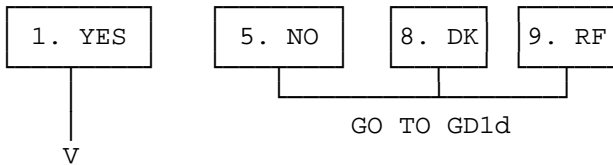


PROXY (PRIMARY/SECONDARY) 0

GD1. 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 RESPONDENT HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED



GD1a. 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]

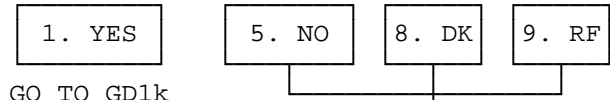
GD1b. Is this a temporary condition that will last for less than three months?

GD1c. Have you had this condition before?

[NO, DK, OR RF TO GD1:]

GD1d. Does any impairment or health problem limit the kind or amount of work you can do around the house?

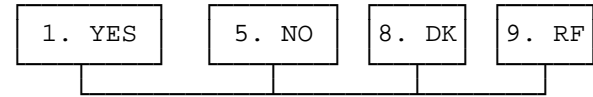
IF RESPONDENT HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED



GO TO GD1k

GD1e. Are you limited in any way in activities because of an impairment or problem?

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



GO TO GD1k

GD1k. BRANCHPOINT:

1. PREVIOUS INTERVIEW J1=5—>GO TO GD131
2. ALL OTHERS—>GO TO GD16

GD1m. BRANCHPOINT:

1. IF G2=1 (CURRENTLY EMPLOYED) --> GO TO GD3
2. ALL OTHERS --> CONTINUE WITH GD2

GD2. Does this limitation keep you from working altogether?

1. YES

5. NO

8. DK

9. RF

GD3. When did the impairment or health problem you mentioned first begin to bother you? (When did it happen?)

GD3: YEAR

GD3a: MONTH

X98. DK

X99. RF

GD4. When did it begin to interfere with your work?

GD4: YEAR

GD4a: month

X98. DK

X99. RF

GD5

BRANCHPOINT:

GD2=1—>CONTINUE WITH GD6

ALL OTHERS—>GO TO BRANCHPOINT BEFORE
GD8

GD6. When did it begin to prevent you from working altogether?

GD6: MONTH

GD6a: YEAR

X98. DK

X99. RF

BRANCHPOINT:

1. IF RESPONDENT HAS DIED AND THIS IS A PROXY IW, GO TO GD10.
2. IF GD1b=1 --> GO TO GD9

GD8. 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

V

GD8a. Do you expect this condition to get worse within the next few years?

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

V

GD9. 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 GD10

V

GD9a. Did the accident or injury occur at work, at home, or somewhere else?

1. WORK 2. HOME 3. ELSEWHERE 8. DK 9. RF

GD9b. Was it the result of an automobile accident?

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

GD10. Was this impairment or health problem in any way caused by the nature of your work?

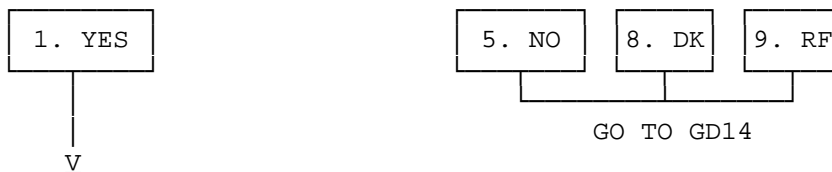
1. YES 5. NO 8. DK 9. RF

GD11

BRANCHPOINT:

1. IF DISABLED AT PREVIOUS INTERVIEW --> GO TO GD14
2. MONTH/YEAR IN GD3 SAME OR LATER THAN MONTH/YEAR OF PREVIOUS INTERVIEW—>CONTINUE WITH GD12
3. ALL OTHERS—>GO TO GD14

GD12. Were you employed at the time your health began to limit your ability to work?



