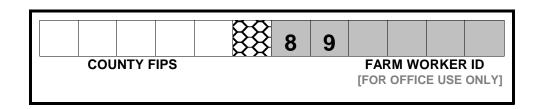
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ENGLISH Cycle 89, FALL 2017 OMB NO. 1205-0453

EXPIRATION DATE: XX/XX/20XX

[REV. Mar 10, 2017]



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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, Evaluation and Research, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	***A31	A32-33	A34-35	A11	A13	HA15			HA17	*****HA18
		M	В	С	HIGHEST	С	MONTH	[ASK ALL	IF	LAST 12	PRIOR 12		ANY	ONLY FOR SPOUS	E AND CHILDR	EN UNDER 2	22 YEARS	OLD
R E L A T I O N	S E X	A R I T A L S T A T U S	I R T H D A Y	O U N T R Y B I R T H [CODE]	GRADE LEVEL [FOR MINORS INCLUDE PRE- SCHOOL ("PS") AND KINDER ("K") [ASK ONLY WORKER FOR HIGHEST DEGREE OBTAINED.]	L	AND YEAR FIRST E N T E R E D	IN A1]: DOES S/HE LIVE WITH YOU NOW? IF NOT, WHERE? [STATE and COUNTRY]	E R E,	TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR	TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED	C H O O L LAST 12 M O N T H	U.S. FW LAST 12 M O N T H S?	MONTHS has [NAME of (spo- used any type of h service from docto	, use) (child)] ealth care ers nurses,	And the last time, where did [NAME] go?	When? (Last time) [Enter 'within" number of months ago]: 1 TO 12]	[For each "NO" IN "HA15"] Why did [NAME] not access health care? [ENTER CODES]
	F	S M O	1		HG:		,			Y N	Y N	Y		ILLNESS below refers "A physical illness, as well as a mental health problem or substance				
7.7.1															Y N			
		s						v						b. injury?:	DK RF			
	М							Y		Y	Y	Y	Υ	, , ,	DK RF			
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			1											a. illness?:	Y N DK RF			
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IONS	HIP)	:	*	* CODES	FOR A7 AND	A10 (CO	UNTRIES A	ND REGIONS):	***	CODES FOR	A31 ****CC	DES F	OR HA	•		R HA 18	<u> </u>]
AW S	POL OR	JSE	2: 3: 4: 5: 6:	U.S.A. PUERTO MEXICO CENTE SOUTH CARIBE SOUTH (INDON	O RICO O RAL AMERICA AMERICA BEAN I EAST ASIA NESIA, CAMBOI	DIA,	8= PAC (THE GUA 9= ASIA JAPA ETC. 95= RF (I	IFIC ISLANDS E PHILIPPINES, IM, FIJI, ETC.) A (CHINA, AN, KOREA,) REFUSE) DON'T KNOW)	1 = N TI 2 = N L(3 = C A 95= RI 96= DI	O CHILD CAR HIS LOCATION O HOUSING IN OCATION HILD IN SCHO FFECTED IF N F (REFUSE) K (DON'T KNO	E IN 1 = 0 N CONTHIS 2 = F OOL, 3 = F HOVED 4 = E 7 = E OW) 95 = RI	COMMU CENTER PRIVAT DEFFICE HOSPIT EMERG DENTIS F (REFI	INITY/NR REMEDITAL ENCY IT T JSE)	IIGRANT HEALTH CAL CLINIC/ DOCTOR'S ROOM	a = Did not I b = No trans c = Too far a d = Health C e = No need f = Too expe g = No insu	know where portation away enter not of to go / Doc ensive rance	pen whe	
	R E L A T I O N	R E L A T I O S E X X X M F M F M F M F M S P O L O E N T O R D E	R E L A R I T A L O N S S T A T U S S T A T U S S T A T U S S T A T U S S T A T U S S M M F O S M M F O S M M F O S M M F O S M M F O S M M F O S M M F O S M M F O S M M F O S M M F O S M M M M M M M M M M M M M M M M M M	M S I T H T H A D L A Y Y Y Y U S S M M F O S S M M F O S S M M F O S S M M F O S S M M F O S S M M M S M S M M S M S M M S M M S M M S M M S M M M S M M M S M M M S M M M S M M M M S M M M M S M M M M S M	R A I O R R U I T N T N T H T T A D R L A Y O S Y B S M M I A / R T YY T U S [CODE] M S M M F O IONSHIP): ** CODES AW SPOUSE 1= U.S.A. 2= PUERT 3= MEXICG 4= CENTE 5= SOUTH 6-CARIBE 7-SOUTH (INDOM	R A I O GRADE R R U LEVEL I T N MINORS INCLUDE PRE- SCHOOL ("PS") AND KINDER ("K") WORKER FOR HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE- SCHOOL ("PS") AND KINDER ("K") WORKER FOR HIGHEST DEGREE OBTAINED.] HG: HD: IONSHIP): ** CODES FOR A7 AND A HD: S M M F O IONSHIP): AW SPOUSE DENT OR OUSINS, UNCLES, OUSINS, UNCLES, T SOUTH AMERICA 6 CARIBBEAN 7 SOUTH	R A I O GRADE O LEVEL U [FOR N MINORS T INCLUDE PRE-SCHOOL ("PS") AND KINDER C"K") C HGREST O C GRADE O LEVEL U [FOR N MINORS T INCLUDE PRE-SCHOOL ("PS") AND KINDER C"K") C C GRADE O C C C C C C C C C C C C C C C C C C	N	N	Note	N	N	N	N	Note	Max Max	Max Max	M

[REV. IVIAI 10, 2017]										·										
															County				worker	
A1	*A2	А3		A6	**A7	A9	**A10	A8	A4	***A31	A32-33	A34-35	A11	A13	HA15			*****HA16		*****HA18
			M	В	С	HIGHEST	С	MONTH	[ASK ALL	IF	LAST 12	PRIOR 12		ANY	ONLY FOR SPOUS	SE AND	CHILD	REN UNDE	R 22 YE	ARS OLD
NAME	RELATIO	s	A R I T A L	I R T H D A	O U N T R Y	GRADE LEVEL [FOR MINORS INCLUDE PRE- SCHOOL	O U N T R	AND YEAR FIRST E N	IN A1]: DOES S/HE LIVE WITH YOU NOW? IF NOT, WHERE?		MONTHS, TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)?	TRÀVELE), S) C H	U.S. FW LAST 12 M O N	In the USA, in t MONTHS, has [NAI (child)] used any typ service from doo	ME of (s e of he	spouse) alth car		When? (Last time) [Enter 'within" number of	[For each "NO" IN "HA15"] Why did [NAME] not
	Ň	EX	S T A T U S	MM / YY	B I R T H [CODE]	("PS") AND KINDER ("K") [ASK ONLY WORKER FOR HIGHEST DEGREE OBTAINED.]	S C H O L [CODE]	T E R E D	[STATE and COUNTRY]	NOT ? CODE	IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	CITY)? IF YES, [NAME] TRAVELEI OR JOINEI WITH YOU	N	T H S?	dentists, clinics or				months ago]: 1 TO 12]	access health care? [ENTER CODES]
D.															a. illness?:	Υ	N			
			s						Υ		Y	Y	Y	Y	b. injury?:	D Y D	N			
		M F	M	1				1	N		, N	, N	N	N	c. routine or prever care?:	tive Y	N			
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*CODES FOR A2 (RELA					REGIONS	-	•				**CODES FOR		**CODE					R HA 18		
1 = SPOUSE/COMMON LAW SPOUSE 1 = U.S.A. 7 = SOUTHEAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND) 2 = OWN CHILD, DEPENDENT OR ADOPTED 2 = PUERTO RICO THAILAND) 8 = PACIFIC ISLANDS (THE PHILIPPINES, GUAM, FIJI, ETC.) 4 = PARENT 4 = CENTRAL AMERICA PHILIPPINES, GUAM, FIJI, ETC.) 9 = ASIA (CHINA, JAPAN, KOREA, ETC.) 6 = OTHER RELATIVE (COUSINS, UNCLES, ETC.) 5 = SOUTH ETC.) 95 = RF (REFUSE) AMERICA PS = FF (REFUSE) 96 = DK (DON'T KNOW) 97 = OTHER:					2 = N L 3 = C A 95= RF 96= DF	O CHILD CAR OCATION O HOUSING I OCATION HILD IN SCHO FFECTED IF I F (REFUSE) C (DON'T KNO HER::	N THIS 2 DOL, 3 MOVED 4 7 DW) 99	CEN = PRIV DOC = HOS	TER 'ATE ME TOR'S (PITAL RGENC TIST EFUSE)	YROOM	b = No c = To d = Ho e = No f = To g = No 95 = RF	o transpo oo far aw ealth Cer o need to oo expen lo insura f (REFUS ((DON'T	ray nter not ope o go / Does r sive nce EE)	n when ne						

