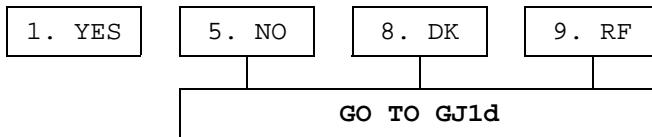


NOTE: WHERE THERE IS MORE THAN ONE JUMP WITHIN A BRANCHPOINT BOX, THE JUMPS ARE TO BE APPLIED IN ORDER FROM THE TOP.

GJ1 BRANCHPOINT: IF REINTERVIEW R, GO TO SECTION H

GJ1. 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?

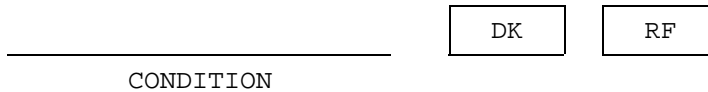


GJ1a. What health condition causes this impairment or problem?

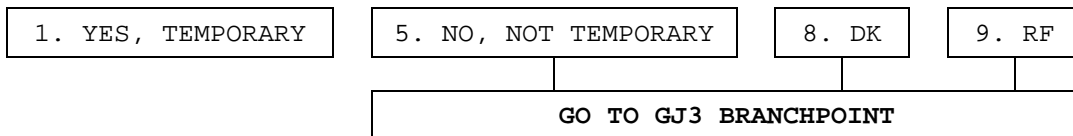
[IWER: IF MORE THAN ONE CONDITION, ASK]

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

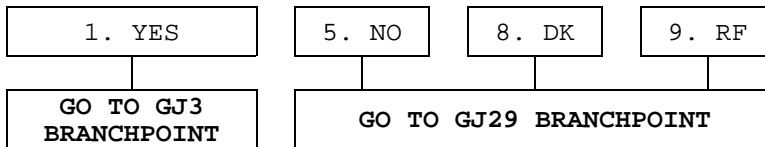
[IWER: RECORD ALL MENTIONS AND PLACE AN M: BEFORE MAIN CAUSE]



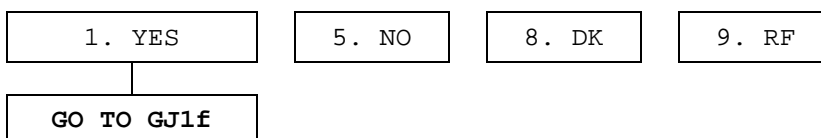
GJ1b. Is this a temporary condition that will last for less than three months?



GJ1c. Have you had this condition before?



GJ1d. Does any impairment or health problem limit the kind or amount of work you can do around the house?



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

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

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 IN {AHEAD or CODA} COHORT, GO TO GJ132 (GJ ASSIST)

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
----	----

CONDITION

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

_____	9996. CONDITION PRESENT AT BIRTH	9997. AGE GIVEN	DK	RF
YEAR	GO TO GJ1j	GO TO GJ1i	GO TO GJ1j	GO TO GJ1j

GJ1h BRANCHPOINT: IF YEAR AT GJ1g WAS MORE THAN 2 YEARS AGO, GO TO GJ1j

GJ1h. (What month was that?)

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

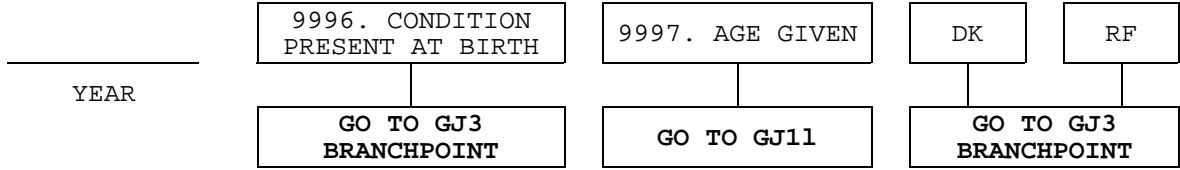
GJ1i BRANCHPOINT: GO TO GJ1j

DK	RF
----	----

GJ1i. AT AGE

GJ1j. In what year did it begin to interfere with [the work you can do around the house/your activities]?

