

PROXY (PRIMARY/SECONDARY) 1

SECTION J: DISABILITY

J1. Now I want to ask how your health affects paid work activities. Do you have any impairment or health problem that limits the kind or amount of paid work you can do?

1. YES
↓

5. NO
↓

J1a. What health condition causes this impairment or problem? [IF MORE THAN ONE CONDITION, ASK: What condition is the main cause of this impairment or problem? RECORD ALL MENTIONS AND UNDERLINE MAIN CAUSE]

J1b. Is this a temporary condition that will last for less than three months?

1. YES, TEMPORARY 5. NO, NOT TEMPORARY

↓

NEXT PAGE, J2

J1c. Have you had this condition before?

1. YES 5. NO

NEXT PAGE, J2 TURN TO P. 128, J29

J1d. Does any impairment or health problem limit the kind or amount of work you can do around the house?

1. YES 5. NO

GO TO J1f ↓

J1e. Are you limited in any way in activities because of an impairment or problem?

1. YES 5. NO → TURN TO P. 128, J29

↓

J1f. What health condition causes this impairment or problem? [IF MORE THAN ONE CONDITION, ASK: What condition is the main cause of this impairment or problem? RECORD ALL MENTIONS AND UNDERLINE MAIN CAUSE]

J1g. When did the impairment or health problem you just mentioned first begin to bother you?

_____ OR AT AGE _____

MONTH/YEAR

9996. CONDITION PRESENT AT BIRTH

J1h. When did it begin to interfere with (the work you can do around the house/your activities)?

_____ OR AT AGE _____

MONTH/YEAR

TURN TO P. 128, J29

J2. INTERVIEWER CHECKPOINT

SEE P. 66, F2 AND P. 94, G1

1. R IS CURRENTLY WORKING ("YES" TO F2)

2. R HAS NEVER WORKED ("NO" TO G1)--->TURN TO P. 145, J122

3. ALL OTHERS-->TURN TO P. 124, J12

J3. Did this impairment or health problem begin to affect your activities before you started working regularly, after you started working regularly or what?

1. BEFORE STARTED WORK	2. AFTER STARTED WORK	3. AFTER STOPPED WORK	4. NEVER WORKED REGULARLY
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TURN TO P. 126, J18

TURN TO P. 145, J122

IMPAIRMENT PRECEDED WORK

J4. Are you able to work full-time or can you work only part-time?

1. FULL-TIME 2. PART-TIME

J5. Are you able to work regularly or can you only work occasionally?

1. REGULARLY 2. OCCASIONALLY

J6. When did this impairment or health problem first begin to bother you?

_____ OR _____ YRS AGO OR AT AGE _____

YEAR

9996. CONDITION PRESENT AT BIRTH

NEXT PAGE, J11

J7. Do you expect this condition to get worse within the next few years?

1. YES 5. NO 8. DON'T KNOW

J8. Was the impairment or health problem you just mentioned the result of an accident or injury?

1. YES 5. NO --->NEXT PAGE, J11

J9. Did the accident or injury occur at work, at home, or somewhere else?

1. WORK 2. HOME 3. ELSEWHERE

J10. Was it the result of an automobile accident?

1. YES 5. NO

J11. Does your employer do anything special to help you out so that you can continue working?

1. YES

5. NO

6. SELF-EMPLOYED



TURN TO P. 145, J122

J11a. Does your employer have someone help you out?

1. YES

5. NO

J11b. (Does your employer) give you a shorter work day?

1. YES

5. NO

J11c. (Does your employer) allow you more breaks and rest periods?

1. YES

5. NO

J11d. Arrange for special transportation?

1. YES

5. NO

J11e. Get you special equipment for the job?

1. YES

5. NO

J11f. Does your employer do anything else to help you out?

1. YES

5. NO

--->TURN TO P. 145, J122



J11g. What other help are you given?

TURN TO P. 145, J122

J12. Did this impairment or health problem begin to affect your activities before you started working regularly, after you started working regularly or what?

- 1. BEFORE STARTED WORK
- 2. AFTER STARTED WORK
- 3. AFTER STOPPED WORK
- 4. NEVER WORKED REGULARLY

TURN TO P. 145, J122

J12a. Does it keep you from working altogether?

- 1. YES
- 5. NO

TURN TO P. 126, J23

TURN TO P. 126, J18

IMPAIRMENT PRECEDED WORK

J13. Does this limitation keep you from working altogether?

- 1. YES
- 5. NO

J13a. Are you able to work full-time or can you work only part-time?

