



# HOUSEHOLD GRID

892

County

Farmworker ID

A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	***A31	A32-33	A34-35	A11	A13	A12	HA15	****HA16	HA17	*****HA18
ONLY FOR SPOUSE AND CHILDREN UNDER 22 YEARS OLD																			
NAME	RELATION	SEX	MARITAL STATUS	BIRTH DATE MM/YY	COUNTRY OF BIRTH [CODE]	HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K")] [ASK ONLY FARM 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, HAVE YOU TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	PRIOR 12 MONTHS TO (A32-33), HAD YOU 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?	ANY U.S. WORK NOW?	In the last year [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 CODES]	When? (Last time) [ENTER NUMBER OF MONTHS AGO: 1 TO 12]	[For each "NO" in "HA15"] Why did [NAME] not use health services? [ENTER CODES]
A. (FARMWORKER)		M	S	/		HG: _____ HD: _____		/			Y N	Y N	Y N			NOTE: ILLNESS BELOW INCLUDES: Physical, mental, substance abuse, alcohol, depression, victim of violence, etc.			
B.		M	S	/				/	Y N		Y N	Y N	Y N	Y N	Y N	a illness? b. injury?: c. routine or preventive care?: d. dental treatment or preventive care?:	YES NO D/K YES NO D/K YES NO D/K YES NO D/K		
C.		M	S	/				/	Y N		Y N	Y N	Y N	Y N	Y N	a illness?: b. injury?: c. routine or preventive care?: d. dental treatment or preventive care?:	YES NO D/K YES NO D/K YES NO D/K YES NO D/K		


*CODES FOR A2 (RELATIONSHIP):	** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):	***CODES FOR A31	****CODES FOR HA16	*****CODES FOR HA 18
1 = SPOUSE/COMMON LAW SPOUSE 2 = OWN CHILD, DEPENDENT OR ADOPTED 3 = SIBLING 4 = PARENT 5 = GRANDCHILD 6 = OTHER RELATIVE (COUSINS, UNCLAS, ETC.) 95= DK (DON'T KNOW) 96 = RF REFUSE) 97 = OTHER: ____	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.) 95= DK (DON'T KNOW) 96 = RF REFUSE) 97 = OTHER: ____ 99= NOT ANSWERED	1 = NO CHILD CARE IN THIS LOCATION 2 = NO HOUSING IN THIS LOCATION 3 = CHILD IN SCHOOL, AFFECTED IF MOVED 95= DK (DON'T KNOW) 96 = RF REFUSE) 97 = OTHER: ____	1 = COMMUNITY/MIGRANT HEALTH CENTER 2 = PRIVATE MEDICAL CLINIC/ DOCTOR'S OFFICE 3 = HOSPITAL 4 = EMERGENCY ROOM 5 = <del>MIGRANT HEALTH CLINIC</del> 6 = <del>CHIROPRACTOR OR NATUROPATH</del> 7 = DENTIST 95= DK (DON'T KNOW) 96 = RF REFUSE) 97 = OTHER: ____	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 95= DK (DON'T KNOW) 96 = RF REFUSE) 97 = OTHER: ____

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																In the last year [LAST 12 MONTHS], has [NAME of (spouse) (child)] used any type of health care service from doctors nurses, dentists, clinics or hospitals for... 			
D.		M	S	/				/	Y		Y	Y	Y	Y	Y	a. illness? YES NO D/K b. injury?: YES NO D/K c. routine or preventive care?: YES NO D/K d. dental treatment or preventive care?: YES NO D/K			
E.		M	S	/				/	Y		Y	Y	Y	Y	Y	a. illness?: YES NO D/K b. injury?: YES NO D/K c. routine or preventive care?: YES NO D/K d. dental treatment or preventive care?: YES NO D/K			
F.		M	S	/				/	Y		Y	Y	Y	Y	Y	a. illness?: YES NO D/K b. injury?: YES NO D/K c. routine or preventive care?: YES NO D/K d. dental treatment or preventive care?: YES NO D/K			

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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: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
2	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 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: \_\_\_\_\_

**[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"/>	<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"/>	<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"/>	<input type="text"/> <input type="text"/>

**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... [ONLY FOR CHILDREN: IF YES, ASK HOW MANY OF THE CHILDREN UNDER AND OVER 18 YRS. OLD HAVE INSURANCE. MATCH TOTAL NUMBER WITH FAMILY GRID]		Who pays for it? [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 <input type="checkbox"/> 1 YES, ALL HAVE IT [ASK A23] <input type="checkbox"/> 2 YES, ONLY SOME HAVE IT <input type="checkbox"/> 7 DON'T KNOW	(a) How many under 18 yrs?: <input type="text"/> <input type="text"/> (b) How many over 18 yrs?: <input type="text"/> <input type="text"/>
	<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"/>	

**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 [LAST 24 MONTHS], has anyone in your household (from "Family Grid") — ~~excluding yourself~~ — participated in, attended or received any training, special classes or schools in the U.S.? [READ CHOICES. CHECK 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~~

**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:

**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)?
- p. ... (TANF) Temporary assistance for needy families?
- 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 Advice or 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. CHECK ALL THAT APPLY]: ...