[IWER: [[MONTH/YEAR]/AGE] MUST NOT BE BEFORE: [(MONTH &) YEAR FROM (GJ1h &) GJ1g/AGE AGE FROM GJ1g], WHEN CONDITION FIRST BEGAN TO BOTHER R]



GJ1k BRANCHPOINT: IF YEAR AT GJ1j WAS MORE THAN 2 YEARS AGO, GO TO GJ3 BRANCHPOINT

GJ1k. (What month was that?)

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

GJ11 BRANCHPOINT: GO TO GJ3 BRANCHPOINT

_____	DK	RF
GJ11. AT AGE		

GJ3 BRANCHPOINT: IF R DID NOT REPORT HAVING ANY IMPAIRMENTS THAT LIMIT WORK (GJ1 NOT 1) and R IS IN {AHEAD or CODA} COHORT, GO TO GJ132 (GJ ASSIST)

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 IN {AHEAD or CODA} COHORT, GO TO GJ122

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

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

GJ5. Are you able to work regularly or can you only work occasionally?

1. REGULARLY
 2. OCCASIONALLY
 8. DK
 9. RF

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
 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

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 BRANCHPOINT

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

GO TO GJ11 BRANCHPOINT

GJ10. Was it the result of an automobile accident?

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

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

GO TO GJ122

	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

GO TO GJ122

GJ11h. What other things?

_____ DK RF

GJ12 BRANCHPOINT: IF CURRENTLY-EMPLOYED R'S IMPAIRMENT BEGAN {BEFORE R STARTED WORKING REGULARLY or R DID NOT SAY} (GJ3={1 or DK or RF}), 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 IN {AHEAD or CODA} 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		

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
--------------	--------------	-------	-------

GJ13b. Are you able to work regularly or can you only work occasionally?

1. REGULARLY	2. OCCASIONALLY	8. DK	9. RF
--------------	-----------------	-------	-------

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
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

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
5. NO 8. DK 9. RF
- GO TO GJ17 BRANCHPOINT**

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
2. HOME
- GO TO GJ17 BRANCHPOINT**

GJ16b. Was it the result of an automobile accident?

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

GJ17 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT LAST JOB (GG3=2), ASSIGN 6 TO GJ17 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="text-align: center; margin-top: 10px;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">GO TO GJ122</td> </tr> </table> </div>						GO TO GJ122
GO TO GJ122						

	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="text-align: center; margin-top: 10px;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">GO TO GJ122</td> </tr> </table> </div>				GO TO GJ122
GO TO GJ122				

GJ17h. What other things?

	DK	RF	

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
--------	-------	-------	-------

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
--------------	--------------	-------	-------

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
--------------	--------------------------------	-------	-------

GJ21. In what year did the impairment or health problem you just mentioned first begin to bother you?

_____	DK	RF
YEAR		
GO TO GJ22		

GJ21b BRANCHPOINT: IF YEAR AT GJ21 WAS MORE THAN 2 YEARS AGO, GO TO GJ22

GJ21b. (What month was that?)

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

GJ22. In what year did it begin to interfere with your (ability to) work?

_____	DK	RF
YEAR		
GO TO GJ26		

GJ22b BRANCHPOINT: IF YEAR AT GJ22 WAS MORE THAN 2 YEARS AGO, GO TO GJ26

GJ22b. (What month was that?)

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

GJ23 BRANCHPOINT: GO TO GJ26

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

YEAR

DK	RF
GO TO GJ24	

GJ23b BRANCHPOINT: IF YEAR AT GJ23 WAS MORE THAN 2 YEARS AGO, GO TO GJ24

GJ23b. (What month was that?)

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. In what year did it begin to interfere with your work?

YEAR

DK	RF
GO TO GJ25	

GJ24b BRANCHPOINT: IF YEAR AT GJ24 WAS MORE THAN 2 YEARS AGO, GO TO GJ25

GJ24b. (What month was that?)

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

GJ25. In what year did it begin to prevent you from working altogether?

	DK	RF
YEAR		
GO TO GJ26		

GJ25b BRANCHPOINT: IF YEAR AT GJ25 WAS MORE THAN 2 YEARS AGO, GO TO GJ26

GJ25b. (What month was that?)