HOUSEHOLD GRID

Farmworker ID County

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*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 1= U.S.A. 7= SOUTHEAST ASIA (INDONESIA, 1 = NO CHILD CARE IN 1 = COMMUNITY/MIGRANT HEALTH CENTER a = Did not know where to go h = No transportation
ADORTED 2 MEVICO THAILAND
3 = MEXICO THAILAND) 2 = NO HOUSING IN 3 = HOSPITAL 2 = NO HOUSING IN 3 = HOSPITAL 5 = SIBLING 4 = CENTRAL 8 = PACIFIC ISLANDS (THE TILL SLOCATION AS IN SOCIETY AS IN
4 = PARENT AMERICA PHILIPPINES, GUAM, FIJI, ETC.) 3 = CHILD IN SCHOOL, 7 = DENTIST
o- order of the control of the contr
6 = OTHER RELATIVE (COUSINS, AMERICA ETC.) MOVED 96= DK (DON'T KNOW) f = Too expensive UNCLES, ETC.) 95= RF (REFUSE) 97=OTHER:
95= RF (REFUSE) 96= DK 95= RF (REFUSE) 95= RF (REFUSE)
96= DK (DON'T KNOW) 97 = OTHER: 97 = OTHER: 96= DK (DON'T KNOW)
97=OTHER::

[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...

mother, siblings or other relatives	
HS1Now 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	[IF MSHS ("a") WAS NOT MENTIONED IN "HS1", ASK HS4]: HS4Have you ever heard of MSHS?
you have used [IF ONLY ONE RESPONSE, PROBE FOR MORE. CHECK ALL THAT APPLY]	□ 0 NO [EXPLAIN MSHS. MENTION LOCAL MSHS NAMES, IF STILL "NO," SKIP TO "A15" NEXT SECTION]
□ a. MSHS	□1 YES
□ b. Spouse	LIGE Has/Have your shild/ drap) ever used MCHC2
□ c. Child(-ren)'s older sibling(s).Age(s)?:	HS5. Has/Have your child(-dren) ever used MSHS? (When?)
□ d. Other relatives (not spouse or child(-dren)'s older	
siblings) □ e. Out of home (DAYCARE / CENTER / BABYSITTER)	O NO [ASK ONLY "HS6"]
□ f. Friends / Neighbors	□ 1 YES. NOW, IN THIS LOCATION [SKIP TO "HS7"] □ 2 YES. NOT NOW, BUT WITHIN THE LAST 12
□ g. Take them to the field (FW)	MONTHS. [ASK HS6 AND HS7]
□ z. Other (specify):	□ 3 YES. BUT, MORE THAN 12 MONTHS [ASK ONLY "HS6"]
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]:	HS6. Why aren't you (or your spouse) using MSHS at this location? [CHECK ALL THAT APPLY]
(1 VV): [ENTER EFFER GODE IN 1101].	□ a. Prefer own child care arrangements
	□ b. No MSHS in this area
HS3. [ASK ALL] Why do you use this type (the most) while	□ c. MSHS not open entire season (FOR FW)
doing FW? [CHECK ALL THAT APPLY]	d. Inconvenient hours
□ a. Trust	e. MSHS full (applied, but no openings)f. Applied, but did not qualify
□ b. Flexible / Convenient hours	□ g. Does not serve infants / older children
□ c. Convenient location	□ h. Do not like it. Specify:
□ d. Culturally compatible (same language, food, staff, etc.)	□ i. Do not qualify. (Specify) Why?:
□ e. Prepares child for school (e.g., English)	
□ f. Don't know (e.g., spouse decides) □ z. Other (specify):	□ z. Other (specify):

HS7. [ASK QU	ESTIONS IN REFERI	ENCE TO CHILDRE	EN WHO USE/ (JSED MSHS IN THE L	AST 12 MONTHS]
а	b	С	d	е	f
CHILD(-REN) WHO USE/USED MSHS [ENTER NAMES]	DATE LAST USED MSHS? (MONTH/YEAR)	LOCATION (CITY/STATE)?	NAME OF CENTER?		[INTERVIEWER: CHECK IF CENTER IN "d" is in MSHS LIST]
1	START: / END: /	CITY: STATE:			□ 0 NO □ 1 YES
2	START: / END:	CITY: STATE:			□ 0 NO □ 1 YES

CO	DEG	FOR	"^"•

- 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:

[REV. Mar 10, 2017]											
	NS REFER TO OTHER INDIVIDUALS WH										
THE "HOUSEHOLD	O GRID"!]: A15 Other than those you ha	<u>ave a</u> lr	eady ment	tioned	d, ho	w many	/ peopl	e live	with	you n	iow?:
	<u>TOTAL:</u>										
Out of those (TOTAL IN	u "A15"),how many are:	<u> </u>	A20yo	ur re	ative	s?√	A16	FW?	7		
aADULTS? (18 YEARS OR OLDER)?										
bCHILDREN	? (17 YEARS OR YOUNGER)?										
EDO NOT K	NOW AGE?										
										-	
/15.	INSURANCE QUESTIONS ABOUT										
(IN	IDIVIDUALS IN THE "HOUSEHOLD O	GRID")	[DESCRIBE	E/EXP	LAIN '	"HEALT	H INSUF				
	A21								A23	• • • •	
How about	/ho has Health (Medical) Insurance	ın you	r tamily?	•••			USE COI		ays f		
	□ 0 NO						1 🗆 2	3	3 04	4	
ayou	□1 YES							_			
(farmworker)?	□ 95 DON'T KNOW						5 🗆 9	7:			
h vour		1 🗆 2		3 🗆	4						
byour											
spouse?		5 🗆 97	· L								
CHILDREN UNDER AND OVER 18 YRS.	ER 18 YRS.										
OLD. MATCH TOTAL	MATCH TOTAL 0 NO (a) How many under 18 yrs?:							□ 3	4	4	
WITH FAMILY GRID]	LI TES. ALL DAVE II IASK AZSI										
cyour children?	□ 2 YES, ONLY SOME HAVE IT	(b) H	ow many	over	18 y	rs?: 🗀	5 🗆 9	7:			
	□ 95 DON'T KNOW]					
	CODES FOR "	'A23" (WHO PAY	S?):							
1= I PAY	3= MY EMPLOYER	·		-	/ERN	MENT					
2= MY SPOUSE	4= MY SPOUSE'S EMPLOY	ER	l	<u>'= OT</u>							
	ars [LAST 24 MONTHS], have you or anyo		D36a [FO	R PAI	RENT	S OF C I alrea	HILDRI	EN 12	YEAF	RS OL	D OR
1	Id received benefits or used the servic owing social programs? [READ CHOIC				_	igemen	•	-			
	HAT APPLY]:	ES.				e in (NA	-				
						e place				•	
□ rWelfare (g	general assistance) or TANF (Tempora	ary				ere ha					
	for Needy Families)?										ng (FW
□ b. Food stam	•		in th	e USA	۱)? آ	CHECK	ALL T	HAT A	NPPLY	/]	
□ cDisability i			_ .								
□ dUnemploy		-	•	ed hom			east s	somet	imes		
□ eSocial Sec		□ 13 Wit	-	•	-		-	rant h	ood s	start	
□ hLow income housing? □ iPublic Health Clinic? □ 14 With a neighb							•	_			
□ jMedicaid?			□ 11 Wit					o., a	ay our	0 0011	,0.0.
□ kWIC?			□ 12 OTI								
□ IDisaster R	elief										
	rice or Services										
□ nOther?:											
□ Don't know	<u>-</u>										
□ none											