- j. ...a house or a mobile home?
- ~~b. ...a house?~~
- ~~c. ...a mobile home?~~
- d. ...a car/truck?
- ~~e. ...a business?~~
- f. ...other?:
- x None

**G7** — [ASK "G7" ONLY FOR THOSE BORN OUTSIDE THE U.S.A.] ...And in your home country, do you own or are you buying any of the following items? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- ~~a. ...a plot of land?~~
- ~~b. ...a house?~~
- ~~c. ...a mobile home?~~
- ~~d. ...a car/truck?~~
- ~~e. ...a business?~~
- ~~f. ...other?:~~
- ~~None~~

**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 RESPONSE]: ...

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

**B3** — Have you ever participated in, attended or received any job training or attended any of the following special classes or school in the U.S.? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- ~~d. ...Job training?:~~
- ~~a. ...English/ESL?~~
- ~~b. ...Citizenship?~~
- ~~c. ...Literacy?~~
- ~~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. Where were you born? In what...</b>			<b>B16. When you lived in your country, did you work in...</b>		<b>B17-18. Before coming to the USA, you lived in what...</b>
(d) ...STATE?: (DEPARTMENT)	(e) ...MUNICIPALITY (EQUIVALENT)?:	(f) ...TOWN (OR CITY)?:	<input type="checkbox"/> 1 ...AGRICULTURE [FW]?	<input type="checkbox"/> 2 ...NON-AGRICULTURE [NF]?	(B17) ...COUNTRY?:
			<input type="checkbox"/> 3 ...PART FARM AND PART NON-FARM [FW AND NF]?	<input type="checkbox"/> 5 ...NEVER WORKED?	(B18) ...STATE (OR DEPARTMENT)?:
			<input type="checkbox"/> 8 <del>NOT APPLICABLE (ONLY FOR THOSE BORN IN THE U.S.)</del>		

**LANGUAGE SECTION**

<b>B7 How well do you speak English? [READ CHOICES. MARK ONLY ONE RESPONSE]: ...</b> <input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?	<b>B8 How well do you read English? [READ CHOICES. MARK ONLY ONE RESPONSE]: ...</b> <input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?
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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?			In which language do you believe you are most dominant (comfortable) conversing? [CHECK ONE. If fully bilingual, enter and circle both] ✓	
		[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]:		
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
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**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

**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 **D34A65**]
- 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) **D34A65**]
- 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:



**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: \_\_\_\_\_

**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)?
- 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:

**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?
- 7 ...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]**

**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:

**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 AFFIRMATIVE RESPONSES TO PROBE AND DOCUMENT DATES HERE OR DURING THE QUESTIONS IN THE “WORK GRID”]:**

**WORK GRID**

892

County \_\_\_\_\_

Farmworker ID \_\_\_\_\_

[C1-C2 FOR OFFICE USE ONLY]

**REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2014 TO PRESENT**

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

<p><b>* C-5 ACTIVITY CODES: ONLY FOR “NW” (IN THE U.S.A.) [WRITE ACTIVITY FOR FW AND NF]</b></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</p> <p>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)</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; width: 100px; height: 20px; margin-left: 100px;"></div>
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# WORK GRID

892

[C1-C2 FOR OFFICE USE ONLY]

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	C16
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?	RECEIVED UNEMPLOYMENT?	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:	TO:						
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO

\* 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
- 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
- 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)

- 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
- 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

County \_\_\_\_\_

892

Farmworker ID \_\_\_\_\_

[C1-C2 FOR OFFICE USE ONLY]

## REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2016<sup>4</sup> TO PRESENT

C1-C2	C15	C3	C4	C5	C6	C8	C9		C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME FOR: FW, NF AND WORK AB	CROP	WRITE ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR *NW AND **AB]	FW? NF?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB		# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY [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:	TO:						
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N								SPOUSE CHILDREN ALL NO

<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</p> <p>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)</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 97 = OTHER (SPECIFY):</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>
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# WORK GRID

892

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	C16
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER (FARM WORK, NON-FARM AND ABROAD JOB)	CROP	ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR *NW AND **AB]	FW? NF?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW,NF, NW,AB		# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY [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:	TO:						
	GR				FW	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB		N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR				FW	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB		N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR				FW	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB		N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR				FW	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB		N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR				FW	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB		N					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR				FW	Y								SPOUSE CHILDREN ALL NO N/A
	CO				NW AB		N					COMMUTE FROM MEXICO TO DO FW? Y N		

<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</p> <p>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)</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 97 = OTHER (SPECIFY):</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>
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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]

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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?

