

\*\*\*\*\*

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

\*\*\*\*\*

**NOTE:** SECTION M IS A COMBINATION OF THE TWO HRS 2000 DISABILITY SECTIONS, GD (REINTERVIEW Rs) AND GJ (NEW INTERVIEW Rs); THEY WERE AMALGAMATED IN THE 2002 WAVE. MANY SEQUENCES ARE REPEATED IN THE TWO SECTIONS. USUALLY SUCH SEQUENCES DIFFER ONLY BY THE OMISSION OF ONE OR A FEW QUESTIONS. QUESTIONS IN SIMILAR SEQUENCES ARE USUALLY IDENTICAL OR HAVE ONLY MINOR DIFFERENCES IN WORDING.

THEREFORE, SEQUENCES THAT DEAL WITH A SIMILAR TOPIC ARE SET INTO A BLOCK WHERE MINOR CHANGES MAY HAVE BEEN MADE TO STANDARDIZE QUESTION TEXT, INTERVIEWER INSTRUCTIONS OR CODEFRAMES. THESE BLOCKS ARE THEN PULLED FOR THE APPROPRIATE SEQUENCE AND ONLY THE APPROPRIATE QUESTIONS FOR THAT TYPE OF DISABILITY ARE INCLUDED.

\*\*\*\*\*

\*\*\*\*\*

MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES \*

THIS IS A REINTERVIEW R (Z076=1);  
THIS IS A NEW INTERVIEW R (Z076=5)

THIS IS A PROXY INTERVIEW (A009={2 or 3}) or (A009 NOT 1);  
THIS IS A SELF INTERVIEW (A009=1)

R IS MARRIED (X065=1);  
R IS PARTNERED (X065=3);  
R IS SINGLE (X065=6 or (X065 {NOT 1 and NOT 3}))

R HAS NEVER BEEN MARRIED (A43/B061=6)

R's LAST IW MONTH (per Z092), YEAR (per Z093)

R's AGE (per A019)

R IS WORKING FOR PAY (G2/J020=1);  
R IS NOT CURRENTLY WORKING (G2/J020=5 or {G2/J020 NOT 1})

R WAS WORKING FOR PAY AT R's LAST IW (Z123=1)

R IS WORKING FOR SOMEONE ELSE (G3/J021=1);  
R IS SELF-EMPLOYED (G3/J021=2);  
R WAS SELF-EMPLOYED AT LAST JOB (GG3/K007=2)

R NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (GG1/K003=5)

R HAS NOT WORKED SINCE {1998 OR EARLIER} (GG1a/K006 <1999);  
R LAST WORKED MORE THAN A YEAR AGO (GG1a2/K005 >1)

R'S CURRENT EMPLOYER [(G19d/JW158\_1)/(G39/JW158\_2)];  
R'S LAST-INTERVIEW EMPLOYER (Z091);  
R's LAST EMPLOYER (GG49Y1/KW158\_3);  
R's MOST RECENT EMPLOYER (GH3a/L008)

R REPORTED IN A PREVIOUS IW HAVING HEALTH CONDITION THAT LIMITS WORK (Z219=1)

R REPORTED AT R's LAST IW IS DISABLED (Z122=1)

R RECEIVING BENEFITS AT R's LAST IW ({Z118 or Z099 or Z100 or Z119}=1);  
BENEFITS WERE STILL BEING CONSIDERED AT R's LAST IW ({Z118 or Z099 or Z100  
or Z119}=3);  
R NOT RECEIVING BENEFITS AT R's LAST IW ({Z118 or Z099 or Z100 or Z119}=5)

BENEFITS:           SSDI: Z118  
                      SSI: Z099  
                      VETERANS: Z100  
                      WORKERS' COMPENSATION: Z119

\* A variable fieldname and code reference is shown at its first occurrence in the questionnaire, but in some cases, especially when it is common, is not be shown after that.

\*\*\*\*\*

GD1/M002 BRANCHPOINT: IF NEW INTERVIEW R (Z076=5), GO TO GJ1/M502 BRANCHPOINT  
IF R REPORTED IN A PREVIOUS IW HAVING HEALTH CONDITION THAT  
LIMITS WORK (Z219=1), GO TO GD1d/M006

M002

Q4307

GD1. Now I want to ask how your health affects paid work activities.

Do you have any impairment or health problem that limits the kind or amount of paid work you can do?

1. YES	5. NO	6. TOO OLD TO WORK (VOL)	8. DK	9. RF
GO TO M006				

M003

Q4308

GD1a. 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
----	----

CAUSE

M004

Q4309

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

1. YES, TEMPORARY	5. NO, NOT TEMPORARY	8. DK	9. RF
GO TO GD2/M008 BRANCHPOINT			

M005

Q4310

GD1c. Have you had this condition before?

