

Household Survey of Occupational Injuries and Illnesses (HSOII)

DRAFT - Updated 6-16-2017 ICF

INTERVIEWERS: IF ANSWERS ARE IN CAPS, DO NOT READ.

IF ANSWERS ARE IN lower case, READ THEM TO RESPONDENT AFTER THE QUESTION.

IF THERE ARE CALLBACK TO CONTINUE, ASK FOR INITIALS. RECORD IN COMMENTS.

CATI generate CASEID

SAMPLE MONTH AND YEAR

START TIME

START DATE

//answering machine message to be left on the 1st, 4th, and 9th attempts that result in an answering machine disposition (intro1=02, 03)//

Answering Machine message text:

Hello, my name is _____. I am calling on behalf of the U.S. Department of Labor, Bureau of Labor Statistics to conduct a short 5-10 minute voluntary survey of American workers. We will call again in the next few days to conduct the interview. If you have any questions please call us at 1-866-xxx-xxxx at your convenience. Thank you."

//privacy manager to be prompted on the 1st, 4th, and 9th attempts that result in a privacy manager//

Privacy Manager:

"We are calling on behalf of the U.S. Department of Labor, Bureau of Labor Statistics."

IF MESSAGE ASKS TO ENTER A PHONE NUMBER: Enter: 1-866-xxx-xxxx

NATIONAL RDD SAMPLE - 50 STATES + DC, ENGLISH AND SPANISH VERSION

SAMPTYPE = 1-LANDLINE (30% QUOTA), 2-CELLPHONE (70% QUOTA)

//ASK IF Resumed Interview//

INTRO1. Hello, I am calling on behalf of the U.S. Department of Labor, Bureau of Labor Statistics. My name is ____ **(name)** _____. We are conducting a short 5-10 minute survey of American workers. This call may be monitored and recorded for quality control. [IF SAMPTYPE=1 AND GET1A IS NOT BLANK: May I speak with the person in the household whose initials are ____?] [IF SAMPTYPE=2: Is this a safe time to talk with you?]

- 1 SELECTED RESPONDENT IS ON THE LINE [RESUME INTERVIEW]
- 2 [IF SAMPTYPE=1: YES, TRANSFER TO RESPONDENT - RE-ASK INTRO1] [IF SAMPTYPE=2: NO - NOT A SAFE TIME - CALLBACK DISPO 104]
- 3 REFUSED [GO TO TERMINATION SCREEN - REFUSED INTRO1 DISPO 25]

//ASK IF SAMPTYPE=2 AND INTRO1=2//

INTRO1b. Thank you very much. We will call you back at a more convenient time.

- 1 CONTINUE [GO TO TERMINATION SCREEN - CALLBACK DISPO 104]

//ASK ALL//

INTRO. Hello, I am calling on behalf of the U.S. Department of Labor, Bureau of Labor Statistics. My name is ____ **(name)** _____. We are conducting a short 5-10 minute survey of American workers. This information will be used to learn more about workplace health and safety. Your telephone number has been chosen randomly. Your information will be kept confidential. This call may be monitored and recorded for quality control.

This voluntary survey is being conducted under OMB Control number 1220-0045.

The information you provide will be used for statistical purposes only and will be held in confidence to the full extent permitted by law. Your responses will not be released in identifiable form.

INTERVIEWER: IF QUESTIONED, READ: The Bureau of Labor Statistics, 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.

[IF SAMPTYPE=1 AND GET1A IS NOT BLANK: May I speak with the person in the household whose initials are ___?] [IF SAMPTYPE=2: Is this a safe time to talk with you?]

INTERVIEWER: IF RESPONDENT IS HESITANT, READ:

The BLS is conducting this study to better understand workplace injuries and illnesses. Your information will be kept confidential. We need your help to make our data better and more complete.

READ MORE IF NEEDED: This survey is not part of any type of enforcement action.

