

October 5, 2017

NOTE TO THE
REVIEWER OF:
FROM:

OMB CLEARANCE 1220-0141

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SUBJECT:

Submission of materials for cognitive pre-testing of the Spanish Household Survey of Occupational Injuries and Illnesses (HSOII)

Please accept the enclosed materials for approval under the OMB clearance package number 1220-0141. In accordance with our agreement with OMB, we are submitting a brief description of the research, and the materials to be used in the research.

We will be conducting 40 in-person interviews (two rounds of 20 each) with monolingual Spanish speakers. Of the twenty people we interview each round, we will select fifteen people who have experienced a workplace injury or illness in the past two years. In selecting respondents for the interviews, priority will be given to those who reported experiencing an injury or illness in the past year. The goal of this study is to develop and cognitively test a Spanish version of the HSOII that is culturally equivalent to the English version, which has previously undergone cognitive testing in 2016.

The BLS estimates that the total burden will be 47 hours.

If there are any questions regarding this project, please contact Robin Kaplan at (202) 691-7378 or Polly Phipps at (202) 691-7513.

Cognitive Pre-Testing of the Spanish Household Survey of Occupational Injuries and Illnesses (SOII)

I. Background and Purpose

The Bureau of Labor Statistics' (BLS') Survey of Occupational Injuries and Illnesses (SOII) is a primary source of information on nonfatal injuries and illnesses that take place in the workplace in the United States. The SOII is collected yearly from a sample of employers who report information from their Occupational Safety and Health Administration (OSHA) logs and other materials. Existing research points to an underestimate of injuries and illnesses in the SOII attributed to a variety of factors including incentives for employers and employees to underreport these occurrences. The BLS has been investigating underreporting of occupational injuries and illnesses in the SOII for some years. That research has yielded a greater understanding of underreporting in the SOII and some limited improvements that can be made to SOII collection. BLS sponsored additional research into the issue of undercounting that included employer interviews about recording practices, matching multiple years of SOII and workers' compensation data, and exploring ways to improve consistency of reported data through computer-assisted coding (Wiatrowski, 2014). This research has yielded a greater understanding of underreporting in the SOII and some limited improvements that can be made to SOII collection.

In an attempt to improve workplace injury and illness reporting, BLS is investigating the feasibility of a Household Survey of Occupational Injuries and Illness (HSOII). A household survey would be expected to produce estimates that are not filtered by establishment-level reporting involved in the SOII and would sample from the universe of all workers. Under a task order for the BLS in 2015, Westat investigated the feasibility of an employee-based SOII, and provided recommendations for pilot test designs in a literature review summary report (Rizzo, Helba, & Brick, 2015). The goal of this study is to develop and cognitively test a Spanish version of the HSOII that is culturally equivalent to the English version, which has previously undergone cognitive testing in 2016. Westat, along with Research Support Services (RSS), will assist BLS in developing and implementing two rounds of cognitive testing of the HSOII in Spanish. RSS will lead the cognitive interview effort, with Westat providing overall corporate support as well as a lead role in protocol development, analysis, and reporting of results.

II. Participants

For this study, researchers will conduct in-person cognitive interviews with monolingual Spanish speakers to ensure the Spanish HSOII is culturally equivalent to the English version that underwent cognitive testing in 2016.

We will recruit a sufficient number of respondents to conduct a total of 40 interviews (two rounds of 20 each) in Spanish with the following characteristics:

- 15 people per round who report having experienced a workplace injury;
 - Note: we will aim to recruit folks with injuries in the past year, but to stay on schedule, if needed, we will accept folks with injuries or illnesses up to two years old.
 - Monolingual Spanish speakers (i.e., those who self-report that they do not speak English well or do not speak it at all);
 - Diverse demographic breakdown by national origin including North, Central (including the Caribbean) and South America;
 - Range of ages;
 - Both males and females; and
 - Education levels of less than high school, high school completed, some college, and college and beyond (e.g., graduate school).

To test the HSOII questionnaire with speakers of all major varieties of Spanish spoken in the United States, and to be sure to cover the largest national groups, we will recruit and interview in five metropolitan areas across both rounds of interviewing.

III. Methodology

Trained researchers from Research Support Services (RSS) will conduct the in-person cognitive interviews using the Spanish protocol (Attachment 1). The Spanish protocol includes the following sections:

- A. Screener for injury/illness
- B. Injury or illness
- C. Medical attention
- D. Effect on work

- E. Effect on pay
- F. Occupation and Industry at time of injury or illness
- G. Demographic characteristics
- H. Current industry & occupation
- I. Landline phone use

Respondents who report multiple injuries/illnesses will repeat sections B-F for up to two injuries.

Researchers will ask probes retrospectively after each section is complete. Some of the probes address issues that were identified during the English cognitive testing effort. For example, certain questions did not work well for individuals who had a gradual onset injury/illness like carpal tunnel syndrome. The remaining probes were included to identify any comprehension and/or Spanish translation issues.

Each round of interviews will be conducted in Chicago, where the team's cognitive interviewers are located, plus two other locations. Other locations include Lawrence, MA, DC/Maryland, Miami, FL and Los Angeles, CA.

To help minimize no shows due to transportation issues, the majority of interviews will be held in public library rooms and/or secure spaces in community organizations in areas near where the respondents live. However, some of the interviews may be conducted in the respondent's home if that preference is indicated during the recruiting process.

Attachment 1 includes the Spanish interview protocol and examples of the types of questions we will ask respondents. Attachment 3 is the flyer we will use to recruit respondents and Attachment 5 is the online recruiting text we will use to recruit respondents. We will screen respondents to determine their eligibility by telephone (see Attachment 7). At the beginning of each in-person interview, we will ask respondents whether they agree to be audio-recorded (Attachment 9).

The English translations of the protocol, flyer, online recruiting ad text, screener, and the consent form can be found in attachments 2,4,6,8, and 10, respectively. We will not be cognitively testing any of the English materials. They are only provided for reference.

IV. Burden Hours

We expect that the 40 in-person interviews will take approximately 60 minutes each (40 X 60 minutes). We expect recruitment to take approximately 5 minutes per respondent, with up to 80 respondents contacted. Total burden is 46.7 hours.

Respondents contacted	80
Total Recruitment Minutes (5 minutes x 80 contacts)	400 minutes
Respondents interviewed in-person	40
Total Interviewing Minutes in-person (60 minutes x 40 respondents)	2400 minutes
Total Minutes	2800
Total burden hours	47

V. Payment

Participants will receive \$40 for their participation in this study.

VI. Confidentiality

Participants will be asked to sign a consent form (Attachment 9 in Spanish) which contains the following confidentiality statement:

“In accordance with the Privacy Act of 1974 (DOL/BLS – 14 BLS Behavioral Science Research Laboratory Project Files (81 FR 47418)), as amended (5 U.S.C. 552a), you are hereby notified that this study is sponsored by the U.S. Department of Labor, Bureau of Labor Statistics (BLS), under authority of 29 U.S.C. 2. Your voluntary participation is important to the success of this study and will enable the BLS to better understand the behavioral and psychological processes of individuals, as they reflect on the accuracy of BLS information collections. The BLS, its employees, agents, and partner statistical

agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.”

VII. Attachments

1. Spanish interviewer protocol
2. English interviewer protocol
3. Spanish recruitment flyer
4. English recruitment flyer
5. Spanish online recruitment text
6. English online recruitment text
7. Spanish eligibility screener
8. English eligibility screener
9. Spanish consent form
10. English consent form

Attachment 1.

Household Survey of Occupational Injuries and Illnesses
(HSOII)

Spanish Cognitive Testing Protocol

Protocol Contents

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INTERVIEWER INTRO

Introduction

Buenos días/Buenas tardes/Buenas noches, mi nombre es _____. Yo trabajo para Research Support Services, una compañía que realiza estudios, ubicada en Chicago, Illinois. Muchas gracias por dedicar tiempo a ayudarnos con este estudio.

Estoy aquí en nombre del personal de la Oficina de Estadísticas del Trabajo de los Estados Unidos para ayudarles a entender más acerca de las lesiones y enfermedades relacionadas con el trabajo.

Antes de que la Oficina de Estadísticas del Trabajo realice esta encuesta, es importante que la prueben con la ayuda de personas como usted. Las preguntas con las que estaremos trabajando hoy son acerca de sus experiencias con lesiones y enfermedades relacionadas con el trabajo.

Hoy estamos probando las preguntas en español. Como usted sabe, las personas que hablamos español en este país venimos de una cantidad de países y todos hablamos de maneras un poco diferentes. Es por eso que le estamos pidiendo su ayuda. Es importante que las preguntas tengan sentido, que sean fáciles de contestar, y que todos entiendan las preguntas de la misma manera. Si usted está de acuerdo en participar en este estudio, le haremos preguntas de la encuesta y luego le vamos a preguntar sobre las respuestas que nos dio. Nuestro propósito no es obtener información sobre usted, sino probar qué tan bien están funcionando las preguntas. Su entrevista junto con las de otras varias personas nos va a mostrar cómo mejorar las preguntas para hacer la encuesta más adelante.

Informed Consent

La entrevista tomará alrededor de una hora y le daremos \$40 por su tiempo. Su participación es voluntaria. Usted puede decidir no contestar cualquier pregunta y puede parar la entrevista en cualquier momento. No se sabe de ningún riesgo por participar; toda la información que obtengamos se mantendrá de manera privada y nunca usaremos su nombre en nuestros informes. Tampoco hay beneficios directos por participar, pero sus respuestas van a ayudarnos a mejorar la encuesta.

Con su autorización, voy a grabar la entrevista. La grabación y todos los demás materiales se van a destruir después de completar el estudio.

HAVE RESPONDENT SIGN INFORMED CONSENT. GIVE SECOND COPY TO RESPONDENT TO KEEP.

[IF RESPONDENT AGREES TO RECORDING] Voy a comenzar a grabar. Hoy es _____. Ahora que la grabadora está prendida, permítame preguntarle nuevamente: ¿Está bien que grabemos la entrevista?

A. Screener for illness/injury

BACKGROUND

NORC found that questions on when an injury/illness occurred did not work well for injuries and illnesses that have a gradual onset (like carpal tunnel syndrome or asthma). Question 4 (or A3a) was developed to address this.

1. (A1)¹ **En los últimos 12 meses, ¿realizó ALGÚN trabajo remunerado?**

- YES
- NO **TERMINATE**
- DK **TERMINATE**
- REF **TERMINATE**

2. (A2) **En los últimos 12 meses, ¿ha tenido alguna lesión o enfermedad relacionada con algún trabajo que haya tenido?**

- YES **SKIP TO 4**
- NO
- DK
- REF

3. (A2B) **Solo para comprobar, voy a leer algunos ejemplos de lesiones o enfermedades relacionadas con el trabajo. Esto podría incluir torceduras, esguinces o desgarros, malestar o dolor, moretones, cortes o pinchazos, huesos fracturados, lesiones en los músculos o las articulaciones, heridas abiertas, quemaduras, síndrome del túnel carpiano, lesión a los músculos o las articulaciones, heridas abiertas, trastornos de la piel, trastornos respiratorios, envenenamiento, pérdida de la audición, enfermedad o infección, cáncer, ansiedad o depresión.**

Por 12 meses, me refiero desde [MES ACTUAL] de [AÑO PASADO] ¿ha experimentado algunas de estas, u otros tipos, de lesiones o enfermedades relacionadas con algún trabajo que haya tenido?