1. YES	5. NO	8. DK	9. RF
GO TO GD2/M008 BRANCHPOINT			

M006

Q4311

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

1. YES	5. NO	6. TOO OLD TO WORK (VOL)	8. DK	9. RF
GO TO GD2/M008 BRANCHPOINT		GO TO GD2/M008 BRANCHPOINT		

M007

Q4312

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

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

GD2/M008 BRANCHPOINT: IF R DID NOT REPORT AT R'S LAST IW THAT WAS DISABLED (Z122 NOT 1) *and* R DOES NOT REPORT ANY IMPAIRMENT NOW (GD1/M002 NOT 1), GO TO GD131/M051 BRANCHPOINT

IF R DOES NOT REPORT ANY IMPAIRMENT NOW (GD1/M002 NOT 1), GO TO GD18/M030 BRANCHPOINT

IF R WAS DISABLED AT LAST IW (Z122=1) *and* R IS DISABLED NOW (GD1/M002=1) *and* DOES NOT REPORT THAT IMPAIRMENT IS TEMPORARY (GD1b/M004 NOT 1), GO TO GD18/M030 BRANCHPOINT

IF R IS CURRENTLY EMPLOYED (G2/J020=1), GO TO GD3/M009

M008

Q4320

GD2. IF R HAS IMPAIRMENT THAT LIMITS WORK ACTIVITY (M002=1):  
Does this limitation keep you from working altogether?

IF R HAS IMPAIRMENT THAT LIMITS WORK AROUND HOUSE (M006=1):  
Does this limitation keep you from working around the house altogether?

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

M009  
Q4321

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

[IWER: PROBE IF NECESSARY]  
When did it happen?

	9995 HAD CONDITION ALL R'S LIFE	9996 IT DOESN'T BOTHER R	DK	RF
YEAR				
GO TO (GJ4)/M011 BRANCHPOINT				

GD3a/M010 BRANCHPOINT: IF R GAVE A YEAR AT GD3/M009 THAT WAS MORE THAN TWO YEARS AGO, GO TO (GJ4)/M011 BRANCHPOINT

M010  
Q4322  
GD3a. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

(GJ4)/M011 BRANCHPOINT: IF R DID NOT REPORT THAT LIMITATION DID NOT KEEP HIM/HER FROM WORKING ALTOGETHER (GD2/M008 NOT 5), GO TO (GD4)/M014

M011  
Q8260

(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
--------------	--------------	-------	-------

M012  
Q8261

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

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

M013  
Q8262

(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
--------	-------	-------	-------

M014  
Q4324

GD4. When did the impairment or health problem begin to interfere with your work?

\_\_\_\_\_ YEAR

9995 DOESN'T INTERFERE WITH WORK	DK	RF
----------------------------------	----	----

GO TO GD8/M018 BRANCHPOINT

GD4a/M015 BRANCHPOINT: IF R GAVE A YEAR AT GD4/M014 THAT WAS MORE THAN TWO YEARS AGO, GO TO GD6/M016 BRANCHPOINT

M015  
Q4325

GD4a. MONTH:  
(When did it begin to interfere with your work?)

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

GD6/M016 BRANCHPOINT: IF R DID NOT REPORT THAT IMPAIRMENT KEEPS HIM/HER FROM WORKING ALTOGETHER (GD2/M008 NOT 1), GO TO GD8/M018 BRANCHPOINT

M016  
Q4326

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

\_\_\_\_\_ YEAR

DK	RF
----	----

GO TO GD8/M018 BRANCHPOINT

GD6a/M017 BRANCHPOINT: IF R GAVE A YEAR AT GD6/M016 THAT WAS MORE THAN TWO YEARS AGO, GO TO GD8/M018 BRANCHPOINT

M017  
Q4327

GD6a. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

GD8/M018 BRANCHPOINT: IF THIS IS A PROXY INTERVIEW (A009={2 or 3}),  
GO TO GD9/M020

IF THIS IS A TEMPORARY CONDITION LASTING LESS THAN 3 MONTHS  
(GD1b/M004=1), GO TO GD9/M020

IF R REPORTED IN A PREVIOUS IW HAVING HEALTH CONDITION THAT  
LIMITS WORK (Z219=1), GO TO GD9/M020

IF IMPAIRMENT DOES NOT INTERFERE WITH WORK (GD4/M014=9995),  
GO TO GD8a/M019

M018  
Q4329

GD8. Do you expect this condition to improve enough within the next few years so that it will no longer be a problem for your working?

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

GO TO GD9/M020

M019  
Q4330

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

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

M020  
Q4331

GD9. Was the impairment or health problem you just mentioned the result of an accident or injury?

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

GO TO GD10/M023

M021  
Q4332

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

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

M023  
Q4334

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

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

GD12/M024 BRANCHPOINT: IF R WAS DISABLED AT R'S LAST IW (Z122=1), GO TO GD15/M029 BRANCHPOINT

M024  
Q4335

GD12. 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 GD15/M029 BRANCHPOINT			

M025  
Q4336

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

1. YES	5. NO	8. DK	9. RF
GO TO GD12c/W200_1 BRANCHPOINT			

M026  
Q4337

GD12b. Which company or organization was that?

1. R'S LAST-IW EMPLOYER (Z091)	2. R'S CURRENT EMPLOYER [(G19d/JW158_1)/(G39/JW158_2)]		
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____ M027	8. DK	9. RF

M027 OTHER (SPECIFY)  
What was the name of that company or organization?

\_\_\_\_\_  
NAME OF COMPANY



GD12c/W200 1 BRANCHPOINT: IF R TOLD US ABOUT THE JOB S/HE HAD WHEN HEALTH LIMITS  
BEGAN (GD12a/M025=1) and EMPLOYER WAS NOT "OTHER" AT  
GD12b/M026 (NOT 7), GO TO GD13/M028 BRANCHPOINT

BEGINNING OF (GD12c/W200\_1) **OTHER EMPLOYER BLOCK-1: EMPLOYER WHEN IMPAIRMENT  
BEGAN** (GD12c/W200\_1 - GD12l/W210\_1). THIS BLOCK OF QUESTIONS IS ALSO  
USED IN LOCATIONS IN M2 (FORMERLY SECTION GJ), REPLACING PARALLEL  
QUESTIONS GJ39-GJ46, GJ60-GJ67, GJ79-GJ86, & GJ89-GJ96 FROM HRS 2000.

