

COUNTY FIPS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> FARM WORKER ID [FOR OFFICE USE ONLY]	1	1	1			
1	1	1					

**NATIONAL AGRICULTURAL WORKERS SURVEY - 2025 ("NAWS")**

CS2 DATE:   /   /

CS5 CROP:

CS6 TASK:

LANGUAGE DURING INTERVIEW: \_\_\_\_\_

[FOR OFFICE USE ONLY]

CROP CODE

TASK CODE

GN:  ID:

<p><b>GN REFERRED TO:</b></p> <p><input type="checkbox"/> "CONTRACTOR"?:</p> <p><input type="checkbox"/> OTHER GROWER?</p> <p><input type="checkbox"/> OTHER?: _____</p>		<p><b>IF GN REFERRED TO CONTRACTOR, GROWER OR OTHER, WRITE INFORMATION)</b></p> <p>NAME : _____</p> <p>ADDRESS: _____</p> <p>TELEPHONE: _____</p> <p style="text-align: center;">(       )       -      </p>
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**HOW IS THE WORKER HIRED?:**

1 GROWER     2 CONTRACTOR     3 H-2A VISA [GROWER]     4 H-2A VISA [CONTRACTOR]

**TYPE OF WORK?:**     1 FIELD WORK     2 NURSERY     3 PACKING HOUSE     97 OTHER: \_\_\_\_\_

FARM WORKER'S NAME:

TELEPHONE:

**INTERVIEWER'S NAME:**

**CS9 INTERVIEWER'S ID:**

CP5 TIME BEGAN:	:		<input type="checkbox"/> AM <input type="checkbox"/> PM	CP6 TIME ENDED:	:		<input type="checkbox"/> AM <input type="checkbox"/> PM
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Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid Office of Management and Budget control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 41 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	A34	A11	A36	
NAME	RELATION	SEX	MARRITAL 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 SIHE 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	S	/		HG: _____ HD: _____		/			Y	Y	Y		
B.		M	S	/				/	Y		Y	Y	Y	FW NF NW	
C.		M	S	/				/	Y		Y	Y	Y	FW NF NW	
D.		M	S	/				/	Y		Y	Y	Y	FW NF NW	
E.		M	S	/				/	Y		Y	Y	Y	FW NF NW	
F.		M	S	/				/	Y		Y	Y	Y	FW NF NW	

<p><b>*CODES FOR A2 (RELATIONSHIP):</b>          1 = SPOUSE / COMMON LAW SPOUSE          2 = OWN CHILD, DEPENDENT OR ADOPTED          3 = SIBLING          4 = PARENT          5 = GRANDCHILD          6 = OTHER RELATIVE (COUSINS, UNCLAS, ETC.)          95 = DK (DON'T KNOW)          96 = RF (REFUSE)          97 = OTHER: _____</p>	<p><b>** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):</b>          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)</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><b>***CODES FOR A31</b>          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)          97= OTHER: _____</p>
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HOUSEHOLD GRID

A1	*A2	A3	A5	A6	**A7	A9	**A10	A8	A4	***A31	A32	A34	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 SIHE 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 ?	
G.		M	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW	
H.		M	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW	
I.		M	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW	
J.		M	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW	
K.		M	S M O	/				/	Y N		Y N	Y N	Y N	FW NF NW	
*CODES FOR A2 (RELATIONSHIP):				** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):				***CODES FOR A31							
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) 97 = OTHER: _____				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: _____				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) 97= 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"/>
b.....CHILDREN? (17 YEARS OR YOUNGER)?	<input type="text"/>	<input type="text"/>
c.....DO NOT KNOW AGE?	<input type="text"/>	<input type="text"/>

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

<b>A21</b>		<b>A23</b>
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 YES <input type="checkbox"/> 95 DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6: _____
b.....your spouse?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: _____
[CHILDREN UNDER AND OVER 18 YRS. OLD. MATCH TOTAL WITH FAMILY GRID] c.....your children?	<div style="text-align: center;"><b>A21c2</b></div> <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, ALL HAVE IT [ASK A23] <input type="checkbox"/> 2 YES, ONLY SOME HAVE IT <input type="checkbox"/> 95 DON'T KNOW	<div style="text-align: center;"><b>A24</b></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: _____

**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 and Seasonal 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: \_\_\_\_\_
- 4 YES, but I don't know who runs it