- YES
- NO **SKIP TO SECTION G (DEMOGRAPHICS)**
- DK - **PROBE BY RE-READING EXAMPLES IN QUESTION** **SKIP TO SECTION G (DEMOGRAPHICS)**
- REF **SKIP TO SECTION G (DEMOGRAPHICS)**

4. (A3A) **¿Esta lesión o enfermedad ocurrió en un día específico en los últimos 12 meses O se desarrolló con el tiempo y usted experimentó los síntomas en los últimos 12 meses?**

- Occurred on a specific day in past 12 months

¹ Numbers in parenthesis represent the item numbers in the CATI Spanish Household Survey of Occupational Injuries and Illnesses (HSOII) dated 6/16/17

- Symptoms developed over time and experiences symptoms in past 12 months
 SKIP TO 6
- DK
- REF

5. (A3B) **¿En qué mes y año ocurrió esta lesión o enfermedad?**

- MONTH (RANGE 1-12, 98=DK, 99=REF)
- YEAR (RANGE 2016-2017, 98=DK, 99=REF)

6. (A4) **Ahora quiero saber si experimentó algunas otras lesiones relacionadas con el trabajo aparte de la enfermedad o lesión que me acaba de mencionar.**

En los últimos 12 meses, ¿ha experimentado algunas [otras] lesiones o enfermedades relacionadas con algún trabajo que haya tenido? ¿Tuvo torceduras, esguinces o desgarros, malestar o dolor, moretones, cortes o pinchazos, huesos fracturados, lesiones en los músculos o las articulaciones, heridas abiertas, quemaduras, síndrome del túnel carpiano relacionados con el trabajo, o alguna otra lesión relacionada con el trabajo?

[INTERVIEWER NOTE: READ EXAMPLES ONLY IF NECESSARY: Esto podría incluir torceduras, esguinces o desgarros, malestar o dolor, moretones, cortes o pinchazos, huesos fracturados, lesiones en los músculos o las articulaciones, heridas abiertas, quemaduras, síndrome del túnel carpiano, lesión a los músculos o las articulaciones, heridas abiertas, trastornos de la piel, trastornos respiratorios, envenenamiento, pérdida de la audición, enfermedad o infección, cáncer, ansiedad o depresión.

READ DEFINITION IF NECESSARY. El síndrome del túnel carpiano es un problema de la mano y el brazo que causa entumecimiento, hormigueo y otros síntomas. El síndrome del túnel carpiano es causado por un nervio pinzado en su muñeca]

- YES
- NO **SKIP TO SECTION B (INJURY)**
- DK **SKIP TO SECTION B (INJURY)**
- REF **SKIP TO SECTION B (INJURY)**

7. (A5A) **¿Esta lesión o enfermedad ocurrió en un día específico en los últimos 12 meses O se desarrolló con el tiempo y usted experimentó los síntomas en los últimos 12 meses?**

- Occurred on a specific day in past 12 months
- Symptoms developed over time and experienced symptoms in past 12 months
 SKIP TO 9
- DK
- REF

8. (A5B1) **¿En qué mes y año ocurrió esta lesión o enfermedad?**

- RECORD MONTH ____ (RANGE 1-12, 98=DK, 99=REF)

- RECORD YEAR ____ (RANGE 2016-2017, 98=DK, 99=REF)
9. (A5c) **¿Está esta lesión o enfermedad relacionada con la otra lesión o enfermedad que usted mencionó anteriormente o es una lesión o enfermedad diferente?**
- YES, PART OF PREVIOUS MENTIONED IN A2
 NO
 DK
 REF

Retrospective probes:

(Q1/A1) En la primera pregunta se le pregunta si hizo algún trabajo remunerado. ¿Qué es para usted un trabajo remunerado?

(Q2/A2) En sus propias palabras, ¿qué significa haber experimentado una lesión o una enfermedad relacionada con un trabajo que haya tenido? IF NEEDED, ¿Puede darme un ejemplo?

Ahora bien, cuando respondió sobre su lesión/enfermedad, ¿en qué periodo de tiempo estaba pensando? ¿Desde cuándo hasta cuándo?

(Q6/A4) Le leí una lista de ejemplos de lesiones y enfermedades relacionadas con el trabajo. Aquí las tiene en esta tarjeta (USE SHOW CARD)

“Esto podría incluir torceduras, esguinces o desgarros, malestar o dolor, moretones, cortes o pinchazos, huesos fracturados, lesiones en los músculos o las articulaciones, heridas abiertas, quemaduras, síndrome del túnel carpiano, lesión a los músculos o las articulaciones, heridas abiertas, trastornos de la piel, trastornos respiratorios, envenenamiento, pérdida de la audición, enfermedad o infección, cáncer, ansiedad o depresión.”

¿Qué piensa de esta lista? ¿Hay algo en la lista que no le queda claro? ¿Hay alguna palabra que no está seguro(a) de lo que quiere decir? ¿Hay algo que agregaría a la lista? ¿Hay algo que quitaría de la lista?

(Q3 and Q2) IF ANSWERED Q3 “YES” and Q2 “NO”- REMIND R OF WHAT EACH QUESTION ASKED, FOLLOWED BY THEIR ANSWER TO EACH. ¿Qué le hizo responder “sí” a esta pregunta, pero “no” a la pregunta anterior?

(Q4/A3A) Usted dijo que esta lesión o enfermedad [ocurrió en un día específico o se desarrolló con el tiempo, en los últimos 12 meses]. ¿Cómo decidió qué contestar?

IF SYMPTOMS DEVELOPED OVER TIME- Cuénteme cómo fue la historia de sus síntomas, desde que empezaron hasta ahora.

IF OCCURRED ON A SPECIFIC DAY, ¿qué significa que una lesión o enfermedad “ocurrió en un día específico”?

(Q5/A3B) ¿Qué tan fácil o difícil fue contestar en qué mes y año ocurrió su lesión/enfermedad? Cuénteme cómo se acordó cuándo ocurrió la lesión/enfermedad.

(Q6/A4) IF EXPERIENCED OTHER INJURIES/ILLNESSES, ¿Cuántas lesiones/enfermedades más experimentó?

IF MORE THAN TWO INJURIES/ILLNESSES, ¿Cómo decidió sobre cuál de ellas contestar?

INTERVIEWER: IF NO INCIDENTS OF WORK-RELATED INJURIES AND ILLNESSES, GO TO SECTION G (DEMOGRAPHICS).

B. Injury or Illness

RESEARCH ITEMS

Earlier versions of these questions were problematic for folks who had gradual onset conditions (such as carpal tunnel syndrome or asthma).

INTERVIEWER INSTRUCTION: If the respondent reports more than one injury or illness in section A, ask sections B-F (including probes) about the most recent injury and then ask sections B-F (including probes) about the second most recent injury. (Given the interview time constraints, please only loop through this section for a total of two injuries/illnesses.)

10. (B1) **Ahora le voy a preguntar más sobre su [If more than one, READ: most recent] lesión/enfermedad.**

Por favor, describa brevemente cómo ocurrió la lesión, enfermedad o condición, y qué la causó. RECORD VERBATIM

INTERVIEWER NOTE: READ EXAMPLES IF THE RESPONDENT ASKS FOR CLARIFICATION ON HOW TO ANSWER THE QUESTION - Por ejemplo: Cuando la escalera se deslizó en el piso mojado, caí unos 20 pies; con el tiempo empecé a sufrir de dolor en la muñeca.

- GAVE ANSWER
- NO
- DK **SKIP TO 11**
- REF **SKIP TO 11**

10a. (B1B) RECORD VERBATIM

11. (B2) **¿Hubo otros objetos, materiales o personas involucradas en la lesión o enfermedad que no mencionó antes? Por favor, incluya herramientas, equipos, productos químicos, vehículos o cualquier otra cosa. RECORD VERBATIM**

- GAVE ANSWER
- NO **SKIP TO 12**

- DK [SKIP TO 12](#)
- REF [SKIP TO 12](#)

11a. (B2B) RECORD VERBATIM

12. (B3) **Por favor, describa brevemente la lesión, enfermedad o condición. Puede usar términos médicos si los sabe, o simplemente hableme sobre los síntomas que tuvo y las partes de su cuerpo que fueron afectadas.**

RECORD VERBATIM. INTERVIEWER NOTE: READ EXAMPLES IF NECESSARY. Por ejemplo: me torcí la espalda; me quemé la mano con un producto químico; me desmayé o me desvanecí.

- GAVE ANSWER
- DK
- REF

12a. (B3B) RECORD VERBATIM

Retrospective probes:

(Q10/B1) Usted me habló brevemente sobre su lesión/enfermedad más reciente. ¿Me podría hablar un poco más sobre su lesión/enfermedad?

¿Dónde estaba cuándo sucedió esto? ¿Qué estaba haciendo? ¿Cuál fue la causa de esta lesión/enfermedad?

¿Qué parte de su cuerpo se vio afectada? ¿Qué síntomas tuvo?

IF GRADUAL ONSET ILLNESS/INJURY- Usted dijo que su enfermedad o lesión se desarrolló con el tiempo. ¿Cómo sabe cuál fue la causa/cómo ocurrió? ¿Qué tan seguro(a) está?

(Q11/B2) Usted respondió que hubo otros objetos, materiales o personas involucradas en su lesión o enfermedad. ¿Cómo estuvo involucrado(a) ese(a) [objeto / material / persona] en su enfermedad / lesión? ¿Qué efecto tuvo?

C. Medical attention

BACKGROUND

Respondents had difficulty with the phrase “medical professional,” “medical diagnosis,” and also had difficulty understanding questions about nights spent in the hospital.

13. (C1) **Las siguientes preguntas son sobre la atención médica que posiblemente haya recibido por esta lesión o enfermedad. Por favor, piense en la atención médica recibida inmediatamente después de ocurrida la lesión o enfermedad, al igual que en la atención médica de seguimiento recibida posteriormente.**

¿Recomendó el profesional médico que se tomara unos días de licencia médica debido a su lesión o enfermedad?

- YES
- NO **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**
- DK **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**
- REF **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**

14. (C2) **¿Cuántos días de licencia recomendó el profesional médico? IF NEEDED: Si me dice los días aproximados está bien.**

_____ DAYS (0-365)

395=YEAR OR MORE DAYS OFF

397=PERMANENT DISABILITY

398 DK **☐ SKIP TO SECTION D (EFFECT ON WORK)**

399 REF **☐ SKIP TO SECTION D (EFFECT ON WORK)**

15. (C3) **¿Se tomó los [FILL FROM C2/Q14 RESPONSE] días de licencia médica?**

- YES
- NO, I TOOK **LESS** THAN THE RECOMMENDED NUMBER OF DAYS OFF
- NO, I TOOK **MORE** THAN THE RECOMMENDED NUMBER OF DAYS OFF
- DK
- REF

Retrospective probes

(Q13/C1) Cuando yo le pregunté acerca de un profesional médico, ¿en quién pensó?

Y cuando le preguntan sobre su atención médica de seguimiento, ¿qué es eso para usted?

Cuando le pregunté si le recomendaron que se tomara unos días de licencia médica, ¿cómo entendió eso de 'licencia médica'?

Usted respondió que su profesional médico (no) le recomendó que se tomara unos días de licencia médica. ¿Cómo decidió qué contestar?

IF DID RECOMMEND, Cuénteme más sobre la atención médica que recibió después de la (lesión / enfermedad). ¿Quién le dijo que tomara unos días de licencia médica?

IF DIDN'T RECOMMEND, ¿Vio a un profesional médico después de experimentar su lesión o enfermedad?

(Q14/C2) Usted respondió que el profesional médico le recomendó tomarse [respuesta] días de licencia médica. Cuénteme más sobre eso. ¿Qué tan fácil o difícil fue para usted contestar esta pregunta? ¿Por qué dice eso?

(Q15/C3) Usted dijo que (tomó/no tomó) la cantidad de días de licencia que el profesional médico le recomendó. Cuénteme más sobre su respuesta.

IF NO, ¿Qué le hizo decidir tomarse más días o menos días de licencia médica de los que le recomendaron que se tomara?

D. Effect on work

BACKGROUND

- Respondents who had part-time jobs or were not scheduled to work the day after the injury/illness had particular difficulty.
- Respondents also had difficulty understanding being “assigned to another job on a temporary basis.”
- In some cases, respondents did not receive medical care or take time off for their injury/illness until well after it occurred.
- This section was particularly difficult for persons with gradual or chronic conditions.

(D0) Las siguientes preguntas son respecto a cómo la lesión o enfermedad afectó su capacidad para trabajar.

16. (D1) ¿Lo/La programaron para trabajar para el día después de la lesión o enfermedad?

