

SECTION J: DISABILITY (July 26, 1995) – PAGE 1

PROXY (PRIMARY/SECONDARY)

WAVE II 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?
IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED

1. YES	5. NO	8. DK	9. RF
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GO TO J1d

V

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 PLACE AN M: BEFORE MAIN CAUSE]

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

1. YES, TEMPORARY	5. NO, NOT TEMPORARY	8. DK	9. RF
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GO TO J2

V

J1c. Have you had this condition before?

1. YES	5. NO	8. DK	9. RF
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GO TO J2

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[NO, DK, OR RF TO J1:]

J1d. Does any impairment or health problem limit the kind or amount of work you can do around the house?
 IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED

1. YES	5. NO	8. DK	9. RF
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GO TO J1f

J1e. Are you limited in any way in activities because of an impairment or problem?
 IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED

1. YES	5. NO	8. DK	9. RF
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GO TO J1k

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 PLACE AN M: BEFORE MAIN CAUSE]

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

_____ OR AT AGE _____
 MONTH/YEAR

96. 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

J1k. BRANCHPOINT:	1.	WAVE I J1-5—GO TO J131
	2.	ALL OTHERS—GO TO J16

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J2. Does this limitation keep you from working altogether?

1. YES

5. NO

8. DK

9. RF

J3. When did the impairment or health problem you mentioned first begin to bother you? (When did it happen?)

J3: MONTH J3a: YEAR

J4. When did it begin to interfere with your work?

J4: MONTH J4a: YEAR

J5.

BRANCHPOINT: J2=1—CONTINUE WITH J6

ALL OTHERS—GO TO BRANCHPOINT BEFORE J8

J6. When did it begin to prevent you from working altogether?

J6: MONTH J6a: YEAR

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BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO J10.

J8. 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. DK
 9. RF

J8a. Do you expect this condition to get worse within the next few years?

1. YES
 5. NO
 8. DK
 9. RF

↓

J9. Was the impairment or health problem you just mentioned the result of an accident or injury?

1. YES
 5. NO
 8. DK
 9. RF

GO TO J10

↓

J9a. Did the accident or injury occur at work, at home, or somewhere else?

1. WORK
 2. HOME
 3. ELSEWHERE

J9b. Was it the result of an automobile accident?

1. YES
 5. NO

J10. Was this impairment or health problem in any way caused by the nature of your work?

1. YES
 5. NO

J11. BRANCHPOINT:

1. MONTH/YEAR IN J3 SAME OR LATER THAN MONTH/YEAR OF WAVE I INTERVIEW—CONTINUE WITH J12
2. ALL OTHERS—GO TO J14

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J12. Were you employed at the time your health began to limit your ability to work?

1. YES

5. NO

8. DK

9. RF

GO TO J14

∇

J12a. Did you tell me about the details of that job earlier?

1. YES

5. NO

8. DK

9. RF

GO TO J13

∇

J12b. Which company or organization was that?

01. WAVE I
EMPLOYER
(F3a)

02. WAVE II
EMPLOYER
(FA39)

97. OTHER

06. SELF-
EMPLOYED

8. DK

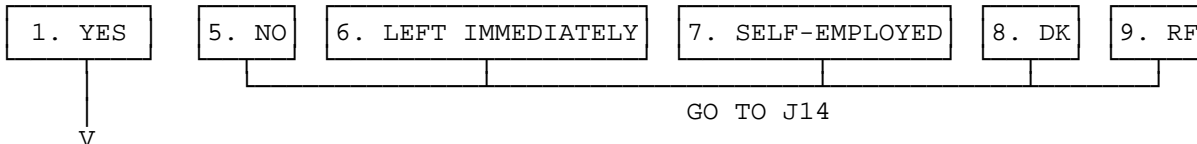
9. RF

GO TO J14

CONTINUE WITH J13

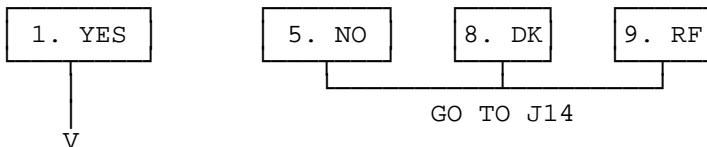
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J13. At the time your health started to limit your ability to work, did your employer do anything special to help you out so that you could stay at work?