**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?:

**D34** 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)?
- 3 ...DUPLEX, TRIPLEX, ETC.
- 4 ...APARTMENTS (TWO OR MORE IN A BUILDING, SHARED PARKING SPACES)?
- 5 ...DORMITORY OR BARRACKS?
- 6 ...CAMPING OR TENT?
- 7 ...MOTEL OR HOTEL?
- 8 ...WITHOUT SHELTER/HOMELESS?
- 95 ...I DON'T KNOW
- 95 ...REFUSE
- 97 ...OTHER?:

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

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

**D52** How many people total sleep in these rooms?

[VERIFY RESPONSE BY ADDING TOTAL NUMBER

**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 G6]
- 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.** Do you know much you pay for housing at this location (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
- 97 OTHER:

**G06** 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. None

GIVEN IN HOUSEHOLD GRID PLUS TOTAL IN A15.  
IF ANSWERS DO NOT MATCH, MAKE  
APPROPRIATE CHANGES]

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

- 1 I RESIDE AT THE JOB
- 2 WITHIN 9 MILES
- 3 10-24 MILES
- 4 25-49 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)?
- 97...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]

		/				
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]

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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
- 95 DK

E01 At any time during the last 2 years (in the U.S.), were you covered by a union contract while doing farm work (FW)?

- 0 NO
- 1 YES
- 95 DK

E02 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
- 97

E04. Could you get a U.S. non-farm job (NF) within a month?

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

B28 What is your race and/or ethnicity? [CHECK ALL THAT APPLY]

- a. American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- b. Asian (e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- c. Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- d. Hispanic or Latino (e.g., Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- e. Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- f. Native Hawaiian or Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- g. White (e.g., English, German, Irish, Italian, Polish, Scottish, etc.)

**B03** 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

**B04** 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 and Seasonal Head Start
- k. Head Start?
- l. Migrant Head Start?
- n. Other?: \_\_\_\_\_
- Don't know
- None



[IF FOREIGN BORN, ASK B18];

<b>B18. Where were you born? In what...</b>		<b>B16. When you lived in your country, did you work in...</b>	<b>B17-18. Before coming to the USA, you lived in what...</b>	
<b>(d) ...STATE?: (DEPARTMENT)</b>	<b>(e) ...MUNICIPALITY (EQUIVALENT)?:</b>	<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?	<b>(B17)...COUNTRY?:</b>	<b>(B18)...STATE (OR DEPARTMENT)?:</b>

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

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

**LANGUAGE SECTION**

<b>B07 How well do you speak English? [READ CHOICES. MARK ONLY ONE RESPONSE]: ...</b>	<b>B08 How well do you read English? [READ CHOICES. MARK ONLY ONE RESPONSE]:</b>
<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 ...SOMEWHA T? <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 ...SOMEWHA T? <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 ...SOMEWHA T? <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 ...SOMEWHA T? <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 ...SOMEWHA T? <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"]:

[C1-C2 FOR OFFICE USE ONLY]

WORK GRID  
REPORT FROM FIRST PERIOD COVERING October 1, 2024 TO PRESENT

C01-C02		C15	C03	C04	C05	C06	C08	C09		C10	C11	C12	C13	C07
PER. SUB NO.	AND PER.	G R C O [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		NW	AB					
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y      N		
		G R C O				N W A B	N							
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y      N		
		G R C O				N W A B	N							
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y      N		
		G R C				N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y      N		

	O											
	G				FW							
	R				NF	Y						
	C				N	N						
	O				N							
					W							
					A							
					B							

COMMUTE FROM MEXICO TO DO FW?  
Y N

\* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) [WRITE ACTIVITY FOR FW, NF, AB]      \*\* C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):      \*\*\* C-7 CODES: WHY LEFT "FW", "NF", & "AB"?

201 = LOOKING FOR FW AND NF WORK 202 = LOOKING FOR FARMWORK 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	209 = IN-TRANSIT BETWEEN JOBS 210 = VACATION 211 = DID NOT LOOK FOR WORK 212 = OTHER: (SPECIFY IN GRID)	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)	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 97 = OTHER (SPECIFY):
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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"]:

[C1-C2 FOR OFFICE USE ONLY]

WORK GRID  
 REPORT FROM FIRST PERIOD COVERING October 1, 2024 TO PRESENT

C01-C02		C15	C03	C04	C05	C06	C08	C09		C10	C11	C12	C13	C07
PER. SUB NO.	AND PER.	G R C O [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		NW	AB					
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C O				N W A B	N							
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C O				N W A B	N							
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C				N W A	N					COMMUTE FROM MEXICO TO DO FW? Y N		