D65 Do you live in a labor camp or Migrant Center? [IF YES, PROBE: WHO OWNS OR RUNS IT?]	D33a While you are working for this grower/ contractor, what type of payment arrangement
□ 0 NO □ 1 YES, labor camp run by a grower or labor	do you have for your living quarters? [IF PAYMENT IS ONLY FOR UTILITIES, CONSIDER IT FREE. DO NOT READ CHOICES. MARK ONLY ONE]:
contractor □ 2 YES, labor camp run by migrant center or public agency	□ 10 I (OR I AND MY FAMILY) RECEIVE FREE HOUSING FROM MY EMPLOYER. [SKIP TO B10]
□ 3 YES, labor camp run by another person/group Specify:	☐ 3 I PAY FOR HOUSING PROVIDED BY MY EMPLOYER. (I PAY DIRECTLY OR THROUGH WAGE DEDUCTION).
D35b Where are your living quarters located? [READ CHOICES. MARK ONLY ONE]:	☐ 5 I PAY FOR HOUSING PROVIDED BY THE GOVERNMENT, A CHARITY, OR OTHER NON-WORK RELATED INSTITUTION.
 OFF FARM IN PROPERTY NOT OWNED OR ADMINISTERED BY YOUR PRESENT EMPLOYER? OFF FARM IN PROPERTY OWNED OR ADMINISTERED BY YOUR PRESENT EMPLOYER? 	☐ 11 DO NOT PAY RENT. (I OR FAMILY MEMBER OWN THE HOUSE OR LIVE FOR FREE WITH FRIENDS OR RELATIVES) [SKIP TO B10]
5ON FARM OR NEXT TO OR ADJACENT TO A FARM OWNED BY THE GROWER YOU CURRENTLY WORK FOR?	□ 12 I RENT FROM NON-EMPLOYER (RELATIVE OR NON-RELATIVE)
6ON A FARM OR NEXT TO OR ADJACENT TO A FARM NOT OWNED BY THE GROWER YOU CURRENTLY WORK FOR?	□ 97 OTHER:
□ 97OTHER?:	D50 At this location how much do you pay for housing (including housing for your family, if they live with you)?
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 per week \$□,□□□.□□
□ 2SINGLE-FAMILY HOME (DETACHED)? □ 4APARTMENTS (TWO OR MORE IN A BUILDING, SHARED PARKING SPACES)?	or per month \$,
□ 97OTHER: D54 How many of the following do you have in	or per day \$,
your current living quarters (dwelling)	□ 2 DON'T KNOW, TAKEN OUT OF MY PAYCHECK
□ aBedrooms?: □ bBathrooms?:	□ 3 DON'T KNOW/DON'T REMEMBER, BUT NOT TAKEN OUT OF MY PAYCHECK
□ cKitchens?:	□ 7 OTHER:
□ fOther rooms?:	G6 Do you own or are you buying any of the following item in the U.S.? [READ OPTIONS. MARK ALL "YES" RESPONSES]
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]	□ ha plot of land? □ la type of housing, such as a house, mobile home, condominium, or apartment? □ dany kind of vehicle, such as a car or truck?: □ fother?: □ None

D37a How far is your current job from your current residence?	B13 When was the last time your parents did hired farm-work in the U.S.?
 □ 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 MILES OR MORE 	□ 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
D37 At your current job, how do you usually get to work? [READ CHOICES. MARK ONE]:	E2 How long do you expect to continue doing farm work (FW in the U.S.)? [READ CHOICES. MARK ONLY ONE]
□ 1DRIVE CAR? [SKIP TO B10] □ 2WALK [SKIP TO B10] □ 5PUBLIC TRANSPORTATION (BUS, TRAIN, ETC.)? [SKIP TO B10] □ 6LABOR BUS, TRUCK, VAN? □ 8"RAITERO":? □ 4RIDE WITH OTHERS (SHARES RIDE)? □ 7OTHER?: □ 1038a Do you have to use the transport (in D37) (IS IT MANDATORY OR OBLIGATORY)?	□ 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	□ 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	□ 7 DON'T KNOW B1 [ASK ALL] Which of the following describes you? [READ CHOICES. CHECK ONLY ONE]: □ 1MEXICAN-AMERICAN? □ 2MEXICAN? □ 3CHICANO?
B10 In what month and year did you first do any farm work in the U.S.? (First time <i>FW</i> in the U.S.) [ASK FOR MONTH AND YEAR]	□ 5PUERTO RICAN? □ 4OTHER HISPANIC?: □ 7NOT HISPANIC OR LATINO?
MONTH / YEAR	B2 Which of the following do you consider yourself? [READ CHOICES EXCEPT "OTHER." MARK ONE OR MORE RESPONSES]:
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	 1White? 2Black or African American? 4American Indian/Alaska Native? 5Asian? 6Native Hawaiian or Pacific Islander? 7Other?:
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	

[REV. Mar 10, 2017] [IF FOREIGN BORN, ASK]; Where were you born? In what... B16. When you lived in your B17-18. Before coming to the USA, you B18. lived in what... country, did you work in... (f) ...TOWN (OR 01 ...AGRICULTURE [FW]? (B17)...COUNTRY?: (B18)...STATE (OR (d) ...STATE?: (e) ...MUNICIPALITY ...NON-AGRICULTURE [NF]? DEPARTMENT)?: (DEPARTMENT) (EQUIVALENT)?: CITY)?: □ 2 ...PART FARM AND PART □ 3 NON-FARM [FW AND NF]? □ 5 ...NEVER WORKED? B26-27 ...And where were your parents born? ...In what... .COUNTRY? STATE (OR EQUIVALENT) **MUNICIPALITY (OR EQUIVALENT)** TOWN (OR CITY) (B26a) FATHER: (B27a) MOTHER?: \Rightarrow LANGUAGE SECTION How well do you speak English? How well do you read English? [READ CHOICES. MARK ONLY ONE RESPONSE]: ... [READ CHOICES. MARK ONLY ONE RESPONSE]: ... □ 1 ...Not at all? □ 3 ...Somewhat? ...Somewhat? □ 1 ...Not at all? □ 3 □ 4 ...Well? □ 2 ...A little? ...A little? ...Well? □ 2 B20 B21 B24 And now, as an adult, what languages can you speak? In which language do you When you were a child, **ICHECK** [FOR EACH CHECKED ANSWER, ASK]: believe you are most in what languages **ALL THAT** dominant (comfortable) did adults speak B22 And now, how well B23 And now, how well APPLY] conversing? [CHECK to you at home? do you speak it? do vou read it? [READ CHOICES. MARK [READ CHOICES. MARK ONLY **ICHECK ALL THAT** ONE. If fully bilingual. ONLY ONE PER CHECK]: ONE PER CHECK]: APPLY] enter and check both] 🗸 1 a ENGLISH 1 ...NOT AT ALL? 2 ...A LITTLE? □ 2 ...A LITTLE? **SPANISH** □ 3 ...SOMEWHAT? □ 3 ...SOMEWHAT? 4 ...WELL? □ 4 ...WELL? □1 ...NOT AT ALL? □ 2 ...A LITTLE? □ 2 ...A LITTLE? CREOLE □ 3 ...SOMEWHAT? □ 3 ...SOMEWHAT? □ 4 ...WELL? □ 4 ...WELL? □1 ...NOT AT ALL? □ 2 ...A LITTLE? □ 2 ...A LITTLE? MIXTEC 3 ...SOMEWHAT? □ 3 ...SOMEWHAT? 4 ...WELL? □ 4 ...WELL? 1 ...NOT AT ALL? 2 ...A LITTLE? □ 2 ...A LITTLE? KANJOBAL 3 ...SOMEWHAT? □ 3 ...SOMEWHAT? □ 4 ...WELL? □ 4 ...WELL? □ 1 ...NOT AT ALL? 2 ...A LITTLE? □ 2 ...A LITTLE?

□ 3 ...SOMEWHAT?

□1 ...NOT AT ALL?

□ 3 ...SOMEWHAT?

□ 2 ...A LITTLE?

□ 4 ...WELL?

□ 4 ...WELL?

□ 3 ...SOMEWHAT?

□4 ...WELL?

4 ...WELL?

□2 ...A LITTLE?