- YES
- NO **SKIP TO 18**
- DK **SKIP TO 18**
- REF **SKIP TO 18**

17. (D2) ¿Pudo trabajar al día siguiente?

- YES **SKIP TO 21**
- NO **SKIP TO 19**
- DK **SKIP TO 19**
- REF **SKIP TO 19**

18. (D3) Si lo/la hubieran programado para trabajar, ¿hubiese podido trabajar al día siguiente?

- YES **SKIP TO 21**
- NO
- DK
- REF

19. (D4) ¿Regresó al trabajo después de la lesión o enfermedad? IF NO, PROBE: ¿Espera regresar a trabajar?

- YES
- NO, STILL OFF PAID WORK BUT EXPECTS TO RETURN **SKIP TO 35**
- NO, EXPECTS NEVER TO DO PAID WORK AGAIN **SKIP TO 35**
- DK **SKIP TO 35**
- REF **SKIP TO 35**

20. (D5) **¿Cuántos días después de la lesión o enfermedad comenzó a trabajar nuevamente? PROBE FOR DAYS IF R GIVES MONTHS**

- GAVE NUMBER OF DAYS AFTER THE INJURY/ILLNESS
- BACK TO WORK SAME DAY
- BACK TO WORK THE NEXT DAY (THE DAY AFTER THE INJURY/ILLNESS)
- DK
- REF

20a. (D5a) **RECORD NUMBER OF DAYS (RANGE 1-365) _____**

21. (D6) **Cuando regresó a trabajar, ¿trabajó la cantidad normal de horas o no?**

- YES
- NO
- DK
- REF

22. (D7) **Cuando regresó a trabajar, ¿pudo desempeñar todas las tareas normales de su trabajo o no?**

- YES
- NO
- DK
- REF

23. (D8) **Cuando regresó a trabajar, ¿le asignaron un trabajo o tareas diferentes a las que hacía antes de su lesión o enfermedad?**

- YES
- NO **☐SKIP TO 25**
- DK **☐SKIP TO 25**
- REF **☐SKIP TO 25**

24. (D9) **¿Su asignación a un trabajo o tarea diferente fue permanente o temporal?**

- PERMANENT
- TEMPORARY
- DK
- REF

25. (D10) **En algún momento, después que regresó a trabajar, ¿faltó a trabajar tiempo (CATI READ-IN IF D5A-1+ DAYS: adicionales) de trabajo debido a su lesión o enfermedad?**

PROBE– Esto incluye días sacados debido a lesiones u horas visitas de seguimiento médico o terapia física.

- YES – MISSED ADDITIONAL DAYS OF WORK
- YES – MISSED HOURS OF WORK
- YES – MISSED BOTH DAYS AND HOURS
- NO **☐SKIP TO 35**
- DK **☐SKIP TO 35**
- REF **☐SKIP TO 35**

26. (D11a) ¿Aproximadamente cuántos días (CATI READ-IN IF D5A= 1-365 DAYS: adicionales) de trabajo faltó?

_____ DAYS (RANGE 1-365, 398=DK, 399=REF)

27. (D11b) ¿Aproximadamente cuántos horas (CATI READ-IN IF D5A=1-365 DAYS: adicionales) de trabajo faltó?

_____ HOURS (RANGE 1-365, 398=DK, 399=REF)

IF D11a=398 OR 399 AND D11b=398 OR 399, **SKIP TO 35**

28. (D13) En los últimos 12 meses, después que comenzó a experimentar síntomas, ¿ha perdido algún tiempo de trabajo, o no?

PROBE- Esto incluye días sacados debido a lesiones u horas visitas de seguimiento médico o terapia física.

- YES, MISSED DAYS OF WORK
- YES, MISSED HOURS OF WORK
- YES, MISSED DAYS AND HOURS OF WORK
- NO, DID NOT MISS DAYS OF WORK - **SKIP TO 31**
- DK - **SKIP TO 31**
- REF - **SKIP TO 31**

29. (D14a) ¿Aproximadamente cuántos días de trabajo faltó?

_____ DAYS (RANGE 1-365, 398=DK, 399=REF)

30. (D14b) ¿Aproximadamente cuántos horas de trabajo faltó?

_____ DAYS (RANGE 1-365, 398=DK, 399=REF)

31. (D15) En los últimos 12 meses, ¿alguna vez trabajó menos que su cantidad habitual de horas debido a sus síntomas?

- YES
- NO
- DK
- REF

32. (D16) En los últimos 12 meses, ¿alguna vez no pudo desempeñar todas las tareas normales de su trabajo debido a sus síntomas?

- YES
- NO
- DK
- REF

33. (D17) **En los últimos 12 meses, ¿alguna vez lo/la asignaron a un trabajo o tareas diferentes a las que tenía antes de sus síntomas?**

- YES
- NO **☐SKIP TO 35**
- DK **☐SKIP TO 35**
- REF **☐SKIP TO 35**

34. (D18) **¿Su asignación a un trabajo o tareas diferentes fue permanente o temporal?**

- PERMANENT
- TEMPORARY
- DK
- REF

35. (D19a) **¿La lesión o enfermedad fue motivo para que lo/la descansaran o le dieran *layoff* o lo/la despidieran?**

- YES **☐SKIP TO 37**
- NO
- DK
- REF

36. (D19b) **¿La lesión o enfermedad fue motivo para que renunciara a su trabajo?**

- YES
- NO
- DK
- REF

37. (D19c) **¿La lesión o enfermedad fue motivo para que cambiara el tipo de trabajo que hace, es decir, para que cambiara de ocupación?**

- YES
- NO
- DK
- REF

Retrospective probes

(Global probe) En esta sección le hicimos muchas preguntas sobre cómo esta lesión o enfermedad afectó su trabajo. En sus propias palabras, ¿puede contarme cómo le afectó en su trabajo esta lesión o enfermedad, si es que le afectó?

¿Cambiaron sus tareas en el trabajo? (¿Los cambios fueron permanentes o temporales?)

¿Perdió días u horas de trabajo? ¿Qué tipo de cosas causaron que perdiera días u horas de trabajo? ¿Se acordó de incluir visitas con el doctor o citas de terapia física?

(Q16/D1) Cuando le pregunté si lo/la programaron para trabajar para el día después de la lesión o enfermedad, ¿qué es para usted eso de si lo/la programaron?

(Q19/D4) IF HAVEN'T RETURNED TO WORK BUT EXPECTS TO WORK AGAIN, ¿Cuándo cree que podría regresar a trabajar? Cuénteme por qué.

(Q24/D9) IF R HESITATED OR ASKED FOR CLARIFICATION AT D9, SAY: Cuando le pregunté si su asignación a un trabajo o tarea diferente fue permanente o temporal, usted no estaba seguro(a) de lo que le estaba preguntando. Le voy a preguntar de otra manera: "Le asignaron a un trabajo o tareas diferentes de manera permanente o temporal?" PROBE TO MAKE SURE R UNDERSTANDS NOW.

(Global) IF MISSED DAYS OF WORK, Usted respondió que regresó a trabajar después de [ANSWER] días. Cuénteme sobre cómo se fueron dando las cosas desde que experimentó la lesión o enfermedad hasta que regresó a trabajar.

Para responder a esta pregunta, ¿cómo calculó cuánto tiempo de trabajo perdió? ¿Contó sólo los días de trabajo o los 7 días de la semana?

(Global) Le pregunté "Cuando regresó a trabajar, ¿le asignaron un trabajo o tareas diferentes a las que hacía antes de su lesión o enfermedad?"

En sus propias palabras, ¿qué le están preguntando aquí (OR: en esta pregunta?) IF NEEDED, ¿Qué quiere decir cuando dice: le asignaron un trabajo o tareas diferentes a lo que hacía antes de su lesión o enfermedad?

IF YES, ¿Estaba esto relacionado a su lesión o enfermedad/síntomas o (fue) por alguna otra razón? ¿Cómo cambiaron sus tareas en el trabajo después de su enfermedad o lesión/síntomas?

(Global) Usted respondió que (pudo/no pudo) desempeñar todas las tareas habituales de su trabajo después de su lesión/enfermedad. Cuénteme más sobre eso. IF NEEDED, PROBE: ¿Qué hizo que contestara [sí/no]? ¿Qué significa para usted (cuando decimos) “no poder desempeñar todas las tareas habituales de su trabajo”?

IF YES, Cuénteme más sobre su respuesta. ¿Qué tareas de trabajo (OR: en su trabajo) se vieron afectadas por los síntomas?

(Global) Usted dijo que en los últimos 12 meses (ha/no ha) trabajado una cantidad menor de horas de las que trabaja habitualmente. Cuénteme más sobre eso. IF NEEDED, PROBE: ¿Qué hizo que escogiera [sí/no]? ¿Qué quiere decir para usted (cuando decimos) “la cantidad habitual de horas”?

(Q35 – 37/D19a-D19C) Cuando le pregunté (READ Q35/19a), ¿qué cree que quieren decir ahí con eso de 'cancelaran'?

IF LAID OFF/FIRED/QUIT- ¿Cuándo ((lo/la) despidieron/(lo/la) cancelaro//renunció)) [¿Qué relación tuvo esto con su enfermedad/lesión?

(Q37/D19C) Usted dijo que debido a su lesión/enfermedad tuvo que cambiar de ocupación. Cuénteme más sobre eso. ¿De qué a qué cambió?

E. Effect on Pay

BACKGROUND

Respondents had issues with what constituted paid or unpaid time off.

Some respondents were unsure about the source of compensation they received related to a workplace injury/illness.

38. (E1) Las siguientes preguntas son respecto a cómo la lesión o enfermedad afectó sus ingresos o salario.

¿Supo su empleador de esta lesión o enfermedad?

- YES **SKIP TO 40**
- NO
- DK
- REF

39. (E2) Brevemente, ¿cuál es el motivo principal por el que su empleador nunca supo de esta lesión o enfermedad?

- GAVE ANSWER
- DK
- REF

39a. (E2B) RECORD VERBATIM

_____ (no coding)

40. (E3) Las siguientes preguntas son sobre el seguro de compensación del trabajador.

¿Ha presentado alguien una reclamación al seguro de compensación del trabajador por esta lesión o enfermedad?

[INTERVIEWER READ IF NECESSARY: La compensación del trabajador es un seguro que le cubre a usted la pérdida de salario y la atención médica cuando se lesiona o se enferma debido a su trabajo.

- YES
- NO **SKIP TO 42**
- DK **SKIP TO 42**
- REF **SKIP TO 42**

IF NO WORKERS COMP FILED (E3= 2,3,4) AND DID NOT MISS DAYS OF WORK (D13=2,3,4 OR D2=1 OR D3=1), SKIP TO SECTION F (OCCUPATION AT TIME OF INJURY)

41. (E4) **¿Recibió beneficios del seguro de compensación del trabajador por esta lesión o enfermedad?**

- YES -> **SKIP TO SECTION F (OCCUPATION AT TIME OF INJURY)**
- NO
- DK -> **SKIP TO SECTION F (OCCUPATION AT TIME OF INJURY)**
- REF -> **SKIP TO SECTION F (OCCUPATION AT TIME OF INJURY)**

42. (E5) **¿Esta lesión o enfermedad fue motivo para que usted usara los beneficios de licencia médica pagada, licencia anual pagada o tiempo libre pagado otorgados por la compañía?**

- YES
- NO
- DK
- REF

43. (E6) **¿Esta lesión o enfermedad lo/la obligó a tomar días libres sin pago?**

- YES
- NO
- DK
- REF

Retrospective Probes

(Q38-Q39/E1-E2) Usted dijo que su empleador no supo de su enfermedad o lesión. Cuénteme más sobre el motivo por el cual su empleador no supo acerca de su enfermedad o lesión. ¿Cómo decidió cuál fue el motivo “principal” por el cual su empleador no supo?

(Q40/E3) Usted dijo que alguien [presentó / no presentó] una reclamación al seguro de compensación al trabajador por esta lesión o enfermedad. Cuénteme más sobre su respuesta.

¿Qué significa presentar una reclamación al seguro de compensación del trabajador?

IF YES, ¿Quién presentó la reclamación?

