

GJ1e. Are you limited in any way in activities because of an impairment or problem?

1. YES	5. NO	8. DK	9. RF
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GJ1f BRANCHPOINT: IF R DID NOT REPORT THAT IS LIMITED IN ANY ACTIVITIES BY AN IMPAIRMENT (GJ1e={5 or DK or RF}) and R IS NOT IN WAR BABY COHORT, GO TO GJASSIST

IF R DID NOT REPORT THAT IS LIMITED IN ANY ACTIVITIES BY AN IMPAIRMENT (GJ1e={5 or DK or RF}), GO TO GJ29 BRANCHPOINT

GJ1f. What health condition causes this impairment or problem?

[IWER: IF MORE THAN ONE CONDITION, ASK]
What condition is the main cause of this impairment or problem?

[IWER: RECORD ALL MENTIONS AND PLACE AN M: BEFORE MAIN CAUSE]

DK	RF
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CONDITION

GJ1g. When did the impairment or health problem you just mentioned first begin to bother you?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
96. CONDITION PRESENT AT BIRTH	97. AGE GIVEN	98. DK	99. RF		
GO TO GJ1h(2)	GO TO GJ1i				

DK	RF
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GJ1h. YEAR

DK	RF
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GJ1i. AT AGE

GJ1h. When did it begin to interfere with [the work you can do around the house/your activities]?

[IWER: MONTH/DAY MUST BE AFTER: MONTH, YEAR (per GJ1g & GJ1h) WHEN CONDITION FIRST BEGAN TO BOTHER R]

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
96. CONDITION PRESENT AT BIRTH		97. AGE GIVEN		98. DK	99. RF
GO TO GJ3 BRANCHPOINT		GO TO GJ11			

GJ1k. YEAR

GJ1l. AT AGE

GJ3 BRANCHPOINT: IF R DID NOT REPORT HAVING ANY IMPAIRMENTS THAT LIMIT WORK (GJ1 NOT 1) and R IS NOT IN WAR BABY COHORT, GO TO GJASSIST

IF R DID NOT REPORT HAVING ANY IMPAIRMENTS THAT LIMIT WORK (GJ1 NOT 1), GO TO GJ29 BRANCHPOINT

IF R HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (GG1=5), GO TO GJ122

IF R DID NOT REPORT THAT IS CURRENTLY WORKING FOR PAY (G2 NOT 1), GO TO GJ12 BRANCHPOINT

GJ3. 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	8. DK	9. RF
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GJ4 BRANCHPOINT: IF R IS NOT IN WAR BABY COHORT, GO TO GJ122

IF R's IMPAIRMENT BEGAN AFTER {STARTED or STOPPED} WORKING (GJ3={2 or 3}), GO TO GJ18 BRANCHPOINT

IF R HAS NEVER WORKED REGULARLY (GJ3=4), GO TO GJ122

GJ4. Are you able to work full-time or can you work only part-time?

1. FULL TIME	2. PART TIME	8. DK	9. RF
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GJ5. Are you able to work regularly or can you only work occasionally?

1. REGULARLY	2. OCCASIONALLY	8. DK	9. RF
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GJ6. When did the impairment or health problem you just mentioned first begin to bother you?

[IWER: USE 9996 IN 'YEAR' IF CONDITION PRESENT AT BIRTH]

_____	OR	_____	OR	_____	DK	RF
GJ6. YEAR		GJ6a. YEARS AGO		GJ6b. AT AGE		

GJ7 BRANCHPOINT: IF R'S CONDITION WAS PRESENT AT BIRTH (GJ6=9996), GO TO GJ11 BRANCHPOINT

GJ7. Do you expect this condition to get worse within the next few years?

1. YES	5. NO	8. DK	9. RF
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GJ8. 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 GJ11			

GJ9. Did the accident or injury occur at work, at home, or somewhere else?

1. WORK	2. HOME	3. SOMEWHERE ELSE	8. DK	9. RF
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GJ10. Was it the result of an automobile accident?

1. YES	5. NO	8. DK	9. RF
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GJ11 BRANCHPOINT: IF R IS SELF-EMPLOYED (G3=2), ASSIGN 6 TO GJ11 AND GO TO GJ122

GJ11. Does your employer do anything special to help you out so that you can continue working?

1. YES	4. NO HELP NEEDED	5. NO	6. R SELF EMPLOYED	8. DK	9. RF
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;">GO TO GJ122</div>					

	1. YES	5. NO	8. DK	9. RF
GJ11a. Does your employer get someone to help you?				
GJ11b. (Does your employer) give you a shorter work day?				
GJ11c. (Does your employer) allow you more breaks and rest periods?				
GJ11d. (Does your employer) arrange for special transportation?				
GJ11e. Get you special equipment for the job?				
GJ11f. (Does your employer) assist you in receiving rehabilitative services from an external provider?				

GJ11g. Does your employer do anything else to help you out?

1. YES	5. NO	8. DK	9. RF
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;">GO TO GJ122</div>			

GJ11h. What other things?

	DK	RF

GJ12 BRANCHPOINT: IF CURRENTLY-EMPLOYED R'S IMPAIRMENT BEGAN BEFORE R STARTED WORKING REGULARLY (GJ3=1), GO TO GJ122

GJ12. 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	8. DK	9. RF
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GJ12a BRANCHPOINT: IF R IS NOT IN WAR BABY COHORT, GO TO GJ122

IF R's IMPAIRMENT BEGAN BEFORE R STARTED WORKING (GJ12=1),
GO TO GJ13

IF R HAS NEVER WORKED REGULARLY (GJ12=4), GO TO GJ122

GJ12a. Does it keep you from working altogether?

1. YES	5. NO	8. DK	9. RF
GO TO GJ23	GO TO GJ18 BRANCHPOINT		

GJ13. Does this limitation keep you from working altogether?

1. YES	5. NO	8. DK	9. RF
GO TO GJ14			

GJ13a. Are you able to work full-time or can you work only part-time?

1. FULL TIME	2. PART TIME	8. DK	9. RF
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GJ13b. Are you able to work regularly or can you only work occasionally?

1. REGULARLY	2. OCCASIONALLY	8. DK	9. RF
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GJ14. When did the impairment or health problem you just mentioned first begin to bother you?

[IWER: ENTER 9996 IN 'YEAR' IF CONDITION PRESENT AT BIRTH]

_____ OR _____ OR _____

DK	RF
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GJ14. YEAR GJ14a. YEARS AGO GJ14b. AT AGE

GJ15 BRANCHPOINT: IF R's IMPAIRMENT WAS PRESENT AT BIRTH (GJ14=9996), GO TO GJ17 BRANCHPOINT

GJ15. Do you expect this condition to get worse within the next few years?

