☐ 6 ...OTHER: ☐

D62 **Did you get a receipt?**

☐ 0 NO   ☐ 1 YES

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

☐ 1 ONE DAY?   ☐ 4 ONE MONTH?
☐ 2 ONE WEEK? ☐ 7 OTHER?:
☐ 3 TWO WEEKS?

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 THRU D18]
☐ 4 ...SALARY OR OTHER? [SKIP TO D19]

D12 **How much per hour (to nearest cent)? [IF PAID ONLY BY THE HOUR, ENTER AMOUNT AND SKIP TO D22. 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 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]:**

"Now I'm going to ask you some questions about your individual and family income for last year (2016)"...

G1C ...What was your <u>total personal</u> income last year - in 2016 - in U.S. dollars [U.S. earnings only FOR <u>FW AND NF</u>]? [READ OR SHOW CHOICES. MARK ONLY ONE]	G2C How much of that income [in "G1A"] was from agricultural employment (U.S. earnings only for FW)? [READ OR SHOW CHOICES. MARK ONLY ONE]	G3C What was your family's total income last year - in 2016 - in U.S. dollars [U.S. earnings for FW AND NF for all in "FAMILY GRID"]? [READ OR SHOW CHOICES. MARK ONLY ONE]
☐ 0 DID NOT WORK AT ALL IN 2016	☐ 0 DID NOT WORK AT ALL IN 2016	☐ 0 DID NOT WORK AT ALL IN 2016
☐ 21 LESS THAN 1,000	☐ 21 LESS THAN 1,000	☐ 21 LESS THAN 1,000
☐ 22 1,000 TO 2,449	☐ 22 1,000 TO 2,449	☐ 22 1,000 TO 2,449
☐ 2 2,500 TO 4,999	☐ 2 2,500 TO 4,999	☐ 2 2,500 TO 4,999
☐ 3 5,000 TO 7,499	☐ 3 5,000 TO 7,499	☐ 3 5,000 TO 7,499
☐ 4 7,500 TO 9,999	☐ 4 7,500 TO 9,999	☐ 4 7,500 TO 9,999
☐ 5 10,000 TO 12,499	☐ 5 10,000 TO 12,499	☐ 5 10,000 TO 12,499
☐ 6 12,500 TO 14,999	☐ 6 12,500 TO 14,999	☐ 6 12,500 TO 14,999
☐ 7 15,000 TO 17,499	☐ 7 15,000 TO 17,499	☐ 7 15,000 TO 17,499
☐ 8 17,500 TO 19,999	☐ 8 17,500 TO 19,999	☐ 8 17,500 TO 19,999
☐ 9 20,000 TO 22,499	☐ 9 20,000 TO 22,499	☐ 9 20,000 TO 22,499
☐ 10 22,500 TO 24,999	☐ 10 22,500 TO 24,999	☐ 10 22,500 TO 24,999
☐ 11 25,000 TO 27,499	☐ 11 25,000 TO 27,499	☐ 11 25,000 TO 27,499
☐ 12 27,500 TO 29,999	☐ 12 27,500 TO 29,999	☐ 12 27,500 TO 29,999
☐ 13 30,000 TO 32,499	☐ 13 30,000 TO 32,499	☐ 13 30,000 TO 32,499
☐ 14 32,500 TO 34,999	☐ 14 32,500 TO 34,999	☐ 14 32,500 TO 34,999
☐ 15 35,000 TO 37,499	☐ 15 35,000 TO 37,499	☐ 15 35,000 TO 37,499
☐ 16 37,500 TO 39,999	☐ 16 37,500 TO 39,999	☐ 16 37,500 TO 39,999
☐ 17 40,000 TO 44,999	☐ 17 40,000 TO 44,999	☐ 17 40,000 TO 44,999
☐ 18 45,000 TO 54,999	☐ 18 45,000 TO 54,999	☐ 18 45,000 TO 54,999
☐ 19 55,000 TO 59,999	☐ 19 55,000 TO 59,999	☐ 19 55,000 TO 59,999
☐ 20 60,000 OR MORE	☐ 20 60,000 OR MORE	☐ 20 60,000 OR MORE
☐ 95 DK (DON'T KNOW)	☐ 95 DK (DON'T KNOW)	☐ 95 DK (DON'T KNOW)
☐ 96 RF (REFUSE)	☐ 96 RF (REFUSE)	☐ 96 RF (REFUSE)

GA-2 Now, I am going to ask you some questions about your health...