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D17 [IF BY PIECE]: How many hours per day you/your crew work on average at this task?

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hours

D18 [IF BY PIECE]: How much do "they" pay you/your crew on average for each (box bin, bucket, etc. In D15)?

\$ 

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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~~
- ~~7 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 last 12 months with current employer)?~~

~~\$ 

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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~~
- ~~1 Seasonal~~
- ~~7 Don't Know~~

~~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. ... No, you contact employer?~~
- ~~c. ... 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 MILES
- 5 50-74 MILES
- 6 75 OR MORE

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 (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

~~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 (20164)”...**

**G1C ...What was your total personal income last year - in 2014 - 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 20164
- 21 LESS THAN 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 DON'T REMEMBER (DON'T KNOW)

**G2C How much of that income [in “G1A”] was from agricultural employment (U.S. earnings only for FW)? [READ / SHOW CHOICES. MARK ONLY ONE]**

- 0 DID NOT WORK AT ALL IN 20164
- 21 LESS THAN 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 DON'T REMEMBER (DON'T KNOW)

**G3C What was your family’s total income last year - in 2014 - 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 20164
- 21 LESS THAN 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 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 (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

### 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 may have had in the last 12 months while doing work in the United States. These includes injuries or accidents that happened while your were doing farm work (FW), and it also includes work or employment you may have had in a non-agricultural job (NF), such as working in construction, landscaping, at a hotel or restaurant, or any other job. These injuries or accidents doing farm work (“FW”) or non-agricultural work (“NF”) could have also been things like:...**

- ...injuries from a car accidente 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?**

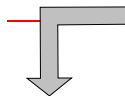
- \_\_\_\_\_  0 \_\_\_\_\_ NO \_\_\_\_\_**
- \_\_\_\_\_  1 \_\_\_\_\_ YES \_\_\_\_\_**

**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 (“EP”, PAGE 19):**



**...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 (“NEW EPA”) UNTIL COMPLETION OF QUESTIONNAIRE, THEN COMPLETE “INJURY / ACCIDENT -SUPPLEMENT QUESTIONNAIRE”!!!**



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

During the last 12 months [from June 2014 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:	e:	d:	e:
NMS1 ... <b>BACK?</b> <input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES</b> →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	"FW": CROP AND TASK:  "NF": OCCUPATION AND INDUSTRY: _____	<input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES:</b> _____ [ ] [ ] 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 DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
NMS2 ... <b>SHOULDER/NECK?</b> <input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES</b> →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	"FW": CROP AND TASK:  "NF": OCCUPATION AND INDUSTRY: _____	<input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES:</b> _____ [ ] [ ] 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 DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
NMS3 ... <b>ELBOW/ARM?</b> <input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES</b> →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	"FW": CROP AND TASK:  "NF": OCCUPATION AND INDUSTRY: _____	<input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES:</b> _____ [ ] [ ] 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 DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
NMS4 ... <b>HAND/WRIST/FINGER?</b> <input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES</b> →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	"FW": CROP AND TASK:  "NF": OCCUPATION AND INDUSTRY: _____	<input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES:</b> _____ [ ] [ ] 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 DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
NMS5 ... <b>LEGS/FEET/TOES?</b> <input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES</b> →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	"FW": CROP AND TASK:  "NF": OCCUPATION AND INDUSTRY: _____	<input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES:</b> _____ [ ] [ ] 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 DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW
NMS6 ... <b>OTHER?</b> <input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES</b> →	<input type="checkbox"/> FW → <input type="checkbox"/> NF → <input type="checkbox"/> NW ↓	"FW": CROP AND TASK:  "NF": OCCUPATION AND INDUSTRY: _____	<input type="checkbox"/> 0 <b>NO</b> <input type="checkbox"/> 1 <b>YES:</b> _____ [ ] [ ] 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 DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> LESS THAN A DAY DAYS: <input type="checkbox"/> WEEKS: [ ] [ ] <input type="checkbox"/> MONTHS: [ ] [ ] <input type="checkbox"/> DON'T KNOW