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

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
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
GO TO GJ28			

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
GO TO GJ28				

GJ27b. Was it the result of an automobile accident?

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

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
--------	-------	-------	-------

GJ29 BRANCHPOINT: IF R HAS IMPAIRMENT THAT LIMITS WORK (GJ1=1) and IMPAIRMENT BEGAN AFTER R STOPPED WORKING ({GJ3 or GJ12}=3), GO TO GJ122

IF R HAS IMPAIRMENT THAT LIMITS WORK (GJ1=1) and R DID NOT REPORT THAT THE CONDITION IS TEMPORARY (GJ1b NOT 1) and THE IMPAIRMENT {BEGAN BEFORE R STOPPED WORKING or R DID NOT SAY} ({GJ3 and GJ12} NOT 3), GO TO GJ36 BRANCHPOINT

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
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

DK	RF
----	----

GJ29b. Did it ever prevent you from working altogether?

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

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

_____ OR _____ OR _____

YEAR GJ29Y1c. YEARS AGO GJ29Y2c. AT AGE

DK	RF
----	----

GJ29d. How long did this limitation last?

AMOUNT OF TIME

DK RF

GJ29d1. TIME UNIT:

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

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

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

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

GO TO GJ33

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

1. WORK 2. HOME 3. SOMEWHERE ELSE 8. DK 9. RF

1. WORK 2. HOME 3. SOMEWHERE ELSE 8. DK 9. RF

GO TO GJ33

GJ32. Was it the result of an automobile accident?

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

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

GJ34. Did you ever apply for disability benefits from any program?

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

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

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

GO TO GJ131 BRANCHPOINT

GJ35a. From what program did you receive disability benefits?

PROGRAM

DK

RF

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

FROM YEAR & MONTH:

GJ35b. START YEAR

DK

RF

GO TO GJ35d

GJ35c BRANCHPOINT: IF YEAR AT GJ35b WAS MORE THAN 2 YEARS AGO, GO TO GJ35d

GJ35c. 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

TO YEAR & MONTH:

GJ35d. END YEAR

DK

RF

**GO TO GJ36
BRANCHPOINT**

GJ35e BRANCHPOINT: IF YEAR AT GJ35d WAS MORE THAN 2 YEARS AGO, GO TO GJ36 BRANCHPOINT

GJ35e. 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

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?

1. YES	5. NO	8. DK	9. RF
GO TO GJ39 BRANCHPOINT			

GJ36b. Which company or organization was that?

1. CURRENT EMPLOYER (G39)	2. LAST EMPLOYER (GG49Y1)	3. MOST RECENT EMPLOYER (GH3a)	
GO TO GJ38	GO TO GJ47		
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO GJ57	GO TO GJ39 BRANCHPOINT		

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

_____ OR _____	9996. DIDN'T WORK BEFORE HEALTH LIMITATION	DK	RF
YEAR	GJ37Y1. YEARS AGO		
GO TO GJ122			

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

1. YES	5. NO	8. DK	9. RF
GO TO GJ79			

GJ37b. Which company or organization was that?

1. CURRENT EMPLOYER (G39)	2. LAST EMPLOYER (GG49Y1)	3. MOST RECENT EMPLOYER (GH3a)	
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO GJ79			

GJ38 BRANCHPOINT: IF R DID NOT MENTION OTHER COMPANY AT GJ37b (GJ37b NOT 7) and R DID NOT SAY IT WAS CURRENT EMPLOYER AT GJ36b (GJ36b NOT 1), GO 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?

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
-----------------	------------------	-------	-------

GJ40. What sort of work did you do on that job?

[IWER: PROBE]

Tell me a little more about what you did.

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?