- 1 CONTINUE
- 2 [IF SAMPTYPE=1 AND GET1A IS NOT BLANK: TRANSFER TO RESPONDENT RE-ASK INTRO] [IF SAMPTYPE=2: NO - NOT A SAFE TIME- CALLBACK DISPO 104]
- 3 REFUSED [GO TO TERMINATION SCREEN- REF SELECTED RESP 115]

1. Call Back	Scheduled - Selected Respondent	104
	Scheduled - Non Selected Respondent	105
	Unscheduled - Selected Respondent	160
	Unscheduled - Non Selected Respondent	108
	Dead Air	110
	Busy	102
	Ring No Answer	101
	Answering Machine - Household	111
	Answering Machine - Not A Residence	112
	Answerin Machine - Unknown	113
2. Refusal	Hang Up	114
	Refused - Selected Respondent	115
	Refused - Non Selected Respondent	116
	Hard Refusal - Selected Respondent	2
	Hard Refusal - Non Selected Respondent	3
3. Communication Barrier	Definite Spanish	117
	Language Barrier	4
	Physical/Mental Impairment - Selected Respondent	119
	Physical/Mental Impairment - Non Selected Respondent	6
4. Technical Barrier	Bad Audio Connection	120
	Nonworking	8
	Fax/Modem	121/009
	Temporarily Disconnected	122
	Privacy Manager - Household	123
	Privacy Manager - Not A Residence	124
5. Ineligible Sample	Privacy Manager - Unknown	125
	Not a Residence	10
	Not a Business	11
	Not a Cell Phone	12
	Not a Land Line Phone	13
	Number Changed	015/126
	Household Unavailable	16
No Adults Associated w/Line	17	
Other Dispositions	Refused Intro1_resumed	25
	Refused NewIntro1_new resp	26

	Screenout-Not worker_new resp A1	27
	Screenout-Not worker	28
	Ref-pvtres adult18+	29
		30

//ASK IF SAMPTYPE=2 AND INTRO=2//

INTROb. Thank you very much. We will call you back at a more convenient time.

- 1 CONTINUE [GO TO CALLBACK SCREEN- CALLBACK DISPO 104]

//ASK ALL//

ISADLT. Are you at least 18 years old and a resident of the United States?

- 1 YES
- 2 NO [IF SAMPTYPE=1, GO TO GETADLT. IF SAMPTYPE=2, TERMINATE, ASSIGN DISPO REF PVTREF ADULT18+ 29]
- 3 DON'T KNOW [TERMINATE, ASSIGN DISPO REF PVTREF ADULT18+ 29]
- 4 REFUSED [TERMINATE, ASSIGN DISPO REF PVTREF ADULT18+ 29]

//ASK IF ISADULT=2 AND SAMPTYPE=1 LANDLINE//

GETADLT. May we please speak with an adult, 18 years of age or older?

- 1 YES [RESET TO INTRO FOR CALLBACK]
- 2 NO [GO TO GET1]
- 3 NO ADULT 18+ [TERMINATE, ASSIGN DISPO NO ADULT 17]
- 4 REFUSED [TERMINATE, ASSIGN DISPO REF PVTREF ADULT18+ 29]

//ASK ALL//

PVTRES. Do you live in a private residence? By private residence, we mean someplace like a house or apartment.

- 1 YES
- 2 NO
- 3 REFUSED [TERMINATE, ASSIGN DISPO REF PVTREF ADULT18+ 29]

//ASK IF PVTRES=2//

PVTRESb. Thank you very much, but we are only interviewing persons who live in a private residence at this time.

- 1 CONTINUE [TERMINATE, ASSIGN DISPO NOT RESIDENCE 10]

//ASK ALL//

ADULTS. Including yourself, how many adults age 18 and older live in this household?

___ RECORD number (1-20, 98=DK, 99=REF)

//ASK ALL//

This survey is about work-related injuries and illnesses that you may have experienced. I will ask you questions about the injuries and illnesses you may have had that are related to any job you held in the last 12 months. By the last 12 months, I mean since [CURRENT MONTH] of [LAST YEAR].

S1_SCR1. In the last 12 months, did you do ANY work for pay or profit?

- 1 YES
- 2 NO
- 3 DK
- 4 REF

//ASK IF ADULTS=1,98,99 AND S1_SCR1=2,3,4//

S1_SCR1B: Thank you very much. That's all of the questions I have. [TERMINATE, ASSIGN DISPO SCREEN OUT NOT WORKER 28]

//ASK IF ADULTS = 2 //

S1_SCR2. In the last 12 months, did the other adult in your household do ANY work for pay or profit?