	YES (1)	NO (5)
J13a. Did your employer get someone to help you?		
J13b. Did your employer shorten your work days?		
J13c. (Did your employer) allow you to change the time you came to and left work?		
J13d. (Did your employer) allow you more breaks and rest periods?		
J13e. (Did your employer) arrange for special transportation?		
J13f. (Did your employer) change the job to something you could do?		
J13g. (Did your employer) help you learn new job skills?		
13h. (Did your employer) get you special equipment for the job?		

J13j. Did your employer do any other things to help you out?



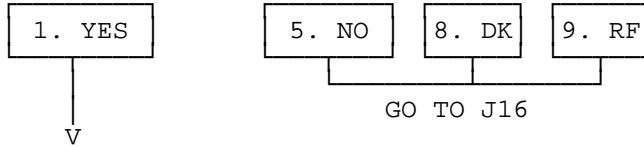
J13k. What other things?

J14.	BRANCHPOINT:	1.	R IS CURRENTLY WORKING BUT NOT SELF-EMPLOYED (FA2=1 & FA3 NOT= 2)—CONTINUE WITH J15
		2.	ALL OTHERS—GO TO J16

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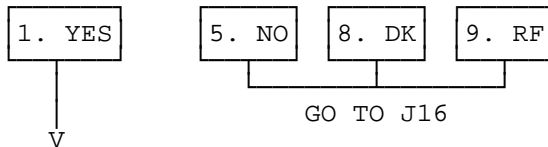
BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO END OF THIS SECTION.

J15. Does your employer currently do anything special to make it easier for you to stay at work?



	YES (1)	NO (5)
J15a. Does your employer get someone to help you?		
J15b. Does your employer shorten your work day?		
J15c. (Does your employer) allow you to change the time you came to and left work?		
J15d. (Does your employer) allow you more breaks and rest periods?		
J15e. (Does your employer) arrange for special transportation?		
J15f. Has your employer changed the job to something you could do?		
J15g. Has your employer helped you learn new job skills?		
J15h. (Does your employer) get you special equipment for the job?		

J15j. Does your employer do any other things to help you out?



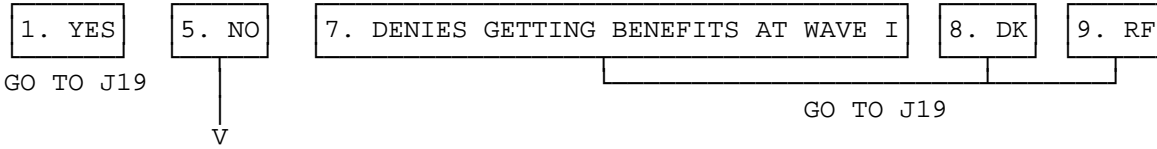
J15k. What other help does your employer give you?

J16. BRANCHPOINT: 1. RECEIVING DISABILITY AT WAVE I: WAVE I J123j=1 OR J126g=1 OR J128g=1 OR J130f=1—CONTINUE WITH J17
2. ALL OTHERS—GO TO J23

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J17. BRANCHPOINT: 1. WAVE I J123j=1—CONTINUE WITH J18
2. ALL OTHERS—GO TO J19

J18. According to our records, in (WAVE I MONTH/YEAR) you were receiving benefits from the Social Security Disability program or the Supplemental Security Income program. Are you still receiving these benefits?
IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.