A LITTLE

A LOT

UNBEARABLE



**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**
- 7 DON'T KNOW**

**NS4 ... a toilet (EVERY DAY)?**

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

**NS9 ... (provide) water to wash hands (EVERY DAY)?**

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

<b>NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME)</b>			
<b>[INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]</b>			
<p><b>Have you ever -- in your whole life -- been told by a doctor or nurse that you have the following conditions: ...</b></p> <p style="text-align: right;">↓</p>	<p><b>a.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>b.</b></p> <p><b>Are you currently taking medication for this condition?</b></p>	<p><b>c.</b></p> <p><b>In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition in NH1 to NH10 COLUMN)? [IF ANSWER IS "YES" FOR THE U.S. AND "AB" MARK BOTH]</b></p>
<p><b>NH1</b></p> <p><b>...ASTHMA?</b></p> <p>_____</p>	<p><del><input type="checkbox"/> 0 NO</del> ↓</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del> →</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES, IN THE U.S.A.</del></p> <p><del><input type="checkbox"/> 2 YES, "AB":</del> <input type="text"/></p>
<p><b>NH2</b></p> <p><b>...DIABETES?</b></p>	<p><del><input type="checkbox"/> 0 NO</del> ↓</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del> →</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES, IN THE U.S.A.</del></p> <p><del><input type="checkbox"/> 2 YES, "AB":</del> <input type="text"/></p>
<p><b>NH3</b></p> <p><b>...HIGH BLOOD PRESSURE?</b></p>	<p><del><input type="checkbox"/> 0 NO</del> ↓</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del> →</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES, IN THE U.S.A.</del></p> <p><del><input type="checkbox"/> 2 YES, "AB":</del> <input type="text"/></p>
<p><b>NH4</b></p> <p><b>...TUBERCULOSIS?</b></p>	<p><del><input type="checkbox"/> 0 NO</del> ↓</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del> →</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES, IN THE U.S.A.</del></p> <p><del><input type="checkbox"/> 2 YES, "AB":</del> <input type="text"/></p>
<p><b>NH5</b></p> <p><b>...HEART DISEASE?</b></p>	<p><del><input type="checkbox"/> 0 NO</del> ↓</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del> →</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES, IN THE U.S.A.</del></p> <p><del><input type="checkbox"/> 2 YES, "AB":</del> <input type="text"/></p>
<p><b>NH6</b></p> <p><b>...URINARY TRACT INFECTIONS?</b></p>	<p><del><input type="checkbox"/> 0 NO</del> ↓</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del> →</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES, IN THE U.S.A.</del></p> <p><del><input type="checkbox"/> 2 YES, "AB":</del> <input type="text"/></p>
<p><b>NH10</b></p> <p><b>...OTHER?:</b> <input type="text"/></p> <p>_____</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del> →</p> <p><del><input type="checkbox"/> 1 YES</del> →</p>	<p><del><input type="checkbox"/> 0 NO</del></p> <p><del><input type="checkbox"/> 1 YES, IN THE U.S.A.</del></p> <p><del><input type="checkbox"/> 2 YES, "AB":</del> <input type="text"/></p>



**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 [LAST 24 MONTHS], in the U.S.A., have you used any type of health care services from doctors, nurses, dentists, clinics, or hospitals?~~

- ~~0 NO [SKIP TO NQ10]~~
- ~~1 YES~~

~~NQ3b ...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 a health care provider, who helped pay for the cost? [CHECK ALL THAT APPLY]~~

- ~~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:~~
- ~~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 / No problems~~

~~NQ1a. (How about) In a foreign country (e.g. Mexico), Have you used any type of health service in the last two years [LAST 24 MONTHS] [IF "YES," ASK AND ENTER COUNTRY]~~

- ~~0 NO~~
  - ~~1 YES, IN:~~
- ~~[NAME OF COUNTRY]~~

**NH - PERSONAL HEALTH - LIFE HISTORY [ASK ALL]:**

<p><b>a.</b> Have you ever – in your whole life -- been told by a doctor or nurse (health practitioner) that you have the following condition...</p> <p align="center">↓</p>	<p><b>b.</b> Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?</p>	<p><b>g.</b> 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]</p>
<p><b>NH5</b> ...heart disease?</p> <p><input type="checkbox"/> 0 NO    ↓    <input type="checkbox"/> 1 YES:    →</p> <p><input type="checkbox"/> 95 RF   ↓    <input type="checkbox"/> 96 DK   ↓</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.    <input style="width:100px;" type="text"/></p> <p><input type="checkbox"/> 2 YES, "AB":    <input style="width:100px;" type="text"/></p>
<p><b>NH1</b> ...asthma?</p> <p><input type="checkbox"/> 0 NO    ↓    <input type="checkbox"/> 1 YES:    →</p> <p><input type="checkbox"/> 95 RF   ↓    <input type="checkbox"/> 96 DK   ↓</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.    <input style="width:100px;" type="text"/></p> <p><input type="checkbox"/> 2 YES, "AB":    <input style="width:100px;" type="text"/></p>
<p><b>NH11</b> ...cancer?</p> <p><input type="checkbox"/> 0 NO   ↓    <input type="checkbox"/> 1 YES:    →</p> <p><b>(TYPE OR KIND OF CANCER?)</b> <input style="width:100px;" type="text"/></p> <p><input type="checkbox"/> 95 RF   ↓    <input type="checkbox"/> 96 DK   ↓</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.    <input style="width:100px;" type="text"/></p> <p><input type="checkbox"/> 2 YES, "AB":    <input style="width:100px;" type="text"/></p>