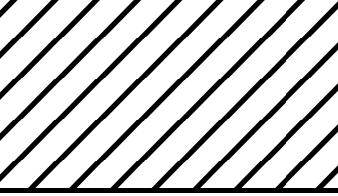| Over the <u>last 2 weeks,</u> how often have you been bothered by the following problems? ⬇		Not at all	Several days	More than half the days	Nearly every day
1	...Feeling nervous, anxious or on edge? ⟹	0	1	2	3
2	...Not being able to stop or control worrying? ⟹	0	1	2	3
(FOR OFFICE CODING: TOTAL SCORE T_____ = _____			+ _____	+ _____	+ _____
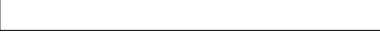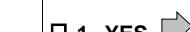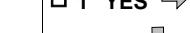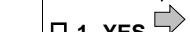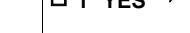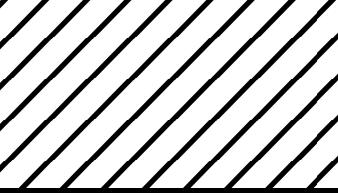
NH - PERSONAL HEALTH - LIFE HISTORY [ASK ALL]:

a. Have you ever – in your whole life -- been told by a doctor or nurse (health practicioner) that you have the following condition... ⬇	b. Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?	c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition "YES" in COLUMN "a")? [IF ANSWER IS "YES" FOR THE U.S. AND "AB" MARK BOTH]
NH5 ...heart disease? ☐ 0 NO ⬇ ☐ 1 YES: ➡ ☐ 95 RF ⬇ ☐ 96 DK ⬇	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": [_____]
NH1 ...asthma? ☐ 0 NO ⬇ ☐ 1 YES: ➡ ☐ 95 RF ⬇ ☐ 96 DK ⬇	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": [_____]
NH11 ...cancer? ☐ 0 NO ⬇ ☐ 1 YES: ➡ (TYPE OR KIND OF CANCER?): [_____] ☐ 95 RF ⬇ ☐ 96 DK ⬇	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": [_____]

NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME) [INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]

a. And have you ever -- in your whole life – been told by a doctor or nurse that you have... ⬇	b. ...ever been tested for this condition?	c. What was the outcome (result)?	d. When was the last test taken?	e. Where was the test taken?: *[USE CODE]	f. Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?	g. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition in "a")?
NH3 ...high blood pressure? ☐ 0 NO ➡ ☐ 1 YES ➡ ☐ 96 DK ➡ ☐ 95 RF ⬇	☐ 0 NO ⬇ ☐ 1 YES ➡ ☐ 96 DK ⬇	☐ 1 NORMAL ☐ 2 PREHYPERTENSION ☐ 3 HIGH ☐ 4 DID NOT RECEIVE IT ☐ 96 DK (FORGOT)	☐ 1 0 TO 12 months ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 96 DK (FORGOT)		☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": [____]
NH12 ...high cholesterol? ☐ 0 NO ➡ ☐ 1 YES ➡ ☐ 96 DK ➡ ☐ 95 RF ⬇	☐ 0 NO ⬇ ☐ 1 YES ➡ ☐ 96 DK ⬇	☐ 1 NORMAL ☐ 2 BORDERLINE ☐ 3 HIGH ☐ 4 DIDN'T RECEIVE IT ☐ 96 DK (FORGOT)	☐ 1 0 TO 12 months ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 96 DK (FORGOT)		☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": [____]

ASK ONLY TO FEMALE RESPONDENT (FOR WOMEN ONLY)

⚠ **NH13** [FOR WOMEN ONLY]: Have you ever had a PAP SMEAR TEST (Papanicolau, Pap Test, Cervical Cancer Test, or Smear Test)	☐ 0 NO ⬇ ☐ 1 YES ➡ ☐ 95 RF ⬇ ☐ 96 DK ⬇	☐ 1 NORMAL ☐ 2 ABNORMAL ☐ 4 DID NOT RECEIVE IT ☐ 96 DK (FORGOT)	☐ 1 0 TO 12 months ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 96 DK (FORGOT)		▨▨▨	▨▨▨