W200\_1

Q4338

GD12c. 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

W202\_1

Q4340

GD12e. 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

W201\_1

Q4339

GD12d. 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

W203\_1

Q4341

GD12f. About how many employees work for that company or organization at all  
locations?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_  DK

RF

NUMBER

GO TO  
GD12h/W205\_1

HRS 2004 — SECTION M: DISABILITY — PAGE 10

FINAL VERSION 4 — 11/30/2005

W204\_1  
Q4342

GD12g. Is 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

W205\_1  
Q4343

GD12h. What were you earning, before deductions, when you left that employer?

[IWER: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS]

\_\_\_\_\_ AMOUNT

DK	RF
GO TO GD12j/W208_1	

W206\_1  
Q4344

GD12i. [IWER: PROBE IF NECESSARY]  
Was that per hour, week, month, or year?

PER:

1. HOUR	2. WEEK	3. EVERY TWO WEEKS/BI-WEEKLY	4. MONTH
6. YEAR	97. OTHER (SPECIFY) _____ W207_1	98. DK	99. RF

W208\_1  
Q4346

GD12j. How many hours a week did you usually work for that employer?

1-95 HOURS

\_\_\_\_\_ HOURS

DK	RF
----	----

W209\_1

Q4347

GD12k. IWER: 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]

1-52 WEEKS

\_\_\_\_\_

WEEKS

DK	RF
----	----

W210\_1

Q4348

GD12l. Were you covered by a union or employee-association contract?

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

END OF **OTHER EMPLOYER BLOCK-1: EMPLOYER WHEN IMPAIRMENT BEGAN**

(GD12c/W200\_1 - GD12l/W210\_1)

GD13/M028 BRANCHPOINT: IF R {WAS SELF-EMPLOYED or DID NOT GIVE NAME OF {COMPANY OR ORGANIZATION}} (GD12b/M026={6 or DK or RF}), GO TO GD15/M029 BRANCHPOINT

M028

Q4349

GD13. At the time your health started to limit your ability to work, did your employer do anything special to help you out so that you could stay at work?

1. YES	4. NO HELP NEEDED	5. NO	6. LEFT IMMEDIATELY
--------	-------------------	-------	---------------------

**GO TO GD15/M029 BRANCHPOINT**

7. R WAS SELF-EMPLOYED	8. DK	9. RF
---------------------------	-------	-------

**GO TO GD15/M029 BRANCHPOINT**

HRS 2004 — SECTION M: DISABILITY — PAGE 12

FINAL VERSION 4 — 11/30/2005

BEGINNING OF (GD13a/W211\_1) **EMPLOYER ACCOMMODATIONS BLOCK-1: EMPLOYER WHEN IMPAIRMENT BEGAN** (GJ48/W211\_1 - GJ56a/W231\_1). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD13a-GD13k FROM HRS 2000.

	1. YES	5. NO	8. DK	9. RF
W211_1 Q4701 GJ48. Did your employer get someone to help you?				
W214_1 Q4704 GJ49. Did your employer shorten your work day?				
W217_1 Q4707 GJ50. Did your employer allow you to change the time you came to and left work?				
W220_1 Q4710 GJ51. (Did your employer) allow you more breaks and rest periods?				
W223_1 Q4713 GJ52. (Did your employer) arrange for special transportation?				
W226_1 Q4716 GJ53. (Did your employer) change(d) the job to something you could do?				
W227_1 Q4717 GJ54. (Did your employer) help(ed) you learn new job skills?				
W228_1 Q4718 GJ55. (Did your employer) get you special equipment for the job?				
W229_1 Q4719 GJ55a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_1

Q4720

GJ56. Did your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GD15/M029 BRANCHPOINT			

W231\_1

Q4721

GJ56a. What other things?

\_\_\_\_\_

\_\_\_\_\_

DK	RF
----	----

END OF **EMPLOYER ACCOMMODATIONS BLOCK-1: EMPLOYER WHEN IMPAIRMENT BEGAN**  
(GJ48/W211\_1 - GJ56a/W231\_1 REPLACING GD13a-GD13k)

GD15/M029 BRANCHPOINT: IF R DID NOT REPORT THAT IS WORKING NOW (G2/J020 NOT 1)  
or R IS SELF-EMPLOYED (G3/J021=2), GO TO GD18/M030 BRANCHPOINT

M029

Q4361

GD15. 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
GO TO GD18/M030 BRANCHPOINT				

HRS 2004 — SECTION M: DISABILITY — PAGE 14

FINAL VERSION 4 — 11/30/2005

BEGINNING OF (GD15a/W211\_2) **EMPLOYER ACCOMMODATIONS BLOCK-2: CURRENT EMPLOYER**  
(GJ48/W211\_2 - GJ56a/W231\_2). THIS BLOCK OF QUESTIONS REPLACES PARALLEL  
QUESTIONS GD15a-GD15k FROM HRS 2000.