**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")?
<p><b>NH3</b> ...high blood pressure?</p> <p><input type="checkbox"/> 0 NO    →</p> <p><input type="checkbox"/> 1 YES    →</p> <p><input type="checkbox"/> 95 DK    →</p> <p><input type="checkbox"/> 96 RF    ↓</p>	<p><input type="checkbox"/> 0 NO   ↓</p> <p><input type="checkbox"/> 1 YES   →</p> <p><input type="checkbox"/> 95 DK   ↓</p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 PREHYPERTENSION</p> <p><input type="checkbox"/> 3 HIGH</p> <p><input type="checkbox"/> 4 DID NOT RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 months</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input style="width:100px;" type="text"/></p>	
<p><b>NH12</b> ...high cholesterol?</p> <p><input type="checkbox"/> 0 NO    →</p> <p><input type="checkbox"/> 1 YES    →</p> <p><input type="checkbox"/> 95 DK    →</p> <p><input type="checkbox"/> 95 RF    ↓</p>	<p><input type="checkbox"/> 0 NO   ↓</p> <p><input type="checkbox"/> 1 YES   →</p> <p><input type="checkbox"/> 95 DK   ↓</p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 BORDERLINE</p> <p><input type="checkbox"/> 3 HIGH</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 months</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input style="width:100px;" type="text"/></p>	

**ASK ONLY TO FEMALE RESPONDENT (FOR WOMEN ONLY)**

<p><b>NH13</b> [FOR WOMEN ONLY]: Have you ever had a PAP SMEAR TEST (Papanicolau, Pap Test, Cervical Cancer Test, or Smear Test)</p>	<p><input type="checkbox"/> 0 NO   ↓</p> <p><input type="checkbox"/> 1 YES   →</p> <p><input type="checkbox"/> 95 DK   ↓</p> <p><input type="checkbox"/> 96 RF   ↓</p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 ABNORMAL</p> <p><input type="checkbox"/> 4 DID NOT RECEIVE IT</p> <p><input type="checkbox"/> 95 (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 months</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		
--	--	--	--	--	--

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

<p>1 = COMMUNITY/MIGRANT HEALTH CENTER</p> <p>2 = PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC</p>	<p>3 = HOSPITAL</p> <p>4 = EMERGENCY ROOM</p>	<p>7 = DENTIST</p> <p>97 = OTHER: <input style="width:50px;" type="text"/></p>
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CONTINUATION OF NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME) [INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]


<p>a. And how about these other conditions, have you ever -- <u>in your whole life</u> – been told by a doctor or nurse that you have the following conditions... ↘</p>	<p>d. ...ever been tested for this condition?</p>	<p>e. What was the outcome (result) of the last test?</p>	<p>f. When was the last test taken?</p>	<p>g. Where was the test taken?: *[ENTER CODE]</p>	<p>b. Are you currently taking medication, for this condition (in “a”), that was prescribed by a medical provider?</p>	<p>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]</p>
<p>NH2 ...diabetes?</p> <p><input type="checkbox"/> 0 NO →</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK → <input type="checkbox"/> 96 RF ↘</p> <p>⚠ [IF RESPONDENT IS A WOMAN, AND ANSWER IS “YES” ASK]: Was it diagnosed during pregnancy?:</p> <p><input type="checkbox"/> 0 NO →</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK → <input type="checkbox"/> 96 RF ↘</p>	<p><input type="checkbox"/> 0 NO ↘</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK ↘</p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 HIGH SUGAR LEVEL</p> <p><input type="checkbox"/> 3 LOW SUGAR LEVEL</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YEARS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, “AB”:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>
<p>NH14 ...HIV (AIDS)?</p> <p><input type="checkbox"/> 0 NO →</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK → <input type="checkbox"/> 96 RF ↘</p>	<p><input type="checkbox"/> 0 NO ↘</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK ↘</p>	<p><input type="checkbox"/> 1 POSITIVE</p> <p><input type="checkbox"/> 2 NEGATIVE</p> <p><input type="checkbox"/> 3 INCONCLUSIVE</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, “AB”:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>
<p>NH6 ...urinary tract infection?</p> <p><input type="checkbox"/> 0 NO →</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK → <input type="checkbox"/> 96 RF ↘</p>	<p><input type="checkbox"/> 0 NO ↘</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK ↘</p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 ABNORMAL</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, “AB”:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>
<p>NH4 ...tuberculosis?</p> <p><input type="checkbox"/> 0 NO →</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK → <input type="checkbox"/> 96 RF ↘</p>	<p><input type="checkbox"/> 0 NO ↘</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK ↘</p>	<p><input type="checkbox"/> 1 POSITIVE</p> <p><input type="checkbox"/> 2 NEGATIVE</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, “AB”:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>
<p>NH10 ...other?:</p> <p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES: <input style="width: 50px;" type="text"/> →</p> <p><input type="checkbox"/> 95 DK → <input type="checkbox"/> 96 RF ↘</p>	<p><input type="checkbox"/> 0 NO ↘</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK ↘</p>	<p><input type="checkbox"/> 1 POSITIVE</p> <p><input type="checkbox"/> 2 NEGATIVE</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 96 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, “AB”:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>