(Q41/E4) Usted dijo que (recibió/no recibió) beneficios del seguro de compensación del trabajador. Cuénteme más sobre su respuesta.

¿Qué tanto de su sueldo le cubre la compensación del trabajador? Cuénteme qué tan seguro(a) está.

(Q42/E5) IF USED PAID LEAVE, Cuénteme sobre la licencia médica pagada, la licencia anual pagada o el tiempo libre pagado que usó. ¿Cómo fue eso?

(Q43/E6) IF USED UNPAID LEAVE, Cuénteme sobre los días que se tomó libres sin pago. ¿Cómo fue eso?

F. Occupation and Industry at Time of Injury or Illness

BACKGROUND

This section had minimal issues in previous rounds of testing.

- Respondents were confused about whether full- or part-time status was the employer's designation or their own.
- Some respondents reported issues regarding whether to report the size of the whole company or the size of the company at their specific work location.
- Respondents who worked for temporary help, staffing agencies, or were contractors assigned to different work locations displayed some issues regarding which company to report about.

F. Las siguientes preguntas son sobre su ocupación y la industria en que trabajaba. Por favor, piense en el trabajo que tenía al momento de la lesión o enfermedad.

44. (F1) ¿El trabajo que tenía en el momento de la lesión o enfermedad era con el MISMO EMPLEADOR que ya me mencionó anteriormente?

- YES, SAME EMPLOYER **GO TO 46**
- NO, DIFFERENT EMPLOYER

45. (F2) ¿A qué trabajo y empleador se refiere?

- GAVE JOB/OCCUPATION
- GAVE EMPLOYER/COMPANY NAME
- GAVE BOTH
- DK
- REF

45a. (F2A) Describa su trabajo/ocupación. RECORD VERBATIM
_____ NO CODING

45b. (F2B) **Describe a su compañía/empleador. RECORD VERBATIM**
_____ NO CODING

46. (F3) **¿Está en el mismo puesto de trabajo que tenía al momento de la lesión o enfermedad?**

- YES **SKIP TO SECTION G (DEMOGRAPHICS)**
- NO
- DK
- REF

47. (F4) **¿Estaba considerado/considerada por su empleador como un empleado/una empleada a tiempo completo o a tiempo parcial?**

- FULL-TIME
- PART-TIME
- DK
- REF

48. (F5) **En una semana normal, ¿cuántas horas trabajaba? PROBE IF NEEDED: ¿Eran 35 horas por semana o más de eso? Si me dice las horas aproximadas está bien.**

- _____ hours (RANGE 1-168, 198=DK, 199=REF)

49. (F6) **¿Cuál de las siguientes opciones describe mejor a su empleador al momento de la lesión o enfermedad?**

- Gobierno
- Compañía privada con fines de lucro
- Organización sin fines de lucro, incluidas las organizaciones caritativas y exentas de impuestos à
- Trabajador/Trabajadora por cuenta propia
- Trabajo en la empresa de la familia

50. (F7) **¿Trabajaba para una agencia de empleo temporario, una agencia de colocaciones de empleo o un contratista?**

INTERVIEWER NOTE: IF R IS A FARM LABOR CONTRACTOR, R IS NOT CONSIDERED TEMPORARY HELP/STAFFING AND RESPONSE TO THIS Q IS NO.

- YES
- NO
- DK
- REF

51. (F8) [CATI: SHOW TEXT IN BRACKETS IF F7=1: *Para las siguientes preguntas, por favor responda basado en el lugar donde estaba trabajando diariamente cuando ocurrió la lesión o enfermedad. Este no puede ser el lugar de la agencia temporaria ni el contratista.*]

¿Cuál es el nombre de la (compañía/organización/agencia) para quien trabajaba? (CATI: IF F6=1 TEXT FILL=agency; IF F6=3 TEXT FILL=organization; ELSE TEXT FILL=company.)

- GAVE ANSWER
- DK
- REF

51a. (F8A) **RECORD VERBATIM**

_____ (NO CODING)

52. (F9) **¿Qué tipo de trabajo hacía?**

INTERVIEWER: READ EXAMPLES IF NECESSARY “enfermero registrado/enfermera registrada, empleado de limpieza/empleada de limpieza, cajero/cajera, mecánico de automóviles/mecánica de automóviles.”

INTERVIEWER: If respondent is unclear, ask “¿Cuál era el nombre oficial de su puesto de trabajo?”

INTERVIEWER: If respondent has more than one job then ask, “¿Cuál era su trabajo principal?”

- GAVE ANSWER
- DK
- REF

51a. (F9A) **RECORD VERBATIM**

_____ (CODING TO SOC)

53. (F10) **¿En qué tipo de empresa o industria trabajaba?**

INTERVIEWER NOTE: READ EXAMPLES IF NECESSARY Por ejemplo, un hospital, una escuela, una fábrica de ropa, un restaurante.

- GAVE ANSWER
- DK
- REF

54. (F11) **¿En qué estado estaba empleado/empleada en ese trabajo?**

- USE CLOSED-ENDED LIST OF STATES + DC
- 58=DK
- 59=REF

55. (F12) **¿Era usted miembro de un sindicato de trabajadores o de una asociación de empleados similar a un sindicato?**

- YES
- NO
- DK (DO NOT PROBE)
- REF

56. (F14) **¿Cuánta gente trabajaba en su lugar de trabajo? Diría que... READ ANSWERS? IF R NOT SURE, PROBE: Por favor, deme su mejor estimado.**

- 1 a 10 trabajadores
- 11 a 49 trabajadores
- 50 a 249 trabajadores
- 250 a 999 trabajadores o
- 1000 o más trabajadores
- DK
- REF

Retrospective probes

(Q44-Q48/F1-F4) ¿Puede contarme un poco sobre el trabajo que tenía cuando ocurrió esta lesión? PROBE TO IDENTIFY ANY INCONSISTENCIES WITH ANSWERS GIVEN.

(Q48/F5) Le pregunté, “En una semana normal, ¿cuántas horas trabajaba?”, y usted respondió [ANSWER]. ¿Cómo calculó su respuesta?

(Q55/F12) ¿Ha oído hablar de los sindicatos? Cuénteme qué significa “sindicato” para usted. ¿Qué entiende usted por “asociación de empleados similar a un sindicato”?

(Q56/F14) Usted respondió que había [ANSWER] personas trabajando en su lugar de trabajo. ¿Cómo calculó esa respuesta?

(Q50/F7) Usted dijo que trabajaba para una agencia de empleo temporaria o para un contratista. Cuénteme más sobre eso. ¿Cuál era su horario de trabajo? ¿Trabajaba en el mismo lugar todos los días? ¿Cómo decidió sobre cuál lugar de trabajo usar para contestar sobre las otras preguntas?

Cuando usted se refiere a una agencia de trabajo, ¿la llama agencia de empleos temporarios o temporales?

IF MORE THAN ONE INJURY/ILLNESS, COMPLETE SECTIONS B-F ABOUT THE NEXT INJURY/ILLNESS. (ONLY LOOP THROUGH B-F FOR UP TO TWO INJURIES/ILLNESSES.)

G. Demographic Characteristics

BACKGROUND

They did not find any issues with the demographic questions over the three rounds of cognitive interviews.

57. (G1) **Ahora solo me quedan unas pocas preguntas para usted. ¿Es usted español/española, hispano/hispana o latino/latina?**

- YES
- NO
- DK
- REF

58. (G2) **Le voy a leer una lista de cinco categorías de razas. Por favor, elija una o más razas que usted considere que son las suyas: READ LIST**

- Blanco/Blanca
- Negro/Negra o Afroamericano/Afroamericana
- Indio americano/India americana o Nativo de Alaska/Nativa de Alaska
- Asiático/Asiática, o
- Nativo hawaiano/Nativa hawaiana u otro Isleño del Pacífico/Isleña del Pacífico
- (VOL- DO NOT READ) Other Specify
- (VOL) DK
- (VOL) REF

58a. (G2b) RECORD OTHER SPECIFY VERBATIM _____

59. (G3) **¿Cuál es su edad?**

- _____ age (Range 18-96, 97= 97 OR MORE, 98 DK, 99 REF)

60. (G4) **¿Es usted casado/casada, viudo/viuda, divorciado/divorciada, separado/separada o nunca se casó?**

- MARRIED
- WIDOWED
- DIVORCED
- SEPARATED
- SINGLE, NEVER MARRIED
- DK
- REF

61. (G5) [INTERVIEWER: RECORD GENDER FROM OBSERVATION. IF NEEDED READ: ¿Es usted hombre o mujer?]

- MALE
- FEMALE

62. (G6) ¿Cuál es el nivel más alto de estudios que ha completado o el título más alto que ha recibido?

- Menos de escuela secundaria
- Escuela secundaria o GED
- Título de Asociado, o colegio universitario incompleto
- Título de bachillerato o superior (incluye maestría, doctorado, MD, JD, etc.)
- DK
- REF

63. (G7) ¿En qué país nació?

- _____ RECORD VERBATIM
- 997 OTHER
- 998 DK
- 999 REF

64. (G7A) RECORD OTHER COUNTRY

Retrospective Probes

(Global) ¿Qué tan fácil o difícil fue para usted contestar estas preguntas?

(Q62/G6) Usted dijo que había completado <ANSWER TO Q62>. Cuénteme más sobre eso.

H. Current Industry and Occupation

BACKGROUND INFORMATION

None.

65. (H1) Las siguientes preguntas son acerca de su trabajo actual. Si usted tiene más de un trabajo, por favor dígame cuál es el trabajo donde normalmente trabaja la mayor cantidad de horas. Si usted trabaja la misma cantidad de horas en los dos trabajos, por favor dígame cuál es el trabajo donde ha estado empleado/empleada por más tiempo.

¿Cuál es su situación actual? ¿Está usted empleado/empleada a tiempo completo, a tiempo parcial o no está empleado/empleada?

- FULL-TIME
- PART-TIME
- NOT CURRENTLY EMPLOYED **SKIP TO 73**
- DK **SKIP TO 73**
- REF **SKIP TO 73**

66. (H2) ¿Es este trabajo con el mismo empleador que ya me mencionó anteriormente cuando ocurrió la lesión o enfermedad?

- YES, SAME EMPLOYER
- NO, DIFFERENT EMPLOYER
- DK
- REF

67. (H3) ¿A qué trabajo y empleador se refiere?

- GAVE JOB/OCCUPATION
- GAVE EMPLOYER/COMPANY NAME
- GAVE BOTH
- DK
- REF

67a. (H3A) Describa su trabajo/ocupación. RECORD VERBATIM
_____ NO CODING

67b. (H3B) Describa a la compañía. RECORD VERBATIM
_____ NO CODING

68. (H4) ¿Está en el mismo puesto de trabajo que tenía al momento de la lesión o enfermedad?

- YES **SKIP TO 73**
- NO
- DK
- REF

69. (H5) **Actualmente, en una semana normal, ¿cuántas horas trabaja? IF NEEDED: Si me dice los días aproximados está bien.**

_____hours (0-168, 198=DK, 199-REF)

70. (H6) **¿Qué de lo siguiente describe mejor a su empleador ACTUAL?**

- Gobierno
- Compañía privada con fines de lucro
- Organización sin fines de lucro, incluidas las organizaciones caritativas y exentas de impuestos
- Trabajador/Trabajadora por cuenta propia
- Trabajo en la empresa de la familia
- DK
- REF

71. (H8) **[READ TEXT IF H7 =1: Para las siguientes preguntas, por favor responda basado en el lugar donde estaba trabajando diariamente cuando ocurrió la lesión o enfermedad, este no puede ser el lugar de la agencia temporaria ni el contratista. ¿Qué tipo de trabajo hace?**

INTERVIEWER NOTE: READ EXAMPLES IF NECESSARY enfermero registrado/enfermera registrada, empleado de limpieza/empleada de limpieza, cajero/cajera, mecánico de automóviles/mecánica de automóviles.

INTERVIEWER NOTE: If respondent is unclear, ask “¿Cuál es el nombre oficial de su puesto de trabajo?”

INTERVIEWER NOTE: If respondent has more than one job then ask, “¿Cuál es su trabajo principal?”

