Appendix 1: Initial screener survey questions

This screener survey will be used to determine eligibility for the main survey. Participants who report having had a workplace injury or illness are eligible for the main survey. Additional questions appear to be eligibility screening items (conflict with employees, supervisor) but will not be used to determine eligibility; they are included in the design to reduce the effect of fraudulent responses. Similarly, the open-ended item collecting job title will be used to identify fraudulent responses (i.e., participants giving nonsense answers, such as “good” or “I like the product”, will be excluded from the main survey).

Welcome! Thanks for your interest in this survey.

This is a short screener survey to identify individuals who are eligible for our main survey. The main survey will:

* Launch on mTurk next week
* Take about 10 minutes
* Pay $2.50
* Be available only to those workers who qualify through this screener survey

This survey should take about 3 minutes.

Please do not use your browser's back button.

This voluntary study is being collected by the Bureau of Labor Statistics under OMB No. 1220-0141 (Expiration Date: March 31, 2021). Without this currently-approved number, we could not conduct this survey. We estimate that it will take on average 3 minutes to complete this survey. Your participation is voluntary, and you have the right to stop at any time. This survey is being administered by SurveyMonkey and resides on a server outside of the BLS Domain. The BLS cannot guarantee the protection of survey responses and advises against the inclusion of sensitive personal information in any response. By proceeding with this study, you give your consent to participate in this study.

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Please do your best to answer the questions accurately. We are looking for participants with a range of experiences. Answering “no” to any of the below questions will not necessarily mean you are ineligible for the main survey.

For the following questions, please consider any job that you have had in the last two years since **[CURRENT MONTH] 2018**.

1. Have you experienced any **conflicts with other employees** while at work in the last two yearssince [CURRENT MONTH] 2018?
*Examples: Gossiping, bullying, disagreements about project assignments*

 Yes

 No

1. Have you experienced any **conflicts with supervisors** while at work in the last two years since [CURRENT MONTH] 2018?
*Examples: Sexual harassment, pressure to work overtime*

Yes

 No

1. Have you experienced any **illnesses** **caused by an event or exposure while at work** in the last two years since [CURRENT MONTH] 2018?
*Examples: Poisoning, skin disease, respiratory disorder
Do not include the common cold or flu.*

Yes

 No

1. Have you experienced any **injuries** **caused by an event or exposure while at work** in the last two years since [CURRENT MONTH] 2018?
*Examples: Sprains, cuts, carpal tunnel syndrome, hearing loss*

Yes

 No

1. Last week, did you do any work for pay?

Yes

No

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1. What is your age?

[Open text entry]

1. What is your sex?

Male

Female

1. Are you Hispanic, Latino or Spanish?

Yes

No

1. What is your race? Please select all that apply.

White

Black or African American

 American Indian or Alaska native

Asian

Native Hawaiian or Pacific Islander

If Q5= Yes then

1. Thinking of your main job, what kind of work do you do, that is, what is your occupation?
*Do not include any names or personal information.*

[Open text entry]

Thank you for participating!