	O				B							
	G				FW							
	R				NF	Y						
	C				N	N						
	O				N							
					W							
					A							
					B							

COMMUTE FROM MEXICO TO DO FW?  
Y N

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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 October 1, 2024 TO PRESENT

[C1-C2 FOR OFFICE USE ONLY]

C01-C02		C15	C03	C04	C05	C06	C08	C09		C10	C11	C12	C13	C07
PER. SUB NO.	AND PER.	G R C O [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		NW	AB					
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C O				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C				FW NF	Y					COMMUTE FROM MEXICO TO DO FW? Y N		

	O											
	G				FW							
	R				NF	Y						
	C				N	N						
	O				N							
					W							
					A							
					B							

COMMUTE FROM MEXICO TO DO FW?  
Y N

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[C1-C2 FOR OFFICE USE ONLY]

WORK GRID  
 REPORT FROM FIRST PERIOD COVERING October 1, 2024 TO PRESENT

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PER. SUB NO.	AND PER.	G R C O [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	***FW, NF & AB: WHY LEFT? [CODE]
						NF		FROM:	TO:				and	
		G R C O				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C O				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C O				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y N		
		G R C				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y N		



	O											
	G				FW	Y						
	R				NF	N						
	C				N							
	O				W							
					A							
					B							

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WORK GRID  
REPORT FROM FIRST PERIOD COVERING October 1, 2024 TO PRESENT

C01-C02		C15	C03	C04	C05	C06	C08	C09		C10	C11	C12	C13	C07
PER. SUB NO.	AND PER.	G R C O [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		NW	AB					
		G R C O				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y      N		
		G R C O				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y      N		
		G R C O				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y      N		
		G R C				FW NF	Y							
						N W A B	N					COMMUTE FROM MEXICO TO DO FW? Y      N		

	O											
	G				FW							
	R				NF	Y						
	C				N	N						
	O				N							
					W							
					A							
					B							

COMMUTE FROM MEXICO TO DO FW?  
Y N

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204 = WAITING FOR RECALL NOTICE (AFTER LAYOFF)	212 = OTHER: (SPECIFY IN GRID)	359= NF OTHER (SPECIFY IN GRID)	4 = SCHOOL	
205 = WAITING FOR START OF SEASON		361 = NW - MEDICAL TREATMENT	5 = MOVED	
206 = FAMILY RESPONSIBILITIES / WORK IN HOME		362 = NW - VACATION	6 = HEALTH REASON	
207 = IN SCHOOL		369 = NW - OTHER: (SPECIFY IN GRID)	7 = VACATION	
208 = LAID UP DUE TO INJURY			8 = RETIRED	

D01 In the year before last (FROM February 2022 TO February 2023) [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

D02 [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

D03 [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

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
- 95 DON'T KNOW
- 96 REFUSE

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
- 95 DON'T KNOW
- 96 REFUSE

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
- 95 DON'T KNOW
- 96 REFUSE

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

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

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
- 11 APPLIED OR RECRUITED FOR H-2A
- 97 OTHER: \_\_\_\_\_

NP – HANDLING PESTICIDES (IN THE U.S.A.)  
NP01f. In the last 12 months, have you loaded, mixed or applied pesticides?

- 0 NO
- 1 YES

NT – TRAINING AND INSTRUCTIONS  
NT02a. 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

#### Heat-related Illness (HRI)

HRI01. In your lifetime, has a doctor or nurse (health care worker) told you that you suffered a Heat-Related Illness or Heat Stress at work?

- 0. No [SKIP TO HRI02]
- 1. Yes
- 95. Don't know [SKIP TO HRI02]
- 96. Refuse [SKIP TO HRI02]

HRI011. How many of those cases have occurred in the last 12 months?

Number: \_\_\_\_\_

HRI02. In the LAST 12 MONTHS, in the USA, was there ever a time when you wanted or needed health care for Heat-Related Illness but could not get it?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

HRI03. During your life, has a doctor or nurse ever told you that you had an illness of the kidney?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**HRI04.** In the past 12 months, while doing farm work, have you experienced any of the following Heat-Related Illness symptoms at work and when you were feeling very hot [CHECK ALL THAT APPLY]?