- GAVE ANSWER
- DK
- REF

71a. (H8A) **RECORD VERBATIM _____ (CODE TO SOC)**

72. (H9) **¿En qué tipo de empresa o industria trabaja?**

- GAVE ANSWER
- DK
- REF

72a. (H9A) RECORD VERBATIM _____ (CODE TO NAICS)

Retrospective Probes

(Q67a/H3A) ¿Me puede hablar sobre su trabajo actual? PROBE TO IDENTIFY ANY INCONSISTENCIES WITH ANSWERS GIVEN.

(Global) ¿En qué trabajo estaba pensando cuando respondió a estas preguntas?

I. Landline Phone Use

73. (J1) Solo tengo las últimas preguntas sobre usted y su grupo familiar.

(J2) ¿Tiene una línea de teléfono fijo en su casa que se use para hacer y recibir llamadas?

READ ONLY IF NECESSARY: “Por teléfono fijo, queremos decir un teléfono “regular” en su casa que se use para hacer y recibir llamadas”. Por favor, incluya los teléfonos fijos que utiliza para uso personal y de negocios.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- YES
- NO
- DON'T KNOW / NOT SURE
- REFUSED

74. (J3) ¿Tiene más de un número de teléfono en su casa? No incluya los teléfonos celulares, los números de fax ni los números que se usan solamente por computadora.

- YES
- NO **SKIP TO 75**
- DK **SKIP TO 75**
- REF **SKIP TO 75**

74a. (J3B) ¿Cuántos de estos números de teléfono son residenciales?

- _____ RESIDENTIAL PHONE NUMBERS [RANGE 1-6, 6 = 6 or more, 8=DK, 9=REF]

75. (J4) ¿Tiene un teléfono celular para uso personal? Por favor, incluya los teléfonos celulares que utiliza tanto para uso personal como para negocios.

- YES
- NO
- DK
- REF

Retrospective Probes

(Q73/J2) En sus propias palabras, ¿qué significa para usted “línea de teléfono fijo”? ¿Me puede dar algunos ejemplos? ¿Y alguna vez oyó hablar del servicio telefónico por medio de Internet? IF YES, ¿Es lo mismo que una línea de teléfono fijo?

(Q74/J3) Usted respondió que tiene más de un número de teléfono en su casa. Cuénteme más sobre su respuesta. ¿En qué teléfonos estaba pensando?

(Q74a/J3B) Le preguntamos “¿Cuántos de estos números de teléfono son residenciales?” y usted dijo [ANSWER]. En sus propias palabras, ¿qué le están preguntando aquí?

(Q75/J4) En sus propias palabras, ¿qué significa “tener un teléfono celular para uso personal”? ¿Estaba incluyendo en su respuesta los números de teléfono para negocios?

Attachment 2.

Household Survey of Occupational Injuries and Illnesses
(HSOII)

Cognitive Testing Protocol

Protocol Contents

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PLACEHOLDER- INTERVIEWER INTRO

Introduction

Hello, my name is _____ and I work for Research Support Services, a research company in Chicago, Illinois. Thank you for taking the time to help with this study.

We are here on behalf of the U.S. Bureau of Labor Statistics to help them better understand workplace injury and illness.

Before BLS actually conducts this survey, it's important for them to test it with the help of people such as yourself. The questions that we are working on today are about your experiences with injuries and illnesses related to the workplace.

Today we are testing the questions in Spanish. As you know, Spanish speakers in this country come from a large number of countries and we all speak a little differently. That is why we are asking for your help. It is important that the questions make sense, are easy to answer, and that everyone understands the questions the same way. If you agree to take part in this study, we will ask you survey questions and then will ask you some follow-up questions about your answers. Our purpose is not to collect information about you, but rather to test how well the questions are working. Your interview along with those of several others will show us how to improve these questions for a later survey.

Informed Consent

The interview will take about an hour and you will receive \$40 for your time. Your participation is voluntary. You may choose to not answer any question and you can stop this interview any time. There are no known risks to taking part; all of the information we collect will be kept private and we will never use your name in our reports. There are also no direct benefits to taking part, but your answers will help us improve the survey.

With your permission, I will record the interview. The recording and all materials will be destroyed after the completion of the study.

HAVE RESPONDENT SIGN INFORMED CONSENT. GIVE SECOND COPY TO RESPONDENT TO KEEP.

[IF RESPONDENT AGREES TO RECORDING] I'm going to start the recorder. Today is _____. Now that the recorder is running, let me ask again: is it okay with you if I record this interview?

A. Screener for illness/injury

BACKGROUND

NORC found that questions on when an injury/illness occurred did not work well for injuries and illnesses that have a gradual onset (like carpal tunnel syndrome or asthma). Question 4 (or A3a) was developed to address this.

1. (A1*)² In the last 12 months, did you do ANY work for pay or profit?
 - YES
 - NO **TERMINATE**
 - DK **TERMINATE**
 - REF **TERMINATE**

2. (A2) In the last 12 months, have you experienced any injuries or illnesses related to any job you held?
 - YES **SKIP TO 4**
 - NO
 - DK
 - REF

3. (A2b) Just to make sure, I'm going to read some examples of work-related injuries and illnesses. This could include sprains, strains, or tears, soreness or pain, bruises, cuts or punctures, broken bones, injury to muscles or joints, open wounds, burns, carpal tunnel syndrome, injury to muscles or joints, open wounds, skin disorders, respiratory conditions, poisoning, hearing loss, disease or infection, cancer, anxiety or depression.

In the last 12 months, since [CURRENT MONTH] of [LAST YEAR], have you experienced any of these, or other types, of injuries or illnesses related to any job you had?

 - YES
 - NO **SKIP TO SECTION G (DEMOGRAPHICS)**
 - DK - **PROBE BY RE-READING EXAMPLES IN QUESTION SKIP TO SECTION G (DEMOGRAPHICS)**
 - REF **SKIP TO SECTION G (DEMOGRAPHICS)**

4. (A3a) Did this injury or illness occur on a specific day in the past 12 months OR did it develop over time and you experienced symptoms in the past 12 months?
 - Occurred on a specific day in past 12 months

² Numbers in parenthesis represent the item numbers in the CATI Household Survey of Occupational Injuries and Illnesses (HSOII) dated 6/16/17

- Symptoms developed over time and experiences symptoms in past 12 months
 SKIP TO 6
 - DK
 - REF
5. (A3b) **In what month and year did this injury or illness occur?**
- MONTH (RANGE 1-12, 98=DK, 99=REF)
 - YEAR (RANGE 2016-2017, 98=DK, 99=REF)

6. (A4) **Now I want to find out if you experienced any other work-related injuries other than the illness or injury you just told me about.**

In the last 12 months, have you experienced any [other] injuries or illnesses related to any job you held? Did you have any work-related sprains, strains or tears, soreness or pain, bruises, cuts or punctures, broken bones, injury to muscles or joints, open wounds, burns, carpal tunnel syndrome, or any other work-related injury?

[INTERVIEWER NOTE: READ EXAMPLES ONLY IF NECESSARY: This could include sprains, strains, or tears, soreness or pain, bruises, cuts or punctures, broken bones, injury to muscles or joints, open wounds, burns, carpal tunnel syndrome, injury to muscles or joints, open wounds, skin disorders, respiratory conditions, poisoning, hearing loss, disease or infection, cancer, anxiety or depression.

READ DEFINITION IF NECESSARY. Carpal tunnel syndrome is a hand and arm condition that causes numbness, tingling and other symptoms. Carpal tunnel syndrome is caused by a pinched nerve in your wrist]

- YES
 - NO **SKIP TO SECTION B (INJURY)**
 - DK **SKIP TO SECTION B (INJURY)**
 - REF **SKIP TO SECTION B (INJURY)**
7. (A5a) **Did this work-related injury or illness occur on a specific day in the past 12 months OR did it develop over time and you experienced symptoms in the past 12 months?**
- Occurred on a specific day in past 12 months
 - Symptoms developed over time and experienced symptoms in past 12 months
SKIP TO 9
 - DK
 - REF
8. (A5b1) **In what month and year did this injury or illness occur?**
- RECORD MONTH ____ (RANGE 1-12, 98=DK, 99=REF)
 - RECORD YEAR ____ (RANGE 2016-2017, 98=DK, 99=REF)

9. (A5c) **Is this injury or illness related to the other injury or illness you already mentioned or is this a different injury or illness?**
- YES, PART OF PREVIOUS MENTIONED IN A2
 - NO
 - DK
 - REF

Retrospective probes:

(Q1/A1) The first question asks if you did any work for pay (trabajo remunerado). What does “trabajo remunerado” mean to you?

(Q2/A2) In your own words, what does it mean to experience an injury or illness related to a job you’ve held? IF NEEDED, can you give me an example?

So when you answered about your injury/illness, what timeframe were you thinking about? From when to when?

(Q6/A4) I read you a list of examples of work-related injuries and illness. Here they are on this card (USE SHOW CARD)

“This could include sprains, strains, or tears, soreness or pain, bruises, cuts or punctures, broken bones, injury to muscles or joints, open wounds, burns, carpal tunnel syndrome, injury to muscles or joints, open wounds, skin disorders, respiratory conditions, poisoning, hearing loss, disease or infection, cancer, anxiety or depression.”

What do you think of this list? Is anything on the list not clear to you? Any words you are not sure what they mean? Anything that you’d add to the list? Anything you’d delete?

(Q3 and Q2) IF ANSWERED Q3 “YES” and Q2 “NO”- REMIND R OF WHAT EACH QUESTION ASKED, FOLLOWED BY THEIR ANSWER TO EACH. What made you choose “yes” to this question, but “no” to the previous question?

(Q4/A3A) You said that this injury or illness [occurred on a specific day/developed over time in last 12 months]. How did you decide on your answer?

IF SYMPTOMS DEVELOPED OVER TIME- Tell me more about the history of your symptoms, from when the symptoms began until now.

IF OCCURRED ON A SPECIFIC DAY, what does it mean for an injury or illness to “occur on a specific day”?

(Q5/A3B) How easy or difficult was it to answer in what month and year your injury/illness occurred? Tell me how you remembered when the injury/illness occurred.

(Q6/A4) IF EXPERIENCED OTHER INJURIES/ILLNESSES, how many other injuries/illness did you experience?

IF MORE THAN TWO INJURIES/ILLNESSES, how did you decide which one to answer about?

INTERVIEWER: IF NO INCIDENTS OF WORK-RELATED INJURIES AND ILLNESSES, GO TO DEMOGRAPHICS SECTION.

B. Injury or Illness

RESEARCH ITEMS

Earlier versions of these questions were problematic for folks who had gradual onset conditions (such as carpal tunnel syndrome or asthma).

INTERVIEWER INSTRUCTION: If the respondent reports more than one injury or illness in section A, ask sections B-F (including probes) about the most recent injury and then ask sections B-F (including probes) about the second most recent injury. (Given the interview time constraints, please only loop through this section for a total of two injuries/illnesses.)

10. (B1) Now I am going to ask you more about your [If more than one, READ: most recent] illness/injury.

Please briefly describe how the injury, illness, or condition occurred, and what caused it. RECORD VERBATIM

INTERVIEWER NOTE: READ EXAMPLES IF THE RESPONDENT ASKS FOR CLARIFICATION ON HOW TO ANSWER THE QUESTION - For example: When ladder slipped on wet floor, I fell 20 feet; I developed soreness in wrist over time.

- GAVE ANSWER
- NO
- DK **SKIP TO 11**
- REF **SKIP TO 11**

10a. (B1B) RECORD VERBATIM

11. (B2) **Were there any other objects, substances, or persons involved in the injury or illness that you didn't mention? Please include tools, equipment, chemicals, vehicles, or anything else. RECORD VERBATIM**

- GAVE ANSWER
- NO **SKIP TO 12**
- DK **SKIP TO 12**

REF **SKIP TO 12**

11a. (B2B) RECORD VERBATIM

12. (B3) Please briefly describe the injury, illness, or condition. You can use medical terms if you know them, or just talk about the symptoms you experienced and any parts of your body that were affected.