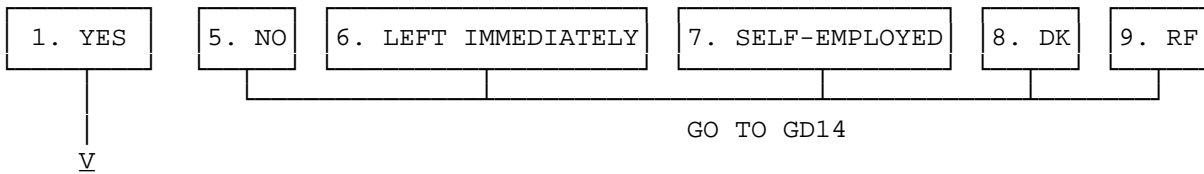
GD12a. Did you tell me about the details of that job earlier?

```
graph TD; A[1. YES] --> V[V]; B[5. NO] --> C[GO TO GD13]; D[8. DK] --> C; E[9. RF] --> C;
```

GD12b. Which company or organization was that?

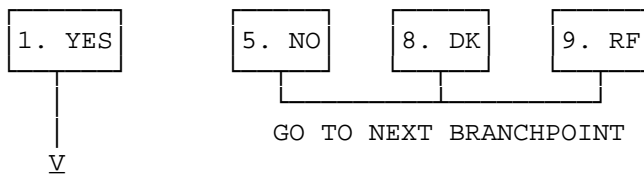
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graph TD; A["01. WAVE I EMPLOYER (F3a)"] --> B[CONTINUE WITH GD13]; C["02. WAVE II EMPLOYER (FA39)"] --> B; D[97. OTHER] --> B; E["06.SELF-EMPLOYED"] --> F[GO TO GD14]; G[8. DK] --> F; H[9. RF] --> F;
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GD13. 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)
GD13a.	Did your employer get someone to help you?		
GD13b.	Did your employer shorten your work days?		
GD13c.	(Did your employer) allow you to change the time you came to and left work?		
GD13d.	(Did your employer) allow you more breaks and rest periods?		
GD13e.	(Did your employer) arrange for special transportation?		
GD13f.	(Did your employer) change the job to something you could do?		
GD13g.	(Did your employer) help you learn new job skills?		
GD13h.	(Did your employer) get you special equipment for the job?		

GD13j. Did your employer do any other things to help you out?



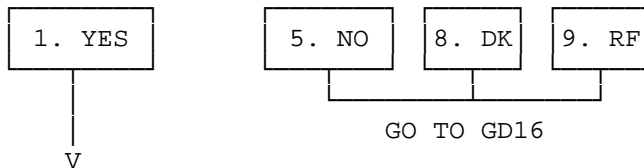
GD13k. What other things?

GD14

BRANCHPOINT:	1.	R IS CURRENTLY WORKING BUT NOT SELF-EMPLOYED (FA2=1 & FA3 NOT= 2)—>CONTINUE WITH GD15
	2.	ALL OTHERS—>GO TO GD16

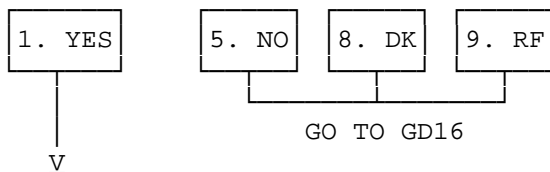
BRANCHPOINT: IF RESPONDENT HAS DIED AND THIS IS A PROXY IW, GO TO END OF THIS SECTION.

GD15. Does your employer currently do anything special to make it easier for you to stay at work?



	YES (1)	NO (5)
GD15a. Does your employer get someone to help you?		
GD15b. Does your employer shorten your work day?		
GD15c. (Does your employer) allow you to change the time you came to and left work?		
GD15d. (Does your employer) allow you more breaks and rest periods?		
GD15e. (Does your employer) arrange for special transportation?		
GD15f. Has your employer changed the job to something you could do?		
GD15g. Has your employer helped you learn new job skills?		
GD15h. (Does your employer) get you special equipment for the job?		

GD15j. Does your employer do any other things to help you out?



GD15k. What other help does your employer give you?