□3 ...SOMEWHAT?

f ZAPOTEC

z 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 "YES" RESPONSES TO PROBE AND DOCUMENT DATES HERE OR DURING THE QUESTIONS IN THE "WORK GRID"]:

[C1-C2	FOR O	FFICE USE ONLY]		REPORT FROM FIRS	T DED		VEDING OC	TORER 04		Cou	nty Farmy	vorker ID	
C1-C2	C15	С3	C4	C5	C6	C8	C		C10	C11	C12	C13	C7
PER. AND SUB	GR CO	EMPLOYER'S NAME (FARM WORK, NON-	CROP	WRITE ACTIVITY OR TASK WHILE FW AND NF	FW?	/ED PLOYMENT?	DATES PERIO FW, NF,	DS OF	# OF WORK DAYS PER	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF	STATE and	***FW AND NF: WHY
PER. NO.	[FW ONLY]	FARM WORK AND WORK ABROAD)	CROP	[USE CODES FOR *NW AND**AB]	NW? AB?	RECEIV	FROM:	то:	WEEK? FW & NF	CITT	COMMUTE FROM MEXICO]	COUNTRY	LEFT?
	GR				FW NF	Υ							
	со				NW AB	N					COMMUTE FROM MEXICO TO DO FW?		
	GR				FW NF	Υ							
	со				NW AB	N					COMMUTE FROM MEXICO TO DO FW?		
	GR				FW NF	Υ					COMMUTE FROM		
	со				NW AB	N					COMMUTE FROM MEXICO TO DO FW?		
	GR				FW NF	Υ					COMMUTE FROM		
	СО				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y		
	GR				FW NF	Υ					COMMUTE FROM		
	СО				NW AB	N					COMMUTE FROM MEXICO TO DO FW? Y		
	*	C-5 ACTIVITY CODES: ON [WRITE ACTIVIT	ILY FOR "NW" (IN TH Y FOR FW AND NF]	E U.S.A.)			ITY CODES: REIGN COU		"AB" (WHIL BROAD):	.E ***	C-7 CODES: WHY LEF		'?
		NG FOR FW AND NF WOF NG FOR FARM WORK	RK 206 = FAMILY R WORK IN			FW IN F	FAMILY RAN	ICH		1 = LAID OF 2 = FIRED		8 = RETIRED 10 = QUIT	
		NG FOR NF WORK	207 = IN SCHOO 208 = LAID UP D				WN BUSINE	ESS: (SPEC	CIFY IN GRID	3 = FAMILY 4 = SCHOO		11 = CHANGE JO 97 = OTHER (SPE	
NOTICE(AFTER LAYOFF) 209 = IN-TRANSIT BETWEEN JOBS 359 = NF- OTHER: (SPECIFY IN GRID) 5							5 = MOVED 6 = HEALTH		J. STILLY (OF L				
205 =	44 WI I IIV	IG I ON START OF SEASO	211 = DID NOT I	N LOOK FOR WORK SPECIFY IN GRID)	362 =	NW - V	ACATION THER: (SPE		RID)	7 = VACATIO			

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[C1-C2 FOR OFFICE USE ONLY]

Farmworker ID County

		-FICE USE ONLY]		REPORT FROM FIRS	_						Count		worker ID	
C1-C2	C15	C3	C4	C5	C6	C8	C	:9	C10	C1	1	C12	C13	C7
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME (FARM WORK, NON- FARM WORK AND WORK ABROAD)	CROP	WRITE ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR *NW AND**AB]	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT?	PERIO	S FOR DS OF NW, AB	# OF WORK DAYS PER WEEK? FW & NF	CIT	- Y	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE and COUNTRY	***FW AND NF: WHY LEFT?
	GR				FW NF	Υ								
	со				NW AB	N						COMMUTE FROM MEXICO TO DO FW?		
	GR				FW NF	Y						COMMUTE FROM		
	СО				AB FW	N						MEXICO TO DO FW?		
	GR				NF NW	Y						COMMUTE FROM		
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	СО	2 F A OTIVITY 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	V = 0.5 (4.11.11)		AB	N	ITV 00000	<u> </u>		1		MEXICO TO DO FW? Y N		
	* (C-5 ACTIVITY CODES: ON WRITE ACTIVITY	LY FOR "NW" (IN TH / FOR FW AND NF]	E U.S.A.)	** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):					ILE	*** C	-7 CODES: WHY LEF	T "FW" AND "NF"	?
201 = LOOKING FOR FW AND NF WORK 206 = FAMILY RESPONSIBILITIES/ 202 = LOOKING FOR FARM WORK WORK IN HOME					311 = FW IN FAMILY RANCH 312 = FW-HIRED					2 = I	1 = LAID OFF/END OF SEASON 8 = RETIRED 2 = FIRED 10 = QUIT			
203 = LOOKING FOR NF WORK 207 = IN SCHOOL 204 = WAITING FOR RECALL 208 = LAID UP DUF TO INJURY						320 = NF IN OWN BUSINESS: (SPECIFY IN GRID) 341 = NF IN "MAQUILA"					3 = FAMILY RESPONSIBILITIES 11 = CHANGE JOBS 4 = SCHOOL 97 = OTHER (SPECIFY):			
204 = WAITING FOR RECALL 208 = LAID UP DUE TO INJURY NOTICE(AFTER LAYOFF) 209 = IN-TRANSIT BETWEEN JOBS 205 = WAITING FOR START OF SEASON 210 = VACATION 211 = DID NOT LOOK FOR WORK						359 = NF- OTHER: (SPECIFY IN GRID) 361 = NW - MEDICAL TREATMENT 362 = NW - VACATION					MOVED HEALTH F	REASON		-2
							THER: (SPE	ECIFY IN GI	RID)	[]		-		

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C3

WORK GRID 89 County Farmworker ID REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2016 TO PRESENT C4 C5 C6 C8 C9 C10 C11 C12 C13 **C7** RECEIVED UNEMPLOYMENT? FW? **DATES FOR** ***FW # OF **PERIODS OF** WORK **COUNTY NAME STATE** AND **WRITE EMPLOYER'S NAME (** FW, NF, NW, AB NF? **ACTIVITY OR TASK DAYS** [IF IN A BORDER NF: FARM WORK, NON-**CROP** WHILE FW AND NF PER CITY **COUNTY ASK IF** WHY and **FARM WORK AND [USE CODES FOR** WEEK? **COMMUTE FROM** LEFT? WORK ABROAD) NW? *NW AND**AB] FW & MEXICO1 **COUNTRY** FROM: TO: AB? NF [CODE] FW NF Υ **COMMUTE FROM** NW MEXICO TO DO FW? N AB Υ Ν FW NF Υ **COMMUTE FROM** NW Ν **MEXICO TO DO FW?** AB Υ Ν FW NF Υ **COMMUTE FROM** NW **MEXICO TO DO FW?** Ν AB Ν FW NF Υ **COMMUTE FROM** NW Ν **MEXICO TO DO FW?** AB Υ N FW NF Υ **COMMUTE FROM** NW Ν **MEXICO TO DO FW?** AB N FW

COMMUTE FROM

MEXICO TO DO FW?

				7.0						Υ	N		
* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) [WRITE ACTIVITY FOR FW AND NF]				** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):					*** C-7 CODES: WHY LEFT "FW" AND "NF"?				?
202 = 203 = 204 =	LOOKING FOR FW AND NF WORK LOOKING FOR FARM WORK LOOKING FOR NF WORK WAITING FOR RECALL NOTICE(AFTER LAYOFF)	WORK IN 207 = IN SCHOO 208 = LAID UP I 209 = IN-TRANS	HOME DL DUE TO INJURY SIT BETWEEN JOBS	311 = FW IN F 312 = FW-HIR 320 = NF IN C 341 = NF IN " 359 = NF- OT	RED OWN BUSINE MAQUILA" HER: (SPEC	ESS: (SPEC		2 = FI 3 = F/ 4 = S0 5 = M	RED AMILY RE CHOOL OVED	END OF SE	LITIES 1	8 = RETIRED 0 = QUIT 1 = CHANGE JO 97 = OTHER (SPE	_
205 =	WAITING FOR START OF SEASON	211 = DID NOT I	LOOK FOR WORK	361 = NW - M 362 = NW - V 369 = NW - O	ACATION		ID)	-	EALTH R ACATION				

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County

7 = VACATION

Farmworker ID

[C1-C2 FOR OFFICE USE ONLY]