- 1. FULL-TIME
- 2. PART-TIME

J13b. Are you able to work regularly or can you only work occasionally?

- 1. REGULARLY
- 2. OCCASIONALLY

J14. When did this impairment or problem first begin to bother you?

_____ OR _____ YRS AGO OR AT AGE _____
YEAR

9996. CONDITION PRESENT AT BIRTH

NEXT PAGE, J17

J15. Do you expect this condition to get worse within the next few years?

- 1. YES
- 5. NO
- 8. DON'T KNOW

J16. Was the impairment or health problem you just mentioned the result of an accident or injury?

- 1. YES
 - 5. NO
- >NEXT PAGE, J17

J16a. Did the accident or injury occur at work, at home, or somewhere else?

- 1. WORK
- 2. HOME
- 3. ELSEWHERE

J16b. Was it the result of an automobile accident?

- 1. YES
- 5. NO

J17. Did your last employer do anything special to help you out so that you could continue working?

1. YES

5. NO

6. SELF-EMPLOYED



TURN TO P. 145, J122

J17a. Did your employer have someone help you out?

1. YES

5. NO

J17b. (Did your employer) give you a shorter work day?

1. YES

5. NO

J17c. (Did your employer) allow you more breaks and rest periods?

1. YES

5. NO

J17d. Arrange for special transportation?

1. YES

5. NO

J17e. Get you special equipment for the job?

1. YES

5. NO

J17f. Did your employer do anything else to help you out?

1. YES

5. NO

--->TURN TO P. 145, J122



J17g. What other help were you given?

TURN TO P. 145, J122

R CAN STILL DO SOME WORK

J18. Are you now able to do the same kind of work you did before your health limitation began?

1. YES

5. NO

J19. Are you now able to work full time or can you work only part time?

1. FULL-TIME

2. PART-TIME

J20. Are you now able to work regularly or can you only work occasionally or irregularly?

1. REGULARLY

2. OCCASIONALLY OR IRREGULARLY

J21. When did the impairment or health problem you mentioned first begin to bother you?

MONTH/YEAR

J22. When did it begin to interfere with your work?

MONTH/YEAR

NEXT PAGE, J26

R CAN'T WORK AT ALL

J23. When did the impairment or health problem you just mentioned first begin to bother you? (When did it happen?)

MONTH/YEAR

J24. When did it begin to interfere with your work?

MONTH/YEAR

J25. When did it begin to prevent you from working altogether?

MONTH/YEAR

NEXT PAGE, J26

J26. Do you expect this condition to improve enough within the next few years so that it will no longer be a problem for your working?

1. YES 5. NO 8. DON'T KNOW

J26a. Do you expect this condition to get worse within the next few years?

1. YES 5. NO

J27. Was the impairment or health problem you just mentioned the result of an accident or injury?

1. YES 5. NO ---->GO TO J28

J27a. Did the accident or injury occur at work, at home, or somewhere else?

1. WORK 2. HOME 3. ELSEWHERE

J27b. Was it the result of an automobile accident?

1. YES 5. NO

J28. Was this impairment or health problem in any way caused by the nature of your work?

1. YES 5. NO

TURN TO P. 130, J36

J33. Was this impairment or health problem in any way caused by the nature of your work?

1. YES

5. NO

J34. Did you ever apply for disability benefits from any program?

1. YES

5. NO --->TURN TO P. 150, J131

↓
V

J35. Did you receive disability benefits?

1. YES

5. NO --->TURN TO P. 150, J131

↓
V

J35a. From what program did you receive disability benefits?

J35b. Over what period of time did you receive those benefits?

FROM _____ TO _____
(MO/YR) (MO/YR)

TURN TO P. 150, J131

CURRENT IMPAIRMENT THAT LIMITS WORK

J36. Were you employed at the time your health began to limit your ability to work?

1. YES

5. NO

---->GO TO J37

∨

J36a. Did you tell me about the details of that job earlier?

1. YES

5. NO ---->TURN TO P. 132, J39

∨

J36b. Which company or organization was that?

REFER TO DATA CARD, SIDE 1, AND MARK BELOW

01. CURRENT EMPLOYER (AT F3a)	02. "LAST" EMP. (AT G3a)	03. "PREVIOUS" EMP. (AT H3a)	97. OTHER	06. SELF-EMP.
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TURN TO P. 132, J39

TURN TO P. 134, J57

TURN TO P. 133, J47

NEXT PAGE, J38

J37. When was the last time you worked before your health began to limit your ability to work?

