

						1	0	2			
COUNTY FIPS						FARM WORKER ID [FOR OFFICE USE ONLY]					

NATIONAL AGRICULTURAL WORKERS SURVEY - 2022 ("NAWS")

CS2 DATE: / /

CS5 CROP:

CS6 TASK:

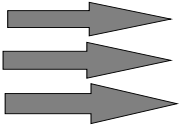
LANGUAGE DURING INTERVIEW: _____

[FOR OFFICE USE ONLY]

CROP CODE

TASK CODE

GN: ID:

<p>GN REFERRED TO:</p> <p><input type="checkbox"/> "CONTRACTOR"?:</p> <p><input type="checkbox"/> OTHER GROWER?</p> <p><input type="checkbox"/> OTHER?: _____</p>		<p>IF GN REFERRED TO CONTRACTOR, GROWER OR OTHER, WRITE INFORMATION)</p> <p>NAME : _____</p> <p>ADDRESS: _____</p> <p>TELEPHONE: _____ () - _____</p>
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WORKER IS ACTUALLY EMPLOYED BY?: 1 GROWER 2 CONTRACTOR

TYPE OF WORK?: 1 FIELD WORK 2 NURSERY 3 PACKING HOUSE 7 OTHER: _____

FARM WORKER'S NAME:

TELEPHONE:

INTERVIEWER'S NAME: CS9 INTERVIEWER'S ID:

CP5 TIME BEGAN: : AM PM CP6 TIME ENDED: : AM PM

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid Office of Management and Budget control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development, Evaluation and Research, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

HOUSEHOLD GRID

										County		Farmworker ID		
A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	**A31	A32-33	A34-35	A11	A36
NAME	RELATION	SEX	MARITAL STATUS	BIRTHDAY MM / YY	COUNTRY BIRTH [COD E]	HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K")] [ASK ONLY WORKER FOR HIGHEST DEGREE OBTAINED.]	COUNTRY SCHOOL [COD E]	MONTH AND YEAR FIRST ENTERED U.S.?	[ASK ALL IN A1]: DOES S/HE LIVE WITH YOU NOW? IF NOT, WHERE? [STATE and COUNTRY]	IF NOT HERE, WHY NOT? CODE	LAST 12 MONTHS, TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	PRIOR 12 MONTHS TO (A32-33), TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	ANY U.S. SCHOOL LAST 12 MONTHS ?	ANY U.S. WORK LAST 12 MONTHS ?
A. (FARMWORKER)		M F	S M O	/		HG: _____ HD: _____		/			Y N	Y N	Y N	
B.		M F	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW
C.		M F	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW
D.		M F	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW
E.		M F	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW
F.		M F	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW

<p>*CODES FOR A2 (RELATIONSHIP):</p> <p>1 = SPOUSE/Common Law Spouse 2 = Own Child, Dependent or Adopted 3 = Sibling 4 = Parent 5 = Grandchild 6 = Other Relative (Cousins, Uncles, etc.) 95= DK (Don't Know) 96= RF (Refuse) 7= OTHER:: _____</p>	<p>** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):</p> <p>1= U.S.A. 2= PUERTO RICO 3= MEXICO 4= CENTRAL AMERICA 5= SOUTH AMERICA 6= CARIBBEAN 7= SOUTH EAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND)</p>	<p>8= PACIFIC ISLANDS (THE PHILIPPINES, GUAM, FIJI, ETC.) 9= ASIA (CHINA, JAPAN, KOREA, ETC.) 95= DK (DON'T KNOW) 96= RF (REFUSE) 97=OTHER: _____</p>	<p>***CODES FOR A31</p> <p>1 = NO CHILD CARE IN THIS LOCATION 2 = NO HOUSING IN THIS LOCATION 3 = CHILD IN SCHOOL, AFFECTED IF MOVED 95= DK (DON'T KNOW) 96= RF (REFUSE) 7= OTHER: _____</p>
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HOUSEHOLD GRID

102

County Farmworker ID

A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	***A31	A32-33	A34-35	A11	A36
NAME	RELATION	SEX	MARITAL STATUS	BIRTHDAY MM / YY	COUNTRY BIRTH [CODE]	HIGHEST GRADE LEVEL [FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K")] [ASK ONLY WORKER FOR HIGHEST DEGREE OBTAINED.]	COUNTRY SCHOOL [CODE]	MONTH AND YEAR FIRST ENTERED U.S.?	[ASK ALL IN A1]: DOES S/HE LIVE WITH YOU NOW? IF NOT, WHERE? [STATE and COUNTRY]	IF NOT HERE, WHY NOT? - CODE	LAST 12 MONTHS, TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	PRIOR 12 MONTHS TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	ANY U.S. CHILD LAST 12 MONTHS?	ANY U.S. WORK LAST MONTH ON THIS?
G.		M	S	/				/	Y		Y	Y	Y	FW
		F	M	/				/	N		N	N	N	NF
			O											NW
H.		M	S	/				/	Y		Y	Y	Y	FW
		F	M	/				/	N		N	N	N	NF
			O											NW
I.		M	S	/				/	Y		Y	Y	Y	FW
		F	M	/				/	N		N	N	N	NF
			O											NW
J.		M	S	/				/	Y		Y	Y	Y	FW
		F	M	/				/	N		N	N	N	NF
			O											NW
K.		M	S	/				/	Y		Y	Y	Y	FW
		F	M	/				/	N		N	N	N	NF
			O											NW

***CODES FOR A2 (RELATIONSHIP):**
 1 = SPOUSE/Common Law Spouse
 2 = Own Child, Dependent or Adopted
 3 = SIBLING
 4 = PARENT
 5 = GRANDCHILD
 6 = OTHER RELATIVE (COUSINS, UNCLÉS, ETC.)
 95= DK (DON'T KNOW)
 96= RF (REFUSE)
 7 = OTHER: _____

**** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):**
 1= U.S.A.
 2= PUERTO RICO
 3= MEXICO
 4= CENTRAL AMERICA
 5= SOUTH AMERICA
 6= CARIBBEAN
 7= SOUTHEAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND)
 8= PACIFIC ISLANDS (THE PHILIPPINES, GUAM, FIJI, ETC.)
 9= ASIA (CHINA, JAPAN, KOREA, ETC.)
 95= DK (DON'T KNOW)
 96= RF (REFUSE)
 97=OTHER: _____

*****CODES FOR A31**
 1 = NO CHILD CARE IN THIS LOCATION
 2 = NO HOUSING IN THIS LOCATION
 3 = CHILD IN SCHOOL, AFFECTED IF MOVED
 95= DK (DON'T KNOW)
 96= RF (REFUSE)
 7 = OTHER:: _____