	1. YES	5. NO	8. DK	9. RF
W211_2 Q4701 GJ48. Does your employer get someone to help you?				
W214_2 Q4704 GJ49. Does your employer shorten your work day?				
W217_2 Q4707 GJ50. Does your employer allow you to change the time you come to and leave work?				
W220_2 Q4710 GJ51. (Does your employer) allow you more breaks and rest periods?				
W223_2 Q4713 GJ52. (Does your employer) arrange for special transportation?				
W226_2 Q4716 GJ53. (Has your employer) change(d) the job to something you can do?				
W227_2 Q4717 GJ54. (Has your employer) help(ed) you learn new job skills?				
W228_2 Q4718 GJ55. (Does your employer) get you special equipment for the job?				
W229_2 Q4719 GJ55a. (Does your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_2

Q4720

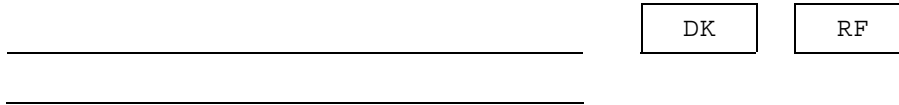
GJ56. Does your employer do any other things to help you out?



W231\_2

Q4721

GJ56a. What other things?



END OF EMPLOYER ACCOMMODATIONS BLOCK-2: CURRENT EMPLOYER

(GJ48/W211\_2 - GJ56a/W231\_2 REPLACING GD15a-GD15k)

GD18/M030 BRANCHPOINT: IF R {DID NOT REPORT AT R'S LAST IW THAT S/HE WAS RECEIVING ANY OF THE FOLLOWING BENEFITS and DID NOT SAY THAT ANY OF THESE BENEFITS WERE PENDING}: {SSDI and SSI and VETERANS and WORKERS' COMPENSATION} ({Z118 and Z099 and Z100 and Z119} {NOT 1 and NOT 3}), GO TO GD23/M036

IF {SSDI or SSI} BENEFITS WERE PENDING AT R'S LAST IW ({Z118 or Z099}=3), GO TO GD18c/M031

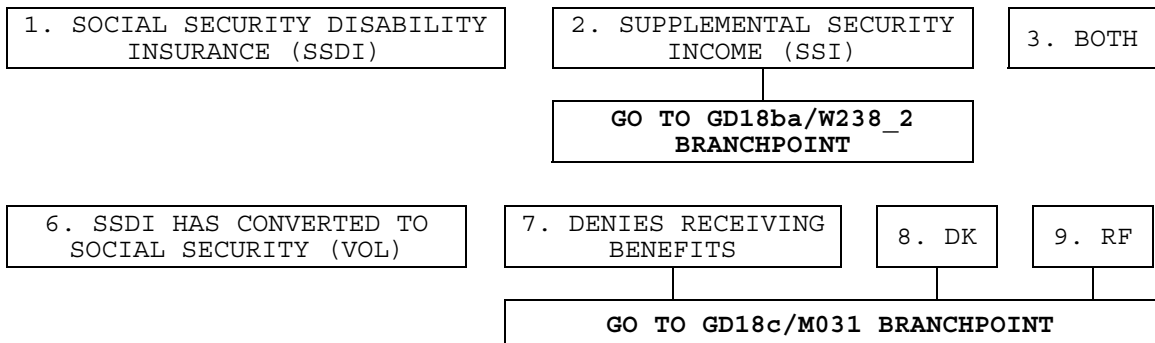
IF R DID NOT REPORT AT R'S LAST IW THAT WAS RECEIVING {SSDI or SSI} BENEFITS ({Z118 or Z099} NOT 1), GO TO GD20/W238 7 BRANCHPOINT

M030

Q4373

GD18. According to our records, in R'S LAST IW MONTH (per Z092), YEAR (per Z093) you were receiving benefits from the Social Security Disability program or the Supplemental Security Income program.

Which program was this: the Social Security Disability or the Supplemental Security Income program, or both?

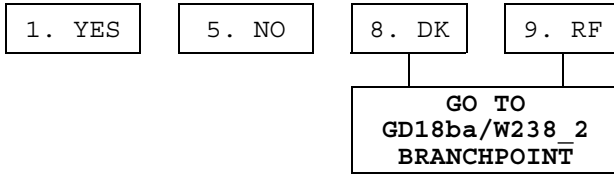


BEGINNING OF (GD18aa/W238\_1) APPLICATION ACCEPTED BLOCK-1: RECEIVING SSDI (GD18cg/W238\_1 - GD18ck/W244\_1). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD18aa-GD18af.

W238\_1  
Q4396

GD18cg. Are you still receiving benefits from [Social Security Disability/Social Security]?

[IWER: IF R MENTIONS THAT SSDI HAS NOW BEEN CONVERTED TO SOCIAL SECURITY, BACK UP TO M030 AND CHANGE ANSWER TO CODE 6]



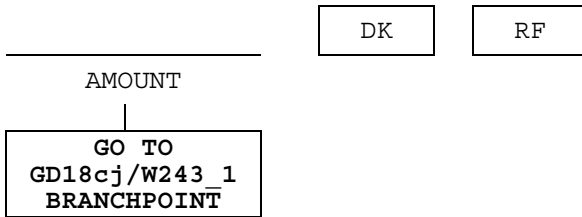
W239\_1  
Q4397

GD18ch. IF R IS STILL RECEIVING SSDI BENEFITS (GD18cg/W238\_1=1):  
How much did you receive (from the [Social Security Disability/Social Security] program last month?