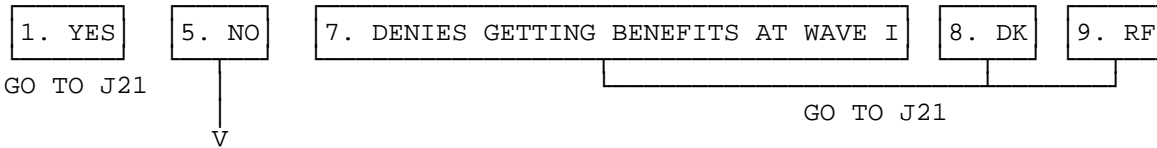


J18a. In what month and year did these benefits stop?

J18a: MONTH J18b: YEAR

J19. BRANCHPOINT: 1. WAVE I J126g=1—CONTINUE WITH J20
2. ALL OTHERS—GO TO J21

J20. According to our records, in (MONTH/YEAR OF WAVE I) you were receiving benefits from the Veterans Administration. Are you still receiving these benefits?
IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.



J20a. In what month and year did these benefits stop?

J20a: MONTH J20b: YEAR

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J21. BRANCHPOINT: 1. WAVE I J128g=1—CONTINUE WITH J22
2. ALL OTHERS—GO TO J23

J22. According to our records, in (MONTH/YEAR OF WAVE I) you were receiving benefits from Workers' Compensation. Are you still receiving these benefits? IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.

1. YES 5. NO 7. DENIES GETTING BENEFITS AT WAVE I 8. DK 9. RF

GO TO J23 GO TO J23

J22a. In what month and year did these benefits stop?

J22a: MONTH J22b: YEAR

J23. IF R IS A NEW SPOUSE/PARTNER: Have you applied for disability benefits from any (J16=1: other) government program?
ELSE: Since (MONTH/YEAR OF WAVE I INTERVIEW) have you applied for disability benefits from any (J16=1: other) government program?

1. YES 5. NO 8. DK 9. RF

GO TO J131

J24. Which programs? [CHECK ALL THAT APPLY]

1. SOCIAL SECURITY DISABILITY OR SUPPLEMENTAL SECURITY INCOME PROGRAM (SSD OR SSI) 2. VETERANS ADMINISTRATION PROGRAM 3. WORKERS' COMPENSATION PROGRAM

4. PUBLIC WELFARE DISABILITY PROGRAM 5. OTHER PROGRAMS (SPECIFY): _____

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J25. BRANCHPOINT: 1. J24=1 [SS/SSI]—CONTINUE WITH J26a
2. ALL OTHERS—GO TO J27

J26a. In what month and year did you first apply for disability benefits from the Social Security Disability program or the Supplemental Security Income program?

J26a: MONTH J26a1: YEAR

J26a2. IF J26a MONTH/YEAR IS BEFORE WAVE I MONTH/YEAR: We are interested in your first application since WAVE I MONTH/YEAR. In what month and year did you first apply for Social Security since that time?

J26a2: MONTH J26a3: YEAR

J26b. Were you awarded benefits then?

1. YES 5. NO 8. DK 9. RF
GO TO J26f

J26c. Did you appeal or apply again later?

1. YES 5. NO 8. DK 9. RF
GO TO J27

J26d. When did you last appeal or apply for benefits?

J26d: MONTH J26d1: YEAR

J26e. Were you awarded benefits then?

1. YES 5. NO 8. DK 9. RF
GO TO J27

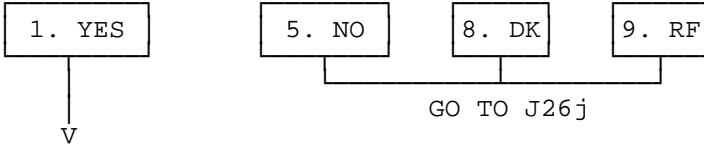
J26f. In what month and year did you start receiving benefits?

J26f: MONTH J26f1: YEAR

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CONTINUATION OF QUESTIONS ABOUT SOCIAL SECURITY DISABILITY/SUPPLEMENTAL SECURITY INCOME BENEFITS:

J26g. Were you offered rehabilitation services?

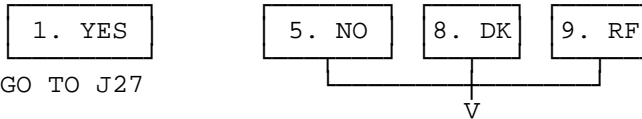


J26h. When were you offered rehabilitation services?