RECORD VERBATIM. INTERVIEWER NOTE: READ EXAMPLES IF NECESSARY. For example: strained back; chemical burn on hand; fainted or passed out.

- GAVE ANSWER
- DK
- REF

12a. (B3B) RECORD VERBATIM

Retrospective probes:

(Q10/B1) You briefly told me about the most recent injury/illness you experienced. Could you tell me more about your injury/illness?

Where were you when this happened? What were you doing? What caused the injury/illness?

What part of your body was affected? What symptoms did you experience?

IF GRADUAL ONSET ILLNESS/INJURY- You said that your illness or injury developed over time. How do you know what caused it/how it occurred? How confident are you?

(Q11/B2) You answered that another object, substance, or person was involved in your injury. How was [object/substance/person] involved in your illness/injury? What impact did he/she/it have?

C. Medical attention

BACKGROUND

Respondents had difficulty with the phrase “medical professional,” “medical diagnosis,” and also had difficulty understanding questions about nights spent in the hospital.

13. (C1) The next questions are about medical care you may have received for this injury or illness. Please think about the care you received immediately after the injury or illness occurred as well as follow-up care you received at a later time.

Did your health care professional recommend that you take any days off from work due to your injury or illness?

- YES
- NO **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**
- DK **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**
- REF **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**

14. (C2) How many days off did the health care professional recommend? IF NEEDED: Your best estimate is fine.

_____ DAYS (0-365)

395=YEAR OR MORE DAYS OFF

397=PERMANENT DISABILITY

398 DK **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**

399 REF **☐ SKIP TO NEXT SECTION D (EFFECT ON WORK)**

15. (C3) Did you take [FILL FROM C2/Q14 RESPONSE] days off?

- YES
- NO, I TOOK **LESS** THAN THE RECOMMENDED NUMBER OF DAYS OFF
- NO, I TOOK **MORE** THAN THE RECOMMENDED NUMBER OF DAYS OFF
- DK
- REF

Retrospective probes

(Q13/C1) When I asked you about a health care professional, who were you thinking about?

Probe added to test the phrase “atención médica de seguimiento.”

Probe added to test the phrase “licencia médica”

You answered that your health care professional [did/did not] recommend you take any days off work. How did you decide on your answer?

IF DID RECOMMEND, tell me more about the medical care you received after the injury/illness. Who told you to take days off?

IF DIDN'T RECOMMEND, did you see a healthcare professional after experiencing your injury or illness?

(Q14/C2) You answered that the health care professional recommended you take [answer] days off work. Tell me more about that. How easy or difficult was it for you to answer this question? What makes you say that?

(Q15/C3) You said you [did/did not] take off the amount of days the health care professional recommended. Tell me more about your answer.

IF NO, What made you decide to take more/less than the recommended number of days off?

D. Effect on work

BACKGROUND

- Respondents who had part-time jobs or were not scheduled to work the day after the injury/illness had particular difficulty.
- Respondents also had difficulty understanding being “assigned to another job on a temporary basis.”
- In some cases, respondents did not receive medical care or take time off for their injury/illness until well after it occurred.
- This section was particularly difficult for persons with gradual or chronic conditions.

(D0) The next questions are about how the injury or illness affected your ability to work.

16. (D1) Were you scheduled to work the day after the injury or illness?

- YES
- NO **SKIP TO 18**
- DK **SKIP TO 18**
- REF **SKIP TO 18**

17. (D2) Were you able to work the next day?

- YES **SKIP TO 21**
- NO **SKIP TO 19**
- DK **SKIP TO 19**
- REF **SKIP TO 19**

18. (D3) If you had been scheduled to work, would you have been able to work the next day?

- YES **SKIP TO 21**
- NO
- DK
- REF

19. (D4) Did you return to work after the injury or illness? IF NO, PROBE: Do you expect to return to work?

- YES
- NO, STILL OFF PAID WORK BUT EXPECTS TO RETURN **SKIP TO 35**
- NO, EXPECTS NEVER TO DO PAID WORK AGAIN **SKIP TO 35**
- DK **SKIP TO 35**
- REF **SKIP TO 35**

20. (D5) **How many days after the injury or illness did you start work again?**
PROBE FOR DAYS IF R GIVES MONTHS

- GAVE NUMBER OF DAYS AFTER THE INJURY/ILLNESS
- BACK TO WORK SAME DAY
- BACK TO WORK THE NEXT DAY (THE DAY AFTER THE INJURY/ILLNESS)
- DK
- REF

20a. (D5a) **RECORD NUMBER OF DAYS (RANGE 1-365) _____**

21. (D6) **When you went back to work, did you work your usual number of hours or not?**

- YES
- NO
- DK
- REF

22. (D7) **When you went back to work, were you able to perform all of the normal duties of your job or not?**

- YES
- NO
- DK
- REF

23. (D8) **When you went back to work, were you assigned a different job or tasks than what you did prior to the injury or illness?**

- YES
- NO **☐ SKIP TO 25**
- DK **☐ SKIP TO 25**
- REF **☐ SKIP TO 25**

24. (D9) **Was your assignment to a different job or tasks permanent or temporary?**

- PERMANENT
- TEMPORARY
- DK
- REF

25. (D10) **At any time after you went back to work, did you miss any (CATI READ-IN IF D5A=1+ DAYS: additional) time off of work due to your injury or illness? PROBE- This includes full days taken off because of injury or hours taken off for follow-up doctor visits or physical therapy.**

- YES – MISSED ADDITIONAL DAYS OF WORK
- YES – MISSED HOURS OF WORK
- YES – MISSED BOTH DAYS AND HOURS
- NO **☐ SKIP TO 35**
- DK **☐ SKIP TO 35**
- REF **☐ SKIP TO 35**

26. (D11a) **About how many (CATI READ-IN IF D5A=1-365 DAYS: additional) days of work did you miss?**

_____ DAYS (RANGE 1-365, 398=DK, 399=REF)

27. (D11b) **About how many (CATI READ-IN IF D5A=1-365 DAYS: additional) hours of work did you miss?**

_____ HOURS (RANGE 1-365, 398=DK, 399=REF)

IF D11a=398 OR 399 AND D11b=398 OR 399, **SKIP TO 35**

28. (D13) **In the last 12 months, after you began experiencing symptoms, did you miss any time off of work, or not?**

PROBE– This includes full days taken off because of injury or hours taken off for follow-up doctor visits or physical therapy.

- YES, MISSED DAYS OF WORK
- YES, MISSED HOURS OF WORK
- YES, MISSED DAYS AND HOURS OF WORK
- NO, DID NOT MISS DAYS OF WORK - **SKIP TO 31**
- DK - **SKIP TO 31**
- REF - **SKIP TO 31**

29. (D14a) **About how many days of work did you miss?**

_____ DAYS (RANGE 1-365, 398=DK, 399=REF)

30. (D14b) **About how many hours of work did you miss?**

_____ DAYS (RANGE 1-365, 398=DK, 399=REF)

31. (D15) **In the last 12 months, did you ever work less than your usual number of hours because of your symptoms?**

- YES
- NO
- DK
- REF

32. (D16) **In the last 12 months, were you ever unable to perform all the normal duties of your job because of your symptoms?**

- YES
- NO
- DK
- REF

33. (D17) **In the last 12 months, were you ever assigned to a different job or tasks than what you did prior to your symptoms?**

- YES
- NO **☐SKIP TO 35**
- DK **☐SKIP TO 35**
- REF **☐SKIP TO 35**

34. (D18) **Was your assignment to a different job or tasks permanent or temporary?**

- PERMANENT
- TEMPORARY
- DK
- REF

35. (D19a) **Did the injury or illness cause you to be laid off or fired?**

- YES **☐SKIP TO 37**
- NO
- DK
- REF

36. (D19b) **Did the injury or illness cause you to quit your job?**

- YES
- NO
- DK
- REF

37. (D19c) **Did the injury or illness cause you to change the kind of work you do, that is, change your occupation?**

- YES
- NO
- DK
- REF

Retrospective probes

(Global probe) In this section, we asked a lot of questions about how this injury or illness affected your work. In your own words, can you talk me through the impact this injury/illness had on your work, if any?

Did your job duties change? (Were the changes permanent or temporary?)

Were there days or hours of work you missed? What kinds of things did you miss work for? Did you include follow-up doctor's visits or physical therapy appointments?

(Q16/D1) Probe added to test the word "programaron."

(Q19/D4) IF HAVEN'T RETURN TO WORK BUT EXPECTS TO WORK AGAIN, when do you think you'll be able to go back to work? What makes you say that?

(Q24/D9) IF R HESITATED OR ASKED FOR CLARIFICATION AT D9, ask alternative Spanish wording of question.

(Global) IF MISSED DAYS OF WORK, you answered that you returned to work after [ANSWER] days. Walk me through the timeline of when you were injured/had an illness through when you went back to work.

How did you come up with your answer about the time you missed work? Were you including only work days or every day?

(Global) I asked you "When you went back to work, were you assigned a different job or tasks than what you did prior to the injury or illness/symptoms?"

In your own words, what is this question asking? IF NEEDED, What does it mean to be assigned a different job or tasks than what you did prior to the injury or illness?

IF YES, was this related to your injury or illness/symptoms or for some other reason? How did your job assignments differ after your illness or injury/symptoms?

(Global) You answered that you [were/were not] able to perform all of the normal duties of your job after you injury/illness. Tell me more about that. IF NEEDED, PROBE: What made you choose [yes/no]? What does “unable to perform all of the normal duties of your job” mean to you?

IF YES, tell me more about your answer. What job duties were affected by your symptoms?

(Global) You said that in the last 12 months you [have/haven't] worked less than your usual number of hours. Tell me more about that. IF NEEDED, PROBE: What made you choose [yes/no]? What does “your usual number of hours” mean to you?

(Q35 – 37/D19a-D19C) Probe added to test the word “cancelaran.”

IF LAID OFF/FIRED/QUIT- When did you [get fired/laid off/quit]? How was that related to your illness/injury?

(Q37/D19C) You said that because of your injury/illness you had to change your occupation. Tell me about that. What did you change to/from?

E. Effect on Pay

BACKGROUND

Respondents had issues with what constituted paid or unpaid time off.

Some respondents were unsure about the source of compensation they received related to a workplace injury/illness.

38. (E1) The next questions are about how the injury or illness affected your income or pay.

Did your employer know about this injury or illness?

- YES **SKIP TO 40**
- NO
- DK
- REF

39. (E2) Briefly, what is the main reason your employer did not know about this injury or illness?

- GAVE ANSWER
- DK
- REF

39a. (E2B) RECORD VERBATIM

_____ (no coding)

40. (E3) The next questions are about workers' compensation.

Has anyone filed a workers' compensation claim for this injury or illness?

[INTERVIEWER READ IF NECESSARY: Workers compensation is insurance that provides you with your lost wages and medical care when you become injured or ill due to your job.]

- YES
- NO **SKIP TO 42**
- DK **SKIP TO 42**
- REF **SKIP TO 42**

41. (E4) Did you receive workers' compensation for this injury or illness?

- YES - **SKIP TO SECTION F (OCCUPATION AT TIME OF INJURY)**
- NO
- DK - **SKIP TO SECTION F (OCCUPATION AT TIME OF INJURY)**
- REF - **SKIP TO SECTION F (OCCUPATION AT TIME OF INJURY)**

42. (E5) Did this injury or illness cause you to use paid sick leave, paid annual leave, or paid time off?

- YES
- NO
- DK
- REF

43. (E6) Did this injury or illness cause you to take leave without pay?

- YES
- NO
- DK
- REF

Retrospective Probes

(Q38-Q39/E1-E2) You said your employer did not know about your injury or illness. Tell me more about the reason your employer did not know about your illness/injury. How did you decide what to say was your “main” reason they did not know?

(Q40/E3) You said that someone [did/didn't] file a workers' compensation claim for this illness or injury. Tell me more about your answer.

What does it mean to file a workers' compensation claim?

IF YES, who filed the claim?

(Q41/E4) You said that you [did/did not] receive workers' compensation. Tell me more about your answer.