BUSINESS OR INDUSTRY

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

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
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
----	----

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

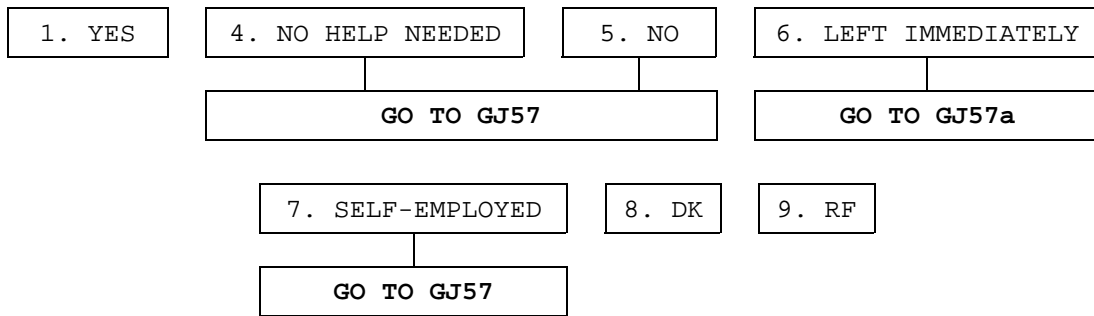
DK	RF
----	----

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

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

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?

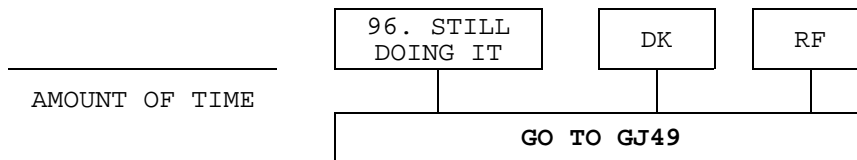


GJ48. Did your employer get someone to help you?

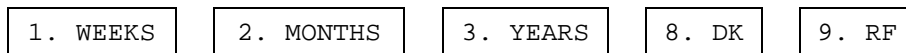


GJ48a. How long did they continue to do that?

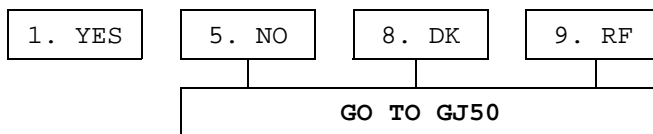
[IWER: ENTER 96 IF R SAYS 'EMPLOYER STILL DOING IT']



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"]

AMOUNT OF TIME

96. STILL DOING IT	DK	RF
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GO TO GJ50

GJ49b. TIME UNIT:

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

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 GJ51

GJ50a. How long did they continue to do that?

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

AMOUNT OF TIME

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

GO TO GJ51

GJ50b. TIME UNIT:

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

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
----------	-----------	----------	-------	-------

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
----------	-----------	----------	-------	-------

	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
----	----

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]

AMOUNT OF TIME	95. LEFT AFTER BEING ON LEAVE	96. STILL WORKING FOR EMPLOYER	DK	RF
	GO TO GJ57a	GO TO GJ109 BRANCHPOINT	GO TO GJ58	

GJ57Y1. 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 (GG49Y1)	3. MOST RECENT EMPLOYER (GH3a)	
GO TO GJ97Y3	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?

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

DK	RF
GO TO GJ65	

GJ64Y1. 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

DK	RF
----	----

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

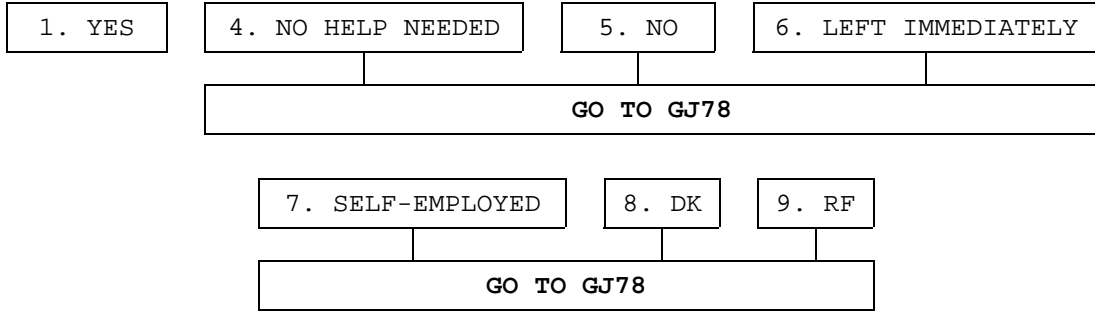
DK	RF
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GJ67. Were you covered by a union or employee-association contract?