[ASK HRI041 TO HRI042 IF 'YES' TO ANY]

- a. Hot, red, dry, or damp skin
- b. Rash on body
- c. Cold, pale, and clammy skin
- d. Fast, strong pulse, or palpitations or racing heart
- e. Fast, weak pulse, or palpitations
- f. Headaches
- g. Dizziness
- h. Nausea
- i. Vomiting
- j. Confusion
- k. Losing consciousness fainting (passing out)
- l. Sweating excessively
- m. Muscle spasms
- n. Muscle cramps pains
- o. Seizures
- p. Tiredness/Exhaustion
- q. Weakness/Fatigue
- r. Blurred vision
- s. Excessive thirst
- t. None [SKIP TO HRI05]
- 95. Don't know [SKIP TO HRI05]
- 96. Refuse [SKIP TO HRI05]

**HRI041.** Did you report your symptom(s) to any authority figure? (E.g., supervisor, leader, crew leader, punch card lady, human resources, manager, transporter)

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**HRI042.** The last time you experienced that/those symptom(s) while doing farm work, were you provided any of the following at work by your employer? [CHECK ALL THAT APPLY]?

- a. Nothing
- b. Rest/Break
- c. Water
- d. Shade
- e. They let you work slower
- f. Allowed to go home
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**HRI05.** Has your current employer provided you with training on Heat-Related Illness?

- 0. No [SKIP TO HRI06]
- 1. Yes
- 95. Don't know [SKIP TO HRI06]
- 96. Refuse [SKIP TO HRI06]

**HRI051.** Was the training in your preferred language?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**HRI052.** Did you understand the material?

- 0. No [SKIP TO HRI054]
- 1. Yes
- 95. Don't know [SKIP TO HRI054]
- 96. Refuse [SKIP TO HRI054]

**HRI0521.** Do you feel like the training was useful?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**HRI054.** During the training, were you provided any tips/instructions on how to prevent Heat-Related Illness? [CHECK ALL THAT APPLY]

- 0. No [SKIP TO HRI055]
- 1. Yes
- 95. Don't know [SKIP TO HRI055]
- 96. Refuse [SKIP TO HRI055]

**HRI0541.** Which tips/instructions were you given? [CHECK ALL THAT APPLY]

- a. Take rest
- b. Drink water
- c. Use shade
- d. How to cool down
- e. Work with somebody/never work alone
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

HRI055. Was the following included in the training?

[CHECK ALL THAT APPLY]

- a. What Heat-Related Illness is and the symptoms
- b. Heat-Related Illness / stress risk factors
- c. How to respond to Heat-Related Illness (What is the policy, treatment, or emergency plan?)
- d. Who to report Heat-Related Illness to
- e. Employer's procedures for providing water
- f. Employer's procedures for providing shade
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

HRI06. With your current employer, upon starting work when it is hot, are you required to take any of the following adaptations or acclimatizing steps? [CHECK ALL THAT APPLY]

- a. Does not apply to me – with my current employer, I haven't started working when it is/was hot
- b. Slowly increasing hours of work over the first few days
- c. Reducing/Cutting hours
- d. Working earlier or later to avoid heat and sun
- e. Taking water breaks
- f. No steps required
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

HRI07. Does your current employer provide (potable) clean drinking water every day?

- 0. No [SKIP TO HRI08]
- 1. Yes
- 95. Don't know [SKIP TO HRI08]
- 96. Refuse [SKIP TO HRI08]

HRI071. What is provided?

- 0. Water only
- 1. Water and cups
- 2. Bottled water
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know

HRI072. How long does it usually take for you to get to that water source?

- Minutes: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

HRI073. How often is the water fresh potable water?

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Frequently
- 4. Always
- 95. Don't know
- 96. Refuse

HRI074. How often do you drink this water?

- 0. Never
- 1. Sometimes
- 2. Always [SKIP TO HRI08]
- 95. Don't know [SKIP TO HRI08]
- 96. Refuse [SKIP TO HRI08]

HRI0741. Why do you not drink or drink less of this water? [CHECK ALL THAT APPLY]

- a. Too far away
- b. Dirty
- c. Tastes bad
- d. Too warm
- e. Too cold
- f. I bring my own water
- 97. Other, specify: \_\_\_\_\_

HRI08. Are you prohibited from drinking water while working with crops?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

HRI09. Does your current employer provide breaks every day (not including lunch)?