\*CODES FOR COLUMN “g”

<p>1 COMMUNITY/MIGRANT HEALTH CENTER</p> <p>2 PRIVATE CLINIC OR DOCTOR'S OFFICE</p>	<p>3 HOSPITAL</p> <p>4 EMERGENCY ROOM</p>	<p>5 -MIGRANT HEALTH CLINIC-</p> <p>6 DENTIST</p>	<p>95 = DK</p> <p>96 = RF</p>	<p>97 OTHER: _____</p>
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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: ...

<p><b>NOTE: EXPLAIN THAT ILLNESS BELOW REFERS TO: "A physical illness, as well as a mental health problem or substance abuse."</b></p> 	<p><b>*HA2</b> ...And where did you do (last time)? (kind of place) *[ENTER CODES]</p>	<p><b>HA3</b> When (last time)?</p>	<p><b>**HA4</b> 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]:</p>	<p><b>HA5</b> 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...</p>	<p><b>***HA6</b> Why weren't you (completely) satisfied with the health care received at that visit? **[ENTER CODE]</p>	<p><b>****HA7</b> [If "NO" in "HA1", ask]: Why have you not used the health services for ["NO" in "HA1"] [ ENTER CODES]</p>
<p><b>a ...FOR ILLNESS?</b> <input type="checkbox"/> 0 NO: [ASK HA7] <input type="checkbox"/> 1 YES →  <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓</p>		<p><input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK</p>	<p><input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]</p>	<p><input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] → <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →</p>		
<p><b>b ...FOR INJURY?</b> <input type="checkbox"/> 0 NO:[ASK HA7] <input type="checkbox"/> 1 YES →  <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓</p>		<p><input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK</p>	<p><input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]</p>	<p><input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] → <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →</p>		
<p><b>c ...FOR ROUTINE OR PREVENTIVE CARE?</b> <input type="checkbox"/> 0 NO:[ASK HA7] <input type="checkbox"/> 1 YES →  <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓</p>		<p><input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK</p>	<p><input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]</p>	<p><input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] → <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →</p>		
<p><b>d ...FOR DENTAL TREATMENT OR PREVENTIVE CARE?</b> <input type="checkbox"/> 0 NO:[ASK HA7] <input type="checkbox"/> 1 YES →  <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓</p>		<p><input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK</p>	<p><input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]</p>	<p><input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED?[ASK HA6] → <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →</p>		

<p><b>*CODES FOR "HA2"</b></p>	<p><b>**CODES FOR "HA4"</b></p>	<p><b>***CODES FOR "HA6"</b></p>	<p><b>****CODES FOR "HA7"</b></p>
<p>1 COMMUNITY/MIGRANT HEALTH CENTER 2 PRIVATE CLINIC OR DOCTOR'S OFFICE 3 HOSPITAL 4 EMERGENCY ROOM 5 DENTIST 95 = DK 96 = RF 97=OTHER: _____</p>	<p>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: _____</p>	<p>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: _____</p>	<p>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: _____</p>

<p><b>HA7</b> 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)</p> <p><input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES →</p>	<p><b>HA8</b> Why could you not get the health care you wanted (or needed)? [CHECK ALL THAT APPLY]</p> <p><input type="checkbox"/> a Did not know where to go <input type="checkbox"/> b No transportation <input type="checkbox"/> c Too far away <input type="checkbox"/> d Health Center not open when needed</p> <p><input type="checkbox"/> e Too expensive <input type="checkbox"/> f No insurance <input type="checkbox"/> z Other: <input type="text"/></p>
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HA9- [ASK ONLY IF "NO" IN ALL "HA1 (a, b, c)" AND "NO" IN "HA7"]  
 ...You said you've not used, needed or wanted health care in the last 12 months, in the USA, why have you not sought health care even for a routine exam?