[THESE QUESTIONS REFER TO OTHER INDIVIDUALS WHO LIVE WITH THE WORKER AND WERE NOT MENTIONED IN THE "HOUSEHOLD GRID"!]: A15 Other than those you have already mentioned, how many people live with you now?:

... **TOTAL:**

Out of those (TOTAL IN "A15"), ...how many are: ...	↓		A20 ...your relatives? ↓	↓		A16 ...doing FW? ↓	↓	
a. ...ADULTS? (18 YEARS OR OLDER)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. ...CHILDREN? (17 YEARS OR YOUNGER)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. ...DO NOT KNOW AGE?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INSURANCE QUESTIONS ABOUT RESPONDENT AND HIS/HER FAMILY
(INDIVIDUALS IN THE "HOUSEHOLD GRID") [DESCRIBE/EXPLAIN "HEALTH INSURANCE"]**

A21		A23	
In the U.S.A.,... Who has Health (Medical) Insurance in your family? ... How about... ↓		Who pays for it? [USE CODES. MARK ALL THAT APPLY]	
a. ...you (farmworker)?	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 95 DON'T KNOW	<input type="checkbox"/> 5	<input type="checkbox"/> 6: <input type="text"/>
b. ...your spouse?	<input type="checkbox"/> 0 NO	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 1 YES	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 95 DON'T KNOW	<input type="checkbox"/> 5	<input type="checkbox"/> 6: <input type="text"/>
CHILDREN UNDER AND OVER 18 YRS. OLD. MATCH TOTAL WITH FAMILY GRID] c. ...your children?	A21c2		A24
	<input type="checkbox"/> 0 NO		(a) How many under 18 yrs?:
	<input type="checkbox"/> 1 YES, ALL HAVE IT [ASK A23]		<input type="text"/> <input type="text"/>
	<input type="checkbox"/> 2 YES, ONLY SOME HAVE IT →		(b) How many over 18 yrs?:
<input type="checkbox"/> 95 DON'T KNOW		<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1
			<input type="checkbox"/> 2
			<input type="checkbox"/> 3
			<input type="checkbox"/> 4
			<input type="checkbox"/> 5
			<input type="checkbox"/> 6: <input type="text"/>

CODES FOR "A23" (WHO PAYS?):

1= I PAY 3= MY EMPLOYER 5= GOVERNMENT 6 = OTHER:
 2= MY SPOUSE 4= MY SPOUSE'S EMPLOYER 7 = PARENT'(S)' INSURANCE

D36a [FOR PARENTS OF CHILDREN 12 YEARS OLD OR YOUNGER]: ...in all the places you've lived in the USA in the past 12 MONTHS, where have all your children 12 years old or younger stayed while you are working (FW in the USA)? [CHECK ALL THAT APPLY]

- 1 They've stayed home alone, at least sometimes
- 13 With my spouse, other family
- 14 With a neighbor or babysitter
- 15 Migrant head start, Head start
- 16 School or pre-school
- 17 Other migrant education
- 11 With me in the fields
- 12 OTHER: _____

D65 Do you live in a labor camp or Migrant Center? [IF YES, PROBE: WHO OWNS OR RUNS IT?]

- 0 NO
- 1 YES, labor camp run by a grower or labor contractor
- 2 YES, labor camp run by migrant center or public agency
- 3 YES, labor camp run by another person/group
Specify: _____

D35b Where are your living quarters located?
[READ CHOICES. MARK ONLY ONE]: ...

- 1 ...OFF FARM IN PROPERTY NOT OWNED OR ADMINISTERED BY YOUR PRESENT EMPLOYER?
- 2 ...OFF FARM IN PROPERTY OWNED OR ADMINISTERED BY YOUR PRESENT EMPLOYER?
- 5 ...ON FARM OR NEXT TO OR ADJACENT TO A FARM OWNED BY THE GROWER YOU CURRENTLY WORK FOR?
- 6 ...ON A FARM OR NEXT TO OR ADJACENT TO A FARM NOT OWNED BY THE GROWER YOU CURRENTLY WORK FOR?
- 97 ...OTHER?:

D34b In what type of living quarters do you live now (housing structure at this location)? [READ CHOICES. MARK ONLY ONE]: ...Is it a (an)...

- 1 ...MOBILE HOME?
- 2 ...SINGLE-FAMILY HOME (DETACHED)?
- 4 ...APARTMENTS (TWO OR MORE IN A BUILDING, SHARED PARKING SPACES)?
- 97 ...OTHER:

D54 How many of the following do you have in your current living quarters (dwelling)...

- a. ...Bedrooms?:
- b. ...Bathrooms?:
- c. ...Kitchens?:
- f. ...Other rooms?:

D52 How many people total sleep in these rooms?
[VERIFY RESPONSE BY ADDING TOTAL NUMBER GIVEN IN HOUSEHOLD GRID PLUS TOTAL IN A15. IF ANSWERS DO NOT MATCH, MAKE APPROPRIATE CHANGES]

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D33a While you are working for this grower/ contractor, what type of payment arrangement do you have for your living quarters? [IF PAYMENT IS ONLY FOR UTILITIES, CONSIDER IT FREE. DO NOT READ. MARK ONE]:

- 10 I (OR I AND MY FAMILY) RECEIVE FREE HOUSING FROM MY EMPLOYER. [SKIP TO D66]
- 3 I PAY FOR HOUSING PROVIDED BY MY EMPLOYER. (I PAY DIRECTLY OR THROUGH WAGE DEDUCTION).
- 5 I PAY FOR HOUSING PROVIDED BY THE GOVERNMENT, A CHARITY, OR OTHER NON-WORK RELATED INSTITUTION.
- 11 DO NOT PAY RENT. (I OR FAMILY MEMBER OWN THE HOUSE OR LIVE FOR FREE WITH FRIENDS OR RELATIVES) [SKIP TO G6. ASK IF BUYING OTHERS]
- 12 I RENT FROM NON-EMPLOYER (RELATIVE OR NON-RELATIVE)
- 97 OTHER:

D50 At this location how much do you pay for housing (including housing for your family if they live with you)?

- 1 per week _____
per month _____
per day _____
- 2 DON'T KNOW, TAKEN OUT OF MY PAYCHECK
- 3 DON'T KNOW/DON'T REMEMBER, BUT NOT TAKEN OUT OF MY PAYCHECK
- 7 OTHER:

D66 [If in employer-provided housing]: Over the past 12 months, what safety practices have been in place to prevent COVID (or spread of infectious disease) in the housing? (READ OPTIONS and MARK RESPONSES):

- a. individual rooms
- b. single beds (no bunk beds)
- c. information about COVID/infectious disease prevention
- d. a separate place to isolate sick workers
- other: _____ none

NV1. In the last 12 months, how many days did you miss work(stay home) because you were ill, or because there was a possibility you had an illness?