- 0. No [SKIP HRI10]
- 1. Yes
- 95. Don't know [SKIP HRI10]
- 96. Refuse [SKIP HRI10]

HRI091. How many rest breaks in a typical 8-hour period do you take at work (do not count lunch)?

- a. This many: \_\_\_\_
- 95. Don't know
- 96. Refuse

HRI092. How long does a typical rest break last at work (do not count lunch)?

- Time: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

HRI093. Did the length of these breaks increase when daily temperatures were high or on sunny days or when you were feeling very hot?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

HRI094. Did the number of breaks increase when daily temperatures were high or on sunny days or when you were feeling very hot?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

HRI10. If you don't take a break or take a shorter break, why?

- a. Discouraged (by a supervisor)
- b. I get paid for how much I produce
- c. No time
- d. They don't pay my rest break/breaks are unpaid
- e. I always take my breaks
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

HRI11. Does your current employer provide time to access shade (e.g. umbrella/trailer/vehicle/tree/tarp on days with high temperatures or sunny days or when you are feeling very hot) (apart from your normal breaks)?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

HRI12. Does your current employer provide time to cool down (e.g. time to go to a cooler place/access to air conditioning/ice packs/cold water/fan) on days with high temperatures or sunny days or when you are feeling very hot (apart from your normal breaks)?

- 0. No
- 1. Yes
- 95. Don't know

## Food Safety Practices (FSP)

**FSP01.** In the last 12 months, have you been given training or instructions on how to handle crops for food safety? [To prevent illness due to contamination of crops]

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**FSP02.** In the last 12 months, have you been given training on how to dispose of contaminants you might find near crops? (E.g., animal feces, animal carcasses, chemical spills, blood, or other contaminants)

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**FSP03.** What are your current practices to handle crops for food safety? [CHECK ALL THAT APPLY]

- a. Wear gloves
- b. If someone gets cut they must stop work and find help
- c. You cannot spit in the fields
- d. Tie your long hair or wear a hair net
- e. Not pick crops that have fallen on the ground
- f. Not wear jewelry at work
- g. Wear clean clothes every day
- h. Report contaminants
- i. Clean harvested crops during/after harvest
- j. Wash hands before harvesting crops
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**FSP04.** Is there a toilet?

- 0. No [SKIP to FSP05]
- 1. Yes
- 95. Don't know [SKIP to FSP05]
- 96. Refuse [SKIP to FSP05]

**FSP041.** Do you use the toilet(s)?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**FSP042.** Are there any reasons why you don't you use the toilet(s) or use them less?

- a. Too far away
- b. Too dirty
- c. Too hot
- d. Smell bad
- e. Not enough toilet paper
- f. Not enough toilets for all workers
- g. They are out of order
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**FSP043.** How often is this toilet provided?

- 0. Rarely
- 1. Sometimes
- 2. Always
- 95. Don't know
- 96. Refuse

**FSP044.** Are men's and women's toilets separate?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**FSP045.** Do you change or remove your gloves, apron, support belts, or other protective equipment when you go to the toilet?

- 0. No
- 1. Yes
- 95. I don't know
- 96. Refuse

**FSP046.** In the last 12 months, and only at your current employer, have you seen or heard of the toilet(s) leaking or overflowing?

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**FSP05.** Does your CURRENT EMPLOYER provide a way to clean your hands?

- 0. No [SKIP to FSP06]
- 1. Yes
- 95. Don't know [SKIP to FSP06]
- 96. Refuse [SKIP to FSP06]



**FSP051. What are you provided for cleaning your hands at work? [CHECK ALL THAT APPLY]**

- a. Water
- b. Soap
- c. Hand sanitizer
- d. Sanitizer wipes
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**FSP071. Why did you have "to do it" in the field/"open air"? [CHECK ALL THAT APPLY]**

- a. Toilet was too far away
- b. Out of convenience
- c. Toilet too dirty
- d. To save time to work
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**FSP06. When you are at work, do you clean your hands?**

- 0. No [SKIP TO FSP07]
- 1. Yes
- 95. Don't know [SKIP TO FSP07]
- 96. Refuse [SKIP TO FSP07]

**FSP061. What do you use to clean your hands? [CHECK ALL THAT APPLY]**

- a. Soap
- b. Sanitizer
- c. Water
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**FSP062. When you clean your hands, what do you use to dry your hands? [CHECK ALL THAT APPLY]**

- a. Cloth towel
- b. Paper towel/napkins
- c. Air dryer
- d. Clothing I am wearing
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**FSP063. What activities or situations cause you to wash your hands? [DO NOT READ OPTIONS. CHECK ALL THAT APPLY.]**