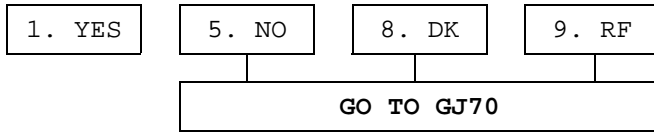
1. YES	5. NO	8. DK	9. RF
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GJ68 BRANCHPOINT: IF R WAS SELF-EMPLOYED (GJ60=2), ASSIGN 7 TO GJ68 AND GO TO GJ78

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

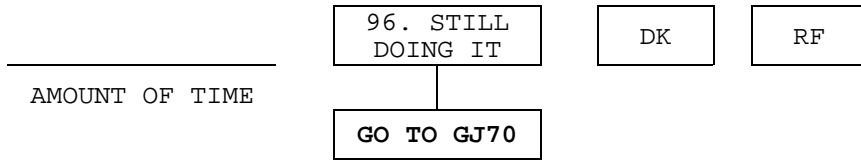


GJ69. Did your employer get someone to help you?

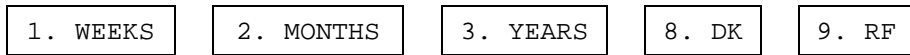


GJ69a. How long did they continue to do that?

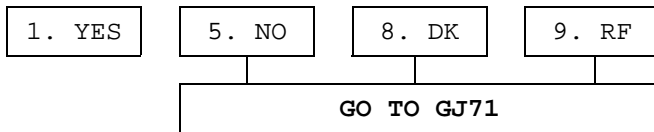
[IWER: ENTER 96 IF R SAYS "THEY ARE STILL DOING IT"]



GJ69b. TIME UNIT:



GJ70. Did your employer shorten your work days?



GJ70a. How long did they continue to do that?

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

AMOUNT OF TIME

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

GO TO GJ71

GJ70b. TIME UNIT:

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

GJ71. 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 GJ72

GJ71a. How long did they continue to do that?

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

AMOUNT OF TIME

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

GO TO GJ72

GJ71b. TIME UNIT:

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

GJ72. (Did your employer) allow you more breaks and rest periods?

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

GO TO GJ73

GJ72a. How long did they continue to do that?

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

AMOUNT OF TIME

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

↓

GO TO GJ73

GJ72b. TIME UNIT:

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

GJ73. (Did your employer) arrange for special transportation?

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

↓

GO TO GJ74

GJ73a. How long did they continue to do that?

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

AMOUNT OF TIME

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

↓

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]

_____	95. LEFT AFTER FEW MONTHS/AFTER BEING ON LEAVE	96. STILL WORKING FOR EMPLOYER	DK	RF
AMOUNT OF TIME	GO TO GJ109 BRANCHPOINT	GO TO GJ79	GO TO GJ109 BRANCHPOINT	

GJ78Y1. TIME UNIT:

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

DK	RF
----	----

AMOUNT

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?

DK	RF
----	----

HOURS

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

GJ87. Did you work after your health began to limit your ability to work?

1. YES

5. NO

8. DK

9. RF

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

GO TO GJ89

GJ88a. Which company or organization was that?

1. *CURRENT EMPLOYER*
(G39)

2. *LAST EMPLOYER*
(GG49Y1)

3. *MOST RECENT EMPLOYER*
(GH3a)

GO TO GJ97Y3 BRANCHPOINT

6. SELF-EMPLOYMENT

7. OTHER (SPECIFY)

8. DK

9. RF

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

GJ90. What sort of work did you do on that job?

[IWER: PROBE]

Tell me a little more about what you did.

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?

BUSINESS OR INDUSTRY

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

NUMBER OF EMPLOYEES

|

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?

AMOUNT

DK	RF
----	----

GO TO GJ94

GJ93Y1. 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?

HOURS

DK	RF
----	----

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]

WEEKS

DK	RF
----	----

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

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

GJ97. When did you leave that employer?