1. YES	5. NO	8. DK	9. RF
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GJ16. 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 GJ17			

GJ16a. Did the accident or injury occur at work, at home, or somewhere else?

1. WORK	2. HOME	3. SOMEWHERE ELSE	8. DK	9. RF
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GJ16b. Was it the result of an automobile accident?

1. YES	5. NO	8. DK	9. RF
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GJ17 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT LAST JOB (GG3=2), ASSIGN 6 AND GO TO GJ122

GJ17. Did your employer do anything special to help you out so that you could stay at work?

1. YES	4. NO HELP NEEDED	5. NO	6. R SELF EMPLOYED	8. DK	9. RF
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;">GO TO GJ122</div>					

	1. YES	5. NO	8. DK	9. RF
GJ17a. Did your employer have someone help you out?				
GJ17b. (Did your employer) give you a shorter work day?				
GJ17c. (Did your employer) allow you more breaks and rest periods?				
GJ17d. (Did your employer) arrange for special transportation?				
GJ17e. (Did your employer) get you special equipment for the job?				
GJ17f. (Does your employer) assist you in receiving rehabilitative services from an external provider?				

GJ17g. Did your employer do anything else to help you out?

1. YES	5. NO	8. DK	9. RF
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;">GO TO GJ122</div>			

GJ17h. What other things?

DK	RF
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GJ18 BRANCHPOINT: IF IMPAIRMENT BEGAN BEFORE R STARTED WORKING REGULARLY (GJ12=1), GO TO GJ122

GJ18. Are you now able to do the same kind of work you did before your health limitation began?

1. YES	5. NO	8. DK	9. RF
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GJ19. Are you now able to work full time or can you work only part time?

1. FULL TIME	2. PART TIME	8. DK	9. RF
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GJ20. Are you now able to work regularly or can you only work occasionally or irregularly?

1. REGULARLY	2. OCCASIONALLY OR IRREGULARLY	8. DK	9. RF
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GJ21. When did the impairment or health problem you just mentioned first begin to bother you?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____	DK	RF
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GJ21. YEAR

GJ22. When did it begin to interfere with your (ability to) work?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____	DK	RF
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GJ22. YEAR

GO TO GJ26

GJ23. When did the impairment or health problem you just mentioned first begin to bother you?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DK	RF
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YEAR

GJ24. When did it begin to interfere with your work?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

GJ24. YEAR

GJ25. When did it begin to prevent you from working altogether?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DK	RF
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GJ25a. YEAR

GJ26. 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
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GO TO GJ27

GJ26a. Do you expect this condition to get worse within the next few years?

1. YES	5. NO	8. DK	9. RF
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GJ27. Was the impairment or health problem you just mentioned the result of an accident or injury?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ28 BRANCHPOINT

GJ27a. Did the accident or injury occur at work, at home, or somewhere else?

1. WORK	2. HOME	3. SOMEWHERE ELSE	8. DK	9. RF
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GJ27b. Was it the result of an automobile accident?

1. YES	5. NO	8. DK	9. RF
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GJ28 BRANCHPOINT: IF IMPAIRMENT BEGAN AFTER R STOPPED WORKING ($\{GJ3 \text{ or } GJ12\}=3$), GO TO GJ29 BRANCHPOINT

GJ28. Was this impairment or health problem in any way caused by the nature of your work?

1. YES	5. NO	8. DK	9. RF
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GJ29 BRANCHPOINT: IF R HAS IMPAIRMENT THAT LIMITS WORK ($GJ1=1$) and R DID NOT REPORT THAT HAD THIS CONDITION BEFORE ($GJ1c \text{ NOT } \{5 \text{ or } DK \text{ or } RF\}$), GO TO GJ36

GJ29. Did any (other) impairment or health problem ever limit the kind or amount of paid work that you could do?

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

GO TO GJ131 BRANCHPOINT

GJ29a. What health condition caused this impairment or problem?

[IWER: IF MORE THAN ONE CONDITION, ASK]

What condition is the main cause of this impairment or problem?

[IWER: RECORD ALL MENTIONS AND PLACE AN M: BEFORE MAIN CAUSE]

CONDITION

GJ29b. Did it ever prevent you from working altogether?

GJ29c. When did the impairment or health problem you just mentioned first begin to bother you?

_____ OR _____ OR _____

YEAR YEARS AGO AT AGE

GJ29d. How long did this limitation last?

AMOUNT OF TIME

GJ39d.1. TIME UNIT:

GJ30. Was the impairment or health problem you just mentioned the result of an accident or injury?

GO TO GJ33

GJ31. Did the accident or injury occur at work, at home, or somewhere else?

GJ32. Was it the result of an automobile accident?

GJ33. Was this impairment or health problem in any way caused by the nature of your work?

1. YES	5. NO	8. DK	9. RF
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GJ34. Did you ever apply for disability benefits from any program?

1. YES	5. NO	8. DK	9. RF
GO TO GJ131 BRANCHPOINT			

GJ35. Did you receive disability benefits?

1. YES	5. NO	8. DK	9. RF
GO TO GJ131 BRANCHPOINT			

GJ35a. From what program did you receive disability benefits?

DK	RF
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PROGRAM

GJ35b. Over what period of time did you receive those benefits?

FROM MONTH & YEAR:

GJ35. START MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

GJ35. START YEAR

DK	RF
GO TO GJ35d	

TO MONTH & YEAR:

GJ35b. END MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

GJ35b. END YEAR

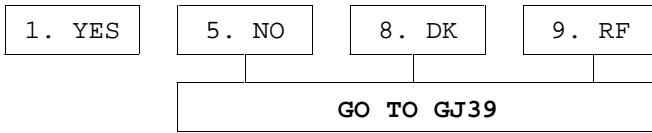
DK	RF
GO TO GJ35d	

GJ36 BRANCHPOINT: IF R {HAD NOT HAD THE TEMPORARY IMPAIRMENT BEFORE or DIDN'T SAY} (GJ1c={5 or DK or RF}) or IF R RECEIVED DISABILITY BENEFITS (GJ35=1), GO TO GJ131 BRANCHPOINT

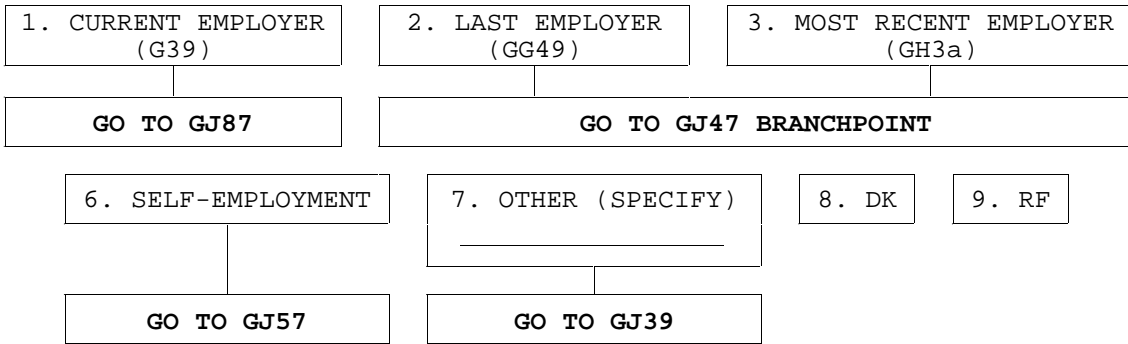
GJ36. Were you employed at the time your health began to limit your ability to work?