- a. When I first begin working
- b. After using the toilet
- c. Before touching crops
- d. Before eating lunch/snack
- e. After eating lunch/snack
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**FSP07. With your current employer, have you ever had to relieve yourself in the field/"open air"?**

- 0. No [SKIP TO D11]
- 1. Yes.
- 95. Don't know [SKIP TO D11]
- 96. Refuse [SKIP TO D11]

**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 THROUGH 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 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?
- 2 ...PERSONAL CHECK?
- 3 ...CASH AND CHECK?
- 4 ...OTHER CHECK?
- 5 ...CASH?
- 97 ....OTHER:

D62 Did you get a receipt?

- 0 NO
- 1 YES

D04 How many hours did you work last week at your current farm job?

Hours

D041. Apart from those hours, did you work any other hours last week?

Farm work: \_\_\_\_\_ hours

Non-farm work: \_\_\_\_\_ 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:

\$ \_\_\_\_\_

D07 For what time period was that payment?

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

D08 How many hours did you work during that period (in D07)?

Hours

CEA01 Did you perform task X [CURRENT PRIMARY TASK] under cover designed to improve growing conditions for the crop or prevent disease and pest damage, for example netting or other shade structure, greenhouse, or hoop house (plastic tunnel)? [A temporary shade structure meant to cool the environment for workers does not qualify. The cover must benefit the crop.]

- 0 No
- 1 Yes
- 95 I don't know
- 96 Refuse



## Precision Agriculture (PA)

**PA01. To perform this task [CURRENT PRIMARY TASK], is a technology used (e.g., cell phone, tablet, laptop, GPS)?**

- 0. No [SKIP to PA02]
- 1. Yes
- 95. Don't know [SKIP TO PA02]
- 96. Refuse [SKIP to PA02]

**PA011. To perform this task [CURRENT PRIMARY TASK], what technology do you use? [CHECK ALL THAT APPLY]**

- a. Internet
- b. Cell phone
- c. Tablet
- d. Laptop
- e. GPS Navigation
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**PA012. To perform this task [CURRENT PRIMARY TASK], why do you use this technology?**

- a. To communicate with employer
- b. To communicate with crew
- c. To do my work
- d. To travel to the next field
- e. For task-assisting devices to follow me
- f. For collecting other information
- 97. Other, specify: \_\_\_\_\_
- 95. Don't know
- 96. Refuse

**PA02. While performing this task [CURRENT PRIMARY TASK], is the work done by hand (e.g., no tools or machinery)?**

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**PA03. While performing this task [CURRENT PRIMARY TASK], is the work done with manual tools without power (e.g., hoe, machete, trimmers, ladders, hand cart for carrying berries to collection, etc.)?**

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**PA04. While performing this task [CURRENT PRIMARY TASK], is the work done with power-assisted tools (e.g., battery-powered pruners, hydraulic lifts, conveyor belts/transportation band moving in front of workers, electronic cart, bar code scanners, walkie talkies, humidity meters, etc.)?**

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**PA05. While performing this task [CURRENT PRIMARY TASK], is the work done with operator-assisted machinery with no automation (e.g., standard tractor or harvest-assist machinery, drones, etc.)?**

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**PA06. While performing this task [CURRENT PRIMARY TASK], is the work done with automated machinery (that do not need an operator) (e.g., robotic carriers (Burro™), fully auto-steered tractors, automatic robotic weeders, robotic harvesters, etc.)?**

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refuse

**PA07. While performing this task [CURRENT PRIMARY TASK], which do you use the most?**

- 0. Hands
- 1. Manual tools without power
- 2. Power-assisted tools
- 3. Operator-assisted machinery with no automation
- 4. Automated machinery (that do not need an operator)
- 95. Don't know
- 96. Refuse

**PA08. In the last 12 months, have you received, or are you currently receiving, operational and/or safety training on technology (how to correctly use or be careful as to not cause injury) related to your task [CURRENT PRIMARY TASK]?**

- 0. No
- 1. Yes
- 95. Don't know
- 96. Refused



Now I'm going to ask you some questions about your individual and family income for last year (2023).