*CODES FOR (COLUMN "e"): NH3 - NH12 - NH13

1 = COMMUNITY/MIGRANT HEALTH CENTER 2 = PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC	3 = HOSPITAL 4 = EMERGENCY ROOM	7 = DENTIST 97 = OTHER: _____	95 = DK 96 = RF

CONTINUATION OF NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME) [INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]

a. And how about these other conditions, have you ever -- in your whole life – been told by a doctor or nurse that you have the following conditions...	d. ...ever been tested for this condition?	e. What was the outcome (result) of the last test?	f. When was the last test taken?	g. Where was the test taken?: *[ENTER CODE]	b. Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?	c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for this condition (in "a")? [IF ANSWER IS "YES" FOR THE U.S. AND "AB" MARK BOTH]
NH2　...diabetes? ☐ 0 NO ☐ 1 YES ☐ 95 DK　☐ 96 RF ⚠ [IF RESPONDENT IS A WOMAN, AND ANSWER IS "YES" ASK]: **Was it diagnosed during pregnancy?:** ☐ 0 NO ☐ 1 YES ☐ 95 DK　☐ 96 RF	☐ 0 NO ☐ 1 YES ☐ 95 DK	☐ 1 NORMAL ☐ 2 HIGH SUGAR LEVEL ☐ 3 LOW SUGAR LEVEL ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YEARS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": _____
NH14　...HIV (AIDS)? ☐ 0 NO ☐ 1 YES ☐ 95 DK　☐ 96 RF	☐ 0 NO ☐ 1 YES ☐ 95 DK	☐ 1 POSITIVE ☐ 2 NEGATIVE ☐ 3 INCONCLUSIVE ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": _____
NH6 ...urinary tract infection? ☐ 0 NO ☐ 1 YES ☐ 95 DK　☐ 96 RF	☐ 0 NO ☐ 1 YES ☐ 95 DK	☐ 1 NORMAL ☐ 2 ABNORMAL ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": _____
NH4　...tuberculosis? ☐ 0 NO ☐ 1 YES ☐ 95 RF　☐ 96 RF	☐ 0 NO ☐ 1 YES ☐ 95 DK	☐ 1 POSITIVE ☐ 2 NEGATIVE ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": _____
NH10 ...other?: ☐ 0 NO ☐ 1 YES: _____ ☐ 95 DK　☐ 96 RF	☐ 0 NO ☐ 1 YES ☐ 95 DK	☐ 1 POSITIVE ☐ 2 NEGATIVE ☐ 4 DIDN'T RECEIVE IT ☐ 96 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES, IN THE U.S.A. ☐ 2 YES, "AB": _____

*CODES FOR COLUMN "g"

1 COMMUNITY/MIGRANT HEALTH CENTER	3 HOSPITAL	5 DENTIST	96 = RF
2 PRIVATE CLINIC OR DOCTOR'S OFFICE	4 EMERGENCY ROOM	95 = DK	97 OTHER: _____