- 0 NONE (skip to G6) ____ days 95 DK 96 RF

NV2a. Among the days you missed, how many days have you MISSED WORK (FW) because you were ill with COVID or because you were exposed to COVID?

- 0 ____ days 95 DK 96 RF

G6 Do you own or are you buying any of the following items in the U.S.? [READ OPTIONS/MARK ALL "YES" RESPONSES]

- a...a plot of land?
- h...a type of housing, such as a house, mobile home, condominium, or apartment?
- d. any kind of vehicle, such as a car or truck?:
- f. ...other?: _____ None

D37a How far is your current job from your current residence?

- 1 I'M LOCATED AT THE JOB
- 2 WITHIN 9 MILES
- 3 10-24 MILES
- 4 25-49 MILES MILES
- 5 50-74 MILES
- 6 75 MILES OR MORE

D37 At your current job, how do you usually get to work? [READ CHOICES. MARK ONE]:...

- 1 ...DRIVE CAR?
- 2 ...WALK [SKIP TO B10]
- 5 ...PUBLIC TRANSPORTATION (BUS, TRAIN, ETC.)? [SKIP TO B10]
- 6 ...LABOR BUS, TRUCK, VAN?
- 8 ..."RAITERO":?
- 4 ...RIDE WITH OTHERS (SHARES RIDE)?
- 7 ...OTHER?:

D38a Do you have to use the transport (in D37) (IS IT MANDATORY OR OBLIGATORY)?

- 0 NO
- 1 YES

D38 Do you pay a fee to (responsible in D37 and/or "raiteros") for rides to work?

- 0 NO
- 1 YES, A FEE
- 2 YES, JUST FOR GAS

B10 In what month and year did you first do any farm work in the U.S.? (First time FW in the U.S.) [ASK FOR MONTH/ YEAR]

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH			YEAR			

B11 Approximately how many years have you done farmwork in the U.S.? [COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED].

B12 Approximately how many years have you done NON- farmwork in the U.S.? [COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED]

B13 When was the last time your parents did hired farm-work in the U.S.?

- 0 NEVER
- 1 NOW / WITHIN LAST YEAR
- 2 ONE TO FIVE YEARS AGO
- 3 SIX TO TEN YEARS AGO
- 4 OVER 10 YEARS AGO
- 7 DK

E2 How long do you expect to continue doing farm work (FW in the U.S.)? [READ CHOICES. MARK ONLY ONE]

- 1 LESS THAN ONE YEAR
- 2 ONE TO THREE YEARS
- 3 FOUR TO FIVE YEARS
- 4 OVER FIVE YEARS
- 5 OVER FIVE YEARS/ AS LONG AS I AM ABLE
- 7

E4. Could you get a U.S. non-farm job (NF) within a month?

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

B1 [ASK ALL] Which of the following describes you? [READ CHOICES. CHECK ONLY ONE]: ...

- 1 ...MEXICAN-AMERICAN?
- 2 ...MEXICAN?
- 3 ...CHICANO?
- 4 ...OTHER HISPANIC?:
- 5...PUERTO RICAN?
- 7 ...NOT HISPANIC OR LATINO?

B2 Which of the following do you consider yourself? [READ CHOICES EXCEPT "OTHER." MARK ONE OR MORE RESPONSES]: ...

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

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

- a. ...English/ESL?
- b. ...Citizenship?
- c. ...Literacy?
- d. ...Job training:
- e. ...GED, High School Equivalency?
- f. ...College or University?
- g. ...Adult Basic Education?
- i. ...Migrant Education?
- j. ...Other?:
- None

B4 In the last 2 years [LAST 24 MONTHS], has anyone in your household (from "Family Grid")- excluding yourself - participated in, attended or received any training, special classes or schools in the U.S.? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- a. English/ ESL
- b. Citizenship?
- c. Literacy?
- d. Job training?:
- e. GED (High School Equivalency)?
- j. College or university?
- g. Basic adult education?
- i. Migrant Education?
- k. Head Start?
- l. Migrant Head Start?
- n. Other?:
- Don't know
- None

[IF FOREIGN BORN, ASK];

B18. Where were you born? In what...		B16. When you lived in your country, did you work in...	B17-18. Before coming to the USA, you lived in what...	
(d) ...STATE?: (DEPARTMENT)	(e) ...MUNICIPALITY (EQUIVALENT)?:	<input type="checkbox"/> 1 ...AGRICULTURE [FW]? <input type="checkbox"/> 2 ...NON-AGRICULTURE [NF]? <input type="checkbox"/> 3 ...PART FARM AND PART NON-FARM [FW AND NF]? <input type="checkbox"/> 5 ...NEVER WORKED?	(B17)...COUNTRY?:	(B18)...STATE (OR DEPARTMENT)?:

B26-27 ...And where were your parents born? ...In what...

	a. ...COUNTRY?	b. ...STATE (OR EQUIVALENT)
(B26) FATHER: ➡		
(B27) MOTHER?: ➡		

LANGUAGE SECTION

B7 How well do you speak English? [READ CHOICES. MARK ONLY ONE RESPONSE]: ...	B8 How well do you read English? [READ CHOICES. MARK ONLY ONE RESPONSE]:
<input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?	<input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?

B20		B21		B24	
When you were a child, in what languages did adults speak to you at home? Check all that apply:		And now, as an adult, what languages can you speak?		In which language do you believe you are most dominant (comfortable) conversing? [CHECK ONE. If fully bilingual enter and check both]	
[CHECK ALL THAT APPLY] ↓ ↓		[FOR EACH CHECKED ANSWER, ASK]:			
		B22 And now, how well do you speak it? READ CHOICES. MARK ONLY ONE PER CHECK]:	B23 And now, how well do you read it? [READ CHOICES. MARK ONLY ONE PER CHECK]:		
a	ENGLISH				
b	SPANISH	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
c	CREOLE	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
d	MIXTEC	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
e	KANJOBAL	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
f	ZAPOTEC	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
z	OTHER:	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		

REMINDER: BEFORE BEGINNING WITH "THE WORK GRID" ASK FOR "NW" AND "AB" PERIODS: "DURING THE LAST 12 MONTHS, FOR 5 OR MORE DAYS ...HAVE YOU BEEN ILL OR SICK? ...HAVE YOU BEEN UNEMPLOYED? ...HAVE YOU TRAVELED OUT OF THE COUNTRY?" [USE THE "YES" RESPONSES TO PROBE AND DOCUMENT DATES HERE OR DURING THE QUESTIONS IN THE "WORK GRID"]:

WORK GRID

REPORT FROM FIRST PERIOD COVERING FEBRUARY 1, 2021 TO PRESENT

County _____ 102 Farmworker ID _____

[C1-C2 FOR OFFICE USE ONLY]