- 1 YES
- 2 NO
- 3 DK
- 4 REF

//ASK IF ADULTS=3-20//

OTHWRKRS. Not including yourself, how many of the other adults in your household worked for pay or profit in the past 12 months?

___ RECORD number (0-20, 98=DK, 99=REF) (CHECK TO NOT MORE THAN # ADULTS IN HH)

//ASK IF (SAMPTYPE=2 AND S1_SCR1=2,3,4) or (ADULTS=2-20 AND S1_SCR1=2,3,4 AND (S1_SCR2=2,3,4 OR OTHWRKRS=0,98,99))//

NOWRKRS: Thank you very much. That's all of the questions I have. [TERMINATE, ASSIGN DISPO SCREEN OUT NOT WORKER 28]

//CATI CALCULATE WORKERS -

ADD S1_SCR1=1 + S1_SCR2=1 + OTHWRKRS=2-20.

// IF SAMPTYPE=2 CELL AND S1_SCR1=1, SKIP TO A2 //

//ASK IF SAMPTYPE=1 LANDLINE AND ADULTS=2 AND S1_SCR1=2,3,4 //

GETWRKR. The person in your household I need to speak with is the adult who worked for pay or profit in the past 12 months. May I speak with him or her?

- 1 NEW ADULT COMING TO THE PHONE
- 2 SELECTED ADULT NOT AVAILABLE

//ASK IF SAMPTYPE=1 LANDLINE AND ADULTS>2 AND S1_SCR1=2,3,4 AND WORKERS=2-20//

SELWRKR. I would like to speak with one of the workers in your household. May I please speak with the {CATI ROTATE: youngest/oldest} worker who is currently available.

- 1 NEW ADULT COMING TO THE PHONE
- 2 SELECTED ADULT NOT AVAILABLE

//ASK IF GETWRKR=1 OR SELWRKR=1//

NEWINTRO: Hello, I am calling on behalf of the U.S. Department of Labor, Bureau of Labor Statistics. My name is ___ **(name)** ___. We are conducting a short 5-10 minute survey of American workers. This call may be monitored and recorded for quality control.

INTERVIEWER: IF RESPONDENT IS HESITANT, READ:

The U.S. Department of Labor, Bureau of Labor Statistics is conducting a study to better understand workplace injury and illnesses. Your information will be kept confidential. We need your help to make our data better and more complete.

READ MORE IF NEEDED: This survey is not part of any type of enforcement action.

- 1 SELECTED RESPONDENT IS ON THE LINE
- 4 REFUSED [TERMINATE, ASSIGN DISPO REF NEWINTRO 26]

//ASK IF SAMPTYPE=1 AND (GETADLT=2 OR GETWRKR=2 OR SELWRKR=2)//

GET1 Could I get the initials for that person so we could call back to talk to him or her?

- 1 YES
- 2 REFUSED [TERMINATE, ASSIGN DISPO REF NEWINTRO 26]

//ASK IF GET1=1//

GET1A. RECORD INITIALS

//ASK IF GET1=1 //

GET1B. Is this adult male or female?

- 1 MALE
- 2 FEMALE
- 3 REFUSED

//ASK IF GET1=1 //

GET1C. Thank you. We will call back to speak with him/her in a day or two. Thank you again for your assistance with this important research.

- 1 CONTINUE [GO TO TERMINATION SCREEN CALLBACK DISPO 104]

A. SCREENER FOR ILLNESS/INJURY

//ASK IF NEWINTRO=1//

A1 In the last 12 months, did you do ANY work for pay or profit?

1. YES SKIP TO A2
2. NO
3. DK
4. REF

//ASK IF A1 = 2,3,4//

A1b. Thank you very much. That's all of the questions I have. **STOP** [TERMINATE, ASSIGN DISPO]

//ASK ALL //

A2. In the last 12 months, have you experienced any injuries or illnesses related to any job you held?

1. YES → SKIP TO A3A
2. NO → ASK A2B
3. DK → ASK A2B
4. REF → ASK A2B

//ASK IF A2 = 2,3,4//

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?

1. YES → ASK A3A
2. NO →SKIP TO INJURY
3. DK - PROBE BY RE-READING EXAMPLES IN QUESTION →SKIP TO INJURY
4. REF →SKIP TO INJURY

//ASK IF A2=1 OR A2B=1//

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?