HA – QUALITY OF AND ACCESS TO HEALTH CARE SECTION

HA1 [INTERVIEWER]: Now, I would like to ask you a few questions about health care services that you may have used in the last 12 months. **[FIRST ASK QUESTIONS IN THE FIRST COLUMN. READ OPTIONS AND MARK ALL RESPONSES]** ...In the LAST YEAR , (LAST 12 MONTHS), in the USA,...have you used any type of health care service from doctors, nurses, dentists, clinics, or hospitals: ...
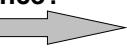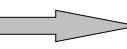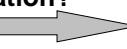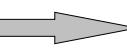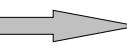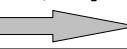
NOTE: EXPLAIN THAT ILLNESS BELOW REFERS TO: "A physical illness, as well as a mental health problem or substance abuse." ⬇	*HA2 ...And where did you go (last time)? (kind of place) *[ENTER CODES]	HA3 When (last time)?	**HA4 Did you get any help to pay for the cost of that health service?***["YES" OR "NO", ASK HOW IT WAS PAID. ENTER CODES - ALL THAT APPLY]:	HA5 In general, how satisfied were YOU with the care YOU received at your LAST visit for ("YES" in HA2)? [ASK ALL OPTIONS, MARK ONE]: Were you...	***HA6 Why weren't you (completely) satisfied with the health care received at that visit? **[ENTER CODE]	****HA7 [If "NO" in "HA1", ask]: Why have you not used the health services for ["NO" in "HA1"] [ENTER CODES]
□ a ...FOR ILLNESS? □ 0 NO: [ASK HA7] □ 1 YES ⇨ □ 95 DK ⬇ □ 96 RF ⬇		□ 1. LAST MONTH □ 2. 2 TO 6 MONTHS □ 3. 7 TO 12 MONTHS □ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1 ...VERY SATISFIED? ⬇ □ 2 ...SOMEWHAT SATISFIED? [ASK HA6] ⇨ □ 3 ...NOT AT ALL SATISFIED? [ASK HA6] ⇨		
□ b ...FOR INJURY? □ 0 NO:[ASK HA7] □ 1 YES ⇨ □ 95 DK ⬇ □ 96 RF ⬇		□ 1. LAST MONTH □ 2. 2 TO 6 MONTHS □ 3. 7 TO 12 MONTHS □ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1 ...VERY SATISFIED? ⬇ □ 2 ...SOMEWHAT SATISFIED? [ASK HA6] □ 3 ...NOT AT ALL SATISFIED? [ASK HA6] ⇨		
□ c ...FOR ROUTINE OR PREVENTIVE CARE? □ 0 NO:[ASK HA7] □ 1 YES ⇨ □ 95 DK ⬇ □ 96 RF ⬇		□ 1. LAST MONTH □ 2. 2 TO 6 MONTHS □ 3. 7 TO 12 MONTHS □ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1 ...VERY SATISFIED? ⬇ □ 2 ...SOMEWHAT SATISFIED? [ASK HA6] □ 3 ...NOT AT ALL SATISFIED? [ASK HA6] ⇨		
□ d ...FOR DENTAL TREATMENT OR PREVENTIVE CARE? □ 0 NO:[ASK HA7] □ 1 YES ⇨ □ 95 DK ⬇ □ 96 RF ⬇		□ 1. LAST MONTH □ 2. 2 TO 6 MONTHS □ 3. 7 TO 12 MONTHS □ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1 ...VERY SATISFIED? ⬇ □ 2 ...SOMEWHAT SATISFIED? [ASK HA6] □ 3 ...NOT AT ALL SATISFIED? [ASK HA6] ⇨		

*CODES FOR "HA2"	**CODES FOR "HA4"	***CODES FOR "HA6"	****CODES FOR "HA7"
1 COMMUNITY/MIGRANT HEALTH CENTER　　5 DENTIST 2 PRIVATE CLINIC OR DOCTOR'S OFFICE　　95 = DK 3 HOSPITAL　　96 = RF 4 EMERGENCY ROOM　　97=OTHER: _____	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 6 Billed, but did not pay 7 Worker's compensation 8 I paid some (copay) 95 = DK 96 = RF 97 Other: _____	1 COST TOO MUCH 2 HAD TO WAIT TOO LONG 3 LANGUAGE PROBLEM - COULD NOT COMMUNICATE 4 MISTREATED BY DR. OR OTHER STAFF 5 CONDITION DID NOT IMPROVE AFTER TREATMENT OR MEDICATION 6 DR. DID NOT DIAGNOSE OR TREAT CONDITION 95 = DK 96 = RF 97 OTHER: ____	1 = Did not know where to go 2 = No transportation 3 = Too far away 4 = Health Center not open when needed 5 = No need to go / Does not get sick 6= Too expensive 7= No insurance 95= DK　　　96= RF 97 = OTHER:_____