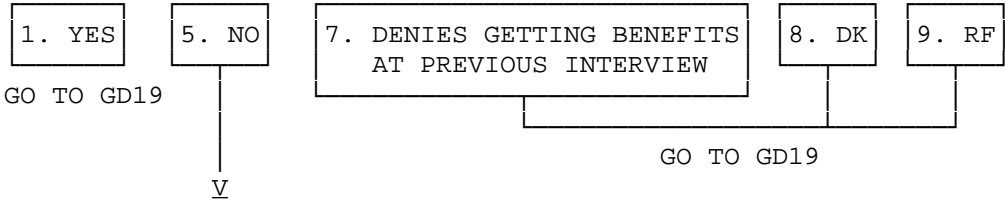
GD16. BRANCHPOINT: 1. RECEIVING DISABILITY AT PREVIOUS INTERVIEW: J123j=1 OR J126g=1 OR J128g=1 OR J130f=1—> CONTINUE WITH GD17

2. ALL OTHERS—GO TO GD23

GD17

BRANCHPOINT:	1.	PREVIOUS INTERVIEW J123j=1 --> CONTINUE WITH GD18
	2.	ALL OTHERS—>GO TO GD19

GD18. According to our records, in (MONTH/YEAR OF PREVIOUS INTERVIEW) you were receiving benefits from the Social Security Disability program or the Supplemental Security Income program. Are you still receiving these benefits? IF RESPONDENT HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.



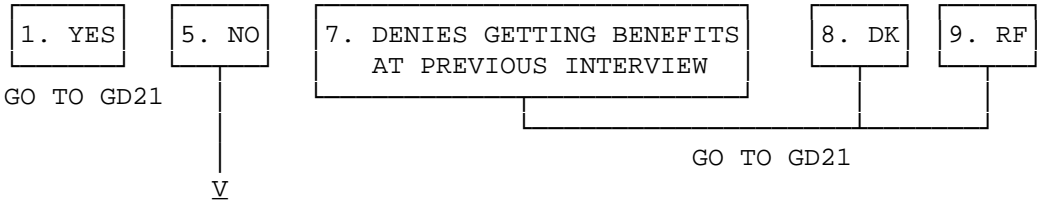
GD18a. In what month and year did these benefits stop?

GD18a: MONTH GD18b: YEAR X98. DK X99. RF

GD19

BRANCHPOINT:	1.	PREVIOUS INTERVIEW J126g=1—>CONTINUE WITH GD20
	2.	ALL OTHERS—>GO TO GD21

GD20. According to our records, in (MONTH/YEAR OF PREVIOUS INTERVIEW) you were receiving benefits from the Veterans Administration. Are you still receiving these benefits? IF RESPONDENT HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.



GD20a. In what month and year did these benefits stop?

GD20a: MONTH GD20b: YEAR X98. DK X99. RF

GD21

BRANCHPOINT:	1. PREVIOUS INTERVIEW J128g=1—>CONTINUE WITH GD22
	2. ALL OTHERS—>GO TO GD23

GD22. According to our records, in (MONTH/YEAR OF PREVIOUS INTERVIEW) you were receiving benefits from Workers' Compensation. Are you still receiving these benefits?
 IF RESPONDENT 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 PREVIOUS INTERVIEW	8. DK	9. RF
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GO TO GD23

V

GO TO GD23

GD22a. In what month and year did these benefits stop?

GD22a: MONTH GD22b: YEAR

X98. DK	X99. RF
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GD23. IF R IS A NEW SPOUSE/PARTNER: Have you applied for disability benefits from any (GD16=1: other) government program?
 ELSE: Since (MONTH/YEAR OF PREVIOUS INTERVIEW) have you applied for disability benefits from any (GD16=1: other) government program?

1. YES	5. NO	8. DK	9. RF
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GO TO GD131

V

GD24. 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): _____ _____	
8. DK	9. RF	

GD25. BRANCHPOINT: 1. GD24=1 [SS/SSI]—>CONTINUE WITH GD26a
 2. ALL OTHERS—>GO TO GD27

GD26a. In what month and year did you first apply for disability benefits from the Social Security Disability program or the Supplemental Security Income program?

GD26a: MONTH GD26a1: YEAR 8. DK 9. RF
 GO TO GD27

GD26a2. IF GD26a MONTH/YEAR IS BEFORE MONTH/YEAR OF PREVIOUS INTERVIEW: We are interested in your first application since MONTH/YEAR OF PREVIOUS INTERVIEW. In what month and year did you first apply for Social Security since that time?

GD26a2: MONTH GD26a3: YEAR 8. DK 9. RF

GD26b. Were you awarded benefits then?

1. YES 5. NO 8. DK 9. RF
 GO TO GD26f GO TO GD27
 V

GD26c. Did you appeal or apply again later?