1. OCCURRED ON A SPECIFIC DAY IN PAST 12 MONTHS – ASK A3B
2. SYMPTOMS DEVELOPED OVER TIME AND EXPERIENCES SYMPTOMS IN PAST 12 MONTHS – SKIP TO A4
3. DK– ASK A3B
4. REF– ASK A3B

//ASK IF A3A=1,3,4//

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)

//ASK IF A2=1 OR A2B=1//

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]

1. YES → ASK A5A
2. NO →SKIP TO INJURY
3. DK →SKIP TO INJURY
4. REF →SKIP TO INJURY

//ASK IF A4=1//

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?

1. OCCURRED ON A SPECIFIC DAY IN PAST 12 MONTHS – ASK A5B1
2. SYMPTOMS DEVELOPED OVER TIME AND EXPERIENCED SYMPTOMS IN PAST 12 MONTHS– SKIP TO A5C
3. DK– ASK A5B1
4. REF– ASK A5B1

//ASK IF A5A=1,3,4//

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)

//ASK IF A4=1//

A5c. Is this injury or illness related to the other injury or illness you already mentioned or is this a different injury or illness? **[NOTE: READ BRIEF DESCRIPTION IF NEEDED TO REMIND RESPONDENT- A2C1 _____]**

1. YES, PART OF PREVIOUS MENTIONED IN A2 - **GO BACK TO A4 AND PUNCH 2 NO, THEN GO TO INJURY**

2. NO
3. DK
4. REF

COMPUTE CATI VARIABLE FOR INJURY

//IF A2 OR A2B=1 OR A4=1, INJURY =1 YES. ELSE=2 NO.//

//IF INJURY =2 NO, SKIP TO DEMOGRAPHICS SECTION G//

COMPUTE INJNUM=1 (A2=1 or A2B=1) OR 2 ((A2=1 or A2B=1) AND A4=1)

COMPUTE CATI VARIABLE, ACUTE GRADL1

//IF A3A=2 3 4, ACUTE GRADL1 =2 (GRADUAL). //

//IF A3A=1, ACUTE GRADL1 =1 (ACUTE).//

COMPUTE CATI VARIABLE, ACUTE GRADL2

//IF A5A=2 3 4, ACUTE GRADL2 =2 (GRADUAL). //

//IF A5A=1, ACUTE GRADL2 =1 (ACUTE).//

//CATI - IF NEED TO CORRECT A2B, GO BACK TO A2. IF NEED TO CORRECT A4B GO BACK TO A4.//

//ASK IF INJURY=1//

COMPUTE INJURYLOOP=1 (A2=1 OR A2B=1) OR 2 ((A2=1 OR A2B=1) AND A4=1)

LABEL LOOPS e.g., b1_1, b2_1, b3_1, etc., for the first loop and b1_2, b2_2, b3_2, etc., for 2nd loop

B. Injury or illness

//ASK IF INJURY=1//

B1. Now I am going to ask you more about your [IF A4B=1, 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.

1. GAVE ANSWER
2. DK
3. REF

//ASK IF B1=1//

B1B. RECORD VERBATIM _____

//ASK IF INJURY=1//

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**

1. GAVE ANSWER
2. NO
3. DK
4. REF

//ASK IF B2=1//

B2B. RECORD VERBATIM _____

//ASK IF INJURY=1//

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.

1. GAVE ANSWER
2. DK
3. REF

//ASK IF B3=1//

B3B. RECORD VERBATIM _____

CODERS: USE B1, B2, B3 TO CODE OIICS Nature, Part, Source and Event.

C. Medical attention

//ASK IF INJURY=1//

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?

1. YES
2. NO →SKIP TO NEXT SECTION D
3. DK →SKIP TO NEXT SECTION D
4. REF→SKIP TO NEXT SECTION D

//ASK IF C1=1//

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, 399 REF→SKIP TO NEXT SECTION D)

//ASK IF C2=0-365//

C3. Did you take [CATI: TEXT FILL FROM C2 RESPONSE ____] days off?