OTHERWISE:  
How much did you receive from the [Social Security Disability/Social Security] program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]



W240\_1 - W242\_1 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down  
BREAKPOINTS: \$400, \$650, \$900, \$1,100  
ENTRY POINT: \$650

GD18cj/W243\_1 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (GD18cg/W238\_1=1), GO TO GD18ba/W238\_2 BRANCHPOINT



W243\_1

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_1

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

DK	RF
----	----

\_\_\_\_\_

W244\_1

Q4399

GD18ck. YEAR

END OF **APPLICATION ACCEPTED BLOCK-1: RECEIVING SSDI**

(GD18cg/W238\_1 - GD18ck/W244\_1 REPLACING GD18aa-GD18af)

GD18ba/W238 2 BRANCHPOINT: IF R IS/WAS RECEIVING ONLY SSI/SSDI BENEFITS  
(GD18/M030={1 or 6}), GO TO GD18c/M031 BRANCHPOINT

BEGINNING OF (GD18ba/W238\_2) **APPLICATION ACCEPTED BLOCK-2: RECEIVING SSI**

(GD18cg/W238\_2 - GD18ck/W244\_2). THIS BLOCK OF QUESTIONS REPLACES  
PARALLEL QUESTIONS GD18ba-GD18bf.

W238\_2

Q4396

GD18cg. Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO GD18c/M031 BRANCHPOINT			

W239\_2

Q4397

GD18ch. IF R IS STILL RECEIVING SSI BENEFITS (GD18cg/W238\_2=1):  
How much did you receive from the Supplemental Security Income program last month?

OTHERWISE:

How much did you receive from the Supplemental Security Income program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
-------	----	----

AMOUNT

GO TO GD18cj/W243_2 BRANCHPOINT
---------------------------------------

W240\_2 - W242\_2 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$150, \$400, \$500, \$600

ENTRY POINT: \$400

GD18cj/W243\_2 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (GD18cg/W238\_2=1), GO TO GD18c/M031 BRANCHPOINT

W243\_2

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_2

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_2

Q4399

GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-2: RECEIVING SSI  
(GD18cg/W238\_2 - GD18ck/W244\_2 REPLACING GD18ba-GD18bf)

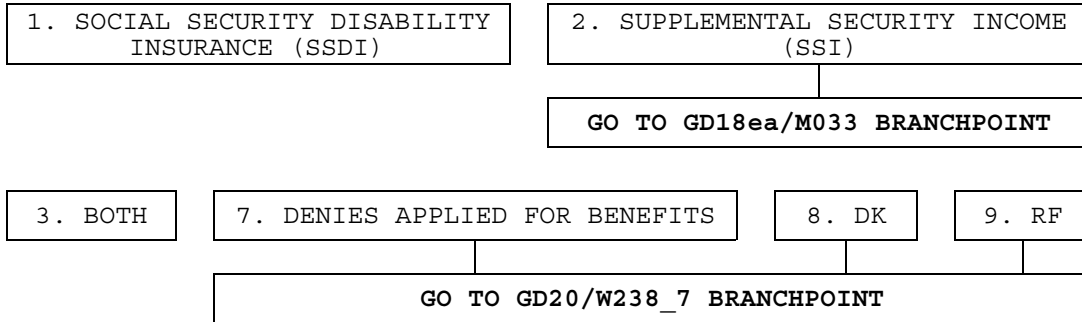
GD18c/M031 BRANCHPOINT: IF R DID NOT REPORT AT R'S LAST IW THAT APPLICATION FOR {SSDI OR SSI} BENEFITS WAS PENDING ({Z118 and Z099} NOT 3), GO TO GD20/W238\_7 BRANCHPOINT

M031

Q4389

GD18c. According to our records, in R'S LAST IW MONTH, YEAR you had applied for benefits from the Social Security Disability program or the Supplemental Security Income program.

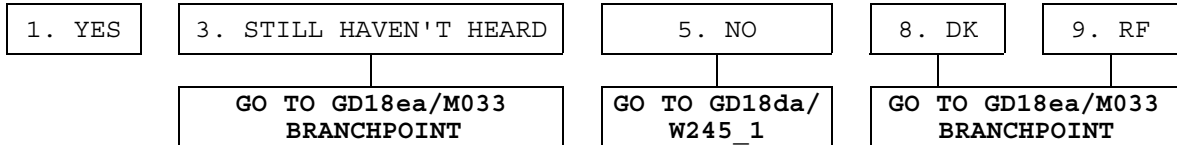
Which program was this: the Social Security Disability or the Supplemental Security Income program, or both?



M032

Q4390

GD18ca. Was your SSDI application approved?



BEGINNING OF (GD18cb/W233\_3) **APPLICATION ACCEPTED BLOCK-3: SSDI PENDING**  
(GD18cb/W233\_3 - GD18ck/W244\_3). THIS BLOCK OF QUESTIONS IS ALSO USED IN  
OTHER LOCATIONS IN M1 (FORMERLY GD) & M2 (FORMERLY GJ), REPLACING  
PARALLEL QUESTIONS.

W233\_3

Q4391

GD18cb. In what month and year did you start receiving Social Security  
Disability benefits?

W233\_3

Q4391

GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD18ea/M033 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_3

Q4392

GD18cc. YEAR

W235\_3

Q4393

GD18cd. Were you offered rehabilitative services?