_____ OR _____ OR _____

YEAR GJ97Y1. YEARS AGO GJ97Y2. AT AGE

DK	RF
----	----

GJ97Y3 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT TIME OF IMPAIRMENT (GJ88a=6 or GJ89=2), ASSIGN 7 TO GJ97Y3 AND GO TO GJ109 BRANCHPOINT

GJ97Y3. 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
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GO TO GJ109 BRANCHPOINT

7. SELF-EMPLOYED	8. DK	9. RF
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GO TO GJ109 BRANCHPOINT

GJ99. Did your employer get someone to help you?

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

GO TO GJ100

GJ99a. How long did they continue to do that?

DK	RF
----	----

AMOUNT OF TIME

GJ99a1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	6. STILL DOING IT	8. DK	9. RF
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GJ100. Did your employer shorten your work day?

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

GO TO GJ101

GJ100a. How long did they continue to do that?

DK	RF
----	----

AMOUNT OF TIME

GJ100a1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	6. STILL DOING IT	8. DK	9. RF
----------	-----------	----------	-------------------	-------	-------

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			

GJ01a. How long did they continue to do that?

DK	RF
----	----

AMOUNT OF TIME

GJ101a1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	6. STILL DOING IT	8. DK	9. RF
----------	-----------	----------	-------------------	-------	-------

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?

DK	RF
----	----

AMOUNT OF TIME

GJ102a1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	6. STILL DOING IT	8. DK	9. RF
----------	-----------	----------	-------------------	-------	-------

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?

_____ DK RF

AMOUNT OF TIME

GJ103a1. TIME UNIT:

1. WEEKS 2. MONTHS 3. YEARS 6. STILL DOING IT 8. DK 9. RF

	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?

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

GO TO GJ109

GJ107a. What other things?

_____ DK RF

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
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">GO TO GJ110a</div>				

	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
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">GO TO GJ110a</div>			

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 BRANCHPOINT

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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 BRANCHPOINT: IF R HAS NEVER BEEN MARRIED (A43=6), GO TO GJ117

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?

AMOUNT OF TIME

0	DK	RF
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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
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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 DID NOT REPORT THAT CHILD(REN) CHANGED 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 INCOME PROGRAM (SSDI)	2. SUPPLEMENTAL SECURITY INCOME PROGRAM (SSI)	3. VETERANS ADMINISTRATION PROGRAM	4. WORKER'S COMPENSATION PROGRAM	
5. PUBLIC WELFARE DISABILITY PROGRAM	6. NONE	7. OTHER (SPECIFY) _____	8. DK	9. RF

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

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

GJ123a. In what year did you first apply?

YEAR

DK	RF
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GO TO GJ123b

GJ123a2 BRANCHPOINT: IF YEAR AT GJ123a WAS MORE THAN 2 YEARS AGO, GO TO GJ123b

GJ123a2. (What month was that?)

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

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
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GO TO GJ123f1 GO TO GJ125

GJ123c. Did you appeal or apply again later?

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

GO TO GJ125

GJ123d. In what year did you last appeal or apply for benefits?

YEAR

DK	RF
----	----

GO TO GJ123e

GJ123d2 BRANCHPOINT: IF YEAR AT GJ123d WAS MORE THAN 2 YEARS AGO, GO TO GJ123e

GJ123d2. (What month was that?)

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

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
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GO TO GJ125

GJ123f1. In what year did you start receiving benefits?

YEAR

9997. NOT YET RECEIVING BENEFITS	DK	RF
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GO TO GJ124 BRANCHPOINT

GO TO GJ123g

GJ123f2 BRANCHPOINT: IF YEAR AT GJ123f1 WAS MORE THAN 2 YEARS AGO, GO TO GJ123g

GJ123f2. (What month was that?)

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

GJ123g. Were you offered rehabilitative services?

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

GJ123h. In what year were you offered rehabilitative services?

_____ YEAR

DK	RF
GO TO GJ123j	

GJ123h1 BRANCHPOINT: IF YEAR AT GJ123h WAS MORE THAN 2 YEARS AGO, GO TO GJ123j

GJ123h1. (What month was that?)