YEAR OR YRS AGO

_____ _____

∨

9996. DIDN'T WORK BEFORE HEALTH LIMITATION

TURN TO P. 145, J122

J37a. Did you tell me about the details of that job earlier?

1. YES

5. NO ---->TURN TO P. 137, J79

∨

J37b. Which company or organization was that?

REFER TO DATA CARD, SIDE 1, AND MARK BELOW

01. CURRENT EMPLOYER (AT F3a)	02. "LAST" EMP. (AT G3a)	03. "PREVIOUS" EMP. (AT H3a)	97. OTHER	06. SELF-EMP.
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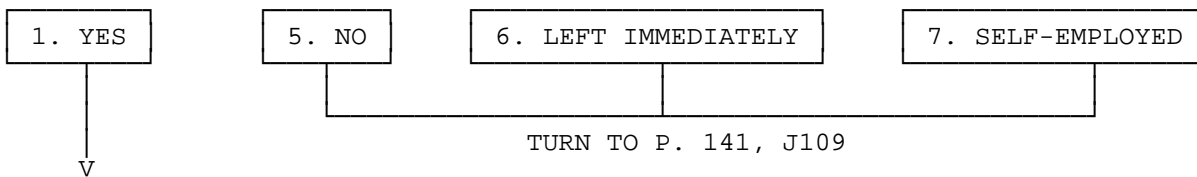
TURN TO P. 137, J79

TURN TO P. 138, J87

TURN TO P. 138, J87

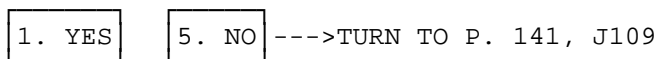
TURN TO P. 138, J87

J38. At the time your health started to limit your ability to work, did your employer do anything special to help you out so that you could stay at work?



	YES (1)	NO (5)
J38a. Did your employer get someone to help you?		
J38b. Did your employer shorten your work days?		
J38c. (Did your employer) allow you to change the time you came to and left work?		
J38d. (Did your employer) allow you more breaks and rest periods?		
J38e. (Did your employer) arrange for special transportation?		
J38f. (Did your employer) change the job to something you could do?		
J38g. (Did your employer) help you learn new job skills?		
J38h. (Did your employer) get you special equipment for the job?		

J38j. Did your employer do any other things to help you out?



J38k. What other things?

TURN TO P. 141, J109

WORKING WHEN LIMITATION BEGAN— EMPLOYER AT THAT TIME

J39. Before your health began to limit your ability to work, were you working for someone else, were you self-employed, or what?

1. SOMEONE ELSE	2. SELF-EMPLOYED	← IF R SAYS "I RAN MY OWN BUSINESS" CHECK SELF-EMPLOYED
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J40. What sort of work did you do on that job? (Tell me a little more about what you did.)

J41. What kind of business or industry did you work in--that is, what did they make or do at the place where you worked?

J42. About how many employees worked for that company or organization at all locations?

_____ # OF EMPLOYEES

GO TO J43

998. DON'T KNOW



J42a. (RB, BOTTOM OF P. 8) Was it fewer than 5, 5 to 14, 15 to 24, 25 to 99, 100 to 499, or 500 or more?

1. FEWER THAN 5	2. 5 TO 14	3. 15 TO 24	4. 25 TO 99	5. 100 TO 499	6. 500 OR MORE
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J43. What were you earning before deductions when you left that job (was that per hour, week, month or year?)

\$_____ PER _____

J44. How many hours a week did you usually work for that employer?

_____ HOURS PER WEEK

J45. Counting paid vacation as weeks of work, how many weeks per year did you usually work?

_____ WEEKS PER YEAR

J46. Were you covered by a union or employee-association contract?

1. YES	5. NO
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J47. At the time your health started to limit your ability to work, did your employer do anything special to help you out so that you could stay at work?

1. YES

5. NO

6. LEFT IMMEDIATELY

7. SELF-EMPLOYED

↓

NEXT PAGE, J57

NEXT PAGE, J57a

NEXT PAGE, J57

<p>J48. Did your employer get someone to help you?</p> <p>1. YES →</p> <p>5. NO ↓</p>	<p>J48a. How long did they continue to do that?</p> <p># _____ OF _____ (WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J49. Did your employer shorten your work day?</p> <p>1. YES →</p> <p>5. NO ↓</p>	<p>J49a. How long did they continue to do that?</p> <p># _____ OF _____ (WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J50. (Did your employer) allow you to change the time you came to and left work?</p> <p>1. YES →</p> <p>5. NO ↓</p>	<p>J50a. How long did they continue to do that?</p> <p># _____ OF _____ (WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J51. (Did your employer) allow you more breaks and rest periods?</p> <p>1. YES →</p> <p>5. NO ↓</p>	<p>J51a. How long did they continue to do that?</p> <p># _____ OF _____ (WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J52. (Did your employer) arrange for special transportation?</p> <p>1. YES →</p> <p>5. NO ↓</p>	<p>J52a. How long did they continue to do that?</p> <p># _____ OF _____ (WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>

J53. (Did your employer) change the job to something you could do?