1. YES	5. NO	8. DK	9. RF
GO TO GJ37			

GJ36a. Did you tell me about the details of that job earlier?

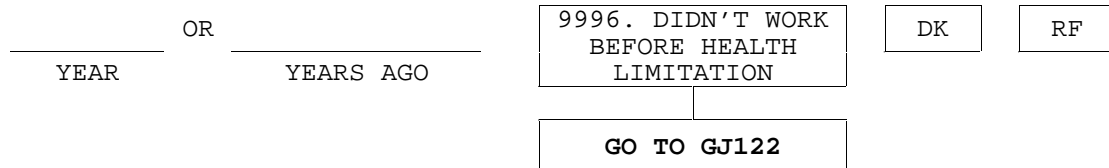


GJ36b. Which company or organization was that?

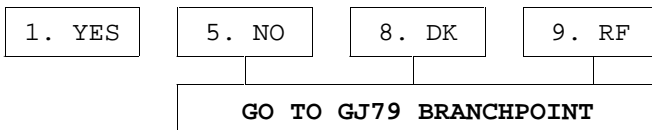


NOTE: THOSE WHO ANSWERED "YES" TO GJ36b JUMPED TO JUST BEFORE GJ38 WHERE THEY SHOULD HAVE BEEN ASKED GJ38 AND QUESTIONS FOLLOWING GJ38. HOWEVER, THE SPECS SHOW THAT, INSTEAD, THESE Rs PICKED UP THE GJ38 BRANCHPOINT WHICH THEN JUMPED THEM TO GJ87, THUS MISSING THE INTERVENING QUESTIONS.

GJ37. When was the last time you worked before your health began to limit your ability to work?



GJ37a. Did you tell me about the details of that job earlier?



GJ37b. Which company or organization was that?

1. CURRENT EMPLOYER (G39)	2. LAST EMPLOYER (GG49)	3. MOST RECENT EMPLOYER (GH3a)	
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO GJ79			

GJ38 BRANCHPOINT: GO TO GJ87

NOTE: NO ONE WAS ASKED GJ38 THROUGH GJ38k, IMMEDIATELY BELOW. THE SPECS SHOW THAT THOSE WHO ANSWERED "YES" TO GJ36b JUMPED FROM THERE TO HERE BUT THEY ENCOUNTERED THE GJ38 BRANCHPOINT WHICH THEN JUMPED THEM OVER THESE QUESTIONS TO GJ87.

GJ38. 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	4. NO HELP NEEDED	5. NO	6. LEFT IMMEDIATELY
GO TO GJ109 BRANCHPOINT			
7. SELF-EMPLOYED	8. DK	9. RF	
GO TO GJ109 BRANCHPOINT			

	1. YES	5. NO	8. DK	9. RF
GJ38a. Did your employer get someone to help you?				
GJ38b. Did your employer shorten your work days?				
GJ38c. Did your employer allow you to change the time you came to and left work?				
GJ38d. (Did your employer) allow you more breaks and rest periods?				
GJ38e. (Did your employer) arrange for special transportation?				
GJ38f. (Did your employer) change the job to something you could do?				
GJ38g. (Did your employer) help you learn new job skills?				
GJ38h. (Did your employer) get you special equipment for the job?				
GJ38i. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

GJ38j. Did your employer do anything else to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ109 BRANCHPOINT			

GJ38k. What other things?

DK	RF
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GJ39 BRANCHPOINT: IF R REPORTED AN IMPAIRMENT THAT LIMITED THE AMOUNT OF PAID WORK S/HE COULD DO (GJ29=1), GO TO GJ109 BRANCHPOINT

GJ39. Before your health began to limit your ability to work, were you working for someone else, were you self-employed, or what?

[IWER: IF R SAYS "I RAN MY OWN BUSINESS" CHOOSE SELF-EMPLOYED]

1. SOMEONE ELSE	2. SELF-EMPLOYED	8. DK	9. RF
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GJ40. What sort of work did you do on that job?

[IWER: PROBE]
Tell me a little more about what you did.

DK	RF
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TYPE OF WORK

GJ41. What kind of business or industry did you work in — that is, what did they make or do at the place where you worked?

DK	RF
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BUSINESS OR INDUSTRY

GJ42. About how many employees worked for that company or organization at all locations?

DK	RF
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NUMBER OF EMPLOYEES

GO TO GJ43

GJ42a. 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	8. DK	9. RF

GJ43. What were you earning, before deductions, when you left that employer?

[IWER: IF PER HOUR BE SURE TO ADD .00 FOR CENTS IF THERE ARE NONE]

[IWER: PROBE IF NECESSARY]

Was that per hour, week, month, or year?

AMOUNT

DK	RF
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GO TO GJ44

GJ43a. PER:

01. HOUR	02. WEEK	03. EVERY TWO WEEKS/BI-WEEKLY	04. MONTH
06. YEAR	97. OTHER (SPECIFY) _____	98. DK	99. RF

GJ44. How many hours a week did you usually work for that employer?

HOURS

DK	RF
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GJ45. READ SLOWLY:

Counting paid vacations as weeks of work, how many weeks per year did you usually work for this employer?

[IWER: COUNT PAID SICK TIME AS WORK TIME]

WEEKS

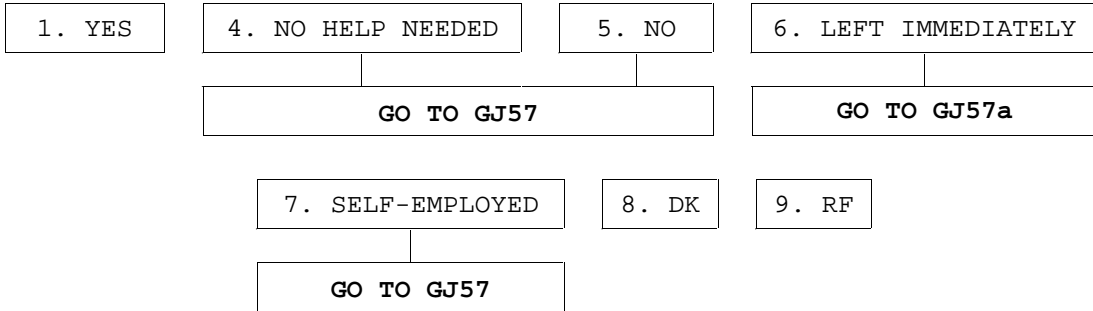
DK	RF
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GJ46. Were you covered by a union or employee-association contract?