HA8 And in the LAST 12 MONTHS, in the USA, was there ever a time when you wanted or needed health care, but could not get it? (e.g., for a routine exam, a dental appointment or because you were injured or sick) □ 0 NO (⇨ ASK HA10) □ 1 YES ⇨ □ 95 RF ⬇ □ 96 DK ⬇	HA9 Why could you not get the health care you wanted (or needed)? [CHECK ALL THAT APPLY] □ a Did not know where to go　　□ e No need to go/Do not get sick □ b No transportation　　□ f Too expensive □ c Too far away　　□ g No insurance □ d Health Center not open when needed　　□ z Other:	HA10 [ASK ALL]... (How about) In a foreign country (e.g., Mexico), have you used any type of health service in the last year (LAST 12 MONTHS)　[IF "YES ," ASK AND ENTER COUNTRY] □ 0 NO □ 1 YES, IN [NAME OF COUNTRY]:

DA. DIGITAL ACCESS

DA1 Do you or any member of your family ["Household Grid"] have access to digital information sources (i.e., internet, cellular phone with internet, etc.)? [CHECK WHO IF "YES"]	What devices? [MARK RESPONSES FOR DEVICES "✔"]				
	DA2 Computer	DA3 Cellular phone with Internet	DA4 Cellular phone with Text	DA5 Tablet	DA6 Other device? [Specify]: _____
☐ 1 Worker? ☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES
☐ 2 Spouse? ☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES
☐ 3 Children? ☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES
☐ 4 Other?: ☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES	☐ 0 NO ☐ 1 YES

DA7. Have you used, or has anyone helped you use, any digital device to seek or obtain information about ...	DA8. What devices have you used? [MARK ALL RESPONSES]	DA9. Who helped you use the device (in "DA8") to seek or obtain the information (in "DA7")? [MARK ALL RESPONSES:]
a. ...health or health insurance? ☐ 0 NO ☐ 1 YES	☐ a. COMPUTER → Where?: _____ ☐ b. TABLET → Where?: _____ ☐ c. CELLULAR PHONE WITH INTERNET ☐ d. CELLULAR PHONE WITH TEXTING	☐ 1. Self ☐ 2. Spouse? ☐ 3. Children? ☐ 4. Other?: ____
b. ...seeking employment? ☐ 0 NO ☐ 1 YES	☐ a. COMPUTER → Where?: _____ ☐ b. TABLET → Where?: _____ ☐ c. CELLULAR PHONE WITH INTERNET ☐ d. CELLULAR PHONE WITH TEXTING	☐ 1. Self ☐ 2. Spouse? ☐ 3. Children? ☐ 4. Other?: ____
c. ...training and/or education? ☐ 0 NO ☐ 1 YES	☐ a. COMPUTER → Where?: _____ ☐ b. TABLET → Where?: _____ ☐ c. CELLULAR PHONE WITH INTERNET ☐ d. CELLULAR PHONE WITH TEXTING	☐ 1. Self ☐ 2. Spouse? ☐ 3. Children? ☐ 4. Other?: ____
d. ...child care? ☐ 0 NO ☐ 1 YES	☐ a. COMPUTER → Where?: _____ ☐ b. TABLET → Where?: _____ ☐ c. CELLULAR PHONE WITH INTERNET ☐ d. CELLULAR PHONE WITH TEXTING	☐ 1. Self ☐ 2. Spouse? ☐ 3. Children? ☐ 4. Other?: ____
e. ...housing? ☐ 0 NO ☐ 1 YES	☐ a. COMPUTER → Where?: _____ ☐ b. TABLET → Where?: _____ ☐ c. CELLULAR PHONE WITH INTERNET ☐ d. CELLULAR PHONE WITH TEXTING	☐ 1. Self ☐ 2. Spouse? ☐ 3. Children? ☐ 4. Other?: ____
f. ...benefits? [e.g., Unemployment, Social Security, food stamps, retirement, etc.] ☐ 0 NO ☐ 1 YES: SPECIFY: _____	☐ a. COMPUTER → Where?: _____ ☐ b. TABLET → Where?: _____ ☐ c. CELLULAR PHONE WITH INTERNET ☐ d. CELLULAR PHONE WITH TEXTING	☐ 1. Self ☐ 2. Spouse? ☐ 3. Children? ☐ 4. Other?: ____
g. ...other?: [SPECIFY]: _____	☐ a. COMPUTER → Where?: _____ ☐ b. TABLET → Where?: _____ ☐ c. CELLULAR PHONE WITH INTERNET ☐ d. CELLULAR PHONE WITH TEXTING	☐ 1. Self ☐ 2. Spouse? ☐ 3. Children? ☐ 4. Other?: ____