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

GJ123j. Are you still receiving benefits?

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

GJ123ja. IF R IS STILL RECEIVING SSDI BENEFITS (GJ123j=1):
How much did you receive from the SSDI program last month?

OTHERWISE:
How much did you receive from the SSDI program the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

_____ AMOUNT

DK	RF
----	----

GJ123k BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (GJ123j=1),
GO TO GJ125

GJ123k. In what year did the benefits stop?

_____ YEAR

DK	RF
----	----

GO TO GJ124 BRANCHPOINT

GJ123k2 BRANCHPOINT: IF YEAR AT GJ123k WAS MORE THAN 2 YEARS AGO, GO TO GJ125

GJ123k2. (What month was that?)

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

GJ124 BRANCHPOINT: IF R IS IN {AHEAD or CODA} COHORT or R HAS APPLIED FOR SSDI BENEFITS (GJ123=1), GO TO GJ125

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

GJ125. Have you ever applied for disability benefits from the Supplemental Security Income program?

1. YES	5. NO	8. DK	9. RF
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GO TO GJ125m BRANCHPOINT

GJ125a1. In what year did you first apply?

_____ YEAR

DK	RF
----	----

GO TO GJ125b

GJ125a2 BRANCHPOINT: IF YEAR AT GJ125a1 WAS MORE THAN 2 YEARS AGO, GO TO GJ125b

GJ125a2. (What month was that?)

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

GJ125b. 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
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GO TO GJ125f1 GO TO GJ126

GJ125c. Did you appeal or apply again later?

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

GJ125d1. In what year did you last appeal or apply for benefits?

_____ YEAR

DK	RF
----	----

GO TO GJ125e

GJ125d2 BRANCHPOINT: IF YEAR AT GJ125d1 WAS MORE THAN 2 YEARS AGO, GO TO GJ125e

GJ125d2. (What month was that?)

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

GJ125e. 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				

GJ125f1. In what year did you start receiving benefits?

_____ YEAR	9997. NOT YET RECEIVING BENEFITS	DK	RF
	GO TO GJ126	GO TO GJ125g	

GJ125f2 BRANCHPOINT: IF YEAR AT GJ125f1 WAS MORE THAN 2 YEARS AGO, GO TO GJ125g

GJ125f2. (What month was that?)

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

GJ125g. Are you still receiving benefits?

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

GJ125h. IF R IS STILL RECEIVING SSI BENEFITS (GJ125g=1):
How much did you receive from the SSI program last month?

OTHERWISE:
How much did you receive from the SSI program the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

_____ AMOUNT	DK	RF
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GJ125j BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (GJ125g=1), GO TO GJ126

GJ125j. In what year did the benefits stop?

_____ YEAR

DK	RF
GO TO GJ126	

GJ125k BRANCHPOINT: IF YEAR AT GJ125j WAS MORE THAN 2 YEARS AGO, GO TO GJ126

GJ125k. (What month was that?)

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

GJ125m BRANCHPOINT: IF R IS IN {AHEAD or CODA} COHORT or R HAS APPLIED FOR SSI BENEFITS (GJ125=1), GO TO GJ126

GJ125m. 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. 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 year did you first apply?

_____ YEAR

DK	RF
----	----

GO TO GJ126b

GJ126a2 BRANCHPOINT: IF YEAR AT GJ126a WAS MORE THAN 2 YEARS AGO, GO TO GJ126b

GJ126a2. (What month was that?)

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

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
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GO TO GJ126e GO TO GJ128

GJ126c. Did you appeal or apply again later?

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

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
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GO TO GJ128

GJ126e. What disability rating did you receive?

[IWER: ENTER 100 FOR 'FULL DISABILITY']

_____ PERCENT

DK	RF
----	----

GJ126f. In what year did you start receiving benefits?

_____	9997. NOT YET RECEIVING BENEFITS	DK	RF
	YEAR		
	GO TO GJ128	GO TO GJ126g	

GJ126f2 BRANCHPOINT: IF YEAR AT GJ126f WAS MORE THAN 2 YEARS AGO, GO TO GJ126g

GJ126f2. (What month was that?)