J26h: MONTH J26h1: YEAR

J26j. Are you still receiving benefits?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.



J26k. In what month and year did the benefits stop?

J26k: MONTH J26k1: YEAR

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J27. BRANCHPOINT: 1. J24=2 [VA]—CONTINUE WITH J28a
 2. ALL OTHERS—GO TO J29

J28a. In what month and year did you first apply for disability benefits from the Veterans Administration?

J28a: MONTH J28a1: YEAR

J28a2. IF J28a MONTH/YEAR IS BEFORE WAVE I MONTH/YEAR: We are interested in your first application since WAVE I MONTH/YEAR. In what month and year did you first apply for Veterans Administration benefits since that time?

J28a2: MONTH J28a3: YEAR

J28b. Was your application accepted?

1. YES 5. NO 8. DK 9. RF
 GO TO J28e

J28c. Did you appeal or apply again later?

1. YES 5. NO 8. DK 9. RF
 GO TO J29

J28d. Was your application eventually accepted?

1. YES 5. NO 8. DK 9. RF
 GO TO J29

J28e. What disability rating did you receive?

_____ % OR 100. FULL DISABILITY

J28f. In what month and year did you start receiving benefits?

J28f: MONTH J28f1: YEAR

J28g. Are you still receiving benefits?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.

1. YES 5. NO 8. DK 9. RF
 GO TO J29

J28h. In what month and year did the benefits stop?

J28h: MONTH J28h1: YEAR

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J29. BRANCHPOINT: 1. J24=3 [WORKERS COMP]—CONTINUE WITH J30a
 2. ALL OTHERS—GO TO J31

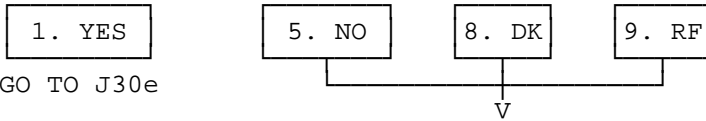
J30a. In what month and year did you first apply for disability benefits from the Workers' Compensation program?

J30a: MONTH J30a1: YEAR

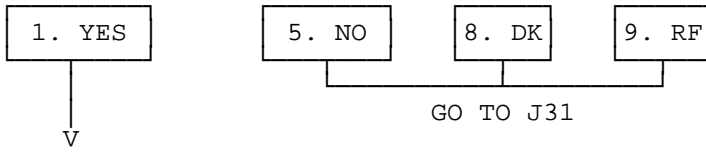
J30a2. IF J30a MONTH/YEAR IS BEFORE WAVE I MONTH/YEAR: We are interested in your first application since WAVE I MONTH/YEAR. In what month and year did you first apply for Workers' Compensation since that time?

J30a2: MONTH J30a3: YEAR

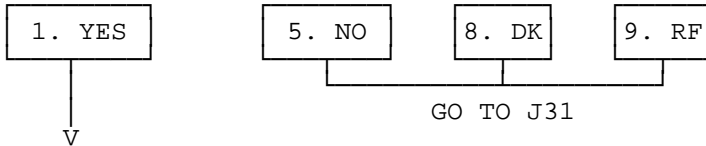
J30b. Was your application accepted?



J30c. Did you appeal or apply again later?



J30d. Was your application eventually accepted?



J30e. What disability rating did you receive?

- 100% Permanent
- Partial Permanent — (30e1. What percentage did you receive?) _____ %
- 100% Temporary — (J30e2. For how many years?) _____ YRS
- Partial Temporary — (J30e3. What percentage did you receive?
For how many years?) _____ PERCENT
FOR (J30e4) _____ YRS

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CONTINUATION OF QUESTIONS ABOUT WORKERS' COMPENSATION BENEFITS:

J30f. In what month and year did you start receiving benefits?

J30f: MONTH

J30f1: YEAR

J30g. Are you still receiving benefits?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.