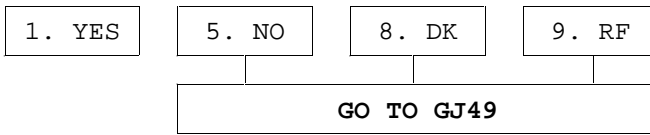
1. YES	5. NO	8. DK	9. RF
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GJ47 BRANCHPOINT: IF R WAS SELF-EMPLOYED BEFORE HEALTH BEGAN TO LIMIT ABILITY TO WORK (GJ39=2), ASSIGN 7 TO GJ47 AND GO TO GJ57

GJ47. At the time your health started to limit your ability to work, did your employer do anything special to help you out so you could stay at work?

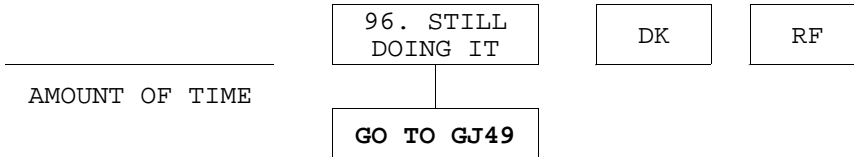


GJ48. Did your employer get someone to help you?

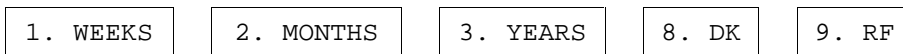


GJ48a. How long did they continue to do that?

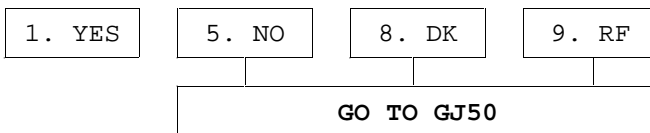
[IWER: ENTER 96 IF R SAYS 'EMPLOYER STILL DOING IT']



GJ48b. TIME UNIT:



GJ49. Did your employer shorten your work days?



GJ49a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

96. STILL DOING IT	DK	RF
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AMOUNT OF TIME

GO TO GJ50

GJ49b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ50. Did your employer allow you to change the time you came to and left work?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ151

GJ50a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

96. STILL DOING IT	DK	RF
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AMOUNT OF TIME

GO TO GJ51

GJ50b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ51. (Did your employer) allow you more breaks and rest periods?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ52

GJ51a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

_____	96. STILL DOING IT	DK	RF
AMOUNT OF TIME	GO TO GJ52		

GJ51b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ52. (Did your employer) arrange for special transportation?

1. YES	5. NO	8. DK	9. RF
GO TO GJ53			

GJ52a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

_____	96. STILL DOING IT	DK	RF
AMOUNT OF TIME	GO TO GJ53		

GJ52b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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	1. YES	5. NO	8. DK	9. RF
GJ53. (Did your employer) change the job to something you could do?				
GJ54. (Did your employer) help you learn new job skills?				
GJ55. (Did your employer) get you special equipment for the job?				
GJ55a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

GJ56. Did your employer do anything else to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ57			

GJ56a. What other things?

DK	RF
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GJ57. Not counting any time spent on sick leave, how long did you stay [with that employer/self-employed] after your health began to limit your ability to work?

[IWER: ENTER "95" IF R CONTINUED TO WORK ONLY FOR A FEW MONTHS OR LEFT AFTER BEING ON SICK LEAVE]

[IWER: ENTER "96" IF R IS STILL WORKING FOR THAT EMPLOYER/SELF-EMPLOYED]

_____	95. LEFT AFTER BEING ON LEAVE	96. STILL WORKING FOR EMPLOYER	DK	RF
AMOUNT OF TIME	GO TO GJ57a	GO TO GJ109 BRANCHPOINT		

GJ57. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
GO TO GJ58 BRANCHPOINT				

GJ57a. Have you worked at all since leaving [that employer/that self-employment]?

1. YES	5. NO	8. DK	9. RF
GO TO GJ59			

GJ57b. Have you looked for work since leaving [that employer/that self-employment]?

1. YES	5. NO	8. DK	9. RF
GO TO GJ110a			

GJ57c. Why do you think you couldn't find work?

1. NO JOBS AVAILABLE R COULD DO	2. NO EMPLOYER WILLING TO HIRE R	7. OTHER (SPECIFY) _____	8. DK	9. RF
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GJ58 BRANCHPOINT: IF R LEFT EMPLOYER {AFTER BEING ON SICK LEAVE OR SOON AFTER IMPAIRMENT BEGAN TO LIMIT WORK} (GJ57=95 or GJ47=6), GO TO GJ110a

GJ58. 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	
GO TO GJ110a			
4. JUST STOPPED WORKING	7. OTHER(SPECIFY) _____	8. DK	9. RF
GO TO GJ110a			

GJ59. Did you tell me about the details of that job earlier in the interview?

1. YES	5. NO	8. DK	9. RF
GO TO GJ60			

GJ59a. Which company or organization was that?

1. CURRENT EMPLOYER (G39)	2. LAST EMPLOYER (GG49)	3. MOST RECENT EMPLOYER (GH3a)	
GO TO GJ98	GO TO GJ68		
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO GJ78			

GJ60. Did you work for someone else, were you self-employed, or what?

1. SOMEONE ELSE	2. SELF-EMPLOYED	8. DK	9. RF
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GJ61. What sort of work did you do on that job?

[IWER: PROBE]

Tell me a little more about what you did.

TYPE OF WORK

GJ62. What kind of business or industry did you work in — that is, what did they make or do at the place where you worked?

BUSINESS OR INDUSTRY

GJ63. About how many employees worked for that company or organization at all locations?

NUMBER OF EMPLOYEES

GJ63a. 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	8. DK	9. RF

GJ64. What were you earning, before deductions, when you left that employer?

[IWER: IF PER HOUR BE SURE TO ADD .00 FOR CENTS IF THERE ARE NONE]

[IWER: PROBE IF NECESSARY]

Was that per hour, week, month, or year?

AMOUNT

GJ64. PER:

01. HOUR	02. WEEK	03. EVERY TWO WEEKS/BI-WEEKLY	04. MONTH
06. YEAR	97. OTHER (SPECIFY) _____	98. DK	99. RF

GJ65. How many hours a week did you usually work for that employer?