**G01C** What was your total personal income last year - in 2023- in U.S. dollars [U.S. earnings only FOR FW AND NF]? [READ OR SHOW CHOICES. MARK ONLY ONE]

- 0 DID NOT WORK AT ALL IN 2023
- 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
- 95 DK (DON'T KNOW)
- 96 RF (REFUSE)

**G02C** How much of that income [in "G1C"] was from agricultural employment (U.S. earnings only for FW)? [READ OR SHOW CHOICES. MARK ONLY ONE]
















- 0 DID NOT WORK AT ALL IN 2023
- 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
- 95 DK (DON'T KNOW)
- 96 RF (REFUSE)

**G03C** What was your family's total income last year - in 2023- 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 2023
- 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
- 95 DK (DON'T KNOW)
- 96 RF (REFUSE)





**NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME)**

**[INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN]**

<p>Have you ever -- in your whole life – been told by a doctor or nurse that you have the following conditions: ...</p>	<p>b. Are you currently taking medication for this condition?</p>	<p>c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition in NH1 to NH10 COLUMN)? [IF ANSWER IS “YES” FOR THE U.S. AND “AB” MARK BOTH]</p>
<p><b>NH01</b> ...ASTHMA?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DON'T KNOW </p> <p><input type="checkbox"/> 96 REFUSE</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</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><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</p>
<p><b>NH02</b> ...DIABETES?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DON'T KNOW </p> <p><input type="checkbox"/> 96 REFUSE</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</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><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</p>
<p><b>[IF RESPONDENT IS A WOMAN, AND ANSWER IS “YES” ASK]:</b> 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 DON'T KNOW </p> <p><input type="checkbox"/> 96 REFUSE</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</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><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</p>
<p><b>NH03</b> ...HIGH BLOOD PRESSURE?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DON'T KNOW </p> <p><input type="checkbox"/> 96 REFUSE</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</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><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</p>
<p><b>NH04</b> ...TUBERCULOSIS?</p> <p><input type="checkbox"/> 0 NO </p> <p><input type="checkbox"/> 1 YES </p> <p><input type="checkbox"/> 95 DON'T KNOW </p> <p><input type="checkbox"/> 96 REFUSE</p>	<p><input type="checkbox"/> 0 NO</p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</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><input type="checkbox"/> 95 DON'T KNOW</p> <p><input type="checkbox"/> 96 REFUSE</p>
<p><b>NH05</b> ...HEART DISEASE?</p>	<p><input type="checkbox"/> 0 NO</p>	<p><input type="checkbox"/> 0 NO</p>

<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, AB: <input type="text"/> <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE
<b>NH06</b> ...URINARY TRACT INFECTIONS? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, AB: <input type="text"/> <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE
<b>NH08</b> ...CANCER? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, AB: <input type="text"/> <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE
<b>NH12</b> ...HIGH CHOLESTEROL? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, AB: <input type="text"/> <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE
<b>NH10</b> ...OTHER? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S.A. <input type="checkbox"/> 2 YES, AB: <input type="text"/> <input type="checkbox"/> 95 DON'T KNOW <input type="checkbox"/> 96 REFUSE



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
GA01	...Feeling nervous, anxious or on edge? 	0	1	2	3
GA02	...Not being able to stop or control worrying? 	0	1	2	3
GA03	...Little interest or pleasure in doing things? 	0	1	2	3
GA04	...Feeling down, depressed, or hopeless? 	0	1	2	3

**G04** 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
- 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, specify: \_\_\_\_\_
- None
- 95. Don't know
- 96. Refuse

**NQ – QUALITY OF AND ACCESS TO HEALTH CARE SECTION**

[INTERVIEWER]: I would like to ask you a few final questions about health care in general. You may have given me some of this information already, but I would like to make sure it is correct.

**NQ01** In the last TWO YEARS [LAST 24 MONTHS], in the U.S.A., have you used any type of health care services from doctors, nurses, dentists, clinics, or hospitals?