1. YES	5. NO	8. DK	9. RF
GO TO GD18cg/W238_3			

W236\_3

Q4394

GD18ce. When were you offered rehabilitative services?

Q4394

GD18ce. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
		DK	RF			

\_\_\_\_\_ W237\_3

Q4395

GD18cf. YEAR

W238\_3

Q4396

GD18cg. Are you still receiving benefits from Social Security Disability?

1. YES	5. NO	8. DK	9. RF
GO TO GD18ea/M033 BRANCHPOINT			

W239\_3

Q4397

GD18ch. IF R IS STILL RECEIVING SSDI BENEFITS (GD18cg/W238\_3=1):

How much did you receive from the Social Security Disability program last month?

OTHERWISE:

How much did you receive from the Social Security Disability program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
-------	----	----

AMOUNT

GO TO GD18cj/W243_3 BRANCHPOINT
---------------------------------------

W240\_3 - W242\_3 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$400, \$650, \$900, \$1,100

ENTRY POINT: \$650

GD18cj/W243 3 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS  
(GD18cg/W238\_3=1), GO TO GD18ea/M033 BRANCHPOINT

W243\_3

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_3

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
		DK	RF			

\_\_\_\_\_

W244\_3

Q4399

GD18ck. YEAR

END OF **APPLICATION ACCEPTED BLOCK-3: SSDI PENDING** (GD18cb/W233\_3 -  
GD18ck/W244\_3).

GD18da/W245 1 BRANCHPOINT: IF R WAS APPROVED FOR THE SSDI BENEFITS THAT S/HE HAD  
APPLIED FOR BY R's LAST IW (GD18ca/M032=1), GO TO  
GD18ea/M033 BRANCHPOINT

BEGINNING OF (GD18da/W245\_1) **APPLICATION REJECTED BLOCK-1: SSDI PENDING**  
(GD18da/W245\_1 - GD18dd/W248\_1). THIS BLOCK OF QUESTIONS IS ALSO USED IN  
OTHER LOCATIONS IN M1 (FORMERLY GD), REPLACING PARALLEL QUESTIONS. MINOR  
CHANGES MAY HAVE BEEN MADE IN A FEW QUESTIONS TO STANDARDIZE QUESTION  
TEXT AND CODEFRAMES.

W245\_1

Q4400

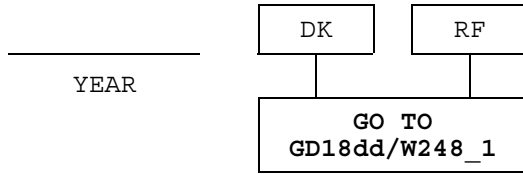
GD18da. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GD18ea/M033 BRANCHPOINT			

W247\_1

Q4402

GD18dc. When did you last appeal or apply for benefits?

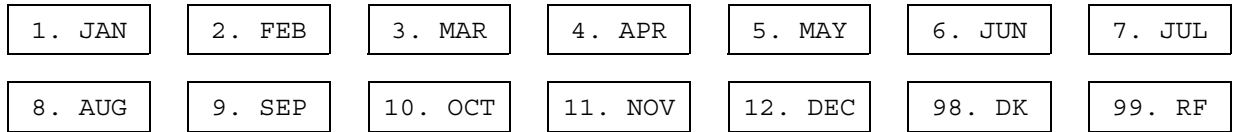


GD18db/W246 1 BRANCHPOINT: IF YEAR AT GD18dc/W247 1 WAS MORE THAN 2 YEARS AGO,  
GO TO GD18dd/W248\_1

W246\_1

Q4401

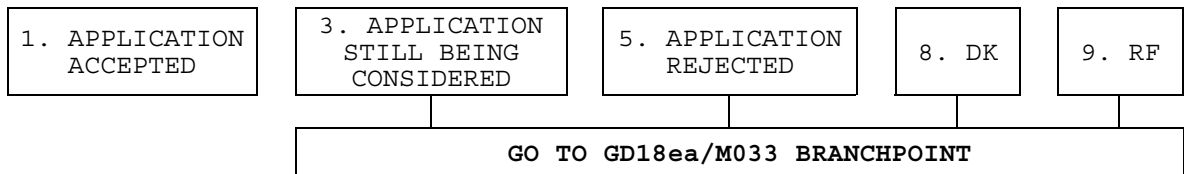
GD18db. MONTH:



W248\_1

Q4403

GD18dd. Was your application eventually accepted, rejected, or is it still being considered?



END OF APPLICATION REJECTED BLOCK-1: SSDI PENDING  
(GD18da/W245\_1 - GD18dd/W248\_1).

BEGINNING OF (GD18de/W233\_4) APPLICATION ACCEPTED BLOCK-4: SSDI RE-APPLICATION (GD18cb/W233\_4 - GD18ck/W244\_4). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD18de-GD18dp.

W233\_4  
Q4391

GD18cb. In what month and year did you start receiving Social Security Disability benefits?

W233\_4  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD18ea/M033 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_4  
Q4392  
GD18cc. YEAR

W235\_4  
Q4393

GD18cd. Were you offered rehabilitative services?

1. YES	5. NO	8. DK	9. RF
GO TO GD18cg/W238_4			

W236\_4  
Q4394

GD18ce. When were you offered rehabilitative services?