HOURS

GJ66. READ SLOWLY:
Counting paid vacations as weeks of work, how many weeks per year did you usually work for this employer?

[IWER: COUNT PAID SICK TIME AS WORK TIME]

WEEKS

GJ67. Were you covered by a union or employee-association contract?

GJ68 BRANCHPOINT: IF R WAS SELF-EMPLOYED (GJ60=2), ASSIGN 7 FOR GJ68 AND GO TO GJ78

GJ68. Did your new employer do anything special to make it easier for you to work at the job?

GO TO GJ78

GO TO GJ78

GJ69. Did your employer get someone to help you?

GO TO GJ70

GJ69a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

96. STILL DOING IT	DK	RF
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AMOUNT OF TIME

GO TO GJ70

GJ69b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ70. Did your employer shorten your work days?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ71

GJ70a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

96. STILL DOING IT	DK	RF
--------------------	----	----

AMOUNT OF TIME

GO TO GJ71

GJ70b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ71. Did your employer allow you to change the time you came to and left work?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ72

GJ71a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

96. STILL DOING IT	DK	RF
--------------------	----	----

AMOUNT OF TIME

GO TO GJ72

GJ71b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ72. (Did your employer) allow you more breaks and rest periods?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ73

GJ72a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

96. STILL DOING IT	DK	RF
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AMOUNT OF TIME

GO TO GJ73

GJ72b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ73. (Did your employer) arrange for special transportation?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ74

GJ73a. How long did they continue to do that?

[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]

96. STILL DOING IT	DK	RF
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AMOUNT OF TIME

GO TO GJ74

GJ73b. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
----------	-----------	----------	-------	-------

	1. YES	5. NO	8. DK	9. RF
GJ74. (Did your employer) change the job to something you could do?				
GJ75. (Did your employer) help you learn new job skills?				
GJ76. (Did your employer) get you special equipment for the job?				
GJ76a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

GJ77. Did your employer do anything else to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ78			

GJ77a. What other things?

DK	RF
----	----

GJ78. How long did you stay [with that employer/self-employed] after your health began to limit your ability to work?

[IWER: ENTER "95" IF R CONTINUED TO WORK ONLY FOR A FEW MONTHS OR LEFT AFTER BEING ON SICK LEAVE]

[IWER: ENTER "96" IF R IS STILL WORKING FOR THAT EMPLOYER/SELF-EMPLOYED]

DK	RF
----	----

AMOUNT OF TIME

GJ78. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ79 BRANCHPOINT: IF R DID NOT REPORT THAT IS STILL WORKING FOR THAT EMPLOYER (GJ57 NOT 96) and R WAS ASKED GJ78, GO TO GJ109 BRANCHPOINT

GJ79. Before your health began to limit your ability to work, were you working for someone else, were you self-employed, or what?

[IWER: IF R SAYS "I RAN MY OWN BUSINESS" CHOOSE SELF-EMPLOYED]

1. SOMEONE ELSE	2. SELF-EMPLOYED	8. DK	9. RF
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GJ80. What sort of work did you do on that job?

[IWER: PROBE]
Tell me a little more about what you did.

_____	DK	RF
TYPE OF WORK		

GJ81. What kind of business or industry did you work in — that is, what did they make or do at the place where you worked?

_____	DK	RF
BUSINESS OR INDUSTRY		

GJ82. About how many employees worked for that company or organization at all locations?

_____	DK	RF
NUMBER OF EMPLOYEES		

GO TO GJ83

GJ82a. 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	8. DK	9. RF

GJ83. What were you earning, before deductions, when you left that employer?

[IWER: IF PER HOUR BE SURE TO ADD .00 FOR CENTS IF THERE ARE NONE]

[IWER: PROBE IF NECESSARY]

Was that per hour, week, month, or year?

AMOUNT

DK	RF
----	----

GO TO GJ84

GJ83a. PER:

01. HOUR	02. WEEK	03. EVERY TWO WEEKS/BI-WEEKLY	04. MONTH
06. YEAR	97. OTHER (SPECIFY) _____	98. DK	99. RF

GJ84. How many hours a week did you usually work for that employer?

HOURS

DK	RF
----	----

GJ85. READ SLOWLY:

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

[IWER: COUNT PAID SICK TIME AS WORK TIME]

WEEKS

DK	RF
----	----

GJ86. Were you covered by a union or employee-association contract?

1. YES	5. NO	8. DK	9. RF
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GJ87. Did you work after your health began to limit your ability to work?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ110a

GJ88. 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	8. DK	9. RF
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GO TO GJ89

GJ88a. Which company or organization was that?

1. CURRENT EMPLOYER (G39)	2. LAST EMPLOYER (GG49)	3. MOST RECENT EMPLOYER (GH3a)
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GO TO GJ98 BRANCHPOINT

6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____	8. DK	9. RF
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GO TO GJ109
BRANCHPOINT

GJ89. Did you work for someone else, were you self-employed or what?

1. SOMEONE ELSE	2. SELF-EMPLOYED	8. DK	9. RF
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GJ90. What sort of work did you do on that job?

[IWER: PROBE]

Tell me a little more about what you did.

DK	RF
----	----

TYPE OF WORK

GJ91. What kind of business or industry did you work in — that is, what did they make or do at the place where you worked?

DK	RF
----	----

BUSINESS OR INDUSTRY

GJ92. About how many employees worked for this company or organization at all locations?

DK	RF
----	----

NUMBER OF EMPLOYEES

GO TO GJ93

GJ92a. 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	8. DK	9. RF

GJ93. How much were you paid before taxes and other deductions?

[IWER: IF PER HOUR BE SURE TO ADD .00 FOR CENTS IF THERE ARE NONE]

[IWER: PROBE IF NECESSARY]

Was that per hour, week, month, or year?

_____ DK RF

AMOUNT

GJ93 PER:

1. HOUR	2. WEEK	6. YEAR	7. OTHER (SPECIFY) _____	8. DK	9. RF
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GJ94. How many hours a week did you usually work for that employer?

_____ DK RF

HOURS

GJ95. READ SLOWLY:

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

[IWER: COUNT PAID SICK TIME AS WORK TIME]

_____ DK RF

WEEKS

GJ96. Were you covered by a union or employee-association contract?