C1-C2	C15	C3	C4	C5	C6	C8	C9	C10	C11	C12	C13	C7	
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME (FARM WORK, NON-FARM WORK AND WORK ABROAD)	CROP	WRITE ACTIVITY OR TASK WHILE FW, AB and NF [USE CODES FOR *NW ONLY]	FW	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB		# OF WORK DAYS PER WEEK? FW, NF, AB	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE and COUNTRY	***FW, NF, & AB: WHY LEFT? [CODE]
					NF		FROM:	TO:					
	GR CO				FW NF	Y							
	GR CO				NW AB	N							
	GR CO				FW NF	Y							
	GR CO				NW AB	N							
	GR CO				FW NF	Y							
	GR CO				NW AB	N							
	GR CO				FW NF	Y							
	GR CO				NW AB	N							

<p>* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) [WRITE ACTIVITY FOR FW, NF, AB]</p> <p>201 = LOOKING FOR FW AND NF WORK 202 = LOOKING FOR FARM WORK 203 = LOOKING FOR NF WORK 204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF) 205 = WAITING FOR START OF SEASON 206 = FAMILY RESPONSIBILITIES/ WORK IN HOME 207 = IN SCHOOL 208 = LAID UP DUE TO INJURY</p> <p>209 = IN-TRANSIT BETWEEN JOBS 210 = VACATION 211 = DID NOT LOOK FOR WORK 212 = OTHER: (SPECIFY IN GRID) 213= WAITING FOR COVID SITUATION TO IMPROVE 214= CARE OF CHILD/FAMILY DUE TO COVID 215= SICK WITH COVID 216= NO WORK AVAILABLE DUE TO COVID 217 = WAITING FOR COVID TEST RESULTS 218 = QUARANTINING DUE TO COVID EXPOSURE</p>	<p>** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):</p> <p>311= WORK IN OWN/FAMILY FARM 320= NF IN OWN BUSINESS (SPECIFY IN GRID) 341= NF IN "MAQUILA" 359= NF OTHER (SPECIFY IN GRID) 361 = NW - MEDICAL TREATMENT 362 = NW - VACATION 369 = NW - OTHER: (SPECIFY IN GRID) 370 = NW- WAITING FOR COVID SITUATION TO IMPROVE</p>	<p>*** C-7 CODES: WHY LEFT "FW", "NF", & "AB"?</p> <p>1 = LAID OFF/END OF SEASON 2 = FIRED 3 = FAMILY RESPONSIBILITIES 4 = SCHOOL 5 = MOVED 6 = HEALTH REASON 7 = VACATION 8 = RETIRED 10 = QUIT 11 = CHANGE JOBS</p> <p>12 = NO WORK DUE TO COVID 13= CARE OF CHILD/FAMILY DUE TO COVID 14= SICK WITH COVID 15 = STOPPED WORKING TO AVOID COVID/WAITING FOR IMPROVEMENT 16 = QUARANTINE 9 = OTHER (SPECIFY):</p>
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REMINDER: BEFORE BEGINNING WITH "THE WORK GRID" ASK FOR "NW" AND "AB" PERIODS: "DURING THE LAST 12 MONTHS, FOR 5 OR MORE DAYS ...HAVE YOU BEEN ILL OR SICK? ...HAVE YOU BEEN UNEMPLOYED? ...HAVE YOU TRAVELED OUT OF THE COUNTRY?" [USE THE "YES" RESPONSES TO PROBE AND DOCUMENT DATES HERE OR DURING THE QUESTIONS IN THE "WORK GRID"]:

WORK GRID

REPORT FROM FIRST PERIOD COVERING FEBRUARY 1, 2021 TO PRESENT

County _____ 102 Farmworker ID _____

[C1-C2 FOR OFFICE USE ONLY]

C1-C2	C15	C3	C4	C5	C6	C8	C9	C10	C11	C12	C13	C7	
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME (FARM WORK, NON-FARM WORK AND WORK ABROAD)	CROP	WRITE ACTIVITY OR TASK WHILE FW, AB and NF [USE CODES FOR *NW ONLY]	FW	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB		# OF WORK DAYS PER WEEK? FW, NF, AB	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE and COUNTRY	***FW, NF, & AB: WHY LEFT? [CODE]
					NF		FROM:	TO:					
	GR CO				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
	GR CO				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
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REPORT FROM FIRST PERIOD COVERING FEBRUARY 1, 2021 TO PRESENT													
											County	102	Farmworker ID
C1-C2	C15	C3	C4	C5	C6	C8	C9		C10	C11	C12	C13	C7
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME (FARM WORK, NON-FARM WORK AND WORK ABROAD)	CROP	WRITE ACTIVITY OR TASK WHILE FW, AB and NF [USE CODES FOR *NW ONLY]	FW	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB		# OF WORK DAYS PER WEEK? FW, NF, AB	CITY	COUNTY NAME [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE and COUNTRY	***FW, NF, & AB: WHY LEFT? [CODE]
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WORK GRID

REPORT FROM FIRST PERIOD COVERING FEBRUARY 1, 2021 TO PRESENT

County _____ 102 Farmworker ID _____

[C1-C2 FOR OFFICE USE ONLY]

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D1 In the year before last (FROM OCTOBER 2019 TO OCTOBER 2020) [YEAR BEFORE THE ONE COVERED IN WORK GRID], how many months did you do (FW) in the U.S.? [1 DAY OR MORE PER MONTH EQUALS 1 MONTH]

months

D2 [IF NON-FARM JOB LISTED ON WORK GRID]: For your most recent non-farm (NF) employer, how many hours per week did you work on average?

hours

D3 [IF NON-FARM JOB LISTED] For your most recent non-farm employer (NF), how much were you paid per week on average?

D27 How many years have you worked for this (FW) employer? [ONE DAY/PER YR=ONE YR]

years

NV3 In the last 3 months, how many days did you work while you were ill?

0 ____ days 95 DK 96 RF

D22 If you are injured at work or get sick as a result of your work, does your employer provide health insurance or pay for your health care?

0 NO 1 YES 7 DON'T KNOW

D23 If you are injured at work or get sick as a result of your work, do you get any payment while you are recuperating (i.e., "workers' compensation")?

0 NO 1 YES 7 DON'T KNOW

D24 If you are injured or get sick off the job (e.g., at home), does your employer provide health insurance or pay for your health care (no matter if you use it or not)?

0 NO 1 YES 7 DON'T KNOW

NVI Has your current farm employer ever offered paid time off for COVID, for example to get vaccinated, recuperate from illness, or care for a family member, even if you don't use it?

0 NO 1 YES 7 DON'T KNOW

D26 Are you covered by unemployment insurance if you lose this job?