- 0 NO [SKIP TO NQ10]
- 1 YES

**NQ03b** ...And the last time you used the health care provider, where did you go (what kind of place was it)?

- 1 COMMUNITY HEALTH CENTER/
- 2 PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC
- 3 HEALER/ "CURANDERO"
- 4 HOSPITAL
- 5 EMERGENCY ROOM
- 6 MIGRANT HEALTH CLINIC
- 7 CHIROPRACTOR OR NATUROPATH'S OFFICE
- 8 DENTIST
- 10 OTHER, SPECIFY: \_\_\_\_\_
- 95 DON'T KNOW

**NQ05** And, ...the last time you used the health care provider, who paid the majority of the cost?

- 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
- 8 BILLED, BUT DID NOT PAY
- 9 WORKER'S COMPENSATION
- 6 OTHER:
- 7 COMBINATION OF: \_\_\_\_\_

**NQ10 [ASK ALL]:** ...When you NEED to get health care in the USA what are the main difficulties you face?

[CHECK ALL THAT APPLY]

- m. I do not know. I've never needed it
- l. I'm "undocumented" / "no papers."
- (that's why they don't treat me well)
- a. No transportation, too far away
- b. Don't know where services are available.
- c. Health Center not open when needed.
- d. They don't provide the services I need.
- e. They don't speak my language.
- f. They don't treat me with respect / I don't feel welcomed.
- g. They don't understand my problems.
- h. I'll lose my job.
- i. Too expensive/ no insurance
- j. Other:
- No difficulties / No problems

**NQ01a.** (How about) In a foreign country (e.g., Mexico), Have you used any type of health service in the last two years [LAST 24 MONTHS] [IF "YES," ASK AND ENTER COUNTRY]

- 0 NO
- 1 YES, IN [COUNTRY]: \_\_\_\_\_

**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.

- L01 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 - 9 and 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 L4-1]
  - 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 L4-1]
  - 9 H-2A TEMPORARY AGRICULTURE WORKER [ASK L4-1 AND L4-2]
  - 96 REFUSE
  - 97 OTHER [IF RELEVANT AND APPROPRIATE ASK L2, L3, L4-1, L4-2, AND L4-3. THEN SKIP TO NEXT PAGE]:

- L02b PPROGRAMS [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
  - 6 PROGRAM 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

**L03 Do you have general work authorization?:**

- 0 NO       1 YES       95 DON'T KNOW       96 REFUSE

L04 DATE STATUS BECAME EFFECTIVE:											
1	2	3									
When did you apply program (in L1 or L2b)?	[Only for those who responded "2,3,4,9,97" 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-  
0453**

**INTRODUCTION/PURPOSE**

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

**PROCEDURES TO BE FOLLOWED**

You will be asked to answer some questions about your work history and about your health. The interview will last approximately 41 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)

La información que nos provea será usada únicamente para fines estadísticos. Sus respuestas serán guardadas de manera privada y cualquier persona que divulgue voluntariamente CUALQUIER información que sea identificable con su persona u operación será sujeta a encarcelamiento, una multa, o ambas. Esta encuesta es conducida de acuerdo con las provisiones de la Protección de Información Confidencial (Confidential Information Protection) del Título V, Subtítulo A, Ley Pública 107-347 y otras leyes Federales que apliquen. Su participación es voluntaria.

The information you provide will be used for statistical purposes only. Your responses will be kept private and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. Response is voluntary.

De acuerdo con el Acta de Privacidad de 1974, en la enmienda (5U.S.C. 552a), le notificamos que este estudio ha sido autorizado por la Oficina de Empleo y Capacitación (Employment and Training Administration) o ETA del Departamento de Trabajo (U.S. Department of Labor) o DOL. Su participación voluntaria es de suma importancia para el éxito de este estudio. Esto permitirá a la ETA entender el mercado laboral y las experiencias de los trabajadores agrícolas en los EE.UU. Según los términos del convenio con las organizaciones de estudios e investigación, la ETA podría divulgar alguna información para estudios de investigación, pero sólo después de que los identificadores personales hayan sido borrados. A menos que sean requeridos por la ley, o necesarios para algún litigio o proceso legal, y exceptuando lo indicado en este comunicado, nosotros vamos a retener todos los identificadores personales (ej. nombre, dirección, y seguro social) en privacidad y no serán divulgados

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 privacy and will not release them.

A pesar de cualquier otra disposición de la ley, no se requiere a ninguna persona responder ni estar expuesta a ser penalizada por no conformar con la recolección de información de los requisitos de la reducción de papeleo (Paperwork Reduction Act), a menos que ésta muestre un número de control válido de OMB (Office of Management and Budget. En español, Oficina de Administración y Presupuesto). El tiempo necesario para recoger esta información pública, la cual es voluntaria, se estima que dura 41 minutos por participación, incluyendo la revisión de instrucciones, búsqueda de datos en fuentes existentes, recolecta y mantenimiento de los datos necesarios, completar y revisar la información recolectada. Envíe sus comentarios concernientes al estimado de la recolección de esta información a: 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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