REPORT FROM FIRST PERIOD COVERING OCTOBER 01, 2016 TO PRESENT C1-C2 C15 C3 C4 **C5** C8 C9 C10 C11 C12 C13 C6 **C7** RECEIVED UNEMPLOYMENT? FW? **DATES FOR** ***FW # OF **PERIODS OF** GR PER. WORK **COUNTY NAME** STATE AND WRITE **EMPLOYER'S NAME (** FW, NF, NW, AB NF? AND **ACTIVITY OR TASK DAYS IIF IN A BORDER** NF: FARM WORK, NON-**SUB** CO WHILE FW AND NF PER CITY **COUNTY ASK IF** WHY **CROP** and **FARM WORK AND** PER. **[USE CODES FOR** WEEK? **COMMUTE FROM** LEFT? [FW WORK ABROAD) NW? NO. *NW AND**AB] FW & **COUNTRY** MEXICO] ONLY] FROM: TO: AB? NF [CODE] FW GR NF Υ **COMMUTE FROM** NW MEXICO TO DO FW? CO AB N FW GR NF Υ **COMMUTE FROM** NW Ν MEXICO TO DO FW? CO AB Υ Ν FW GR NF Υ **COMMUTE FROM** NW Ν **MEXICO TO DO FW?** CO AB Ν FW GR NF Υ **COMMUTE FROM** NW CO Ν **MEXICO TO DO FW?** AB N FW GR NF Υ **COMMUTE FROM** NW CO Ν **MEXICO TO DO FW?** AB FW NF GR Υ **COMMUTE FROM** NW CO MEXICO TO DO FW? Ν AB Υ N * C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) ** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE *** C-7 CODES: WHY LEFT "FW" AND "NF"? [WRITE ACTIVITY FOR FW AND NF] IN A FOREIGN COUNTRY OR ABROAD): 201 = LOOKING FOR FW AND NF WORK 206 = FAMILY RESPONSIBILITIES/ 311 = FW IN FAMILY RANCH 1 = LAID OFF/END OF SEASON 8 = RETIRED 202 = LOOKING FOR FARM WORK **WORK IN HOME** 312 = FW-HIRED 2 = FIRED 10 = QUIT203 = LOOKING FOR NF WORK 207 = IN SCHOOL 320 = NF IN OWN BUSINESS: (SPECIFY IN GRID) 3 = FAMILY RESPONSIBILITIES 11 = CHANGE JOBS 204 = WAITING FOR RECALL 97 = OTHER (SPECIFY): 208 = LAID UP DUE TO INJURY 341 = NF IN "MAQUILA" 4 = SCHOOL NOTICE(AFTER LAYOFF) 209 = IN-TRANSIT BETWEEN JOBS 359 = NF- OTHER: (SPECIFY IN GRID) 5 = MOVED 205 = WAITING FOR START OF SEASON 210 = VACATION 361 = NW - MEDICAL TREATMENT 6 = HEALTH REASON

369 = NW - OTHER: (SPECIFY IN GRID)

362 = NW - VACATION

211 = DID NOT LOOK FOR WORK

212 = OTHER: (SPECIFY IN GRID)

	TO OCTO	DBER 201 D IN WO	6, YEAR RK GRID	DM OCTOBER 2015 BEFORE THE ONE I, how many months	D30		did you get this job? [DO NOT READ CHOICES. MARK ONE RESPONSE]
	did you o	IO (FW) in UALS 1 MO	the U.S. NTHI	.? [1 DAY OR MORE PER	□ 1	I API	PLIED FOR THE JOB ON MY OWN
			<u> </u>	al.	□ 4	I WA	S RECRUITED BY A GROWER OR HIS FOREMAN
			mc	onths	□ 5	I WA	S RECRUITED BY FARM LABOR CONTRACTOR OR
D2	[IF NON-F	ARM JOB	LISTED (ON WORK GRID]: For		HIS	FOREMAN
	_			n (NF) employer, how	□ 6	I WA	S REFERRED BY THE EMPLOYMENT SERVICE
	•	•	eek did	you work on	7	I WA	S REFERRED BY THE WELFARE OFFICE
	average ²	? 					S REFERRED BY RELATIVE / FRIEND / WORKMATE
			h	ours	□ 9	I WA	S REFERRED BY LABOR UNION
	ı						LABORER / PICKED UP AT SHAPE UP
				For your most recent		Othe	
				ow much were	_ 0,		
	you paid	per week	on aver	age?			NP – HANDLING PESTICIDES
	•						(IN THE U.S.A.)
	\$,		J·		ملد مدا	a last 40 mantha, have you landed mived or applied
D27			•	u worked for this YEAR=ONE YEAR]	NP1t.		e last 12 months, have you loaded, mixed or applied cides?
		г		7		□ 0	NO
				years		_ 0 □ 1	_
		_		_			
D22	result o	f your wo health ir	ork, doe	k or get sick as a es your employer e or pay for your	NT2a.	anyo of po lectu	NT – TRAINING AND INSTRUCTIONS e last 12 months, with your current employer, has one given you training or instructions in the safe use esticides (through video, audio, cassette, classroom ures, written material, informal talks or by any other
	□ 1	YES	□ 95	DON'T KNOW		mea	ns)?
D23	result payme	of your	work, de you are	ork or get sick as a property or you get any property (i.e., on")?			NO YES
	_				" T L.	£ - 11	NS – SANITATION SECTION
	□ 0 □ 1	NO YES	□ 95	DON'T KNOW		nt FW	ring questions refer to sanitation at your job with your employer: Does your current employer provide EVERY
D24	If you a	e injured	d or get	sick off the job			
D 2-7				ur employer	NS1	. (pot	able) clean drinking water and disposable cups?
				e or pay for your			WATER NO OURO
				R NOT THE WORKER	□ 0		VATER, NO CUPS
	TAKES IT	OR USES IT]		□ 1 -		WATER ONLY
	□ 0	NO			□ 2 -		WATER AND DISPOSABLE CUPS
	□ 1	YES	□ 95	DON'T KNOW	□ 95	DON	'T KNOW
			_ 33	DON'T MINOW			
D26	Are voi	ı covered	bv uner	nployment insurance	NS4		toilet (EVERY DAY)?
		ose this j		. ,			NO
						□ 1	YES
	□ 0	NO				□ 95	DON'T KNOW
	□ 1	YES	□ 95	DON'T KNOW			
					NS9	(pr	ovide) water to wash hands (EVERY DAY)?
						•••	NO (
						□ 1	YES
							DON'T KNOW
						_ 55	iuioii

CURRENT FARM JOB Now I am going to ask you some questions about the FW you are CURRENTLY performing for the EMPLOYER through whom we contacted you [INCLUDED IN A WORK GRID PERIOD]. D4 How many hours did you work last week at your current farm job?	D11 Are you paid: □ 1BY THE HOUR? □ 2BY THE PIECE? [SKIP TO D13] □ 3COMBINATION HOURLY WAGE AND PIECE RATE? [ASK D12 THRU D18] □ 4SALARY OR OTHER? [SKIP TO D19] D12 How much per hour (to nearest cent)? [IF PAID ONLY BY THE HOUR, ENTER AMOUNT AND SKIP TO D22. IF COMBINATION, ENTER AMOUNT AND CONTINUE WITH
[D5 TO D8: IF SHE/HE HAS NOT RECEIVED PAYMENT YET FOR CURRENT CROP, ASK FOR ESTIMATES]: Can you tell me how you were paid and the amount your employer paid you on your last pay day? D5 After taxes:	\$ per hour 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]
D6 Before taxes: \$	D14 [IF CREW PIECE RATE]: How many people are in your crew? [ONE IS NOT A POSSIBLE ANSWER] D15 [IF BY PIECE]: How do they pay you/your crew [i.e., UNIT OF MEASURE SUCH AS BOX, BIN, BUCKET, ETC.]?
D62 Did you get a receipt? D0 NO D1 YES D7 For what time period was that payment? D1 ONE DAY? D4 ONE MONTH? D2 ONE WEEK? D7 OTHER?: D3 TWO WEEKS?	D16 [IF BY PIECE]: How many of these (in D15 e.g., boxes, bins, buckets, etc.) you/your crew do in an average day? D17 [IF BY PIECE]: How many hours per day you/your crew work on average at this task?
D8 How many hours did you work during that period (in D7)? hours D9Now - with your current employer - you already told me that the crop you are currently working is:	hours [IF BY PIECE]: How much do "they" pay you/your crew on average for each (box bin, bucket, etc. In D15)? \$,
D10 And you told me that - with your current employer - the task you are now doing is:	[IF PAID BY SALARY, OR OTHER]: Explain fully how and how much you are paid (salary or other). Explain thoroughly the method and amount of payment. [USE BACK OF PAGE IF NEEDED]:

"Now I'm going to ask you some questions about your individual and family income for last year (2016)"											
	What was your <u>total personal</u> income last year - in 2016 - in U.S. dollars [U.S. earnings only FOR <u>FW AND NF]</u> ? [READ OR SHOW CHOICES. MARK ONLY ONE]	G2C How much of that income [in "G1A"] was from agricultural employment (U.S. earnings only for FW)? [READ OR SHOW CHOICES. MARK ONLY ONE]			G3C What was your family's total income last year - in 2016 - in U.S. dollars [U.S. earnings for FW AND NF for all in "FAMILY GRID"]? [READ OR SHOW CHOICES. MARK ONLY ONE]						
	LESS THAN 1,000 1,000 TO 2,449 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 20,500 TO NORE 20,500 TO 1,499 20,60,000 OR MORE 20,500 TO 59,999 20,60,000 OR MORE 20,500 TO 59,999 20,60,000 OR MORE 20,500 TO 5,4999 20,60,000 OR MORE	□ 21	DID NOT WO ESS THAN 1,000 TO 2,44,500 TO 4,95,000 TO 122,500 TO 177,500 TO 177,500 TO 277,500 TO 277,500 TO 377,500 TO 597,500 TO 597,5000	49 99 99 99 2,499 2,499 2,499 2,499 2,499 2,499 2,499 2,499 2,499 2,999 2,499 2,999 2,999 2,999 2,999 2,999 2,999 2,999 2,999	0 0 21 22 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	DID NOT WOR LESS THAN 1,1,000 TO 2,449 2,500 TO 4,999 5,000 TO 7,499 7,500 TO 9,999 10,000 TO 12,4 12,500 TO 14,9 15,000 TO 17,4 17,500 TO 19,9 20,000 TO 22,4 22,500 TO 24,9 25,000 TO 27,4 27,500 TO 29,9 30,000 TO 32,4 32,500 TO 34,9 35,000 TO 37,4 37,500 TO 39,9 40,000 TO 44,9 45,000 TO 54,9 55,000 TO 59,9 60,000 OR MONDK (DON'T KN RF (REFUSE)	99 99 99 99 99 99 99 99 99				
	GA-2 Now, I	am going to ask	you some	questions about your healt	h						
Over t	he <u>last 2 weeks,</u> how often have you been bothing problems?	nered by the	Not at all	Several days	More than	n 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 worryin	g? ⇒	0	1		2	3				
	(FOR OFFICE CODING: TOTAL SCORE	T=		+	+		+				

	NH - PERSONAL HEALTH - LIFE HISTORY [ASK ALL]:											
a. Have you ever – in your wh doctor or nurse (health pra following condition			me "a'	e you currently taking edication, for this condition (ir "), that was prescribed by a edical provider?	า 📗	doctor	or nurse for (co	in the U.S. and/or ondition "YES" in O "AB" MARK BOTI	r abroad, have you seen a n COLUMN "a")? [IF ANSWER IS H]			
NH5heart disease? □ 0 NO □ □ 1 YES: □ 95 RF □ □ 96 DK □	<u> </u>		□ 0 NO			□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":						
NH1asthma? □ 0 NO □ 1 YES: □ 95 RF □ 96 DK □				□ 0 NO □ 1 YES			□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":					
NH11cancer? 0 NO 1 1 YES: (TYPE OR KIND OF CAN 0 95 RF 0 96 DK			□ 0 □ 1	NO YES	- 1	NO YES, YES,	IN THE U.S.A.					
·	NH – INDIVIDUAL	PERSONAL HEALTH	HISTO	PRY (LIFETIME) [INTERVIEWER: F	IRST A	ASK ALL	QUESTIONS IN	FIRST COLUMN.]				
a. And have you ever <u>in your</u> whole life – been told by a doctor or nurse that you have	b. ever been tested for this condition?	c. What was the ou (result)?		d. When was the last test taken?	Wher the take	e was test en?: CODE]	Are you currer	r this condition as prescribed	g. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition in "a")?			
NH3high blood pressure? □ 0 NO □ 1 YES □ 96 DK □ 95 RF □	□ 1 YES ➡	☐ 1 NORMAL ☐ 2 PREHYPERTEN ☐ 3 HIGH ☐ 4 DID NOT RECE ☐ 96 DK (FORGOT)	IVE IT	☐ 1 0 TO 12 months ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 96 DK (FORGOT)			□ 0 NO		□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":			
NH12high cholesterol? □ 0 NO □ 1 YES □ 96 DK □ 95 RF	□ 0 NO ↓ □ 1 YES □	☐ 1 NORMAL ☐ 2 BORDERLINE ☐ 3 HIGH ☐ 4 DIDN'T RECEIV ☐ 96 DK (FORGOT)	/E IT)	☐ 1 0 TO 12 months ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 96 DK (FORGOT)			□ 0 NO		□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":			
		AS	K ONL	Y TO FEMALE RESPONDENT (FO	or wo	MEN O	NLY)					
	□ 1 YES 🖈	☐ 1 NORMAL ☐ 2 ABNORMAL ☐ 4 DID NOT RECE ☐ 96 DK (FORGOT))	☐ 1 0 TO 12 months ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 96 DK (FORGOT)								
	*CODES FOR (COLUMN "e"): NH3 - NH12 - NH13											
1 = COMMUNITY/MIGRANT HEALTH 2 = PRIVATE MEDICAL DOCTOR'S			B = HOS B = EME	SPITAL ERGENCY ROOM			DENTIST OTHER:	95 = 96 =				

CONTINUATION OF NH - INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME) [INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]												
a. And how about these other conditions, have you ever in your whole life – been told by a doctor or nurse that you have the following conditions	d. ever been tested for this condition?	e. What was the outcome (result) of the last test?	f. When was the last test taken?	g. Where was the test taken?: *[ENTER CODE]	b. Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?	c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for this condition (in "a")? [IF ANSWER IS "YES" FOR THE U.S. AND "AB" MARK BOTH]						
WOMAN, AND ANSWER IS "YES" ASK]: Was it diagnosed during	□ 0 NO ↓ □ 1 YES ➡ □ 95 DK ↓	☐ 1 NORMAL ☐ 2 HIGH SUGAR LEVEL ☐ 3 LOW SUGAR LEVEL ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YEARS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		□ 0 NO □ 1 YES	□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":						
NH14HIV (AIDS)? □ 0 NO □ □ 1 YES □ □ 1	□ 0 NO ↓ □ 1 YES ➡ □ 95 DK ↓	☐ 1 POSITIVE ☐ 2 NEGATIVE ☐ 3 INCONCLUSIVE ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		□ 0 NO	□ 0 NO □ 1 YES, IN THE U.S.A .□ 2 YES, "AB":						
□ 1 YES □ □ 96 RE □	□ 0 NO	☐ 1 NORMAL ☐ 2 ABNORMAL ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		□ 0 NO	□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":						
□ 0 NO □ 1 YES □ 1 OF PS	□ 0 NO	☐ 1 POSITIVE ☐ 2 NEGATIVE ☐ 4 DIDN'T RECEIVE IT ☐ 95 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		□ 0 NO	□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":						
□ 1 YES:	□ 0 NO	☐ 1 POSITIVE ☐ 2 NEGATIVE ☐ 4 DIDN'T RECEIVE IT ☐ 96 DK (FORGOT)	☐ 1 0 TO 12 MONTHS ☐ 2 13 TO 24 MONTHS ☐ 3 2 TO 5 YRS ☐ 4 MORE THAN 5 YRS ☐ 95 DK (FORGOT)		□ 0 NO	□ 0 NO □ 1 YES, IN THE U.S.A. □ 2 YES, "AB":						
*CODES FOR COLUMN "g" COMMUNITY/MIGRANT HEALTH CENTER 3 HOSPITAL 5 DENTIST 96 = RF PRIVATE CLINIC OR DOCTOR'S OFFICE 4 EMERGENCY ROOM 95 = DK 97 OTHER:												

[REV. Mar 10, 2017]

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: ...