[CHECK ALL THAT APPLY]

- a I do not know where to go
- b No transportation
- c Too far away
- d Health Center not open when needed
- e Too expensive
- f No insurance
- g Do not need to go / Do not get sick
- 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]:

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

Over the last 2 weeks, 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 _____ = _____		+ _____	+ _____	+ _____	+ _____

**DA. DIGITAL ACCESS**

<b>DA1</b> 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"]	<b>What devices? [MARK ALL RESPONSES FOR DEVICES "✓"]</b>									
	<b>DA2</b> Computer	<b>DA3</b> Cellular phone with Internet		<b>DA4</b> Cellular phone with Text		<b>DA5</b> Tablet		<b>DA6</b> Other device? [Specify]: _____		
<input type="checkbox"/> 1 Worker?	<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	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES
<input type="checkbox"/> 2 Spouse?	<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	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES
<input type="checkbox"/> 3 Children?	<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	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES
<input type="checkbox"/> 4 Other?:	<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	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1 YES

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

EDUCATION AND TRAINING

<p><b>1. In the USA or elsewhere, any other country</b> have you participated in or attended any type of educational program, training or classes that are work-related or important to you in any other way? They could have been... [Intwr: first ask all items in first column ("a" to "f") and explain and provide examples for each one;...]</p> <p><b>[FOR EACH QUESTION, REFER TO LAST TIME. IF YES, SPECIFY BY ASKING FOR OCCUPATION AND INDUSTRY. MARK IF "FW" OR "NF"]</b></p>						
<p><b>a. ...Worker safety training?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW <input type="checkbox"/> NF</p> <p><input type="checkbox"/> heat?    <input type="checkbox"/> pesticide? <input type="checkbox"/> injuries    <input type="checkbox"/> other?:</p> <p>_____</p>	<p><b>2. Where (venue or provider facility)? [GIVE EXAMPLES. ENTER CODE]</b></p> <p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p><b>3. When? (Dates: Year and Total hours per week/day?)</b></p> <p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><b>4. Completed? [ENTER CODES FOR "NO"]</b></p> <p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><b>5. Did it lead to a credential or license? [Specify]</b></p> <p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify]: _____</p>	<p><b>6. Did you pay anything for it?</b></p> <p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><b>7. And this training program, has it helped (will help) you for a better job or in any other way? [WRITE RESPONSE]</b></p> <p>_____</p>
<p><b>b. ...pesticides?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW: <input type="checkbox"/> NF:</p> <p>SPECIFY _____</p>	<p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify]: _____</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><input type="checkbox"/> 0 NO Why?: _____</p> <p><input type="checkbox"/> 1 YES How?: _____</p>
<p><b>c. ...injuries?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW: <input type="checkbox"/> NF:</p> <p>SPECIFY _____</p>	<p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify]: _____</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><input type="checkbox"/> 0 NO Why?: _____</p> <p><input type="checkbox"/> 1 YES How?: _____</p>
<p><b>d. ...any other safety training?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW: <input type="checkbox"/> NF:</p> <p>SPECIFY _____</p>	<p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify]: _____</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><input type="checkbox"/> 0 NO Why?: _____</p> <p><input type="checkbox"/> 1 YES How?: _____</p>
<p><b>e. ...besides "safety training," any other training received here (current work) or in any other work you may have had (OJT)?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW    <input type="checkbox"/> NF</p> <p>_____</p>	<p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify]: _____</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><input type="checkbox"/> 0 NO Why?: _____</p> <p><input type="checkbox"/> 1 YES How?: _____</p>
<p><b>f. ...any classes or training for any kind of work?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW    <input type="checkbox"/> NF</p> <p>_____</p>	<p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify]: _____</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><input type="checkbox"/> 0 NO Why?: _____</p> <p><input type="checkbox"/> 1 YES How?: _____</p>
<p><b>g. ...GED classes?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES    →</p>	<p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify] _____</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><input type="checkbox"/> 0 NO Why?: _____</p> <p><input type="checkbox"/> 1 YES How?: _____</p>
<p><b>e. ...English as a Second Language (ESL)?</b></p> <p><input type="checkbox"/> 0 NO    <input type="checkbox"/> 1 YES    →</p>	<p><input type="checkbox"/> 1 USA: _____</p> <p><input type="checkbox"/> 2 OTHER COUNTRY: _____</p>	<p>Year?: _____</p> <p>Number of hours?: _____ hrs</p>	<p><input type="checkbox"/> 0 NO Why not?: _____</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES [Specify] _____</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES. How much?: \$ _____</p>	<p><input type="checkbox"/> 0 NO Why?: _____</p> <p><input type="checkbox"/> 1 YES How?: _____</p>