ET1. In the USA or any other country, have you participated in or attended any type of educational program, training or classes that are work-related in FW or NF or important to you in any other way? Even if not completed. They could have been... *[Intwr: first ask all items in first column ("a" to "f") and explain and provide examples for each one;...*

[FOR EACH QUESTION, REFER TO LAST TIME . IF YES, SPECIFY BY ASKING FOR OCCUPATION AND INDUSTRY. MARK IF "FW" OR "NF'] ...Worker safety training? Like...	ET2. Where (venue or provider facility)? *[GIVE EXAMPLES.ENTER CODE]* [FOR OTHER COUNTRY, ENTER COUNTRY AND VENUE]	ET3. When? (Dates: Year and Total hours per week/day?)	ET4. Have you completed it? ** [ENTER CODES FOR "NO" AND SKIP TO "ET6"]	ET5. Have you received a credential, diploma or license [for program]? [Specify]	ET6. Did you pay anything for it?	ET7. And this training program, has it helped (will help) you for a better job or in any other way? [WRITE RESPONSE]
a ....heat? □ 0 NO □ 1 YES: □ FW: □ NF: SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: $__ __ __ __. __ __	□ 0 NO Why?: □ 1 YES How?
b ...pesticides? □ 0 NO □ 1 YES: □ FW: □ NF: SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: $__ __ __ __. __ __	□ 0 NO Why?: □ 1 YES How?
c ... injuries? □ 0 NO □ 1 YES: □ FW: □ NF: SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: $__ __ __ __. __ __	□ 0 NO Why?: □ 1 YES How?
d. ...any other safety training? □ 0 NO □ 1 YES: □ FW: □ NF: SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: $ __ __ __ __. __ __	□ 0 NO Why?: □ **1 YES How?:**
e. ...besides "safety training," any other training received here (current work) or in any other work you may have had (OJT)? □ 0 NO □ 1 YES: □ FW: □ NF: SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]	□ 0 NO □ 1 YES. How much?: $ __ __ __ __. __ __	□ 0 NO Why?: □ 1 YES How?:
f. ...any classes or training for any kind of work? □ 0 NO □ 1 YES: □ FW: □ NF: SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: $ __ __ __ __. __ __	□ 0 NO Why?: □ 1 YES How?:
g. ...GED classes? □ 0 NO □ 1 YES: □ FW: □ NF: SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: $__ __ __ __. __ __	□ 0 NO Why?: □ 1 YES How?:

*CODES FOR "ET2": VENUE	**CODES FOR "ET4": "NO, Why not?"
1. WORKPLACE CENTER 3. COMMUNITY COLLEGE 5. ADULT SCHOOL 2. COMMUNITY CENTER 4. CHURCH 97. Other:	1. Too old to study 3. No transportation 5. No child care 7. Applied, didn't qualify 9. Still attending 2. Did not learn (Will not learn) 4.Too tired to continue 6. Too far 8. "Don't qualify" didn't apply 97. Other:

[...continuation: Education and Training...]						
[FOR EACH QUESTION, REFER TO LAST TIME . IF YES, SPECIFY BY ASKING FOR OCCUPATION AND INDUSTRY. MARK IF "FW" OR "NF"] Like... ⬇	**ET2. Where (venue or provider facility)?** *[GIVE EXAMPLES.ENTER CODE] [FOR OTHER COUNTRY, ENTER COUNTRY AND VENUE]*	**ET3. When? (Dates: Year and Total hours per week/day?)**	**ET4. Have you completed it?** ***[ENTER CODES FOR "NO" AND SKIP TO "ET6"]***	**ET5. Have you received a credential, diploma or license [for program]? [Specify]**	**ET6. Did you pay anything for it?**	**ET7. And this training program, has it helped (will help) you for a better job or in any other way?** *[WRITE RESPONSE]*
h. ...English as a Second Language (ESL)? ☐ 0 NO ⬇ ☐ 1 YES: ☐ FW: ⬇ ☐ NF:⬇ SPECIFY ➡	☐ 1 USA: ☐ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	☐ 0 NO Why not?: ☐ 1 YES	☐ 0 NO ☐ 1 YES [Specify]	☐ 0 NO ☐ 1 YES. How much?: $ _ _ _ _. _ _	☐ 0 NO Why?: ☐ 1 YES How?:
i. ...besides school,... basic skills like classes in math, reading and writing? ☐ 0 NO ☐ 1 YES: ☐ FW: ⬇ ☐ NF:⬇ SPECIFY ➡	☐ 1 USA: ☐ 2 OTHER COUNTRY:	Year?: _____ Number of hours?: _____ hrs	☐ 0 NO Why not?: ☐ 1 YES	☐ 0 NO ☐ 1 YES [Specify]:	☐ 0 NO ☐ 1 YES. How much?: $ _ _ _ _. _ _	☐ 0 NO Why?: ☐ 1 YES How?:
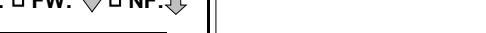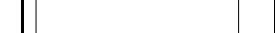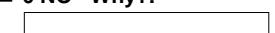
*CODES FOR "ET2": VENUE		**CODES FOR "ET4": "NO, Why not?"**
1. WORKPLACE CENTER 3. COMMUNITY COLLEGE 5. ADULT SCHOOL 2. COMMUNITY CENTER 4. CHURCH 97. Other:		1. Too old to study 3. No transportation 5. No child care 7. Applied, didn't qualify 9. Still attending 2. Did not learn (Will not learn) 4.Too tired to continue 6. Too far 8. "Don't qualify" didn't apply 97. Other:

**ET8. Have you ever considered (thought about) attending some other kind of vocational training or special classes to help you improve your skills to obtain better jobs, better pay or change careers, etc.?*:*

☐ 0 NO **Why not?** [Mark all responses]:
- ☐ a. Too old to study
- ☐ b. Did (Will) not learn
- ☐ c. No transportation
- ☐ e. No child care
- ☐ f. Too far
- ☐ x. Other: _____

☐ 1 YES: **What kind of training or classes?:**

ET9. Have you heard of training programs for farm workers?:

☐ 0 NO [SKIP TO ET12]   ☐ 1 YES [ASK ET10 and ET11]

ET10. What kind of training have you heard of?:

ET11. Why did you not attend that training? [Mark all responses]:

- ☐ a. Too old to study
- ☐ b. Did (Will) not learn
- ☐ c. No transportation
- ☐ d. Too tired to continue
- ☐ e. No child care
- ☐ f. Too far
- ☐ g. Applied, did not qualify
- ☐ h. Don't qualify, did not apply
- ☐ x. Other: _____

ET12. If there were training programs for FARM WORKERS in this location (city), of any kind, and there were no obstacles to attend, would you attend a program?

☐ 0 NO **¿Why not?** [Mark all responses and SKIP TO 13]:
- ☐ a. Too old to study
- ☐ b. Did (Will) not learn
- ☐ x. Other: ____

☐ 1 YES [ASK]:

a. **Which training class would you consider attending?**

b. **And...why would you choose that (in a)?:**

ET13. Do you think you are qualified to work in any other job with a better pay here (current job) or in any other place (employer)?:

☐ 0 NO
☐ 1 YES. What kind of work?:

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.

L1   What is your current legal status in the U.S.? [READ CHOICES IF NECESSARY]:

☐ 1   **I AM A U.S. CITIZEN BY BIRTH [SKIP TO NEXT PAGE]**

☐ 2   **I AM A NATURALIZED U.S. CITIZEN (FOREIGN BORN, NATURALIZED). (ASK: "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). THEN ASK: L4-1, L4-2, AND L4-3]**

☐ 3   **PERMANENT RESIDENT/GREEN CARD (RIGHT TO RESIDE AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1 HASTA 9 Y 97). THEN ASK: L4-1 AND L4-2]**

☐ 4   **BORDER CROSSING CARD/COMMUTER CARD (RIGHT TO CROSS THE BORDER AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 9, 12, 13, Y 97. THEN ASK: L3, L4-1 AND L4-2]**