1. YES	5. NO	8. DK	9. RF
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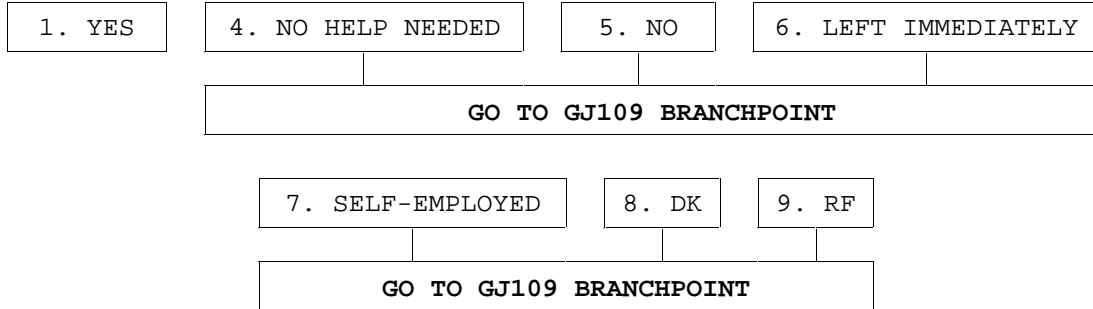
GJ97. When did you leave that employer?

_____ OR _____ OR _____ DK RF

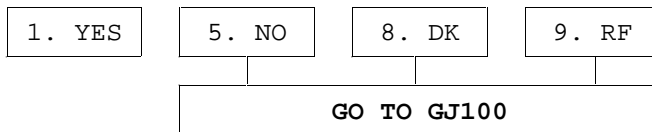
YEAR YEARS AGO AT AGE

GJ98 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT TIME OF IMPAIRMENT (GJ88a=6 or GJ89=2), ASSIGN 7 TO GJ98 AND GO TO GJ109 BRANCHPOINT

GJ98. 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?



GJ99. Did your employer get someone to help you?



GJ99a. How long did they continue to do that?

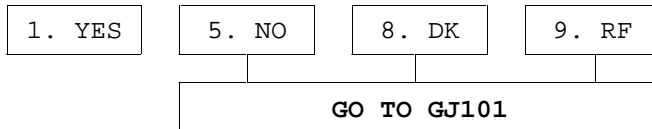


AMOUNT OF TIME

GJ99a1. TIME UNIT:



GJ100. Did your employer shorten your work day?



GJ100a. How long did they continue to do that?



AMOUNT OF TIME

GJ100a1. TIME UNIT:



GJ101. (Did your employer) allow you to change the time you came to and left work?

1. YES	5. NO	8. DK	9. RF
GO TO GJ102			

GJ101a. How long did they continue to do that?

AMOUNT OF TIME

GJ101a1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	6. STILL DOING IT	8. DK	9. RF
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GJ102. (Did your employer) allow you more breaks and rest periods?

1. YES	5. NO	8. DK	9. RF
GO TO GJ103			

GJ102a. How long did they continue to do that?

AMOUNT OF TIME

GJ102a1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	6. STILL DOING IT	8. DK	9. RF
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GJ103. (Did your employer) arrange for special transportation?

1. YES	5. NO	8. DK	9. RF
GO TO GJ104			

GJ103a. How long did they continue to do that?

AMOUNT OF TIME

GJ103a1. TIME UNIT:

	1. YES	5. NO	8. DK	9. RF
GJ104.(Did your employer) change the job to something you could do?				
GJ105.(Did your employer) help you learn new job skills?				
GJ106.(Did your employer) get you special equipment for the job?				
GJ106a.(Did your employer) assist you in receiving rehabilitative services from an external provider?				

GJ107. Did your employer do any other things to help you out?

| | | |

GJ107a. What other things?

GJ109 BRANCHPOINT: IF R IS CURRENTLY WORKING FOR PAY (G2=1) *and* DID NOT REPORT THAT IS SELF-EMPLOYED (G3 NOT 2), CONTINUE ON TO GJ109

OTHERWISE, GO TO GJ110a

GJ109. Does your employer currently do anything special to make it easier for you to stay at work?

1. YES	4. NO HELP NEEDED	5. NO	8. DK	9. RF					
<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="5">GO TO GJ110a</td> </tr> </table>					GO TO GJ110a				
GO TO GJ110a									

	1. YES	5. NO	8. DK	9. RF
GJ109a. Does your employer get someone to help you?				
GJ109b. Does your employer shorten your work day?				
GJ109c. (Does your employer) allow you to change the time you came to and left work?				
GJ109d. (Does your employer) allow you more breaks and rest periods?				
GJ109e. (Does your employer) arrange for special transportation?				
GJ109f. Has your employer changed the job to something you could do?				
GJ109g. Has your employer helped you learn new job skills?				
GJ109h. (Does your employer) get you special equipment for the job?				
GJ109i. (Does your employer) assist you in receiving rehabilitative services from an external provider?				

GJ109j. Does your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF				
<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="4">GO TO GJ110a</td> </tr> </table>				GO TO GJ110a			
GO TO GJ110a							

GJ109k. What other help does your employer give you?

DK

RF

GJ110a. 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 of 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.

	1. ALL OR ALMOST ALL OF THE TIME	2. MOST OF THE TIME	3. SOME OF THE TIME	4. NONE OR ALMOST NONE OF THE TIME	8. DK	9. RF
GJ110a. Did your job require lots of physical effort? Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?						
GJ110b. (Did your job require) lifting heavy loads? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ110c. (Did your job require) stooping, kneeling, or crouching? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ110d. (Did your job require) good eyesight? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ110e. (Did your job require) intense concentration or attention? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ110f. Did your work require you to keep up with the pace set by others?						
GJ110g. Did your work require skill in dealing with other people? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						

GJ111. On your job, did you make decisions about the pay and promotion of others?

1. YES	5. NO	8. DK	9. RF
GO TO GJ113a BRANCHPOINT			

GJ111a. For how many people did you make pay and promotion decisions?

NUMBER OF PEOPLE

DK	RF
----	----

GJ113a BRANCHPOINT: IF R DID NOT REPORT THAT HAS WORKED {SINCE LEAVING EMPLOYMENT WHEN IMPAIRMENT BEGAN (GJ57a={5 or DK or RF}) or SINCE IMPAIRMENT BEGAN TO AFFECT HIS/HER ABILITY TO WORK (GJ87={5 or DK or RF})}, GO TO GJ115

GJ113a. Now I want ask about the demands of 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.

	1. ALL OR ALMOST ALL OF THE TIME	2. MOST OF THE TIME	3. SOME OF THE TIME	4. NONE OR ALMOST NONE OF THE TIME	8. DK	9. RF
GJ113a. Did the work you were doing afterwards require a lot of physical effort?						
GJ113b. (Did the work you were doing afterwards) require lifting heavy loads? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ113c. (Did the work you were doing afterwards) require stooping, kneeling, or crouching? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ113d. (Did the work you were doing afterwards) require having good eyesight? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ113e. (Did the work you were doing afterwards) require intense concentration or attention? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ113f. Did your work require you to keep up with the pace set by others? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						
GJ113g. Did your work require skill in dealing with other people? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)						

GJ114. Did you make decisions about the pay and promotion of others?