How much of your pay does workers' compensation cover? How confident are you?

(Q42/E5) IF USED PAID LEAVE, tell me about the paid sick leave, paid annual leave or paid time off that you used. How did that work?

(Q43/E6) IF USED UNPAID LEAVE, tell me about the leave without pay you used. How did that work?

F. Occupation and Industry at Time of Injury or Illness

BACKGROUND

This section had minimal issues in previous rounds of testing.

- Respondents were confused about whether full- or part-time status was the employer's designation or their own.
- Some respondents reported issues regarding whether to report the size of the whole company or the size of the company at their specific work location.
- Respondents who worked for temporary help, staffing agencies, or were contractors assigned to different work locations displayed some issues regarding which company to report about.

F. The next questions are about your occupation and industry. Please think about the job you held at the time of the injury or illness.

44. (F1) Was the job you held at the time of the injury or illness with the SAME EMPLOYER you have already told me about?

- YES, SAME EMPLOYER **[GO TO 46](#)**
- NO, DIFFERENT EMPLOYER

45. (F2) Which job and employer are you referring to?

- GAVE JOB/OCCUPATION
- GAVE EMPLOYER/COMPANY NAME
- GAVE BOTH
- DK
- REF

45a. (F2A) Describe Job/occupation. RECORD VERBATIM _____
NO CODING

45b. (F2B) Describe employer/company. RECORD VERBATIM _____
NO CODING

46. (F3) Are you in the same position you were in at the time the injury or illness?

- YES **[SKIP TO NEXT SECTION G \(DEMOGRAPHICS\)](#)**

- NO
- DK
- REF

47. (F4) **Were you considered by your employer to be a full time or part time employee?**

- FULL-TIME
- PART-TIME
- DK
- REF

48. (F5) **In a typical week, how many hours did you work? PROBE IF NEEDED: Was it greater than or equal to 35 hours per week? Your best estimate is fine.**

- _____ hours (RANGE 1-168, 198=DK, 199=REF)

49. (F6) **Which of the following best describes your employer at the time of the injury or illness?**

- Government
- Private-for-profit company
- Non-profit organization including tax exempt and charitable organizations
- Self-employed
- Working in the family business

50. (F7) **Did you work for a temporary help agency, a temporary staffing agency, or a contractor? INTERVIEWER NOTE: IF R IS A FARM LABOR CONTRACTOR, R IS NOT CONSIDERED TEMPORARY HELP/STAFFING AND RESPONSE TO THIS Q IS NO.**

- YES
- NO
- DK
- REF

51. (F8) **[CATI: SHOW TEXT IN BRACKETS IF F7=1: For the next questions, please answer based on the location where you were working on a day-to-day basis when the injury or illness occurred, this may not be the temporary agency or contractor location.]**

What is the name of the (company/organization/agency) for whom you worked? (CATI: IF F6=1 TEXT FILL=agency; IF F6=3 TEXT FILL=organization; ELSE TEXT FILL=company.)

- 1 GAVE ANSWER
- 2 DK
- 3 REF

51a. (F8A) RECORD VERBATIM

_____ (NO CODING)

52. (F9) **What kind of work did you do?**

INTERVIEWER: READ EXAMPLES IF NECESSARY “Such as a registered nurse, janitor, cashier, auto mechanic.”

INTERVIEWER: If respondent is unclear, ask “What is your job title?”

INTERVIEWER: If respondent has more than one job then ask, “What is your main job?”

- 1 GAVE ANSWER
- 2 DK
- 3 REF

51a. (F9A) RECORD VERBATIM

_____ (CODING TO SOC)

53. (F10) **What kind of business or industry did you work in?**

INTERVIEWER NOTE: READ EXAMPLES IF NECESSARY Such as a hospital, elementary school, clothing manufacturing, restaurant.

- 1 GAVE ANSWER
- 2 DK
- 3 REF

53a. (F10A) RECORD VERBATIM

_____ (CODING TO NAICS)

54. (F11) **In what state were you employed at this job?**

- USE CLOSED-ENDED LIST OF STATES + DC
- 58=DK
- 59=REF

55. (F12) **Were you a member of a labor union or an employee association similar to a union?**

- YES

- NO
- DK (DO NOT PROBE)
- REF

56. (F14) **How many people worked at your work location? Would you say... READ ANSWERS? IF R NOT SURE, PROBE: Please provide your best estimate.**

- 1 to 10 workers
- 11 to 49 workers
- 50 to 249 workers
- 250 to 999 workers or
- 1000 or more workers
- DK
- REF

Retrospective probes

(Q44-Q48/F1-F4) Can you tell me a little bit about the job you had when this injury occurred? PROBE TO IDENTIFY ANY INCONSISTENCIES WITH ANSWERS GIVEN.

(Q48/F5) I asked you, "In a typical week, how many hours did you work?" and you answered [ANSWER]. How did you come up with your answer?

(Q55/F12) Have you heard of unions? Tell me what a labor union means to you? What would an "employee association similar to a union" be to you?

(Q56/F14) You answered that there were [ANSWER] workers at your work location. How did you decide on this answer?

(Q50/F7) You said that you work at a temporary agency or contractor. Tell me more about that. What did your work schedule look like? Did you work in the same location every day? How did you decide which location to answer the other questions about?

Probe added to test “temporarios o temporales.”

IF MORE THAN ONE INJURY/ILLNESS, COMPLETE SECTIONS B-F ABOUT THE NEXT INJURY/ILLNESS. (ONLY LOOP THROUGH B-F FOR UP TO TWO INJURIES/ILLNESSES.)

G. Demographic Characteristics

BACKGROUND

They did not find any issues with the demographic questions over the three rounds of cognitive interviews.

57. (G1) **Now I just have a few more questions for you. Are you Spanish, Hispanic, or Latino?**

- YES
- NO
- DK
- REF

58. (G2) **I am going to read you a list of five race categories. Please choose one or more races that you consider yourself to be: READ LIST**

- White
- Black or African American
- American Indian or Alaska Native
- Asian, or
- Native Hawaiian or Other Pacific Islander
- (VOL- DO NOT READ) Other Specify
- (VOL) DK
- (VOL) REF

58a. (G2b) RECORD OTHER SPECIFY VERBATIM _____

59. (G3) **What is your age?**

- _____ age (Range 18-96, 97= 97 OR MORE, 98 DK, 99 REF)

60. (G4) **Are you now married, widowed, divorced, separated or never married?**

- MARRIED
- WIDOWED
- DIVORCED
- SEPARATED
- SINGLE, NEVER MARRIED
- DK
- REF

61. (G5) **[INTERVIEWER: RECORD GENDER FROM OBSERVATION. IF NEEDED READ: Are you male or female?]**

- MALE
- FEMALE

62. (G6) **What is the highest level of school you have completed or the highest degree you have received?**

- Less than high school
- High school or GED
- Associate degree or some college
- Bachelor's degree or above (includes Masters, PhD, MD, JD, etc.)
- DK
- REF

63. (G7) **In what country were you born?**

- _____ RECORD VERBATIM
- 997 OTHER
- 998 DK
- 999 REF

64. (G7A) **RECORD OTHER COUNTRY**

Retrospective Probes

(Global) How easy or difficult was it for you to answer this series of questions?

(Q62/G6) You said you completed <ANSWER TO Q62>. Tell me more about that.

H. Current Industry and Occupation

BACKGROUND INFORMATION

None.

65. (H1) The next questions are about your current job. If you have more than one job, please tell me about the job at which you usually work the most hours. If you work the same number of hours at two jobs, please tell me about the job where you were employed the longest.

What is your current employment status? Are you currently employed full-time, part-time, or are you not employed?

- FULL-TIME
- PART-TIME
- NOT CURRENTLY EMPLOYED **SKIP TO 73**
- DK **SKIP TO 73**
- REF **SKIP TO 73**

66. (H2) Is this job with the same employer you have already told me about with the illness or injury?

- YES, SAME EMPLOYER
- NO, DIFFERENT EMPLOYER
- DK
- REF

67. (H3) Which job and employer are you referring to?

- GAVE JOB/OCCUPATION
- GAVE EMPLOYER/COMPANY NAME
- GAVE BOTH
- DK
- REF

67a. (H3A) Describe job/occupation. RECORD VERBATIM _____
NO CODING

67b. (H3B) Describe company. RECORD VERBATIM _____
NO CODING

68. (H4) Are you in the same position you were in at the time the injury or illness?

- YES **SKIP TO 73**
- NO
- DK
- REF

69. (H5) Currently, in a typical week, how many hours do you work? IF NEEDED: Your best estimate is fine.

- _____ hours (0-168, 198=DK, 199-REF)

70. (H6) Which of the following best describes your CURRENT employer?

- Government
- Private-for-profit company
- Non-profit organization including tax exempt and charitable organizations
- Self-employed
- Working in the family business
- DK
- REF

71. (H8) [READ TEXT IF H7 =1: For the next questions, please answer based on the location where you were working on a day-to-day basis when the injury or illness occurred, this may not be the temporary agency or contractor location. What kind of work do you do?

INTERVIEWER NOTE: READ EXAMPLES IF NECESSARY registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

- GAVE ANSWER
- DK
- REF

71a. (H8A) RECORD VERBATIM _____ (CODE TO SOC)

72. (H9) What kind of business or industry do you work in?

- GAVE ANSWER
- DK
- REF

72a. (H9A) RECORD VERBATIM _____ (CODE TO
NAICS)

Retrospective Probes

**(Q67a/H3A) Can you tell me about your current job? PROBE TO IDENTIFY ANY
INCONSISTENCIES WITH ANSWERS GIVEN.**

(Global) What job were you thinking of when you answered this series of questions?

I. Landline Phone Use

73. (J1) I just have a few last questions about you and your household.

(J2) Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- YES
- NO
- DON'T KNOW / NOT SURE
- REFUSED

74. (J3) Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- YES
- NO **SKIP TO 75**
- DK **SKIP TO 75**
- REF **SKIP TO 75**

74a. (J3B) How many of these telephone numbers are residential numbers?

- _____ RESIDENTIAL PHONE NUMBERS [RANGE 1-6, 6 = 6 or more, 8=DK, 9=REF]

75. (J4) Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- YES
- NO
- DK
- REF

Retrospective Probes

(Q73/J2) In your own words, what does a “landline telephone” (teléfono fijo) mean? Can you give me some examples? What about telephone service over the internet, have you heard of that before? IF YES, is that the same as a landline (teléfono fijo)?

(Q74/J3) You answered that you have more than one telephone number in your household. Tell me more about your answer. What phones were you thinking about?

(Q74a/J3b) We asked “how many of these telephone numbers are residential numbers” and you said [ANSWER]. In your own words, what is this question asking?

(Q75/J4) In your own words, what does it mean to “have a cell phone for personal use”? Were you including business phones in your answer?

RECIBA \$40 POR PARTICIPAR EN UNA ENTREVISTA EN PERSONA

¿Es el español su lengua materna?

¿Está empleado(a) actualmente en alguno de los siguientes tipos de trabajo: [OCCUPATION LIST]?

Le invitamos a participar en una entrevista en persona acerca de lesiones y enfermedades relacionadas con el trabajo. La entrevista dura un máximo de 60 minutos y se lleva a cabo en un lugar y a una hora convenientes para usted.

**Comuníquese con [NOMBRE] en
Research Support Services, Inc.
al número gratuito: 1-XXX-XXX-
XXXX**

EARN \$40 BY COMPLETING AN IN- PERSON INTERVIEW!

Is Spanish your native language?

Are you currently employed in [OCCUPATION LIST]?

We want you to take part in an in-person interview on workplace injuries and illnesses! The interview will last no more than 60 minutes and can be completed at a time and place convenient to you.

**Contact [NAME] at Research
Support Services, Inc. toll free at:
1-xxx-xxx-xxxx**

Attachment 5.