☐ 5   **PENDING STATUS (WITHOUT DOCUMENTS, APPLIED, AWAITING OFFICIAL DECISION) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1-9, 97. THEN ASK: L3, AND L41]**

☐ 6   **UNDOCUMENTED (APPLICATION DENIED/DID NOT APPLY TO ANY PROGRAMS) [POSSIBLE ANSWERS: "NONE". SKIP TO NEXT PAGE]**

☐ 7   **TEMPORARY RESIDENT - NON IMMIGRANT VISA (ONLY FOR SPECIFIED TIME) [ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?" POSSIBLE ANSWERS: 10 - 97. THEN ASK: L3 AND L41]**

☐ 8   **OTHER** [IF RELEVANT AND APPROPRIATE ASK L2, L3, L4-1, L4-2, AND L4-3. THEN SKIP TO NEXT PAGE]:

L2b   PROGRAMS [DO NOT READ OPTIONS]:

☐ 1   **AMNESTY UNDER 5 YEAR PROGRAM ["TIME"]**

☐ 2   **AMNESTY UNDER SAW (90 DAY) PROGRAM ["FW" - "FIELD WORK"]**

☐ 3   **CUBAN/HAITIAN ENTRANT**

☐ 4   **SPOUSAL PETITION PROGRAM/FAMILY UNITY**

☐ 5   **LABOR CERTIFICATION PROGRAM**

☐ 6   **REGISTRY PROGRAM**

☐ 7   **POLITICAL ASYLUM**

☐ 8   **REFUGEE**

☐ 9   **PROTECTIVE STATUS (TEMPORARY)**

☐ 10   **GUEST WORKER PROGRAM ["BRACERO"]**

☐ 11   **STUDENT**

☐ 12   **TOURIST**

☐ 13   **BORDER CROSSING CARD/ "PASSPORT"**

☐ 14   **DACA (Deferred Action for Childhood Arrivals.**
  • **Entered USA under 16 yrs. old before June 15, 2007;**
  • **Under 31 as of June 15, 2012.**
  • **Have continuously resided in the USA from June 15, 2007 to the present)**

☐ 97   **OTHER:**

☐ 99   **NOT ANSWERED**

L3 Do you have general work authorization?:
☐ 0 NO   ☐ 1 YES   ☐ 95 DON'T KNOW   ☐ 96 REFUSE

L4   DATE STATUS BECAME EFFECTIVE:

1 **When did you apply to the program (in L2)?**	2 **[Only for those who responded "2,3, or 4" in L1]: When did you obtain your legal status?**	3 **[Only for those who responded "2" in L1]: When did you obtain your naturalization/ become a U.S. citizen?**
___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ ___ ___
(Month) / (Year)	(Month) / (Year)	(Month) / (Year)

INDIVIDUAL AGREEMENT TO BE A RESEARCH SUBJECT
OMB CONTROL NUMBER: 1205-0453

INTRODUCTION/PURPOSE
You are invited to participate in this survey for the Department of Labor because you are currently working on a farm. The purpose of the survey is to learn more about the employment, living conditions, and the 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 60 minutes.

RISKS
Since we will only be asking you questions, there is very little risk to you as a result of being in the survey. 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 survey. Information obtained through this research, however, may help federal, state, and private farm worker programs improve services to workers like you.

PRIVACY
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 survey will be allowed to see it. Your name will not appear on any reports about the survey. (See back of page for details.)

ALTERNATIVES TO PARTICIPATION
Participating in this survey is voluntary and you can quit at any time. You can also choose not to participate in any part of the interview at any time, with no penalty. Whether or not you participate in this survey 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. At any time, you may ask the researchers to explain any part of the survey.

WHO TO CALL WITH QUESTIONS
If you have questions about the research survey, including questions about your rights as a research subject, you may call JBS International (toll free) at 877- SAY-NAWS (or 877-729-6297). They will refer your questions to Daniel Carroll at the Department of Labor, at (202) 693-2795.

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 survey as a research subject. I admit that I have received a copy of this form and $20 for my participation.

--   -------------------------------------
    Signature of Subject   **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. farmworkers. 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.

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