0 NO 1 YES 7 DON'T KNOW

D30 How did you get this job? [DO NOT READ CHOICES. MARK ONLY ONE RESPONSE]

- 1 I APPLIED FOR THE JOB ON MY OWN
- 4 I WAS RECRUITED BY A GROWER OR HIS FOREMAN
- 5 I WAS RECRUITED BY FARM LABOR CONTRACTOR OR HIS FOREMAN
- 6 I WAS REFERRED BY THE EMPLOYMENT SERVICE
- 7 I WAS REFERRED BY THE WELFARE OFFICE
- 8 I WAS REFERRED BY RELATIVE / FRIEND / WORKMATE
- 9 I WAS REFERRED BY LABOR UNION
- 10 DAY LABORER / PICKED UP AT SHAPE UP
- 97 Other:

NP – HANDLING PESTICIDES (IN THE U.S.A.)

NP1f. In the last 12 months, have you loaded, mixed or applied pesticides?

NO 1 YES

NT – TRAINING AND INSTRUCTIONS

NT2a. In the last 12 months, with your current employer, has anyone given you training or instructions, either in-person or remotely, in the safe use of pesticides (through video, audio, cassette, classroom lectures, written material, informal talks or by any other means)?

0 NO 1 YES

NS – SANITATION SECTION

"The following questions refer to sanitation at your job with your current FW employer: ... Does your current employer provide EVERY DAY..."

NS1 ... (potable) clean drinking water and disposable cups?

0 NO WATER, NO CUPS 1 YES, WATER ONLY
 2 YES, WATER AND DISPOSABLE CUPS 7 DON'T KNOW

NS4 ... a toilet (EVERY DAY)?

0 NO 1 YES 7 DON'T KNOW

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

0 NO 1 YES 7 DON'T KNOW

NV4. In the last 12 months, with your current farm employer, which safety practices were in place to prevent the spread of COVID or other infectious diseases at the workplace?

[READ CHOICES AND MARK ALL MENTIONED]

- a. Masks were required of all workers
- b. Workers had to stay six feet apart when possible
- c. Soap or sanitizer to clean hands was provided
- d. Vaccinations were required
- e. Signs were posted in a language that I can understand
- f. COVID-19 prevention training was offered (in preferred language)
- z. Other:
- None

CURRENT FARM JOB

Now I am going to ask you some questions about the FW you are CURRENTLY performing for the EMPLOYER through whom we contacted you [INCLUDED IN A WORK GRID PERIOD].

D11 Are you paid: ...

- 1 ...BY THE HOUR?
- 2 ...BY THE PIECE? [SKIP TO D13]
- 3 ...COMBINATION HOURLY WAGE AND PIECE RATE? [ASK D12 THRU D18]
- 4 ...SALARY OR OTHER? [SKIP TO D19]

D12 How much per hour (to nearest cent)? [IF PAID ONLY BY THE HOUR, ENTER AMOUNT AND SKIP TO "G1C." IF COMBINATION, ENTER AMOUNT AND CONTINUE WITH D13]:

D13 [IF PAID BY THE PIECE]: Are you paid as an individual or by the crew? [If the answer is "CREW", ask questions D14 to D18 consistently in reference to the crew]

- 1 INDIVIDUAL [SKIP to D15]
- 2 CREW

D14 [IF CREW PIECE RATE]: How many people are in your crew? [ONE IS NOT A POSSIBLE ANSWER]

D15 [IF BY PIECE]: How do they pay you/your crew [i.e., UNIT OF MEASURE SUCH AS BOX, BIN, BUCKET, ETC.]?

D16 [IF BY PIECE]: How many of these (in D15 e.g., boxes, bins, buckets, etc.) you/your crew do in an average day?

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

hours

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

\$, .

D19 [IF PAID BY SALARY, OR OTHER]: Explain fully how and how much you are paid (salary or other). Explain thoroughly the method and amount of payment. [USE BACK OF PAGE IF NEEDED]:

D61 Were you paid by [READ CHOICES. MARK ONE RESPONSE]:...

- 1 ...PAYROLL CHECK? 4 ...OTHER CHECK?
- 2 ...PERSONAL CHECK? 5 ...CASH?
- 3 ...CASH AND CHECK? 6 ...OTHER:

D62 Did you get a receipt?

- 0 NO 1 YES

D4 How many hours did you work last week at your current farm job?

hours

[D5 TO D8: IF SHE/HE HAS NOT RECEIVED PAYMENT YET FOR CURRENT CROP, ASK FOR ESTIMATES]: Can you tell me how you were paid and the amount your employer paid you on your last pay day?

D5 After taxes:

\$, .

D6 Before taxes:

\$, .

D7 For what time period was that payment?

- 1 ONE DAY? 4 ONE MONTH?
- 2 ONE WEEK? 7 OTHER?:
- 3 TWO WEEKS?

D8 How many hours did you work during that period (in D7)?

hours

“Now I’m going to ask you some questions about your individual and family income for last year (2021)..”

G1C ...What was your total personal income last year - in 2021- in U.S. dollars [U.S. earnings only FOR FW AND NF]? [READ OR SHOW CHOICES. MARK ONLY ONE]

G2C How much of that income [in “G1C”] was from agricultural employment (U.S. earnings only for FW)? [READ OR SHOW CHOICES. MARK ONLY ONE]

G3C What was your family’s total income last year - in 2021- in U.S. dollars [U.S. earnings for FW AND NF for all in “FAMILY GRID”]? [READ OR SHOW CHOICES. MARK ONLY ONE]

- 0 DID NOT WORK AT ALL IN 2021
- 21 LESS THAN 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 DK (DON'T KNOW)
- 96 RF (REFUSE)

- 0 DID NOT WORK AT ALL IN 2021
- 21 LESS THAN 1,000
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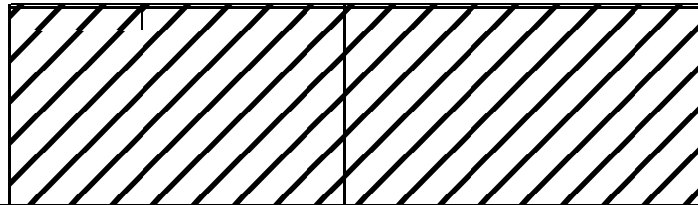
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NH - PERSONAL HEALTH - LIFE HISTORY [ASK ALL]:

<p>a. Have you ever – in your whole life -- been told by a doctor or nurse (health practitioner) that you have the following condition...</p> <p align="center">↓</p>	<p>b. Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?</p>	<p>c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition "YES" in COLUMN "a")? [IF ANSWER IS "YES" FOR THE U.S. AND "AB" MARK BOTH]</p>
<p>NH5 ...heart disease?</p> <p><input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES: →</p> <p><input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB":</p> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">NAME OF COUNTRY</div>
<p>NH1 ...asthma?</p> <p><input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES: →</p> <p><input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB":</p> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">NAME OF COUNTRY</div>
<p>NH8 ...cancer?</p> <p><input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 YES: <input style="width: 80px; height: 15px;" type="text"/> →</p> <p><input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓</p> <p align="center"><small>TYPE OF CANCER?</small></p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB":</p> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">NAME OF COUNTRY</div>

NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME) [INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]





































a. And have you ever -- <u>in your whole life</u> – been told by a doctor or nurse that you have...	d. ...ever been tested for this condition?	e. What was the outcome (result, the last time)?	f. When was the last test taken?	g. Where was the test taken?: <small>*[USE CODE]</small>	b. Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?	c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition in "a")?
<p>NH3 ...high blood pressure?</p> <p><input type="checkbox"/> 0 NO →</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK →</p> <p><input type="checkbox"/> 96 RF ↓</p>	<p><input type="checkbox"/> 0 NO ↓</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK ↓</p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 PREHYPERTENSION</p> <p><input type="checkbox"/> 3 HIGH</p> <p><input type="checkbox"/> 4 DID NOT RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 months</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input style="width: 60px;" type="text"/></p>	
<p>NH12 ...high cholesterol?</p> <p><input type="checkbox"/> 0 NO →</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK →</p> <p><input type="checkbox"/> 96 RF ↓</p>	<p><input type="checkbox"/> 0 NO ↓</p> <p><input type="checkbox"/> 1 YES →</p> <p><input type="checkbox"/> 95 DK ↓</p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 BORDERLINE</p> <p><input type="checkbox"/> 3 HIGH</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 months</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input style="width: 60px;" type="text"/></p>	



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

1 = COMMUNITY/MIGRANT HEALTH CENTER 2 = PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC	3 = HOSPITAL 4 = EMERGENCY ROOM	5 DENTIST 6 PHARMACY	7 TESTING SITE 97 = OTHER: _____	95 = DK 96 = RF
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CONTINUATION OF NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME) [INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.]

a. And how about these other conditions, have you ever -- <u>in your whole life</u> – been told by a doctor or nurse that you have the following conditions... 	d. ...ever been tested for this condition?	e. What was the outcome (result) of the last test?	f. When was the last test taken?	g. Where was the test taken?: *[ENTER CODE]	b. Are you currently taking medication, for this condition (in "a"), that was prescribed by a medical provider?	c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for this condition (in "a")? [IF ANSWER IS "YES" FOR THE U.S. AND "AB" MARK BOTH]
<p>NH2 ...diabetes?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK  <input type="checkbox"/> 96 RF </p> <p>[IF RESPONDENT IS A WOMAN, AND ANSWER IS "YES" ASK:]</p> <p>Was it diagnosed during pregnancy?:</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK  <input type="checkbox"/> 96 RF </p>	<p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK </p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 HIGH SUGAR LEVEL</p> <p><input type="checkbox"/> 3 LOW SUGAR LEVEL</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YEARS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input type="text"/></p>
<p>NH6 ...urinary tract infection?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK  <input type="checkbox"/> 96 RF </p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK </p>	<p><input type="checkbox"/> 1 NORMAL</p> <p><input type="checkbox"/> 2 ABNORMAL</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input type="text"/></p>
<p>NH4 ...tuberculosis?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 RF  <input type="checkbox"/> 96 RF </p>	<p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK </p>	<p><input type="checkbox"/> 1 POSITIVE</p> <p><input type="checkbox"/> 2 NEGATIVE</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input type="text"/></p>
<p>NH15 ...COVID?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 RF  <input type="checkbox"/> 96 RF </p>	<p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK </p>	<p><input type="checkbox"/> 1 POSITIVE</p> <p><input type="checkbox"/> 2 NEGATIVE</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 3 MONTHS</p> <p><input type="checkbox"/> 2 4 TO 6 MONTHS</p> <p><input type="checkbox"/> 3 7 TO 10 MONTHS</p> <p><input type="checkbox"/> 4 MORE THAN 10 MONTHS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input type="text"/></p>
<p>NH10 ...other?: </p> <p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES:</p> <p><input type="checkbox"/> 95 RF</p> <p><input type="checkbox"/> 96 RF</p> <p><input type="text"/></p>	<p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DK </p>	<p><input type="checkbox"/> 1 POSITIVE</p> <p><input type="checkbox"/> 2 NEGATIVE</p> <p><input type="checkbox"/> 4 DIDN'T RECEIVE IT</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>	<p><input type="checkbox"/> 1 0 TO 12 MONTHS</p> <p><input type="checkbox"/> 2 13 TO 24 MONTHS</p> <p><input type="checkbox"/> 3 2 TO 5 YRS</p> <p><input type="checkbox"/> 4 MORE THAN 5 YRS</p> <p><input type="checkbox"/> 95 DK (FORGOT)</p>		<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES, IN THE U.S.A.</p> <p><input type="checkbox"/> 2 YES, "AB": <input type="text"/></p>

*Codes for column "g"

<p>1 COMMUNITY/MIGRANT HEALTH CENTER</p> <p>2 PRIVATE CLINIC OR DOCTOR'S OFFICE</p>	<p>3 HOSPITAL</p> <p>4 EMERGENCY ROOM</p>	<p>5 DENTIST</p> <p>6 PHARMACY</p> <p>7 COMMUNITY TESTING SITE</p> <p>95 = DK</p>	<p>96 = RF</p> <p>97 OTHER: <input type="text"/></p>
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HA – QUALITY OF AND ACCESS TO HEALTH CARE SECTION

HA1 [INTERVIEWER 1: Now, I would like to ask you a few questions about health care services that you may have used in the last 12 months. [FIRST ASK QUESTIONS IN THE FIRST COLUMN. READ OPTIONS & MARK ALL RESPONSES] ...In the LAST YEAR (12 MONTHS) in the USA, have you used any type of health care service (including telehealth) from doctors, nurses, dentists, clinics, or hospitals: ...

NOTE: EXPLAIN THAT ILLNESS BELOW REFERS TO: "A physical illness, as well as a mental health problem or substance abuse."