1. YES

5. NO

J54. (Did your employer) help you learn new job skills?

1. YES

5. NO

J55. (Did your employer) get you special equipment for the job?

1. YES

5. NO

J56. Did your employer do any other things to help you out?

1. YES

5. NO

↓ NEXT PAGE, J57

J56a. What other things?

J57. Not counting any time spent on sick leave, how long did you stay with (that employer/self-employment) after your health began to limit your ability to work? [IF R CONTINUED TO WORK ONLY FOR A FEW MONTHS OR LEFT AFTER BEING ON SICK LEAVE, MARK "LEFT IMMEDIATELY" RESPONSE.]

_____ OF _____
(WKS/MOS/YRS)

GO TO J58

95. LEFT IMMEDIATELY

96. STILL WORKING FOR THAT EMPLOYER/ STILL SELF-EMPLOYED

TURN TO P. 141, J108

J57a. Have you worked at all since leaving (that employer/self-employment)?

1. YES 5. NO

GO TO J59

↓

J57b. Have you looked for work since leaving (that employer/self-employment)?

1. YES 5. NO

↓

TURN TO P. 142, J110

J57c. Why do you think you couldn't find work? [CHECK ALL THAT APPLY. DO NOT READ.]

A. NO JOBS AVAILABLE I COULD DO B. NO EMPLOYER WILLING TO HIRE ME C. OTHER (SPECIFY):

TURN TO P. 142, J110

J58. After you left (that employer/self-employment), did you get another job, did you stop working and retire, did you apply for disability, or what?

1. GOT ANOTHER JOB 2. RETIRED 3. APPLIED FOR DISABILITY 4. JUST STOPPED WORKING 7. OTHER:

TURN TO P. 142, J110

J59. Did you tell me about the details of that job earlier in the interview?

1. YES 5. NO ---->NEXT PAGE, J60

J59a. Which company or organization was that?

REFER TO DATA CARD, SIDE 1, AND MARK BELOW

01. CURRENT EMPLOYER (AT F3a) 02. "LAST" EMP. (AT G3a) 03. "PREVIOUS" EMP. (AT H3a) 97. OTHER 06. SELF-EMP.

TURN TO P. 140, J98

TURN TO P. 136, J68

NEXT PAGE, J60 TURN TO P.136, J78

R WORKING WHEN LIMITATION BEGAN—FIRST EMPLOYER <u>AFTER</u> LIMITATION
--

J60. Did you work for someone else, were you self-employed or what?

1. SOMEONE ELSE

2. SELF-EMPLOYED

J61. What sort of work did you do on that job? (Tell me a little more about what you did.)

J62. What kind of business or industry did you work in--that is, what did they make or do at the place where you worked?

J63. About how many employees worked for that company or organization at all locations?

_____ # OF EMPLOYEES
GO TO J64

998. DON'T KNOW

J63a. (RB, STILL ON BOTTOM OF P. 8) Was it fewer than 5, 5 to 14, 15 to 24, 25 to 99, 100 to 499, or 500 or more?

1. FEWER
THAN 5

2. 5 TO 14

3. 15 TO 24

4. 25 TO 99

5. 100 TO 499

6. 500 OR
MORE

J64. What were you earning at that job before deductions? (Was that per hour, week, month, or year?)

\$ _____ PER _____

J65. How many hours a week did you usually work for that employer?

_____ HOURS PER WEEK

J66. Counting paid vacation as weeks of work, how many weeks per year did you usually work?

_____ WEEKS PER YEAR

J67. Were you covered by a union or employee-association contract?

1. YES

5. NO

J68. Did your new employer do anything special to make it easier for you to work at the job?

1. YES

5. NO

7. R WAS SELF-EMPLOYED

↓

GO TO J78

<p>J69. Did your employer get someone to help you?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J69a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J70. Did your employer shorten your work day?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J70a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J71. (Did your employer) allow you to change the time you came to and left work?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J71a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J72. (Did your employer) allow you more breaks and rest periods?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J72a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J73. (Did your employer) arrange for special transportation?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J73a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>

J74. (Did your employer) change the job to something you could do?