Q4394  
GD18ce. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
_____		DK	RF			

W237\_4  
Q4395  
GD18cf. YEAR



W238\_4  
Q4396

GD18cg. Are you still receiving benefits from Social Security Disability?

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

8. DK      9. RF  
**GO TO  
GD18ea/M033  
BRANCHPOINT**

W239\_4  
Q4397

GD18ch. IF R IS STILL RECEIVING SOCIAL SECURITY DISABILITY BENEFITS  
(GD18cg/W238\_4=1):

How much did you receive from the Social Security Disability program last month?

OTHERWISE:

How much did you receive from the Social Security Disability program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

	DK	RF
--	----	----

AMOUNT

**GO TO  
GD18cj/W243\_4  
BRANCHPOINT**

W240\_4 — W242\_4 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$400, **\$650**, \$900, \$1,100

ENTRY POINT: \$650

GD18cj/W243\_4 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS  
(GD18cg/W238\_4=1), GO TO GD18ea/M033 BRANCHPOINT

W243\_4

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_4

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

DK	RF
----	----

\_\_\_\_\_

W244\_4

Q4399

GD18ck. YEAR

END OF **APPLICATION ACCEPTED BLOCK-4: SSDI RE-APPLICATION**

(GD18cb/W233\_4 - GD18ck/W244\_4 REPLACING GD18de-GD18dp)

GD18ea/M033 BRANCHPOINT: IF R WAS APPROVED FOR ONLY SSDI BENEFITS  
(GD18c/M031=1), GO TO GD20/W238\_7 BRANCHPOINT

M033

Q4413

GD18ea. Was your SSI application approved?

1. YES	3. STILL HAVEN'T HEARD	5. NO	8. DK	9. RF
	GO TO GD20/W238_7 BRANCHPOINT	GO TO GD18eh/ W245_2	GO TO GD20/W238_7 BRANCHPOINT	

BEGINNING OF (GD18eb/W233\_5) **APPLICATION ACCEPTED BLOCK-5: SSI PENDING**  
(GD18cb/W233\_5 - GD18ck/W244\_5). THIS BLOCK OF QUESTIONS REPLACES  
PARALLEL QUESTIONS GD18eb-GD18eg.

W233\_5  
Q4391

GD18cb. In what month and year did you start receiving Supplemental Security  
Income benefits?

W233\_5  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD20/W238_7 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_5  
Q4392  
GD18cc. YEAR

W238\_5  
Q4396

GD18cg. Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO GD20/W238_7 BRANCHPOINT			

W239\_5

Q4397

GD18ch. IF R IS STILL RECEIVING SSI BENEFITS (GD18cg/W238\_5=1):  
How much did you receive from the Supplemental Security Income  
program last month?

OTHERWISE:

How much did you receive from the Supplemental Security Income  
program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO GD18cj/W243_5 BRANCHPOINT		

W240\_5 - W242\_5 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month,  
more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$150, **\$400**, \$500, \$600

ENTRY POINT: \$400

GD18cj/W243\_5 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS  
(GD18cg/W238\_5=1), GO TO GD20/W238\_7 BRANCHPOINT

W243\_5

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_5

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_5

Q4399

GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-5: SSI PENDING  
(GD18cb/W233\_5 - GD18ck/W244\_5 REPLACING GD18eb-GD18eg)

GD18eh/W245\_2 BRANCHPOINT: GO TO GD20/W238\_7 BRANCHPOINT

BEGINNING OF (GD18eh/W245\_2) **APPLICATION REJECTED BLOCK-2: SSI PENDING**  
(GD18da/W245\_2 - GD18dd/W248\_2). THIS BLOCK OF QUESTIONS REPLACES  
PARALLEL QUESTIONS GD18eh-GD18em.

W245\_2  
Q4400

GD18da. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GD20/W238_7 BRANCHPOINT			

W247\_2  
Q4402

GD18dc. When did you last appeal or apply for benefits?

\_\_\_\_\_

YEAR

DK	RF
GO TO GD18dd/W248_2	

GD18db/W246\_2 BRANCHPOINT: IF YEAR AT GD18dc/W247\_2 WAS MORE THAN 2 YEARS AGO,  
GO TO GD18dd/W248\_2

W246\_2  
Q4401  
GD18db. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W248\_2  
Q4403

GD18dd. 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 GD20/W238_7 BRANCHPOINT				

END OF **APPLICATION REJECTED BLOCK-2: SSI PENDING**  
(GD18da/W245\_2 - GD18dd/W248\_2 REPLACING GD18eh-GD18em).

BEGINNING OF (GD18en/W233\_6) APPLICATION ACCEPTED BLOCK-6: SSI RE-APPLICATION  
(GD18cb/W233\_6 - GD18ck/W244\_6). THIS BLOCK OF QUESTIONS REPLACES  
PARALLEL QUESTIONS GD18en-GD18et.

W233\_6  
Q4391

GD18cb. In what month and year did you start receiving Supplemental Security  
Income benefits?

W233\_6  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD20/W238_7 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_6  
Q4392  
GD18cc. YEAR

W238\_6  
Q4396

GD18cg. Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO GD20/W238_7 BRANCHPOINT			

W239\_6  
Q4397

GD18ch. IF R IS STILL RECEIVING SSI BENEFITS (GD18cg/W238\_6=1):  
How much did you receive from the Supplemental Security Income  
program last month?