Online Recruiting Ad Text:

\$40 POR UNA ENTREVISTA EN PERSONA

¿Es el español su lengua materna? ¿Está empleado(a) actualmente en alguno de los siguientes tipos de trabajo: [OCCUPATION LIST]? Le invitamos a participar en una entrevista acerca de lesiones y enfermedades relacionadas con el trabajo. La entrevista dura un máximo de 60 minutos y se lleva a cabo en un lugar y a una hora convenientes para usted. **Comuníquese con [NOMBRE] en Research Support Services, Inc. al número gratuito: 1-XXX-XXX-XXXX**

Attachment 6.

Online Recruiting Ad Text:

\$40 FOR IN- PERSON INTERVIEW

Is Spanish your native language? Are you currently employed in [OCCUPATION LIST]? We want you to take part in an interview on workplace injuries and illnesses! The interview will last no more than 60 minutes and can be completed at a time and place convenient to you. **Contact [NAME] at Research Support Services, Inc. toll free at: 1-xxx-xxx-xxxx**

Attachment 7.

HSOII Eligibility Screener - Spanish

1. Desde [FECHA], ¿ha hecho usted algún tipo de trabajo por el que recibió pago?
 1. SÍ
 2. NO (INELIGIBLE)

2. ¿Qué tipo de trabajo hace [hacia] en cada trabajo?: [RECORD VERBATIM AND CODE]
 1. Personal de oficina, profesional, de negocios o administrativo
 2. Cuidado de la salud
 3. Chofer o entrega a domicilio
 4. Ventas
 5. Servicio de alimentos
 6. Manufactura/ensamblaje de productos
 7. Limpieza , mantenimiento de edificios y terrenos
 8. Reparación, instalación o servicio de maquinaria o equipo
 9. Manejo de materiales (como por ejemplo: almacenamiento, carga/descarga, transporte, etc.)
 10. Construcción
 11. Agricultura
 12. Otro:_____

3. ¿Ha habido un incidente en algún trabajo que le causó a usted una lesión o enfermedad?
 1. Sí --> Por favor describa el incidente.
 2. No

4. ¿Cuándo ocurrió esta lesión o enfermedad?
 1. _____

5. Ahora me gustaría preguntarle acerca de los otros adultos de su hogar, es decir las personas de 18 años o más que viven con usted.
 - A. ¿Desde [DATE], algún adulto de su hogar hizo algún tipo de trabajo por el que recibió pago? [RECORD NAMES]

 - B. ¿Qué tipo de trabajo hace/hizo [NAME]?

 - C. Desde [DATE], ¿tuvo [NAME] un incidente en algún trabajo que le causó una lesión o enfermedad?

6. ¿Es usted hombre o mujer?

1. MALE
2. FEMALE

7. ¿Cuántos años tiene?
_____ años (UNDER 18 ARE INELIGIBLE)
8. ¿Cuál es el grado o nivel de estudios más alto que ha completado?
1. NO SCHOOLING COMPLETED
 2. NURSERY SCHOOL TO 8TH GRADE
 3. 9TH-12TH GRADE, NO DIPLOMA
 4. HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT)
 5. VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND THE HIGH SCHOOL LEVEL)
 6. SOME COLLEGE, BUT NO DEGREE
 7. ASSOCIATE DEGREE
 8. BACHELOR'S DEGREE
 9. MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE
 10. DON'T KNOW
 11. REFUSED
9. ¿Es usted de origen hispano, latino o español?
1. SÍ
 2. NO
10. ¿En qué país o territorio nació?
1. U.S.
 2. U.S. TERRITORY (¿Cuál?) _____
 3. Otro país: _____

Para participar en nuestro estudio no es necesario que usted hable inglés. Pero igualmente tengo que hacerle una pregunta sobre su manejo del inglés.

11. ¿Qué tan bien habla inglés?
1. Muy bien - NOT ELIGIBLE
 2. Bien - NOT ELIGIBLE
 3. No muy bien
 4. Para nada

Nos gustaría grabar la entrevista para poder revisar la conversación y preparar un resumen de los resultados. ¿Está de acuerdo? [NOTE TO RECRUITER: THIS QUESTION IS NOT MEANT TO ASK FOR CONSENT. RESPONDENTS WILL BE ASKED AGAIN ABOUT RECORDING DURING THE CONSENT PROCESS. THEY WILL HAVE THE OPPORTUNITY TO DECIDE NOT BE RECORDED AND STILL PARTICIPATE IN THE INTERVIEW. WE PREFER TO RECRUIT RESPONDENTS WHO ARE LIKELY TO CONSENT TO RECORDING.]

1. SÍ
2. NO

- ➡ ¿Cuándo podría hacer la entrevista?

➡ GET CONTACT INFORMATION AND SCHEDULE APPOINTMENT
Attachment 8.

HSOII Eligibility Screener -English

1. Since [DATE], have you done any work at all for which you were paid?
 1. YES
 2. NO (INELIGIBLE)

2. What type of work do you do [did you do] at each job?: [RECORD VERBATIM AND CODE]
 1. Office, professional, business, or management staff
 2. Healthcare
 3. Delivery or driving
 4. Sales
 5. Food service
 6. Product assembly, product manufacture
 7. Cleaning, maintenance of building, grounds
 8. Repair, installation or service of machines, equipment
 9. Material handling (e.g., stocking, loading/unloading, moving, etc.)
 10. Construction
 11. Farming
 12. Other: _____

3. Have you had an incident at any job that resulted in an injury or illness to you?
 1. Yes→Please describe this incident.
 2. No

4. When did this injury or illness occur?
 1. _____

5. Now I would like to ask you about other adult members of your household, that is, persons ages 18 and older who live with you.
 - A. Since [DATE], has any adult member of your household done any work at all for which they were paid? [RECORD NAMES]

 - B. What type of work does/did [NAME] do?

 - C. Since [DATE], did [NAME] have an incident at any job that resulted in an injury or illness to him/her?

6. Are you male or female?
 1. MALE
 2. FEMALE

7. How old are you?

_____ years (UNDER 18 ARE INELIGIBLE)

8. What is the highest degree or level of school you have completed?

1. NO SCHOOLING COMPLETED
2. NURSERY SCHOOL TO 8TH GRADE
3. 9TH-12TH GRADE, NO DIPLOMA
4. HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT)
5. VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND THE HIGH SCHOOL LEVEL)
6. SOME COLLEGE, BUT NO DEGREE
7. ASSOCIATE DEGREE
8. BACHELOR'S DEGREE
9. MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE
10. DON'T KNOW
11. REFUSED

9. Are you of Hispanic, Latino, or Spanish origin?

1. YES
2. NO

10. In what country or territory were you born?

1. U.S.
2. U.S. TERRITORY (Which) _____
3. Other country: _____

It's not necessary that you speak English to participate in our study, but I need to ask you a few questions about English now.

11. How well do you speak English?

1. Very well - NOT ELIGIBLE
2. Well - NOT ELIGIBLE
3. Not well
4. Not at all

We would like to audio-record the interview so that we may review our conversation as we prepare a summary of our findings. Is this OK with you? [NOTE TO RECRUITER: THIS QUESTION IS NOT MEANT TO ASK FOR CONSENT. RESPONDENTS WILL BE ASKED AGAIN ABOUT RECORDING DURING THE CONSENT PROCESS. THEY WILL HAVE THE OPPORTUNITY TO DECIDE NOT BE RECORDED AND STILL PARTICIPATE IN THE INTERVIEW. WE PREFER TO RECRUIT RESPONDENTS WHO ARE LIKELY TO CONSENT TO RECORDING.]

3. YES
4. NO

➡ When can you do the interview?

➡ GET CONTACT INFORMATION AND SCHEDULE APPOINTMENT

Attachment 9.

Formulario de Consentimiento

Número de Control de OMB: 1220-0141
Fecha de Vencimiento: 30 de abril, 2018

La Oficina de Estadísticas del Trabajo (BLS por sus siglas en inglés) está realizando estudios para mejorar la calidad de sus encuestas. Este estudio tiene como finalidad sugerir a BLS alternativas que mejoren los procedimientos que la Oficina usa para recolectar datos por medio de encuestas.

La Oficina de Estadísticas del Trabajo, sus empleados, sus agentes, y las agencias de estadísticas asociadas usarán la información que usted proporcione únicamente con fines estadísticos y mantendrán la información confidencial hasta lo máximo que la ley permita. De acuerdo con la Ley de Protección de la Información Confidencial y Eficiencia Estadística de 2002 (Título 5 de la Ley Pública 107-347) y otras leyes federales aplicables, sus respuestas no serán reveladas de manera que usted pueda ser identificado sin su consentimiento informado. El aviso sobre la Ley de Privacidad impreso al reverso de este documento describe las condiciones bajo las cuales la información relacionada con este estudio será utilizada por los empleados y agentes de BLS.

Durante este estudio, tal vez grabemos su entrevista en video y/o audio, o alguien observe la entrevista. Si usted no desea ser grabado(a) en video y/o audio aún puede participar en el estudio.

Calculamos que el tiempo que tomará su participación en este estudio es de aproximadamente 60 minutos.

Su participación en este proyecto es voluntaria y usted tiene el derecho de terminarla en cualquier momento. Si usted está de acuerdo en participar por favor firme a continuación.

Las personas no están obligadas a responder a un pedido de información a menos que se muestre un número de control OMB vigente. El número de control de OMB es 1220-0141 y vence el 30 de abril de 2018.

He leído y entiendo la información presentada arriba. Acepto participar en este estudio

Firma del participante

Fecha

Nombre del participante en letra de imprenta

Firma del entrevistador

DECLARACIÓN DE LA LEY DE PRIVACIDAD

De acuerdo con la Ley de Privacidad de 1974 (DOL/BLS – 14 BLS Archivos del Proyecto del Laboratorio de Investigación de Ciencias del Comportamiento (81 FR 47418)), enmendado (5 U.S.C. 552a), se le notifica por la presente que este estudio está patrocinado por la Oficina de Estadísticas del Trabajo de Los Estados Unidos, bajo la autoridad de 29 U.S.C. 2. Su participación voluntaria es importante para el éxito de este estudio y permitirá a BLS tener un mejor entendimiento de los procesos de conducta y psicológicos de los individuos, y cómo estos se reflejan en la precisión de los datos obtenidos por BLS. La Oficina de Estadísticas del Trabajo, sus empleados, sus agentes, y las agencias de estadística asociadas utilizarán la información que usted proporcione únicamente con fines estadísticos y mantendrán la información de manera confidencial hasta lo máximo que permite la ley. De acuerdo con la Ley de Protección y Confidencialidad de la Información y Eficiencia Estadística de 2002 (Título 5 de la Ley Pública 107-347) y otras leyes federales aplicables sus respuestas no serán reveladas de manera que usted pueda ser identificado sin su consentimiento informado. Según la Ley Federal de Mejoramiento de Seguridad Cibernética (Federal Cybersecurity Enhancement Act) de 2015, los sistemas federales de información están protegidos de actividades maliciosas a través de monitoreo de seguridad cibernética de los datos que se transmiten.

Attachment 10.

Consent Form

OMB Control Number: 1220-0141
Expiration Date: April 30, 2018

The Bureau of Labor Statistics (BLS) is conducting research to increase the quality of BLS surveys. This study is intended to suggest ways to improve the procedures the BLS uses to collect survey data.

The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. The Privacy Act notice on the back of this form describes the conditions under which information related to this study will be used by BLS employees and agents.

During this research you may be audio and/or videotaped, or you may be observed. If you do not wish to be taped, you still may participate in this research.

We estimate it will take you an average of 60 minutes to participate in this research.

Your participation in this research project is voluntary, and you have the right to stop at any time. If you agree to participate, please sign below.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. OMB control number is 1220-0141 and expires April, 30, 2018.

I have read and understand the statements above. I consent to participate in this study.

Participant's signature

Date

Participant's printed name

Researcher's signature

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (DOL/BLS - 14 BLS Behavioral Science Research Laboratory Project Files (81 FR 47418)), as amended (5 U.S.C. 552a), you are hereby notified that this study is sponsored by the U.S. Department of Labor, Bureau of Labor Statistics (BLS), under authority of 29 U.S.C. 2. Your voluntary participation is important to the success of this study and will enable the BLS to better understand the behavioral and psychological processes of individuals, as they reflect on the accuracy of BLS information collections. The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.