1. YES

5. NO

J75. (Did your employer) help you learn new job skills?

1. YES

5. NO

J76. (Did your employer) get you special equipment for the job?

1. YES

5. NO

J77. Did your employer do any other things to help you out?

1. YES

5. NO

↓

GO TO J78

J77a. What other things?

J78. How long did you stay (with that employer/self-employed)?

UNTIL 19 ____ OR # _____ OF _____
(WKS/MOS/YRS)

96. STILL WORKING
FOR THAT EMPLOYER/
STILL SELF-EMPLOYED

TURN TO P. 141, J108

R NOT WORKING WHEN LIMITATION BEGAN—EMPLOYER BEFORE LIMITATION

J79. Before your health began to limit your ability to work, were you working for someone else, were you self-employed, or what?

1. SOMEONE ELSE

2. SELF-EMPLOYED

← IF R SAYS "I RAN MY OWN BUSINESS" CHECK SELF-EMPLOYED

J80. What sort of work did you do on that job? (Tell me a little more about what you did.)

J81. What kind of business or industry did you work in--that is, what did they make or do at the place where you worked?

J82. About how many employees worked for that company or organization at all locations?

_____ # OF EMPLOYEES
GO TO J83

998. DON'T KNOW

J87a. (RB, BOTTOM OF P. 8) Was it fewer than 5, 5 to 14, 15 to 24, 25 to 99, 100 to 499, or 500 or more?

1. FEWER THAN 5

2. 5 TO 14

3. 15 TO 24

4. 25 TO 99

5. 100 TO 499

6. 500 OR MORE

J83. What were you earning at that job before deductions? (Was that per hour, week, or month, or year?)

\$ _____ PER _____

J84. How many hours a week did you usually work for that employer?

_____ HOURS PER WEEK

J85. Counting paid vacation as weeks of work, how many weeks per year did you usually work?

_____ WEEKS PER YEAR

J86. Were you covered by a union or employee-association contract?

1. YES

5. NO

R NOT WORKING WHEN LIMITATION BEGAN—FIRST EMPLOYER AFTER LIMITATION

J87. Did you work after your health began to limit your ability to work?

1. YES

5. NO

--->TURN TO P. 142, J110

↓

J88. Did you tell me the details of that job--the first one you had when you returned to work--earlier in the interview?

1. YES

5. NO

--->GO TO J89

↓

J88a. Which company or organization was that?

REFER TO DATA CARD, SIDE 1 AND MARK BELOW

01. CURRENT
EMPLOYER
(AT F3a)

TURN TO
P. 140, J98

02. "LAST" EMP.
(AT G3a)

TURN TO P. 140, J98

03. "PREVIOUS" EMP.
(AT H3a)

97. OTHER

↓

06. SELF-
EMP.

TURN TO
P. 141, J108

J89. Did you work for someone else, were you self-employed or what?

1. SOMEONE ELSE

2. SELF-EMPLOYED

J90. What sort of work did you do on that job? (Tell me a little more about what you did.)

J91. What kind of business or industry did you work in--that is, what did they make or do at the place where you worked?

J92. About how many employees worked for that company or organization at all locations?

_____ # OF EMPLOYEES
NEXT PAGE, J93

998. DON'T KNOW

↓

J92a. (RB, STILL ON BOTTOM OF P. 8) Was it fewer than 5, 5 to 14, 15 to 24, 25 to 99, 100 to 499, or 500 or more?

1. FEWER
THAN 5

2. 5 TO 14

3. 15 TO 24

4. 25 TO 99

5. 100 TO 499

6. 500 OR
MORE

140

J93. What were you earning at that job before deductions? (Was that per hour, month, or year?)

\$ _____ PER _____

J94. How many hours a week did you usually work for that employer?

_____ HOURS PER WEEK

J95. Counting paid vacation as weeks of work, how many weeks per year did you usually work?

_____ WEEKS PER YEAR

J96. Were you covered by a union or employee-association contract?

1. YES

5. NO

J97. When did you leave that employer?

_____ OR _____ YEARS AGO OR AT AGE _____
YEAR

J98. Did that employer do anything special to help you out so that you could stay at work?