1. YES 5. NO 8. DK 9. RF
 GO TO GD27
 V

GD26d. When did you last appeal or apply for benefits?

GD26d: MONTH GD26d1: YEAR

GD26e. Were you awarded benefits then?

1. YES 5. NO 8. DK 9. RF
 GO TO GD27
 V

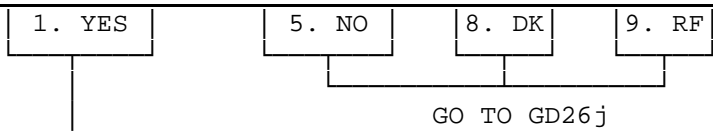
GD26f. In what month and year did you start receiving benefits?

GD26f: MONTH GD26f1: YEAR

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

GD26g. Were you offered rehabilitation services?

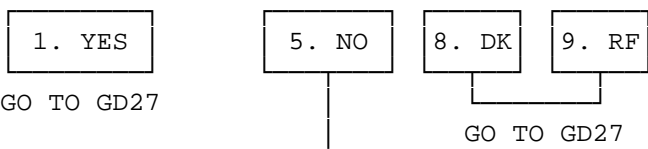
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GD26h. When were you offered rehabilitation services?

GD26h: MONTH GD26h1: YEAR X98. DK X99. RF

GD26j. Are you still receiving benefits?
IF RESPONDENT HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.



GD26k. In what month and year did the benefits stop?

GD26k: MONTH GD26k1: YEAR X98. DK X99. RF

GD27

BRANCHPOINT:	1.	GD24=2 [VA]—≥CONTINUE WITH GD28a
	2.	ALL OTHERS—≥GO TO GD29

GD28a. In what month and year did you first apply for disability benefits from the Veterans Administration?

GD28a: MONTH GD28a1: YEAR

GO TO GD29

GD28a2. IF GD28a MONTH/YEAR IS BEFORE MONTH/YEAR OF PREVIOUS INTERVIEW: We are interested in your first application since MONTH/YEAR OF PREVIOUS INTERVIEW. In what month and year did you first apply for Veterans Administration benefits since that time?

GD28a2: MONTH GD28a3: YEAR

GD28b. Was your application accepted?

<input type="text" value="1. YES"/>	<input type="text" value="5. NO"/>	<input type="text" value="8. DK"/>	<input type="text" value="9. RF"/>
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GO TO GD28e ↓ ↓ ↓

GO TO GD29

GD28c. Did you appeal or apply again later?

<input type="text" value="1. YES"/>	<input type="text" value="5. NO"/>	<input type="text" value="8. DK"/>	<input type="text" value="9. RF"/>
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↓ ↓ ↓ ↓

GO TO GD29

GD28d. Was your application eventually accepted?

<input type="text" value="1. YES"/>	<input type="text" value="5. NO"/>	<input type="text" value="8. DK"/>	<input type="text" value="9. RF"/>
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↓ ↓ ↓ ↓

GO TO GD29

GD28e. What disability rating did you receive?

_____ % OR

GD28f. In what month and year did you start receiving benefits?

GD28f: MONTH GD28f1: YEAR

GD28g. Are you still receiving benefits?
IF RESPONDENT HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.

<input type="text" value="1. YES"/>	<input type="text" value="5. NO"/>	<input type="text" value="8. DK"/>	<input type="text" value="9. RF"/>
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GO TO GD29 ↓ ↓ ↓

GO TO GD29

GD28h. In what month and year did the benefits stop?

GD28h: MONTH GD28h1: YEAR

GD29	BRANCHPOINT:	1.	GD24=3 [WORKERS COMP]—≥CONTINUE WITH GD30a
		2.	ALL OTHERS—≥GO TO GD31

GD30a. In what month and year did you first apply for disability benefits from the Workers' Compensation program?

GD30a: MONTH GD30a1: YEAR

└──────────┘

GO TO GD31

GD30a2. IF GD30a MONTH/YEAR IS BEFORE MONTH/YEAR OF PREVIOUS INTERVIEW: We are interested in your first application since MONTH/YEAR OF PREVIOUS INTERVIEW. In what month and year did you first apply for Workers' Compensation since that time?

GD30a2: MONTH GD30a3: YEAR

GD30b. Was your application accepted?