1. YES
2. NO, I TOOK LESS THAN THE RECOMMENDED NUMBER OF DAYS OFF
3. NO, I TOOK MORE THAN THE RECOMMENDED NUMBER OF DAYS OFF
4. DK
5. REF

D. Effect on work

//ASK IF INJURY=1//

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

//ASK INJURYLOOP=1 AND ACUTE GRADL1 =1. IF INJURYLOOP=1 AND ACUTE GRADL1 =2, SKIP TO D13.//

//ASK INJURYLOOP=2 AND ACUTE GRADL2 =1. IF INJURYLOOP=2 AND ACUTE GRADL2 =2, SKIP TO D13.//

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

1. YES
2. NO → SKIP TO D3
3. DK → SKIP TO D3
4. REF → SKIP TO D3

//ASK IF D1=1//

D2. Were you able to work the next day?

1. YES → SKIP TO D6
2. NO → SKIP TO D4
3. DK → SKIP TO D4
4. REF → SKIP TO D4

//ASK IF D1=2,3,4 //

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

1. YES → SKIP TO D6
2. NO → GO TO D4
3. DK → GO TO D4
4. REF → GO TO D4

//ASK IF D2=2,3,4 OR D3=2,3,4//

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

1. YES
2. NO, STILL OFF PAID WORK BUT EXPECTS TO RETURN → SKIP TO D19a
3. NO, EXPECTS NEVER TO DO PAID WORK AGAIN → SKIP TO D19a
4. DK → SKIP TO D19a
5. REF → SKIP TO D19a

//ASK IF D4=1//

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

1. GAVE NUMBER OF DAYS AFTER THE INJURY/ILLNESS
2. BACK TO WORK SAME DAY
3. BACK TO WORK THE NEXT DAY (THE DAY AFTER THE INJURY/ILLNESS)
4. DK
5. REF

//ASK IF D5=1//

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

//ASK IF D2=1 OR D3=1 OR D4=1//

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

1. YES
2. NO
3. DK
4. REF

//ASK IF D2=1 OR D3=1 OR D4=1//

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

1. YES
2. NO
3. DK
4. REF

//ASK IF D2=1 OR D3=1 OR D4=1//

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?

1. YES
2. NO →SKIP TO D10
3. DK →SKIP TO D10
4. REF →SKIP TO D10

//ASK IF D8=1//

D9. Was your assignment to a different job or tasks permanent or temporary?

1. PERMANENT
2. TEMPORARY
3. DK
4. REF

//ASK IF D2=1 OR D3=1 OR D4=1//

D10. At any time after you went back to work, did you miss any (CATI READ-IN IF D5=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.

1. YES - MISSED ADDITIONAL DAYS OF WORK
2. YES - MISSED HOURS OF WORK
3. YES - MISSED BOTH DAYS AND HOURS
4. NO →SKIP TO D19a
5. DK →SKIP TO D19a
6. REF →SKIP TO D19a

//ASK IF D10=1 or 3//

D11a. About how many (CATI READ-IN IF D5=1-365 DAYS: additional) days of work did you miss?

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

//ASK IF D10=2 or 3//

D11b. About how many (CATI READ-IN IF D5=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 D19a

//ASK IF INJURYLOOP=1 AND ACUTE GRADL1 =2. IF INJURYLOOP=1 AND ACUTE GRADL1 =1, SKIP TO D19A.//

//ASK IF INJURYLOOP=2 AND ACUTE GRADL2 =2. IF INJURYLOOP=2 AND ACUTE GRADL2 =1, SKIP TO D19A.//

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. INTERVIEWER: READ BRIEF DESCRIPTION OF ILLNESS/INJURY IF NEEDED TO PROMPT RESPONDENT.

CATI - SHOW BRIEF DESCRIPTION FROM A2C1 OR A4B1 DEPENDING ON LOOP

1. YES, MISSED DAYS OF WORK
2. YES, MISSED HOURS OF WORK
3. YES, MISSED DAYS AND HOURS OF WORK

4. NO, DID NOT MISS DAYS OF WORK – SKIP TO D15
5. DK – SKIP TO D15
6. REF – SKIP TO D15

//ASK IF D13=1 OR 3//

D14a. About how many days of work did you miss?

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

//ASK IF D13=2 OR 3//

D14b. About how many hours of work did you miss?