	*HA2 ...And where did you go (last time)? *[ENTER CODES]	HA3 When (last time)?	**HA4 Did you get any help to pay for the cost of that health service?*** "YES" OR "NO", ASK HOW IT WAS PAID. ENTER CODES THAT APPLY:	HA5 In general, how satisfied were YOU with the care YOU received at your LAST visit for ("YES" in HA2)? [ASK ALL OPTIONS, MARK ONE]: Were you...	***HA6 Why weren't you (completely) very satisfied with the health care received at that visit? **[ENTER CODE]	****HA7 [If "NO" in "HA1", ask]: Why haven't you used health services [for "NO" in "HA1"] [ENTER CODES]
<input type="checkbox"/> a ...FOR ILLNESS? <input type="checkbox"/> 0 NO: [ASK HA7] <input type="checkbox"/> 1 YES → <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓		<input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK	<input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]	<input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] → <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →		
<input type="checkbox"/> b ...FOR INJURY? <input type="checkbox"/> 0 NO:[ASK HA7] <input type="checkbox"/> 1 YES → <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓		<input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK	<input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]	<input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →		
<input type="checkbox"/> c ...FOR ROUTINE OR PREVENTIVE CARE? <input type="checkbox"/> 0 NO:[ASK HA7] <input type="checkbox"/> 1 YES → <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓		<input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK	<input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]	<input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →		
<input type="checkbox"/> d ...FOR DENTAL TREATMENT (DUE TO PROBLEM WITH TEETH)? <input type="checkbox"/> 0 NO:[ASK HA7] <input type="checkbox"/> 1 YES → <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓		<input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK	<input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]	<input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →		
<input type="checkbox"/> e ...FOR ROUTINE DENTAL CLEANING/CHECK-UP? <input type="checkbox"/> 0 NO:[ASK HA7] <input type="checkbox"/> 1 YES → <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓		<input type="checkbox"/> 1. LAST MONTH <input type="checkbox"/> 2. 2 TO 6 MONTHS <input type="checkbox"/> 3. 7 TO 12 MONTHS <input type="checkbox"/> 95 DK	<input type="checkbox"/> 0 NO: [ENTER CODES] <input type="checkbox"/> 1 YES: [ENTER CODES]	<input type="checkbox"/> 1 ...VERY SATISFIED? ↓ <input type="checkbox"/> 2 ...SOMEWHAT SATISFIED? [ASK HA6] <input type="checkbox"/> 3 ...NOT AT ALL SATISFIED? [ASK HA6] →		

*CODES FOR "HA2"	**CODES FOR "HA4"	***CODES FOR "HA6"	****CODES FOR "HA7"
1 COMMUNITY/MIGRANT HEALTH CENTER 2 PRIVATE CLINIC OR DOCTOR'S OFFICE 3 HOSPITAL 4 EMERGENCY ROOM 97=OTHER: 6 Telehealth w/community/migrant center 8 Telehealth with private doctor or clinic 95= DK 96 = RF	1 I paid the bill out of "my own pocket" 2 Medicaid / Medicare 3 Public clinic did not charge 4 Employer provided health plan 5 Self or family bought individual health plan 6 Billed, but did not pay 7 Worker's compensation 8 I paid some (copay) 95 = DK 96 = RF 97 Other: _____	1 COST TOO MUCH 2 HAD TO WAIT TOO LONG 3 LANGUAGE PROBLEM - COULD NOT COMMUNICATE 4 MISTREATED BY DR. OR OTHER STAFF 5 CONDITION DID NOT IMPROVE AFTER TREATMENT OR MEDICATION 6 DR. DID NOT DIAGNOSE OR TREAT CONDITION 95 = DK 96 = RF 97 OTHER: _____	1 = Did not know where to go 2 = No transportation 3 = Too far away 4 = Health Center not open when needed 5 = No need to go / Does not get sick 6= Too expensive 7 = No insurance 8= Fear of COVID 9= Limited/No appts due to COVID 10= I was sick with COVID 11 = I was exposed to COVID and therefore could not get an appt 95= DK 96= RF 97= OTHER _____

HA8: And in the LAST 12 MONTHS, in the USA, was there ever a time when you wanted or needed health care, but could not get it? (e.g., for a routine exam, a dental appointment or because you were injured or sick) <input type="checkbox"/> 0 NO (→ HA10) <input type="checkbox"/> 1 YES → <input type="checkbox"/> 95 DK ↓ <input type="checkbox"/> 96 RF ↓	HA9: Why could you not get the health care you wanted (or needed)? [CHECK ALL THAT APPLY] <input type="checkbox"/> a Did not know where to go <input type="checkbox"/> h Fear of COVID <input type="checkbox"/> b No transportation <input type="checkbox"/> i Limited/No appts due to COVID <input type="checkbox"/> c Too far away <input type="checkbox"/> j I had COVID <input type="checkbox"/> d Health Center not open when needed <input type="checkbox"/> k Exposed to COVID <input type="checkbox"/> f Too expensive <input type="checkbox"/> z Other: <input type="checkbox"/> g No insurance	HA10: [ASK ALL]... (How about) In a foreign country (e.g., Mexico), have you used any type of health service in the last year (LAST 12 MONTHS) [IF "YES," ASK AND ENTER COUNTRY] <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, NAME OF COUNTRY?: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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GA-2 Now, I am going to ask you some questions about your health...

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	...Feeling nervous, anxious or on edge? →	0	1	2	3
2	...Not being able to stop or control worrying? →	0	1	2	3
PQ-2 Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	...Little interest or pleasure in doing things? →	0	1	2	3
2	...Feeling down, depressed, or hopeless? →	0	1	2	3

G4 In the last 2 years [LAST 24 MONTHS], have you or anyone in your household received benefits or used the services of any of the following social programs? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- r. ...Welfare (general assistance) or TANF (Temporary Assistance for Needy Families)?
- b. ...Food stamps?
- c. ...Disability insurance?
- d. ...Unemployment insurance?
- s. ...Additional unemployment benefits related to COVID?
- e.Social security?
- h.Low income housing?
- i. ...Public health clinic?
- j. ...Medicaid?
- k.WIC?
- l.Disaster relief
- m.Legal Advice or services
- n. ...Other? _____
- ...None ...Don't know

NV4. Have you faced barriers to getting tested for COVID?

- 0 NO [skip to NV6] 1 YES 95 Don't Know

NV5. [If have faced barriers to getting tested for COVID. What have the barriers been? [DO NOT READ CHOICES. MARK ALL MENTIONED]:

- a. Not sick so do not need testing
- b. Unsure where testing locations are in my community
- c. No testing is available in my community
- d. Cost of testing
- e. Concerns about immigration status and testing
- f. Not sure what to do if I test positive
- g. Need to be able to work so it does not matter
- h. Fear of losing my job if test is positive
- z. Other:

NV6. Have you received a COVID vaccination?

- 0 NO 1 YES (SKIP TO NV8) 95 Don't Know (SKIP TO NV8)

NV7. Why not? [DO NOT READ CHOICES. MARK ALL MENTIONED THEN SKIP TO DA1]:

- a. Not sure where to get vaccinated
- b. Unsure of safety of vaccines
- c. Worried about side effects
- d. Do not feel it is necessary
- e. Concerns about immigration status
- f. Concerns about costs
- g. No time to get vaccinated
- h. Other:


NV8. Did you receive your vaccine in the U.S.?