1. YES	5. NO	8. DK	9. RF
GO TO GJ115 BRANCHPOINT			

GJ114a. For how many people did you make pay and promotion decisions?

DK	RF
----	----

NUMBER OF PEOPLE

GJ115. 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	8. DK	9. RF
GO TO GJ117			

GJ116. Was your [wife/husband] working at that time?

1. YES	5. NO	8. DK	9. RF
GO TO GJ117			

GJ116a. How many hours a week did [he/she] usually work?

DK	RF
----	----

HOURS

GJ116b. How many weeks per year did [he/she] usually work then?

DK	RF
----	----

WEEKS PER YEAR

GJ116c. How long had [he/she] worked at that job?

	0	DK	RF
AMOUNT OF TIME	GO TO GJ117		

GJ116c1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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GJ117. 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	8. DK	9. RF
GO TO GJ120			

GJ118. Who did this?

[IWER: SELECT ALL THAT APPLY]

1. HUSBAND/ WIFE/PARTNER	2. PARENTS	3. CHILD(REN)	7. OTHER	8. DK	9. RF
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GJ119a BRANCHPOINT: IF R DID NOT REPORT THAT SPOUSE/PARTNER CHANGED WORK HABITS DUE TO R's HEALTH (GJ118 NOT 1), GO TO GJ119b BRANCHPOINT

GJ119a. Did [he/she] begin to work, work more, work less, or stop working?

1. BEGIN WORK	2. WORK MORE	3. WORK LESS	4. STOP WORK	8. DK	9. RF
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GJ119b BRANCHPOINT: IF R DID NOT REPORT THAT PARENTS CHANGED WORK HABITS DUE TO R's HEALTH (GJ118 NOT 2), GO TO GJ119c BRANCHPOINT

GJ119b. Did [he/she/they] begin to work, work more, work less, or stop working?

1. BEGIN WORK	2. WORK MORE	3. WORK LESS	4. STOP WORK	8. DK	9. RF
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GJ119c BRANCHPOINT: IF R's CHILD(REN) DID NOT CHANGE WORK HABITS DUE TO R's HEALTH (GJ118 NOT 3), GO TO GJ119d BRANCHPOINT

GJ119c. Did [he/she/they] begin to work, work more, work less, or stop working?

1. BEGIN WORK	2. WORK MORE	3. WORK LESS	4. STOP WORK	8. DK	9. RF
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GJ119d BRANCHPOINT: IF GJ118 NOT 4 (SAME AS ALL), GO TO GJ120

NOTE: NO Rs WERE ASKED GJ119d. THE SPECS FOR THE GJ119d BRANCHPOINT SHOULD HAVE SHOWN THAT IF GJ118 IS NOT 7 (IF OTHER PERSON DID NOT CHANGE WORK HABITS DUE TO R's HEALTH), GO TO GJ120. INSTEAD, IT SHOWED THE JUMP CONDITION OF GJ118 NOT 4. SINCE 4 IS NOT A RESPONSE CODE AT GJ118, ALL Rs HAD A JUMP CONDITION OF "NOT 4" AND ALL JUMPED HERE TO GJ120

GJ119d. Did [he/she/they] begin to work, work more, work less, or stop working?

1. BEGIN WORK	2. WORK MORE	3. WORK LESS	4. STOP WORK	8. DK	9. RF
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GJ120. 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	8. DK	9. RF
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GJ121. 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	8. DK	9. RF
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GJ122. Which government programs do you know of that provide benefits or pensions for disabled workers?

[IWER: SELECT ALL THAT APPLY]

[IWER: ENTER 'NONE' IF R DOESN'T KNOW OF ANY PROGRAMS]

1. SOCIAL SECURITY DISABILITY OR SUPPLEMENTAL SECURITY INCOME PROGRAM (SSD OR SSI)	2. VETERANS ADMINISTRATION PROGRAM	3. WORKER'S COMPENSATION PROGRAM
4. PUBLIC WELFARE DISABILITY PROGRAM	5. NONE	7. OTHER (SPECIFY) _____
		8. DK
		9. RF

GJ123. Have you ever applied for disability benefits from the Social Security Disability program or the Supplemental Security Income program?

1. YES	5. NO	8. DK	9. RF
GO TO GJ124 BRANCHPOINT			

GJ123a. In what month and year did you first apply?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____	DK	RF
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GJ123a1. YEAR

GJ123b. Was your application accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ123f	GO TO GJ126 BRANCHPOINT			

GJ123c. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GJ126 BRANCHPOINT			

GJ123d. When did you last appeal or apply for benefits?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DK	RF
----	----

GJ123d1. YEAR

GJ123e. Was your application accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ126 BRANCHPOINT				

GJ123f. In what month and year did you start receiving benefits?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DK	RF
----	----

GJ123f1. YEAR

GJ123g. Were you offered rehabilitation services?

1. YES	5. NO	8. DK	9. RF
GO TO GJ123j			

GJ123h. When were you offered rehabilitation services?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____ DK RF

GJ123h1. YEAR

GJ123j. Are you still receiving benefits?

1. YES	5. NO	8. DK	9. RF
GO TO GJ126 BRANCHPOINT			

GJ123k. In what month and year did the benefits stop?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____ DK RF

GJ123k1. YEAR

GJ124 BRANCHPOINT: IF R IS NOT IN WAR BABY COHORT *or* IF R HAS APPLIED FOR SOCIAL SECURITY BENEFITS (SSDI *or* SSI) (GJ123=1), GO TO GJ126 BRANCHPOINT

GJ124. What is the reason you did not apply for disability benefits from this program?

[IWER: SELECT ALL THAT APPLY]

1. DIDN'T KNOW ENOUGH ABOUT PROGRAM	2. NOT DISABLED ENOUGH	3. HADN'T WORKED ENOUGH	4. DIDN'T THINK WAS ELIGIBLE
5. DIDN'T WANT TO APPLY	6. PREFERRED TO WORK	7. OTHER (SPECIFY) _____	8. DK
			9. RF

GJ126 BRANCHPOINT: IF R DID NOT REPORT KNOWING OF THE VETERANS ADMINISTRATION PROGRAM (GJ122 NOT 2), GO TO GJ128 BRANCHPOINT

GJ126. Have you ever applied for disability benefits from the Veterans Administration?

1. YES	5. NO	8. DK	9. RF
GO TO GJ126j BRANCHPOINT			

GJ126a. In what month and year did you first apply?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	
		DK	RF	

GJ126a1. YEAR

GJ126b. Was your application accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ126e	GO TO J128 BRANCHPOINT			

GJ126c. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GJ128 BRANCHPOINT			

GJ126d. Was your application eventually accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ128 BRANCHPOINT				

GJ126e. What disability rating did you receive?