f. ...besides school,... basic skills like classes in math, reading and writing? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES →	<input type="checkbox"/> 1 USA: [ ] <input type="checkbox"/> 2 OTHER COUNTRY: [ ]	Year?: [ ] Number of hours?: [ ] hrs	<input type="checkbox"/> 0 NO Why not?: [ ] <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES [Specify]: [ ]	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES. How much?: \$ [ ]	<input type="checkbox"/> 0 NO Why?: [ ] <input type="checkbox"/> 1 YES How?: [ ]
<del>g. ...other?: <input type="checkbox"/> FW <input type="checkbox"/> NF →</del>	<del><input type="checkbox"/> 1 USA: [ ] <input type="checkbox"/> 2 [ ]</del>	<del>Year?: [ ] Number of hours?: [ ] hrs</del>	<del><input type="checkbox"/> 0 NO Why not?: [ ] <input type="checkbox"/> 1 YES</del>	<del><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES [Specify]: [ ]</del>	<del><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES. How much?: \$ [ ]</del>	<del><input type="checkbox"/> 0 NO Why?: [ ] <input type="checkbox"/> 1 YES How?: [ ]</del>

<b>CODES FOR "2"</b>		<b>CODES FOR "4" "NO, Why not?"</b>		
a. Workplace Center	d. Church	a. Too old to study	d. Too tired to continue	g. Applied, didn't qualify
b. Community Center	e. Adult School	b. Did not learn (Will not learn)	e. No child care	h. "Don't qualify" didn't apply
c. Community College	Other: [ ]	c. No transportation	f. Too far	i. 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... ↓

h. ...English as a Second Language (ESL)? <input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW: ↓ <input type="checkbox"/> NF: ↓ [ ] SPECIFY →	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]
i. ...besides school,... basic skills like classes in math, reading and writing? <input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES: <input type="checkbox"/> FW: ↓ <input type="checkbox"/> NF: ↓ [ ] SPECIFY →	<input type="checkbox"/> 1 USA: [ ] <input type="checkbox"/> 2 OTHER COUNTRY: [ ]	Year?: [ ] Number of hours?: [ ] hrs	<input type="checkbox"/> 0 NO Why not?: [ ] <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES [Specify]: [ ]	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES. How much?: \$ [ ]	<input type="checkbox"/> 0 NO Why?: [ ] <input type="checkbox"/> 1 YES How?: [ ]

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

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
- f. Too tired to continue
- dg. No child care
- eh. Too far
- i. Applied, did not qualify
- j. Don't qualify, did not apply
- 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
- df. Too tired to continue
- eg. No child care
- fh. Too far
- gt. Applied, did not qualify
- hj. Don't qualify, did not apply
- x. Other:

12. If there were any training programs for FARM WORKERS, without any obstacles, would you consider attending any of them?

0 NO Why not? [Mark all responses and SKIP TO 13]:

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

1 YES [ASK ]:

a. Which training class would you consider attending?

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

13. 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?:

~~PLEASE CHECK~~  
~~IF RESPONDENT QUALIFIES FOR~~  
~~THE INJURY SUPPLEMENT!~~  
~~(CHECK PAGE 18 - SCREENING SECTION)~~  
~~IF RESPONDENT QUALIFIES,~~  
~~CONTINUE WITH NEXT SECTION~~  
~~AND THEN~~  
~~COMPLETE INJURY SUPPLEMENT~~

**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]:

**L2 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       7 DON'T KNOW       9 NOT ANSWERED

**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?

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**JBS International, Inc.**  
555 Airport Boulevard, Suite 400  
Burlingame, CA 94010-2002  
Phone: 650.373.4900  
Fax: 650.348.0260

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

**INTRODUCTION/PURPOSE**

You are invited to participate in this survey for the National Institute for Occupational Safety and Health and the Department of Labor because you are currently working on a farm. The purpose of the survey 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 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. But, knowledge gained through this research may help us learn how to prevent any harmful effects of farm work for 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.

**Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid Office of Management and Budget control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 1 hour (or 60 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 to the Office of Policy, Development and Evaluation, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.**



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