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

//ASK IF INJURYLOOP=1 AND ACUTE GRADL1 =2//

//ASK IF INJURYLOOP=2 AND ACUTE GRADL2 =2//

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

1. YES
2. NO
3. DK
4. REF

//ASK IF D15=1,2,3,4//

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

1. YES
2. NO
3. DK
4. REF

//ASK IF D15=1,2,3,4//

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

1. YES
2. NO →SKIP TO D19a
3. DK →SKIP TO D19a
4. REF →SKIP TO D19a

//ASK IF D17 =1//

D18. Was your assignment to a different job or tasks permanent or temporary?

1. PERMANENT
2. TEMPORARY
3. DK
4. REF

//ASK IF INJURY=1//

D19a. Did the injury or illness cause you to be laid off or fired?

1. YES →SKIP TO D19C
2. NO
3. DK
4. REF

//ASK IF D19A=2,3,4//

D19b. Did the injury or illness cause you to quit your job?

1. YES

2. NO
3. DK
4. REF

//ASK IF INJURY=1//

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

1. YES
2. NO
3. DK
4. REF

E. Effect on Pay

//ASK IF INJURY=1//

- 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?
1. YES → SKIP TO E3
 2. NO
 3. DK
 4. REF

//ASK IF E1=2,3,4//

- E2. Briefly, what is the main reason your employer did not know about this injury or illness?
1. GAVE ANSWER
 2. DK
 3. REF

//ASK IF E2=1//

E2B. RECORD VERBATIM _____ (no coding)

//ASK IF INJURY=1//

- 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.]
1. YES
 2. NO → SKIP TO E5
 3. DK → SKIP TO E5
 4. REF → SKIP TO E5

SKIP INSTRUCTION:

#1: WC FILED - E3=1, CONTINUE TO E4.

#2: IF NO WC FILED BUT MISSED DAYS OF WORK (E3=2,3 or 4 AND (D13=1 OR D2=2,3,4 OR D3=2,3,4), SKIP TO E5.

#3: ELSE [NO WC FILED AND DID NOT MISS DAYS OF WORK (E3=2,3 or 4 AND (D13=2,3,4 OR D2=1 OR D3=1)], SKIP TO SECTION F.

//ASK IF E3=1//

1. E4. Did you receive workers' compensation for this injury or illness? YES - SKIP TO SECTION F
2. NO
3. DK - SKIP TO SECTION F
4. REF - SKIP TO SECTION F

//ASK IF (E4=2 OR (E3=2,3 or 4 AND (D13=1 OR D2=2,3,4 OR D3=2,3,4))) //

- E5. Did this injury or illness cause you to use paid sick leave, paid annual leave, or paid time off?
1. YES
 2. NO
 3. DK
 4. REF

//ASK IF (E4=2 OR (E3=2,3 or 4 AND (D13=1 OR D2=2,3,4 OR D3=2,3,4))) //

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

1. YES
2. NO
3. DK
4. REF

//ASK IF INJURY=1//

F. Occupation and Industry at Time of Injury or Illness

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.

// IF INJURYLOOP=1, GO TO F4. //

//ASK IF INJURYLOOP=2. //

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

1. YES, SAME EMPLOYER → GO TO F3
2. NO, DIFFERENT EMPLOYER → GO TO F2

//ASK IF F1=2 [IF MULTIPLE EMPLOYERS ALREADY REPORTED] //

F2. Which job and employer are you referring to?

1. GAVE JOB/OCCUPATION
2. GAVE EMPLOYER/COMPANY NAME
3. GAVE BOTH
4. DK
5. REF

//ASK IF F2=1 or 3 //

F2A Describe Job/occupation. RECORD VERBATIM _____ NO CODING

//ASK IF F2=2 or 3 //

F2B Describe employer/company. RECORD VERBATIM _____ NO CODING

//ASK IF F1=1 [SAME EMPLOYER]//

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

1. YES → SKIP TO NEXT SECTION G
2. NO
3. DK
4. REF

//ASK IF INJURYLOOP=1 OR F1=2 OR F3=2,3,4 //

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

1. FULL-TIME
2. PART-TIME
3. DK
4. REF

//ASK IF F4=1-4 OR (F1=1 AND F3=2 3 4) //

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)