1. YES

5. NO

7. R WAS SELF-EMPLOYED

↓

NEXT PAGE, J108

NEXT PAGE, J108

<p>J99. Did your employer get someone to help you?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J99a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J100. Did your employer shorten your work day?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J100a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J101. (Did your employer) allow you to change the time you came to and left work?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J101a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J102. (Did your employer) allow you more breaks and rest periods?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J102a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>
<p>J103. (Did your employer) arrange for special transportation?</p> <p>1. YES →</p> <p>5. NO</p> <p>↓</p>	<p>J103a. How long did they continue to do that?</p> <p># _____ OF _____</p> <p>(WKS/MOS/YRS)</p> <p>96. STILL DOING IT</p>

J104. (Did your employer) change the job to something you could do?

1. YES

5. NO

J105. (Did your employer) help you learn new job skills?

1. YES

5. NO

J106. (Did your employer) get you special equipment for the job?

1. YES

5. NO

J107. Did your employer do any other things to help you out?

1. YES

5. NO

↓

NEXT PAGE, J108

J107a. What other things?

SEE P. 67, F3

1. R CURRENTLY WORKING--NOT SELF-EMPLOYED

2. ALL OTHERS---->NEXT PAGE, J110



J109. Does your employer currently do anything special to make it easier for you to stay at work?

1. YES 5. NO ---->NEXT PAGE, J110



	YES (1)	NO (5)
J109a. Does your employer get someone to help you?		
J109b. Does your employer shorten your work day?		
J109c. (Does your employer) allow you to change the time you came to and left work?		
J109d. (Does your employer) allow you more breaks and rest periods?		
J109e. (Does your employer) arrange for special transportation?		
J109f. Has your employer changed the job to something you could do?		
J109g. Has your employer helped you learn new job skills?		
J109h. (Does your employer) get you special equipment for the job?		

J109j. Does your employer do any other things to help you out?

1. YES 5. NO ---->NEXT PAGE, J110



J109k. What other help does your employer give you?

J110. (RB, TOP OF P. 9) Now I would like to go back to your work before your health began to limit your ability to work and ask about the demands of your work at that time. For each one, tell me whether it was true for your job all or almost all of the time, most of the time, some of the time, or none or almost none of the time.

Did your job require...	ALL OR ALMOST ALL OF THE TIME (1)	MOST OF THE TIME (2)	SOME OF THE TIME (3)	NONE OR ALMOST NONE OF THE TIME (4)
J110a. ...a lot of physical effort-- (all or almost all of the time, most of the time, some of the time, or none or almost none of the time)?				
J110b. ...lifting heavy loads?				
J110c. ...stooping, kneeling, or crouching?				
J110d. ...having good eyesight?				
J110e. ...intense concentration or attention?				
J110f. Did your work require you to keep up with the pace set by others?				
J110g. Did your work require skill in dealing with people?				

J111. Not using the booklet, did your job require making decisions about pay and promotion of others?

1. YES

5. NO

--->NEXT PAGE, J112



J111a. For how many employees? [ACCEPT A RANGE]

_____ NUMBER

J112. INTERVIEWER CHECKPOINT

SEE P. 134, J57a AND P. 138, J87

1. "NO" AT J57a OR J87;
R DID NOT WORK AFTER HEALTH LIMITATION--->NEXT PAGE, J115

2. ALL OTHERS

↓

J113. (RB, STILL ON TOP OF P. 9) Now I want to ask about the demands of the work you were doing after your health limitation began to affect your work. For each requirement tell me whether it was true for your job all or almost all of the time, most of the time, some of the time, or none or almost none of the time?

Did the work you were doing <u>afterwards</u> require...	ALL OR ALMOST ALL OF THE TIME (1)	MOST OF THE TIME (2)	SOME OF THE TIME (3)	NONE OR ALMOST NONE OF THE TIME (4)
J113a. ... a lot of physical effort?				
J113b. ...lifting heavy loads?				
J113c. ...stooping, kneeling, or crouching?				
J113d. ...good eyesight?				
J113e. ...intense concentration or attention?				
J113f. Did your work require you to keep up with the pace set by others?				
J113g. Did your work require skill in dealing with other people?				

J114. Did you make decisions about the pay and promotion of others?

 1. YES

 5. NO

--->NEXT PAGE, J115

↓

J114a. For how many employees? [ACCEPT A RANGE]

_____ # EMPLOYEES

J115. We're interested in what ways your health has affected your family. Were you married at the time your health started to affect your work?

1. YES 5. NO ---->GO TO J117

↓

J116. Was your (wife/husband) working at that time?

1. YES 5. NO ---->GO TO J117

↓

J116a. How many hours a week did (she/he) usually work then?
 _____ HOURS PER WEEK

J116b. How many weeks per year did (she/he) usually work then?
 _____ WEEKS PER YEAR

J116c. How long had (she/he) worked at that job?
 # _____ OF _____
 (WKS/MOS/YRS)

J117. After your health started to affect your ability to work, did anyone in your family living with you [including your (husband/wife/partner)] begin to work, stop working, or change their work hours due to your health?