[IWER: ENTER 100 FOR 'FULL DISABILITY']

DK	RF
----	----

PERCENT

GJ126f. In what month and year did you start receiving benefits?

MONTH

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DK	RF
----	----

GJ126f1. YEAR

GJ126g. Are you still receiving benefits?

1. YES	5. NO	8. DK	9. RF
GO TO GJ128 BRANCHPOINT			

GJ126h. In what month and year did the benefits stop?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____ DK RF

GJ126h1. YEAR

GJ126j BRANCHPOINT: IF R HAS EVER APPLIED FOR VETERAN'S BENEFITS (GJ126=1) or R IS NOT IN WAR BABY COHORT, GO TO GJ128 BRANCHPOINT

GJ126j. What is the reason you did not apply for disability benefits from this program?

[IWER: SELECT ALL THAT APPLY]

01. NOT A VETERAN	02. DIDN'T KNOW ENOUGH ABOUT PROGRAM	03. NOT DISABLED ENOUGH	04. DISABILITY NOT SERVICE-RELATED	05. DIDN'T THINK WAS ELIGIBLE
06. DIDN'T WANT TO APPLY	07. PREFERRED TO WORK	97. OTHER(SPECIFY) _____	98. DK.	99. RF.

GJ128 BRANCHPOINT: IF R DID NOT REPORT KNOWING ABOUT THE WORKER'S COMPENSATION PROGRAM (GJ122 NOT 3), GO TO GJ130 BRANCHPOINT

GJ128. Have you ever applied for disability benefits from the Workers' Compensation Program?

1. YES	5. NO	8. DK	9. RF
GO TO GJ128j BRANCHPOINT			

GJ128a. In what month and year did you first apply?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DK	RF
----	----

GJ128a. YEAR

GJ128b. Was your application accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ128e	GO TO GJ130 BRANCHPOINT			

GJ128c. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GJ130 BRANCHPOINT			

GJ128d. Was your application eventually accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ130 BRANCHPOINT				

GJ128e. What type of disability did you receive?

1. 100% PERMANENT	2. PARTIAL PERMANENT	3. 100% TEMPORARY	
GO TO GJ128f		ASSIGN 100 TO GJ128e1 AND GO TO GJ128e2	
4. PARTIAL TEMPORARY	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO GJ128f			
_____	DK	RF	

GJ128e1. PERCENT

GJ128e2 BRANCHPOINT: IF R's DISABILITY RATING WAS PARTIAL PERMANENT (GJ128e=2), GO TO GJ128f

GJ128e2. YEARS BENEFITS RECEIVED:

_____	DK	RF
NUMBER OF YEARS		

GJ128f. In what month and year did you start receiving benefits?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	
_____	DK	RF		

GJ128f1. YEAR

GJ128g. Are you still receiving benefits?

1. YES	5. NO	8. DK	9. RF
GO TO GJ130 BRANCHPOINT			

GJ128h. In what month and year did the benefits stop?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____ DK RF

GJ128h. YEAR

GJ128j BRANCHPOINT: IF R HAS EVER APPLIED FOR DISABILITY BENEFITS FROM WORKER'S COMPENSATION (GJ128=1) or R IS NOT IN WAR BABY COHORT, GO TO GJ130 BRANCHPOINT

GJ128j. What is the reason you did not apply for disability benefits from this program?

[IWER: SELECT ALL THAT APPLY]

1. DIDN'T KNOW ENOUGH ABOUT PROGRAM	2. NOT DISABLED ENOUGH	3. DISABILITY NOT WORK RELATED	4. DIDN'T THINK WAS ELIGIBLE
5. DIDN'T WANT TO APPLY	6. PREFERRED TO WORK	7. OTHER(SPECIFY) _____	8. DK <input type="checkbox"/> 9. RF <input type="checkbox"/>

GJ130 BRANCHPOINT: IF R DID NOT REPORT KNOWING ABOUT {PUBLIC WELFARE DISABILITY PROGRAM or OTHER TYPE OF DISABILITY PROGRAM} (GJ122 {NOT 4 and NOT 7}), GO TO GJ131 BRANCHPOINT

GJ130. Have you ever applied for disability benefits from (NAME OF PROGRAM)?

1. YES	5. NO	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO GJ130h BRANCHPOINT			GO TO GJ130h BRANCHPOINT	

GJ130a. In what month and year did you first apply?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DK	RF
----	----

GJ130a. YEAR

GJ130b. Was your application accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ130e	GO TO GJ131 BRANCHPOINT			

GJ130c. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GJ131 BRANCHPOINT			

GJ130d. Was your application eventually accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ131 BRANCHPOINT				

GJ130e. In what month and year did you start receiving benefits?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____ DK RF

GJ130e1. YEAR

GJ130f. Are you still receiving benefits?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ131 BRANCHPOINT

GJ130g. In what month and year did the benefits stop?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

_____ DK RF

GJ130g1. YEAR

GJ130h BRANCHPOINT: IF R HAS EVER APPLIED FOR BENEFITS FROM SOME OTHER DISABILITY PROGRAM (GJ130=1) or R IS NOT IN WAR BABY COHORT, GO TO GJ131 BRANCHPOINT

GJ130h. What is the reason you did not apply for benefits from this disability program?

[IWER: SELECT ALL THAT APPLY]

1. DIDN'T KNOW ENOUGH ABOUT PROGRAM	2. NOT DISABLED ENOUGH	3. DIDN'T THINK WAS ELIGIBLE
4. DIDN'T WANT TO APPLY	5. PREFERRED TO WORK	7. OTHER(SPECIFY) _____
		8. DK
		9. RF

GJ131 BRANCHPOINT: IF R IS NOT CURRENTLY WORKING FOR PAY (G2 NOT 1) or R LAST WORKED FOR PAY {THIS YEAR OR LAST YEAR} (GG1a=1997 or 1998), GO TO GJASSIST

GJ131. During the last 12 months, that is, since *CURRENT MONTH* of *LAST YEAR*, 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	9. RF
GO TO GJASSIST				

GJ131a. How many times have you been injured on the job during the past 12 months?

NUMBER OF TIMES

DK	RF
----	----

GJ131b. On what date did your most recent injury happen?

MONTH:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY
06. JUN	07. JUL	08. AUG	09. SEP	10. OCT
11. NOV	12. DEC	98. DK	99. RF	

DAY

DK	RF
----	----

YEAR

DK	RF
----	----

GJASSIST

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION GJ —
WORK HEALTH DISABILITY?

1. NEVER

2. A FEW TIMES

3. MOST OR ALL OF THE TIME

GO TO SECTION H