// IF (F1=1 AND F3=2 3 4), SKIP TO F12//

//ASK IF INJURYLOOP=1 OR F1=2 //

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

1. Government
2. Private-for-profit company
3. Non-profit organization including tax exempt and charitable organizations
4. Self-employed
5. Working in the family business

//ASK IF INJURYLOOP=1 OR F1=2 //

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.**

1. YES
2. NO
3. DK
4. REF

//ASK IF INJURYLOOP=1 OR F1=2 //

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

//ASK IF F8=1//

F8A. RECORD VERBATIM _____ (NO CODING)

//ASK IF INJURYLOOP=1 OR F1=2 //

F9. What kind of work do 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

//ASK IF F9=1//

F9A RECORD VERBATIM _____ (CODING TO SOC)

//ASK IF INJURYLOOP=1 OR F1=2 //

F10. What kind of business or industry do 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

//ASK IF F10=1//

F10A RECORD VERBATIM _____ (CODING TO NAICS)

//ASK IF INJURYLOOP=1 OR F1=2 //

F11. In what state were you employed at this job?

USE CLOSED-ENDED LIST OF STATES + DC

58=DK

59=REF

//ASK IF INJURYLOOP=1 OR F1=2 //

F12. Are you a member of a labor union or an employee association similar to a union?

1. YES
2. NO
3. DK (DO NOT PROBE)
4. REF

//ASK IF INJURYLOOP=1 OR F1=2 //

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. 1 to 10 workers
2. 11 to 49 workers
3. 50 to 249 workers
4. 250 to 999 workers or
5. 1000 or more workers
6. DK
7. REF

//IF R HAS 2ND INJURY LOOP, GO BACK TO SECTION B. ELSE GO TO G1.//

//ASK ALL//

G. Demographic Characteristics

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

1. YES
2. NO
3. DK
4. REF

//ASK ALL// //MUL=6//

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

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian, or
5. Native Hawaiian or Other Pacific Islander
6. (VOL- DO NOT READ) Other Specify
7. (VOL) DK
8. (VOL) REF

//ASK IF G2=6//

G2b. RECORD OTHER SPECIFY VERBATIM _____

//ASK ALL//

G3. What is your age?

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

//ASK ALL//

G4. Are you now married, widowed, divorced, separated or never married?

1. MARRIED
2. WIDOWED
3. DIVORCED
4. SEPARATED
5. SINGLE, NEVER MARRIED
6. DK
7. REF

//ASK ALL//

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

1. MALE
2. FEMALE

//ASK ALL//

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

1. Less than high school
2. High school or GED
3. Associate degree or some college
4. Bachelor's degree or above (includes Masters, PhD, MD, JD, etc.)
5. DK
6. REF

//ASK ALL//

G7. In what country were you born?

[SHOW CLOSED ALPHABETICAL LIST OF COUNTRIES WITH OTHER, SPECIFY]

997 OTHER

998 DK

999 REF

//ASK IF G7=997//

G7A. RECORD OTHER COUNTRY _____

//ASK ALL//

H. Current Industry and Occupation

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?

1. FULL-TIME
2. PART-TIME
3. NOT CURRENTLY EMPLOYED → SKIP TO J1
4. DK → SKIP TO J1
5. REF → SKIP TO J1

//ASK IF INJURY=1 AND H1=1,2//

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

1. YES, SAME EMPLOYER
2. NO, DIFFERENT EMPLOYER
3. DK
4. REF

//ASK IF INJURY=1 AND (A2=1 AND A4=1) AND F1=2 AND H2=1 [IF MULTIPLE INJURIES UNDER DIFFERENT EMPLOYERS BUT SAME AS CURRENT EMPLOYMENT]//

H3. Which job and employer are you referring to?