1. YES 5. NO ---->NEXT PAGE, J120

↓

J118. Who did this? [CHECK "MENTIONED" OR "NOT MENTIONED" FOR EACH RELATIONSHIP BELOW.]	J119. Did (he/she/they) <u>begin</u> to work, work <u>more</u> , work <u>less</u> , or <u>stop</u> working?			
	BEGIN WORK (1)	WORK MORE (2)	WORK LESS (3)	STOP WORK (4)
J118a. HUSBAND/ WIFE/ PARTNER 5. NOT MENTIONED 1. MENTIONED ----> ↓				
J118b. PARENT(S) 5. NOT MENTIONED 1. MENTIONED ----> ↓				
J118c. CHILD(REN) 5. NOT MENTIONED 1. MENTIONED ----> ↓				
J118d. OTHER 5. NOT MENTIONED 1. MENTIONED ----> ↓				

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J120. What happened to (your/your family's) income after your health started to affect your ability to work--did it decrease, remain the same, or increase?

1. DECREASED

3. REMAINED THE SAME

5. INCREASED

J121. Have you used up any of your savings since your health began to affect your ability to work?

1. YES

5. NO

6. DIDN'T HAVE SAVINGS

J122. Which government programs do you know of that provide benefits or pensions for disabled workers? [CHECK ALL THAT APPLY]

MARK DATA CARD, SIDE 2, FOR EACH PROGRAM CHECKED AT J122 ("GOVERNMENT PROGRAMS")

DON'T KNOW OF ANY PROGRAMS --->NEXT PAGE, J123

A. SOCIAL SECURITY DISABILITY
OR
SUPPLEMENTAL SECURITY
INCOME PROGRAM (SSD OR SSI)

B. VETERANS
ADMINISTRATION
PROGRAM

C. WORKERS'
COMPENSATION
PROGRAM

D. PUBLIC
WELFARE
DISABILITY
PROGRAM

E. OTHER PROGRAMS (SPECIFY): _____

J123. Have you ever applied for disability benefits from the Social Security Disability program or the Supplemental Security Income program?

1. YES

5. NO

↓

↓

J123a. In what month and year did you first apply?
MONTH/YEAR

J123b. Were you awarded benefits then?
1. YES 5. NO
GO TO J123f ↓

J123c. Did you appeal or apply again later?
1. YES 5. NO
↓ NEXT PAGE, J125

J123d. When did you last appeal or apply for benefits?
MONTH/YEAR

J123e. Were you awarded benefits then?
1. YES 5. NO
↓ NEXT PAGE, J125

J123f. In what month and year did you start receiving benefits?
MONTH/YEAR

J123g. Were you offered rehabilitation services?
1. YES 5. NO
↓ GO TO J123j

J123h. When were you offered rehabilitation services?
MONTH/YEAR

J123j. Are you still receiving benefits?
1. YES 5. NO
NEXT PAGE, J125 ↓

J123k. In what month and year did the benefits stop?
MONTH/YEAR

J124. (RB, BOTTOM OF P. 9) What is the reason you did not apply for disability benefits from this program? [CHECK ALL THAT APPLY]

A. DIDN'T KNOW ENOUGH ABOUT PROGRAM

B. NOT DISABLED ENOUGH

C. HADN'T WORKED ENOUGH

D. DIDN'T THINK WAS ELIGIBLE

E. DIDN'T WANT TO APPLY

F. PREFERRED TO WORK

G. OTHER (SPECIFY):

SEE DATA CARD, SIDE 2, "GOVERNMENT PROGRAMS"

1. NOTHING OR ONLY SSD OR SSI CHECKED—TURN TO P. 150, J131

2. "VETERANS ADMINISTRATION" PROGRAM MARKED

3. ALL OTHERS—NEXT PAGE, J127

↓

J126. Have you ever applied for disability benefits from the Veterans Administration?

1. YES

↓

5. NO

↓

J126a. In what month and year did you first apply?

MONTH/YEAR

J126b. Was your application accepted?

1. YES 5. NO

GO TO J126e ↓

J126c. Did you appeal or apply again later?

1. YES 5. NO

↓ NEXT PAGE, J127

J126d. Was your application eventually accepted?

1. YES 5. NO

↓ NEXT PAGE, J127

J126e. What disability rating did you receive?