- 0 NO (SKIP TO DA1) 1 YES

NV9. Where did you get vaccinated? (MARK ALL THAT APPLY):

- a. Community/Migrant Health Center
- b. Pharmacy
- c. Farm or worksite
- d. County or public vaccination event
- e. Private Clinic/Doctor
- f. Other:

DA. DIGITAL ACCESS

DA1 Do you or any member of your family ["Household Grid"] have access to digital information sources (i.e., internet, cellular phone with internet, etc.)?  [CHECK WHO IF "YES"]	What devices? [MARK RESPONSES FOR DEVICES "✓"]				
	DA2 Computer	DA3 Cellular phone with Internet	DA4 Cellular phone with Text	DA5 Tablet	DA6 Other device? [Specify]:
A. Worker? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
B. Spouse? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
C. Children? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
D. Other?: <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES

DA7. Have you used, or has anyone helped you use, any digital device to seek or obtain information about ... 	DA8. What devices have you used? [MARK ALL RESPONSES]	DA9. Who helped you use the device (in "DA8") to seek or obtain the information (in "DA7")? [MARK ALL RESPONSES:]
a. ...health insurance?  <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other?: <input type="text"/>
k. ...a telephone or virtual consult with a doctor/nurse? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other?: <input type="text"/>
g. ...health information or a health problem? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other?: <input type="text"/>
b. ...seeking employment? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other?: <input type="text"/>
c. ...training and/or education? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other?: <input type="text"/>
d. ...child care? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other: <input type="text"/>
e. ...housing? <input type="checkbox"/> 0 NO  <input type="checkbox"/> 1 YES 	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other: <input type="text"/>

DA7. Have you used, or has anyone helped you use, any digital device to seek or obtain information about ...	DA8. What devices have you used? [MARK ALL RESPONSES. FOR WHERE? ASK FOR VENUES]	DA9. Who helped you use the device (in "DA8") to seek or obtain the information (in "DA7")? [MARK ALL RESPONSES:]
f. ...benefits? [e.g., Unemployment, Social Security, food stamps, retirement, etc.] <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES SPECIFY:	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other
h.news? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other
i. ...communication/calls? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other
j. entertainment or social networks (FaceBook, WhatsApp, etc.)? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other
z. ...other?: [SPECIFY]:	<input type="checkbox"/> 1. COMPUTER <input type="checkbox"/> 3. CELLULAR PHONE WITH INTERNET <input type="checkbox"/> 2. TABLET <input type="checkbox"/> 4. CELLULAR PHONE WITH TEXTING	<input type="checkbox"/> 1. Self <input type="checkbox"/> 2. Spouse? <input type="checkbox"/> 3. Children? <input type="checkbox"/> 4. Other

LEGAL STATUS

We are interested in knowing whether any of the following apply to you. Please be assured that no one besides us will know your response.

- L1 What is your current legal status in the U.S.? [READ CHOICES IF NECESSARY]:**
- 1 I AM A U.S. CITIZEN BY BIRTH [SKIP TO NEXT PAGE]
 - 2 I AM A NATURALIZED U.S. CITIZEN (FOREIGN BORN, NATURALIZED). (ASK: "BEFORE BECOMING A NATURALIZED U.S. CITIZEN, UNDER WHICH PROGRAM DID YOU APPLY TO OBTAIN YOUR PERMANENT RESIDENCE?") [POSSIBLE ANSWERS IN L2: 1 - 9, 97). THEN ASK: L4-1, L4-2, AND L4-3]
 - 3 PERMANENT RESIDENT/GREEN CARD (RIGHT TO RESIDE AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1 HASTA 9 Y 97). THEN ASK: L4-1 AND L4-2]
 - 4 BORDER CROSSING CARD/COMMUTER CARD (RIGHT TO CROSS THE BORDER AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 9, 12, 13, Y 97. THEN ASK: L3, L4-1 AND L4-2]
 - 5 PENDING STATUS (WITHOUT DOCUMENTS, APPLIED, AWAITING OFFICIAL DECISION) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1-9, 14, 15 AND 97. THEN ASK: L3, AND L41]
 - 6 UNDOCUMENTED (APPLICATION DENIED/DID NOT APPLY TO ANY PROGRAMS) [POSSIBLE ANSWERS: "NONE." SKIP TO NEXT PAGE]
 - 7 TEMPORARY RESIDENT - NON IMMIGRANT VISA (ONLY FOR SPECIFIED TIME) [ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?" POSSIBLE ANSWERS: 10 - 97. THEN ASK: L3 AND L41]
 - 8 OTHER [IF RELEVANT AND APPROPRIATE ASK L2, L3, L4-1, L4-2, AND L4-3. THEN SKIP TO NEXT PAGE]:

- L2b PROGRAMS [DO NOT READ OPTIONS]:**
- 1 AMNESTY UNDER 5 YEAR PROGRAM ["TIME"]
 - 2 AMNESTY UNDER SAW (90 DAY PROGRAM ["FW" - "FIELD WORK"])
 - 3 CUBAN/HAITIAN ENTRANT
 - 4 SPOUSAL PETITION PROGRAM/FAMILY UNITY
 - 5 LABOR CERTIFICATION PROGRAM
 - 6 REGISTRY PROGRAM
 - 7 POLITICAL ASYLUM
 - 8 REFUGEE
 - 9 PROTECTIVE STATUS (TEMPORARY)
 - 10 GUEST WORKER PROGRAM ["BRACERO"]
 - 11 STUDENT
 - 12 TOURIST
 - 13 BORDER CROSSING CARD/ "PASSPORT"
 - 14 DACA (Deferred Action for Childhood Arrivals).
 - Entered USA under 16 yrs. old before June 15, 2007;
 - Under 31 as of June 15, 2012.
 - Have continuously resided in the USA from June 15, 2007 to the present)
 - 97 OTHER:
 - 99 NOT ANSWERED

L3 Do you have general work authorization?:

- 0 NO 1 YES 7 DON'T KNOW 96 REFUSE

L4 DATE STATUS BECAME EFFECTIVE:											
1				2				3			
When did you apply to the program (in L2)?				[Only for those who responded "2,3, or 4" in L1]: When did you obtain your legal status?				[Only for those who responded "2" in L1]: When did you obtain your naturalization/ become a U.S. citizen?			
/				/				/			
(Month)	(Year)			(Month)	(Year)			(Month)	(Year)		



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

INTRODUCTION/PURPOSE

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

PROCEDURES TO BE FOLLOWED

You will be asked to answer some questions about your work history and about your health. The interview will last approximately 45 minutes.

RISKS

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

BENEFITS

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

PRIVACY

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

ALTERNATIVES TO PARTICIPATION

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

WHO TO CALL WITH QUESTIONS

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

I have read and understand the statement above. My questions about any unclear or confusing statements have been answered clearly. I agree to participate in this survey as a research subject. I admit that I have received a copy of this form and \$30 for my participation.

Signature of Subject

Date

(See reverse)

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

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid Office of Management and Budget control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development, Evaluation and Research, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



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