1. YES

5. NO

8. DK

9. RF

GO TO J31

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J30h. In what month and year did the benefits stop?

J30h: MONTH

J30h1: YEAR

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J31. BRANCHPOINT: 1. J24=4 [WELFARE/OTHER]—CONTINUE WITH J32a
 2. ALL OTHERS—GO TO J131

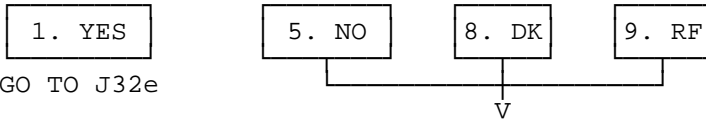
J32a. IF R PREVIOUSLY REPORTED RECEIVING DISABILITY BENEFITS (J23=1,2,3): Not including those disability benefits we have already discussed, in what month and year did you first apply for any other disability benefits?
 ELSE: In what month and year did you first apply for these disability benefits?

J32a: MONTH J32a1: YEAR

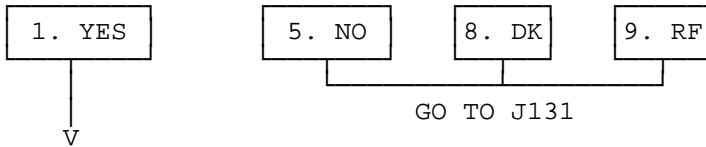
J32a2. IF J32a MONTH/YEAR IS BEFORE WAVE I MONTH/YEAR: We are interested in your first application since WAVE I MONTH/YEAR. In what month and year did you first apply for these disability benefits since that time?

J32a2: MONTH J32a3: YEAR

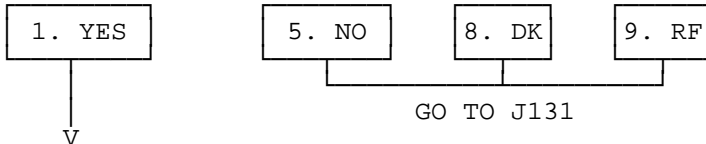
J32b. Was your application accepted?



J32c. Did you appeal or apply again later?



J32d. Was your application eventually accepted?

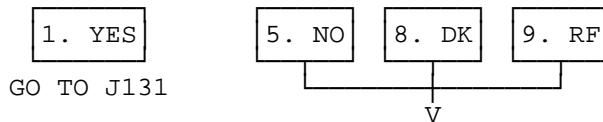


J32e. In what month and year did you start receiving benefits?

J32e: MONTH J32e1: YEAR

J32f. Are you still receiving benefits?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.



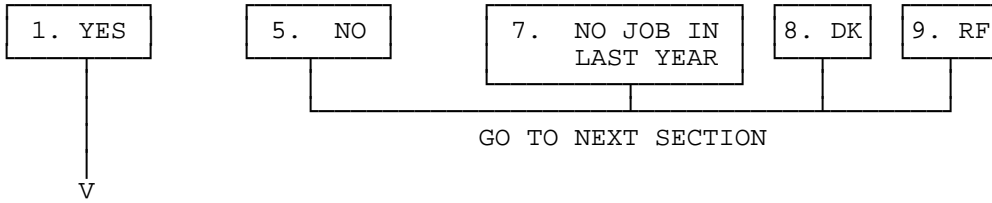
J32g. In what month and year did the benefits stop?

J32g: MONTH J32g1: YEAR

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J131. IF R IS A NEW SPOUSE/PARTNER: Have you ever had any injuries at work that required special medical attention or treatment or interfered with your work activities?

ELSE: Since WAVE I MONTH/YEAR, have you had any injuries at work that required special medical attention or treatment or interfered with your work activities?



J131a. IF R IS A NEW SPOUSE/PARTNER: How many times have you been injured on the job?
ELSE: How many times have you been injured on the job since WAVE I MONTH/YEAR?
_____ NUMBER OF TIMES

J131b. On what date did your most recent injury happen?
J131b: MONTH J131b1: DAY J131b2: YEAR