_____ % OR 100. FULL DISABILITY

J126f. In what month and year did you start receiving benefits?

MONTH/YEAR

J126g. Are you still receiving benefits?

1. YES 5. NO

NEXT PAGE, J127 ↓

J126h. In what month and year did the benefits stop?

MONTH/YEAR

J126j. (RB, TOP OF P. 10) What is the reason you did not apply for disability benefits from this program? [CHECK ALL THAT APPLY]

A. NOT A VETERAN

B. DIDN'T KNOW ENOUGH ABOUT PROGRAM

C. NOT DISABLED ENOUGH

D. DISABILITY NOT SERVICE-RELATED

E. DIDN'T THINK WAS ELIGIBLE

F. DIDN'T WANT TO APPLY

G. PREFERRED TO WORK

H. OTHER (SPECIFY): _____

J127. INTERVIEWER CHECKPOINT

SEE DATA CARD, SIDE 2, "GOVERNMENT PROGRAMS"

1. "WORKERS' COMPENSATION" PROGRAM MARKED

2. ALL OTHERS--->NEXT PAGE, J129

↓

J128. Have you ever applied for disability benefits from the Workers' Compensation Program?

1. YES

↓

5. NO

↓

J128a. In what month and year did you first apply?

 MONTH/YEAR

J128b. Was your application accepted?
 1. YES 5. NO
 GO TO J128e ↓

J128c. Did you appeal or apply again later?
 1. YES 5. NO
 ↓ NEXT PAGE, J129

J128d. Was your application eventually accepted?
 1. YES 5. NO
 ↓ NEXT PAGE, J129

J128e. What type of disability benefit did you receive?
 100% Permanent
 Partial Permanent: _____ %
 100% Temporary: for _____ YRS
 Partial Temporary:
 _____ % for _____ YRS

J128j. (RB, BOTTOM OF P. 10) What is the reason you did not apply for disability benefits from this program? [CHECK ALL THAT APPLY]

A. DIDN'T KNOW ENOUGH ABOUT PROGRAM

B. NOT DISABLED ENOUGH

C. DISABILITY NOT WORK RELATED

D. DIDN'T THINK WAS ELIGIBLE

E. DIDN'T WANT TO APPLY

F. PREFERRED TO WORK

G. OTHER (SPECIFY): _____

NEXT PAGE, J129

J128f. In what month and year did you start receiving benefits?

 MONTH/YEAR

J128g. Are you still receiving benefits? 1. YES 5. NO
 NEXT PAGE, J129 ↓

J128h. In what month and year did the benefits stop? _____
 MONTH/YEAR

SEE DATA CARD, SIDE 2, "GOVERNMENT PROGRAMS"

1. PUBLIC WELFARE DISABILITY OR "OTHER" PROGRAM MARKED

2. ALL OTHERS---->NEXT PAGE, J131

↓

J130. Have you ever applied for disability benefits from the (NAME OF PROGRAM)?

[WRITE IN NAME OF PROGRAM: _____]

1. YES

↓

5. NO

↓

J130a. In what month and year did you first apply?

MONTH/YEAR

J130b. Was your application accepted?

1. YES 5. NO

GO TO J130e ↓

J130c. Did you appeal or apply again later?

1. YES 5. NO

↓ NEXT PAGE, J131

J130d. Was your application eventually accepted?

1. YES 5. NO

↓ NEXT PAGE, J131

J130e. In what month and year did you start receiving benefits?

MONTH/YEAR

J130f. Are you still receiving benefits?

1. YES 5. NO

NEXT PAGE, J131 ↓

J130g. In what month and year did the benefits stop?

MONTH/YEAR

J130h. (RB, TOP OF P. 11) What is the reason you did not apply for benefits from this disability program? [CHECK ALL THAT APPLY]

A. DIDN'T KNOW ENOUGH ABOUT PROGRAM

B. NOT DISABLED ENOUGH

C. DIDN'T THINK WAS ELIGIBLE

D. DIDN'T WANT TO APPLY

E. PREFERRED TO WORK

F. OTHER (SPECIFY): _____

J131. During the last 12 months, that is since (MONTH) of 1991, have you had any injuries at work that required special medical attention or treatment or interfered with your work activities?

1. YES	5. NO	7. NO JOB IN LAST YEAR	8. DK
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V
NEXT PAGE, SECTION K

J131a. How many times have you been injured on the job during the past 12 months?

_____ NUMBER OF TIMES

J131b. On what date did your most recent injury happen?

_____ / _____ / _____
MONTH / DAY / YEAR