JOPTIONS AND MARK ALL RESPONS	ຣ⊵ຣ]in the LAS	SI YEAR, (LAST 12 MON	i HS), in the USA,have	e you used any type of health care service from doctors, nurses, dentists, clinics, or hospitals:
NOTE: EXPLAIN THAT ILLNESS BELOW REFERS TO: "A physical illness, as well as a mental health problem or substance abuse."	*HA2And where did you go (last time)? (kind of place) *[ENTER CODES]	HA3 When (last time)?	**HA4 Did you get any help to pay for the cost of that health service?***["YES" OR "NO", ASK HOW IT WAS PAID. ENTER CODES - ALL THAT APPLY]:	HA5 In general, how satisfied were YOU with the care YOU received at your LAST visit for ("YES" in HA2)? [ASK ALL OPTIONS, MARK ONE]: Were you Health care received at that visit? **[ENTER CODE] ***HA6 Why weren't you (completely) satisfied with the health care received at that visit? [If "NO" in "HA1", ask]: Why have you not used the health services for ["NO" in "HA1"] [ENTER CODES]
□ aFOR ILLNESS? □ 0 NO: [ASK HA7] □ 1 YES □ □ 95 DK □ 96 RF □		☐ 1. LAST MONTH ☐ 2. 2 TO 6 MONTHS ☐ 3. 7 TO 12 MONTHS ☐ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1VERY SATISFIED? ↓ □ 2SOMEWHAT SATISFIED? [ASK HA6] □ 3NOT AT ALL SATISFIED? [ASK HA6] □
□ bFOR INJURY? □ 0 NO:[ASK HA7] □ 1 YES ➡ □ 95 DK □ 96 RF □		☐ 1. LAST MONTH☐ 2. 2 TO 6 MONTHS☐ 3. 7 TO 12 MONTHS☐ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1VERY SATISFIED? ↓ □ 2SOMEWHAT SATISFIED? [ASK HA6] □ 3NOT AT ALL SATISFIED? [ASK HA6] ⇒
□ cFOR ROUTINE OR PREVENTIVE CARE? □ 0 NO:[ASK HA7] □ 1 YES □ □ 95 DK □ 96 RF □		□ 1. LAST MONTH □ 2. 2 TO 6 MONTHS □ 3. 7 TO 12 MONTHS □ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1VERY SATISFIED? ↓ □ 2SOMEWHAT SATISFIED? [ASK HA6] □ 3NOT AT ALL SATISFIED? [ASK HA6] □
□ dFOR DENTAL TREATMENT OR PREVENTIVE CARE? □ 0 NO:[ASK HA7] □ 1 YES □ □ 95 DK □ 96 RF □		□ 1. LAST MONTH □ 2. 2 TO 6 MONTHS □ 3. 7 TO 12 MONTHS □ 95 DK	□ 0 NO: [ENTER CODES] □ 1 YES: [ENTER CODES]	□ 1VERY SATISFIED? ↓ □ 2SOMEWHAT SATISFIED? [ASK HA6] □ 3NOT AT ALL SATISFIED? [ASK HA6] □
*CODES FOR "HA2" 1 COMMUNITY/MIGRANT	IST own 2 Med 3 Publ char IER: 4 Emp heal 5 Self	loyer provided th plan 95 or family bought 96	'HA4" Billed, but did not pay Worker's compensation I paid some (copay) 5 = DK 5 = RF Cother:	****CODES FOR "HA6" 1 COST TOO MUCH 2 HAD TO WAIT TOO LONG 3 LANGUAGE PROBLEM - COULD NOT COMMUNICATE 4 MISTREATED BY DR. OR OTHER STAFF OR OTHER:

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

☐ 3. Children?

☐ 4. Other?:

								31
			DA. DIC	SITAL ACCE	SS			
DA1	Do you or any member of your family ["Household Grid"] have access to digit information sources (i.e., internet, cellular phone with internet, etc.)?	al		What dev	ices? [MARK RESP	ONSES FOR DEVI	CES " / "]	
	[CHECK WHO IF "YES"]	DA2 Computer	DA3 Cellular	phone with Ir	nternet DA4 Cellula	r phone with Tex	t DA5 Tablet	DA6 Other device? [Specify]:
□ 1	Worker? □ 0 NO □ 1 YES	□ 0 NO □ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO □ 1 YES	□ 0 NO □ 1 YES
□ 2	Spouse? □ 0 NO □ 1 YES	□ 0 NO □ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO □ 1 YES	□ 0 NO □ 1 YES
□ 3	Children? □ 0 NO □ 1 YES	□ 0 NO □ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO □ 1 YES	□ 0 NO □ 1 YES
□ 4	Other?: □ 0 NO □ 1 YES	□ 0 NO □ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO	□ 1 YES	□ 0 NO □ 1 YES	□ 0 NO □ 1 YES
DA	7. Have you used, or has anyone helped you use, any digital device to seek or obtain information about	DA8.		ices have yo ALL RESPO			(in "DA8 ["])	ed you use the device to seek or obtain the n (in "DA7")? [MARK NSES:]
	health or health insurance?	□ a. COMPUTER □		Where?:			□ 1. Self	□ 2. Spouse?
□0	NO ↓ □ 1 YES	□ b. TABLET □ c. CELLULAR PHONE W	/ITH INTERNET	Where?: [□ d. CELLU	LAR PHONE WITH TE	XTING	□ 3. Children?	□ 4. Other?:
	seeking employment?	□ a. COMPUTER □		Where?:			□ 1. Self	□ 2. Spouse?
	NO ↓ □1 YES	□ b. TABLET □		Where?:]	
		☐ C. CELLULAR PHONE W	/ITH INTERNET		JLAR PHONE WITH TE	XTING	☐ 3. Children?	□ 4. Other?:
c. □∩	training and/or education?	□ a. COMPUTER □		Where?:			☐ 1. Self	□ 2. Spouse?
		□ b. TABLET □ C. CELLULAR PHONE W	/ITH INTERNET	Where?: □ d. CELL	JLAR PHONE WITH TE	XTING	☐ 3. Children?	□ 4. Other?:
	child care?	□ a. COMPUTER		Where?:			□ 1. Self	□ 2. Spouse?
 0	NO ↓ □ 1 YES □	□ b. TABLET □ C. CELLULAR PHONE W	/ITH INTERNET	Where?: □ d. CELLU	LAR PHONE WITH TE	XTING	□ 3. Children?	□ 4. Other?:
	housing?	□ a. COMPUTER		Where?:			□ 1. Self	□ 2. Spouse?
	NO ↓ □1 YES □	□ b. TABLET ===		Where?:				П 4. ОШ-210
		C. CELLULAR PHONE W	ITH INTERNET		JLAR PHONE WITH TE	XTING	□ 3. Children?	☐ 4. Other?:
f.	benefits? [e.g., Unemployment, Social Security, food stamps, retirement, etc.]	□ a. COMPUTER		Where?:			☐ 1. Self	□ 2. Spouse?
□ 0	NO ↓ □ 1 YES: SPECIFY:	□ b. TABLET □ C. CELLULAR PHONE W	/ITH INTERNET	Where?: □ d. CELLU	LAR PHONE WITH TE	XTING	□ 3. Children?	□ 4. Other?:
g.	other?: [SPECIFY]:	□ a. COMPUTER		Where?:			□ 1. Self	□ 2. Spouse?
		□ b. TABLET ===		Where?:			Ī I	

□ C. CELLULAR PHONE WITH INTERNET □ d. CELLULAR PHONE WITH TEXTING

KLV. Wai 10, 2017]		EDUCATION A	IND INAMINO	U.INAW32017 (UNID DIVAL	13 2010-2017 (OIVID CleanDrait/ Lit	igiisiiwak 17 2017.wpu
ET1. In the USA or any other country, hav Even if not completed. They could h	e you participated in or atten ave been [Intwr: first ask al	ded any type of educational p	program, training or c "f") and explain and	lasses that are work-re provide examples for e	lated in FW or NF or impo ach one;	ortant to you in any other way?
[FOR EACH QUESTION, REFER TO	ET2. Where (venue	•	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.	ET7. And this training program, has it helped (will help) you for a better job or in any other way? [WRITE RESPONSE]
aheat? □ 0 NO	□ 1 USA: □ 2 OTHER COUNTRY:	Number of hours?:	□ 0 NO Why not?:	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: \$	□ 0 NO Why?: □ 1 YES How?
bpesticides? □ 0 NO ♣ □ 1 YES: □ FW: ♣ □ NF: ♣ SPECIFY	☐ 1 USA: ☐ 2 OTHER COUNTRY:	Number of hours?:	□ 0 NO Why not?:	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: \$	□ 0 NO Why?: □ 1 YES How?
C injuries? □ 0 NO □ 1 YES: □ FW: □ NF: □ SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: Number of hours?: hrs	□ 0 NO Why not?:	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?:	□ 0 NO Why?: □ 1 YES How?
dany other safety training? □ 0 NO ♣ □ 1 YES: □ FW:♣ □ NF: ♣ SPECIFY	☐ 1 USA: ☐ 2 OTHER COUNTRY:	Number of hours?	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?:	□ 0 NO Why?: □ 1 YES How?:
ebesides "safety training," any other training received here (current work) or in any other work you may have had (OJT)?	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: Number of hours?: hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]	□ 0 NO □ 1 YES. How much?: \$	□ 0 NO Why?: □ 1 YES How?:
kind of work?	☐ 1 USA: ☐ 2 OTHER COUNTRY:	Year?: Number of hours?: hrs	□ 0 NO Why not?:	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?:	□ 0 NO Why?: □ 1 YES How?:
gGED classes? □ 0 NO □ 1 YES: □ FW: □ NF: □ SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: Number of hours?: hrs	□ 0 NO Why not?: □ 1 YES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: \$	□ 0 NO Why?: □ 1 YES How?:
*CODES FOR "ET2": 1. WORKPLACE CENTER 3. COMMUNITY 2. COMMUNITY CENTER 4. CHURCH	COLLEGE 5. ADULT SCHOO		3. No transpo		care 7. Applied, didn't c	