<input type="text" value="1. YES"/>	<input type="text" value="5. NO"/>	<input type="text" value="8. DK"/>	<input type="text" value="9. RF"/>
GO TO GD30e	↓	└──────────┘	
		GO TO GD31	

GD30c. Did you appeal or apply again later?

<input type="text" value="1. YES"/>	<input type="text" value="5. NO"/>	<input type="text" value="8. DK"/>	<input type="text" value="9. RF"/>
↓	└──────────┘		
	GO TO GD31		

GD30d. Was your application eventually accepted?

<input type="text" value="1. YES"/>	<input type="text" value="5. NO"/>	<input type="text" value="8. DK"/>	<input type="text" value="9. RF"/>
↓	└──────────┘		
	GO TO GD31		

GD30e. What disability rating did you receive?

100% Permanent

Partial Permanent --> (GD30e1. What percentage did you receive?)

%

100% Temporary -----> (GD30e2. For how many years?) _____ YRS

Partial Temporary --> (GD30e3. What percentage did you receive?

For how many years?)

_____ PERCENT

FOR (GD30e4) _____YRS

CONTINUATION OF QUESTIONS ABOUT WORKERS' COMPENSATION BENEFITS:

GD30f. In what month and year did you start receiving benefits?

GD30f: MONTH

GD30f1: YEAR

X98. DK

X99. RF

GD30g. Are you still receiving benefits?

IF RESPONDENT 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 GD31

GO TO GD31

∇

GD30h. In what month and year did the benefits stop?

GD30h: MONTH

GD30h1: YEAR

X98. DK

X99. RF

GD31 BRANCHPOINT: 1. GD24=4 [WELFARE/OTHER]—>CONTINUE WITH GD32a
 2. ALL OTHERS—>GO TO GD131

GD32a. IF R PREVIOUSLY REPORTED RECEIVING DISABILITY BENEFITS (GD23=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?

GD32a: MONTH GD32a1: YEAR X98. DK X99. RF
 GO TO GD131

GD32a2. IF GD32a MONTH/YEAR IS BEFORE MONTH/YEAR OF PREVIOUS INTERVIEW: We are interested in your first application since MONTH/YEAR OF PREVIOUS INTERVIEW. In what month and year did you first apply for these disability benefits since that time?

GD32a2: MONTH GD32a3: YEAR X98. DK X99. RF

GD32b. Was your application accepted?

1. YES 5. NO 8. DK 9. RF
 GO TO GD32e GO TO GD131

GD32c. Did you appeal or apply again later?

1. YES 5. NO 8. DK 9. RF
 GO TO GD131

GD32d. Was your application eventually accepted?

1. YES 5. NO 8. DK 9. RF
 GO TO GD131

GD32e. In what month and year did you start receiving benefits?

GD32e: MONTH GD32e1: YEAR X98. DK X99. RF

GD32f. Are you still receiving benefits? IF RESPONDENT HAS DIED AND THIS IS A PROXY IW: REFERENCE PERIOD IS THREE MONTHS BEFORE R DIED.

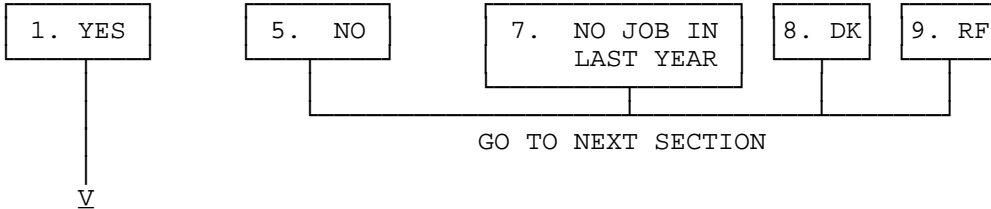
1. YES 5. NO 8. DK 9. RF
 GO TO GD131 GO TO GD131

GD32g. In what month and year did the benefits stop?

GD32g: MONTH GD32g1: YEAR X98. DK X99. RF

GD131. 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 MONTH/YEAR OF PREVIOUS INTERVIEW, have you had any injuries at work that required special medical attention or treatment or interfered with your work activities?



GD131a. 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 MONTH/YEAR OF PREVIOUS INTERVIEW?

_____ NUMBER OF TIMES

GD131b. On what date did your most recent injury happen?

GD131b: MONTH GD131b1: DAY GD131b2: YEAR