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

GJ126g. Are you still receiving benefits?

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

GJ126h. In what year did the benefits stop?

_____	DK	RF
	YEAR	
	GO TO GJ128	

GJ126h2 BRANCHPOINT: IF YEAR AT GJ126h WAS MORE THAN 2 YEARS AGO, GO TO GJ128

GJ126h2. (What month was that?)

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

GJ126j BRANCHPOINT: IF R IS IN {AHEAD or CODA} COHORT or R HAS EVER APPLIED FOR VETERAN'S BENEFITS (GJ126=1), GO TO GJ128

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. 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 year did you first apply?

_____ YEAR

DK	RF
GO TO GJ128b	

GJ128a2 BRANCHPOINT: IF YEAR AT GJ128a WAS MORE THAN 2 YEARS AGO, GO TO GJ128b

GJ128a2. (What month was that?)

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

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			

GJ128c. Did you appeal or apply again later?

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

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				

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
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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 year did you start receiving benefits?

_____	9997. NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO GJ130	GO TO GJ128g	

GJ128f2 BRANCHPOINT: IF YEAR AT GJ128f WAS MORE THAN 2 YEARS AGO, GO TO GJ128g

GJ128f2. (What month was that?)

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

GJ128g. Are you still receiving benefits?

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

GJ128h. In what year did the benefits stop?

_____	DK	RF
YEAR		
	GO TO GJ130	

GJ128h2 BRANCHPOINT: IF YEAR AT GJ128h WAS MORE THAN 2 YEARS AGO, GO TO GJ130

GJ128h2. (What month was that?)

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

GJ128j BRANCHPOINT: IF R IS IN {AHEAD or CODA} COHORT or R HAS EVER APPLIED FOR DISABILITY BENEFITS FROM WORKER'S COMPENSATION (GJ128=1), GO TO GJ130

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
			9. RF

GJ130. Have you ever applied for disability benefits from any (other) public disability program?

1. YES	5. NO	8. DK	9. RF
GO TO GJ130h BRANCHPOINT			

GJ130a. In what year did you first apply?

YEAR

DK	RF
GO TO GJ130b	

GJ130a2 BRANCHPOINT: IF YEAR AT GJ130a WAS MORE THAN 2 YEARS AGO, GO TO GJ130b

GJ130a2. (What month was that?)

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

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 year did you start receiving benefits?

_____	9997. NOT YET RECEIVING BENEFITS	DK	RF
YEAR	GO TO GJ131 BRANCHPOINT	GO TO GJ130f	

GJ130e2 BRANCHPOINT: IF YEAR AT GJ130e WAS MORE THAN 2 YEARS AGO, GO TO GJ130f

GJ130e2. (What month was that?)

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

GJ130f. Are you still receiving benefits?

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

GJ130g. In what year did the benefits stop?

	DK	RF
YEAR		
GO TO GJ131 BRANCHPOINT		

GJ130g2 BRANCHPOINT: IF YEAR AT GJ130g WAS MORE THAN 2 YEARS AGO, GO TO GJ131 BRANCHPOINT

GJ130g2. (What month was that?)

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

GJ130h BRANCHPOINT: IF R IS IN {AHEAD or CODA} COHORT or R HAS EVER APPLIED FOR BENEFITS FROM SOME OTHER DISABILITY PROGRAM (GJ130=1), 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 HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (GG1=5) or {R IS NOT CURRENTLY WORKING FOR PAY (G2=5) and {HAS NOT WORKED SINCE {1998 OR EARLIER}(GG1a <1999) or LAST WORKED MORE THAN A YEAR AGO (GG1a2 >1)}}}, GO TO GJ132 (GJ ASSIST)

GJ131. During the last 12 months, that is, since *CURRENT MONTH* of *LAST CALENDAR 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 GJ132 (GJ ASSIST)				

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

DK	RF
----	----

NUMBER OF TIMES

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

GJ131b. 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
----	----

GJ131Y1b. DAY

DK	RF
----	----

GJ131Y2b. YEAR

GJ132. GJ ASSIST
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	4. THE SECTION WAS DONE BY A PROXY REPORTER
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GO TO SECTION H