		[continuation: Educ	ation and Training	g]		
LAST TIME . IF YES, SPECIFY BY ASKING FOR OCCUPATION AND INDUSTRY. MARK IF "FW" OR "NF"] Like	ET2. Where (venue or provider facility)? *[GIVE EXAMPLES.ENTER CODE] [FOR OTHER COUNTRY, ENTER COUNTRY AND VENUE]	and Total hours per week/day?)	completed it? **[ENTER CODES	ET5. Have you received a credential, diploma or license [for program]? [Specify]	Did you pay anything	ET7. And this training program, has it helped (will help) you for a better job or in any other way? [WRITE RESPONSE]
hEnglish as a Second Language (ESL)? □ 0 NO □ □ 1 YES: □ FW: □ NF: □ SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: Number of hours?: hrs	□ 0 NO Why not?: □ 1 YES	□ 1 YES [Specify]	□ 0 NO □ 1 YES. How much?: \$	□ 0 NO Why?: □ 1 YES How?:
like classes in math, reading and writing? □ 0 NO ↓ □ 1 YES: □ FW: ↓□ NF:↓ SPECIFY	□ 1 USA: □ 2 OTHER COUNTRY:	Year?: Number of hours?: hrs	LI TES	□ 0 NO □ 1 YES [Specify]:	□ 0 NO □ 1 YES. How much?: \$	□ 0 NO Why?: □ 1 YES How?:
*CODES FOR "ET2": VENUE 1. WORKPLACE CENTER 3. COMMUNITY COLLEGE 5. ADULT SCHOOL 2. COMMUNITY CENTER 4. CHURCH 1. Too old to study 3. No transportation 3. No transportation 5. No child care 7. Applied, didn't qualify 97. Other: 2. Did not learn (Will not learn) 4. Too tired to continue 6. Too far 8. "Don't qualify" didn't apply 97. Other:						
ET8. Have you ever considered (the vocational training or special better jobs, better pay or chall be one why not? [Mark all real a. Too old to study b. Did (Will) not lead c. No transportation	al classes to help you im ange careers, etc.?: esponses]: □ e. No child care □ f. Too fare □ x. Other:	prove your skills to obta	ain (city), و attend ت O NO و	of any kind, and then a program? ,Why not? [Mark all r □ a. Too old to study □ b. Did (Will) not lea □ x. Other:	e were no obstacles	KERS in this location to attend, would you
□ 1 YES: What kind of traini	ing or classes?.		a.	Which training cl	ass would you cor	nsider attending?
ET9. Have you heard of training to the state of training harms. What kind of training harms.	□1 YES [ASK E	workers?: T10 and ET11]	ET13. Do yo	-	alified to work in a	any other job with a
	oo tired to continue □ g. A o child care □ h. I	-	□ 0 N	r pay here (current NO YES. What kind of wor		er place (employer)?:

L1

LEGAL STATUS

L2b PROGRAMS [DO NOT READ OPTIONS]:

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.

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]	- 1	PROGRAM ["TIME"]			
2	I AM A NATURALIZED U.S. CITIZEN (FOREIGN BORN, NATURALIZED). (ASK: "BEFORE BECOMING A NATURALIZED U.S. CITIZEN, UNDER WHICH PROGRAM	□ 2	AMNESTY UNDER SAW (90 DAY) PROGRAM ["FW" - "FIELD WORK"]			
	DID YOU APPLY TO OBTAIN YOUR PERMANENT		CUBAN/HAITIAN ENTRANT			
	RESIDENCE?") [POSSIBLE ANSWERS IN L2: 1 - 9, 97). THEN ASK: L4-1, L4-2, AND L4-3]	4	SPOUSAL PETITION PROGRAM/FAMILY UNITY			
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]			LABOR CERTIFICATION PROGRAM			
			REGISTRY PROGRAM			
BORDER CROSSING CARD/COMMUTER CARD (RIGHT TO			POLITICAL ASYLUM			
	CROSS THE BORDER AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?")	□ 8	REFUGEE			
	[POSSIBLE ANSWERS: 9, 12, 13, Y 97. THEN ASK: L3, L4-1 AND L4-2]	□ 9	PROTECTIVE STATUS (TEMPORARY)			
□ 5	PENDING STATUS (WITHOUT DOCUMENTS, APPLIED, AWAITING OFFICIAL DECISION) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1-	- 10	GUEST WORKER PROGRAM ["BRACERO"]			
	9, 97. THEN ASK: L3, AND L41]	- 11	STUDENT			
□ 6	UNDOCUMENTED (APPLICATION DENIED/DID NOT APPLY TO ANY PROGRAMS) [POSSIBLE ANSWERS:	□ 12	TOURIST			
	"NONE". SKIP TO NEXT PAGE]	□ 13	BORDER CROSSING CARD/ "PASSPORT"			
07	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]	□ 14	DACA (Deferred Action for Childhood Arrivals. • Entered USA under 16 yrs. old before June			
□ 8	OTHER [IF RELEVANT AND APPROPRIATE ASK L2, L3, L4-1, L4-2, AND L4-3. THEN SKIP TO NEXT PAGE]:		 15, 2007; Under 31 as of June 15, 2012. Have continuously resided in the USA from June 15, 2007 to the present) 			
		- 97	OTHER:			
		□ 99	NOT ANSWERED			
L3 Do you have general work authorization?:						
□ 0 NO □ 1 YES □ 95 DON'T KNOW □ 96 REFUSE						
1 When did you apply to the program (in L2)? 2 [Only for those who responded program (in L2)? 3 [Only for those who responded "2" in L1]: When did you obtain your legal status? 4 DATE STATUS BECAME EFFECTIVE: 5 [Only for those who responded "2" in L1]: When did you obtain your naturalization/ become a U.S. citizen?						
(Mo	onth) / (Year) (Month) / (Year)		(Month) / (Year)			



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 Department of Labor because you are currently working on a farm. The purpose of the survey is to learn more about the employment, living conditions, and the health of farm workers.

PROCEDURES TO BE FOLLOWED

You will be asked to answer some questions about your work history and about your health. The interview will last approximately 60 minutes.

RISKS

Since we will only be asking you questions, there is very little risk to you as a result of being in the survey. You may refuse to answer any question at any time, with no penalty.

BENEFITS

There are no direct benefits to you from being in the survey. Information obtained through this research, however, may help federal, state, and private farm worker programs improve services to workers like you.

PRIVACY

Your answers to the interview will be kept private to the extent allowed by law. This means that the interview record will be kept in a locked file, and only researchers on the survey will be allowed to see it. Your name will not appear on any reports about the survey. (See back of page for details.)

ALTERNATIVES TO PARTICIPATION

Participating in this survey is voluntary and you can quit at any time. You can also choose not to participate in any part of the interview at any time, with no penalty. Whether or not you participate in this survey will not affect benefits and services to which you are normally entitled. You will be paid for the time you are spending in this interview. At any time, you may ask the researchers to explain any part of the survey.

WHO TO CALL WITH QUESTIONS

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

nave read and understand the statement above. My questions about any unclear or confusing	
tatements have been answered clearly. I agree to participate in this survey as a research subject	. I
dmit 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, Evaluation and Research, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



JBS International, Inc. 555 Airport Boulevard, Suite 400 urlingame, CA 94010-2002

> hone: 650.373.4900 ax: 650.348.0260

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There are no direct benefits to you from being in the survey. Information obtained through this research, however, may help federal, state, and private farm worker programs improve services to workers like you.

PRIVACY

Your answers to the interview will be kept private to the extent allowed by law. This means that the interview record will be kept in a locked file, and only researchers on the survey will be allowed to see it. Your name will not appear on any reports about the survey. (See back of page for details.)

ALTERNATIVES TO PARTICIPATION

Participating in this survey is voluntary and you can quit at any time. You can also choose not to participate in any part of the interview at any time, with no penalty. Whether or not you participate in this survey will not affect benefits and services to which you are normally entitled. You will be paid for the time you are spending in this interview. At any time, you may ask the researchers to explain any part of the survey.

WHO TO CALL WITH QUESTIONS

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

I have read and understand the statement above. My questions about any unclear or confusing statements have been answered clearly. I agree to participate in this survey as a research subject. I admit that I have received a copy of this form and \$20 for my participation.

Signature of Subject	Date
(See reverse)	

In accordance with the Privacy Act of 1974, as amended (5 U.S.C.552a), we are notifying you that this study is authorized by the U.S. Department of Labor, Employment and Training Administration (ETA). Your voluntary participation is important to the success of this study and will enable the ETA to understand the labor market and living experiences of U.S. farmworkers. Under written agreement with research organizations, the ETA may release certain information necessary for research but only after all identifying information has been removed. Unless required by law, or necessary for litigation or legal proceedings and except as indicated in this statement, we will hold all personal identifiers (e.g. name, address, and social security number) in total confidence and will not release them.

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, Evaluation and Research, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.