1. GAVE JOB/OCCUPATION
2. GAVE EMPLOYER/COMPANY NAME
3. GAVE BOTH
4. DK
5. REF

//ASK IF H3=1 OR 3//

H3A Describe Job/occupation. RECORD VERBATIM _____ NO CODING

//ASK IF H3=2 OR 3//

H3B Describe company. RECORD VERBATIM _____ NO CODING

//ASK IF H2=1,3,4 [IF SAME EMPLOYER] //

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

1. YES → SKIP TO J1
2. NO
3. DK
4. REF

//ASK IF (INJURY=2 AND H1=1 OR 2) OR (H2=1 AND H4=2,3,4) [IF NOT INJURED OR IF SAME EMPLOYER BUT DIFFERENT JOB THAN DURING INJURY ILLNESS] //

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)

//ASK IF (INJURY=2 AND H1=1 OR 2) OR H2=2 [IF NOT INJURED OR IF DIFFERENT EMPLOYER THAN DURING INJURY ILLNESS] //

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

1. Government
2. Private-for-profit company
3. Non-profit organization including tax exempt and charitable organizations
4. Self-employed
5. Working in the family business
6. DK
7. REF

//ASK IF (INJURY=2 AND H1=1 OR 2) OR H2=2 [IF NOT INJURED OR IF DIFFERENT EMPLOYER THAN HAD DURING INJURY/ILLNESS] //

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?"

1. GAVE ANSWER
2. DK
3. REF

//ASK IF H8=1//

H8A. RECORD VERBATIM _____ (CODE TO SOC)

//ASK IF (INJURY=2 AND H1=1 OR 2) OR H2=2 [IF NOT INJURED OR IF DIFFERENT EMPLOYER THAN HAD DURING INJURY/ILLNESS] //

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

1. GAVE ANSWER
2. DK
3. REF

//ASK IF H9=1//

H9A. RECORD VERBATIM _____ (CODE TO NAICS)

//ASK ALL//

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

//ASK IF SAMPTYPE=2//

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.

- 1 YES
- 2 NO
- 3 DON'T KNOW / NOT SURE
- 4 REFUSED

//ASK IF SAMPTYPE=1//

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.

- 1 YES
- 2 NO [Go to J4]
- 3 DK [Go to J4]
- 4 REF [Go to J4]

//ASK IF J3=1//

J3B How many of these telephone numbers are residential numbers?

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

//ASK IF SAMPTYPE =1//

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

- 1 YES
- 2 NO
- 3 DK
- 4 REF

//ASK IF WORKERS=1 OR SAMPTYPE=2//

K1 That's all the questions I have for you. Thank you very much for participating in this important research study.

END INTERVIEW AS COMPLETE - 1 - CONTINUE TO DISPO 61"

//ASK IF SAMPTYPE=1 AND WORKERS=2//

K2 Thank you very much for participating in this important research study. That's all the question I have for you but we'd like to ask similar questions of the other adult worker in your household. Could I get the initials for that person so we could callback to talk to him or her?

- 1 YES - GAVE INITIALS ___ **CATI: FLAG FOR CALLBACK SAMPLE ADULT 2**
- 2 REFUSED. **END INTERVIEW AS COMPLETE**

//ASK IF K2=1 //

K2a. Is this other adult male or female?

- 1 MALE
- 2 FEMALE

//ASK IF K2=1 //

K2b. Thank you. We will call back to speak with him/her in a day or two. Thank you again for your assistance with this important research.

1 **END SURVEY AS COMPLETE**

//ASK IF SAMPTYPE=1 AND WORKERS=3-21//

K3 Thank you very much for participating in this important research study. That's all the question I have for you but we'd like to ask similar questions of the other workers in your household. Could I get the initials for the youngest of those other workers so we could callback to talk to him or her?

1 YES - GAVE INITIALS **CATI: FLAG FOR CALLBACK SAMPLE ADULT 2**

2 REFUSED. END SURVEY AS COMPLETE

//ASK IF K3=1 //

K3A1. RECORD INITIALS _____

//ASK IF K3=1 //

K3a. Is this other adult male or female?

1 MALE

2 FEMALE

//ASK IF K3=1 //

K3b. Thank you. Could I get the initials for the next of those other workers so we could callback to talk to him or her?

1 YES - GAVE INITIALS **CATI: FLAG FOR CALLBACK SAMPLE ADULT 3**

2 REFUSED. END SURVEY AS COMPLETE

//ASK IF K3B=1 //

K3B1. RECORD INITIALS _____

//ASK IF K3B=1 //

K3c. Is this other adult male or female?

1 MALE

2 FEMALE

//ASK IF K3=1 //

K3d. Thank you. We will call back to speak with him/her in a day or two. Thank you again for your assistance with this important research.

1 **END SURVEY AS COMPLETE**

CATI generate

END TIME

END DATE