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

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO GD18cj/W243_6 BRANCHPOINT		

W240\_6 - W242\_6 Unfolding Sequence  
Question text: Did it amount to a total of less than \$\_\_\_\_ per month,  
more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down  
BREAKPOINTS: \$150, **\$400**, \$500, \$600  
ENTRY POINT: \$400

GD18cj/W243\_6 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS  
(GD18cg/W238\_6=1), GO TO GD20/W238\_7 BRANCHPOINT

W243\_6  
Q4398

GD18cj. In what month and year did the benefits stop?

W243\_6  
Q4398  
GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_6  
Q4399  
GD18ck. YEAR

END OF **APPLICATION ACCEPTED BLOCK-6: SSI RE-APPLICATION**  
(GD18cb/W233\_6 - GD18ck/W244\_6 REPLACING GD18en-GD18et)

GD20/W238\_7 BRANCHPOINT: IF VETERANS BENEFITS WERE PENDING AT R's LAST IW (Z100=3), GO TO GD20c/M034 BRANCHPOINT

IF R {DID NOT REPORT AT R's LAST IW THAT WAS RECEIVING VETERANS BENEFITS and DID NOT SAY THAT THEY WERE PENDING} (Z100 {NOT 1 and NOT 3}), GO TO GD22/W238\_9 BRANCHPOINT

BEGINNING OF (GD20/W238\_7) **APPLICATION ACCEPTED BLOCK-7: RECEIVING VA BENEFITS** (GD18cg/W238\_7 - GD18ck/W244\_7). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD20-GD20b.

W238\_7  
Q4396

GD18cg. Are you still receiving benefits from the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GD22/W238_9 BRANCHPOINT				

W239\_7  
Q4397

GD18ch. IF R IS STILL RECEIVING VETERANS BENEFITS (GD18cg/W238\_7=1):  
How much did you receive from the Veterans Administration program last month?

OTHERWISE:

How much did you receive from the Veterans Administration program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

	DK	RF
AMOUNT		
GO TO GD18cj/W243_7 BRANCHPOINT		

W240\_7 - W242\_7 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 1Up1Down  
BREAKPOINTS: \$500, \$1,000, \$1,500  
ENTRY POINT: \$1,000

GD18cj/W243\_7 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS (GD18cg/W238\_7=1), GO TO GD20c/M034 BRANCHPOINT



W243\_7

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_7

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

DK	RF
----	----

\_\_\_\_\_ W244\_7

Q4399

GD18ck. YEAR

END OF **APPLICATION ACCEPTED BLOCK-7: RECEIVING VA BENEFITS**

(GD18cg/W238\_7 - GD18ck/W244\_7 REPLACING GD20-GD20b)

GD20c/M034 BRANCHPOINT: IF R DID NOT REPORT AT R'S LAST IW THAT VETERANS BENEFITS WERE PENDING (Z100 NOT 3), GO TO GD22/W238 9 BRANCHPOINT

M034

Q4434

GD20c. According to our records, in *R'S LAST IW MONTH*, *YEAR* you had applied for benefits from the Veterans Administration.

Was your application approved?

1. YES	3. STILL HAVEN'T HEARD	5. NO	7. DENIES APPLIED FOR BENEFITS	8. DK	9. RF
--------	------------------------	-------	--------------------------------	-------	-------

GO TO GD22/W238\_9 BRANCHPOINT

BEGINNING OF (GD20d/W232\_8) APPLICATION ACCEPTED BLOCK-8: VA PENDING  
(GD20d/W232\_8 & GD18cg/W238\_8 - GD18ck/W244\_8). THIS BLOCK OF QUESTIONS  
REPLACES PARALLEL QUESTIONS GD20d-GD20g1.

W232\_8  
Q4435

GD20d. What disability rating did you receive?

VETERANS ADMINISTRATION

100 FULL DISABILITY

\_\_\_\_\_    
PERCENT

W233\_8  
Q4391

GD18cb. In what month and year did you start receiving Veterans Administration  
benefits?

W233\_8  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD22/W238_9 BRANCHPOINT					

\_\_\_\_\_

W234\_8  
Q4392  
GD18cc. YEAR

W238\_8  
Q4396

GD18cg. Are you still receiving benefits from the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GD22/W238_9 BRANCHPOINT				

W239\_8

Q4397

GD18ch. IF R IS STILL RECEIVING VETERANS BENEFITS (GD18cg/W238\_8=1):  
How much did you receive from the Veterans Administration program  
last month?

OTHERWISE:

How much did you receive from the Veterans Administration program the  
last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO GD18cj/W243_8 BRANCHPOINT		

W240\_8 — W242\_8 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month,  
more than \$\_\_\_\_ per month, or what?

PROCEDURE: 1Up1Down

BREAKPOINTS: \$500, \$1,000, \$1,500

ENTRY POINT: \$1,000

GD18cj/W243\_8 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS  
(GD18cg/W238\_8=1), GO TO GD22/W238\_9 BRANCHPOINT

W243\_8

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_8

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_8

Q4399

GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-8: VA PENDING

(GD20d/W232\_8 & GD18cg/W238\_8 - GD18ck/W244\_8 REPLACING GD20e-GD20g1)

GD22/W238\_9 BRANCHPOINT: IF WORKERS' COMPENSATION BENEFITS WERE PENDING AT R's LAST IW (Z119=3), GO TO GD22c/M035

IF R {DID NOT REPORT AT R's LAST IW THAT WAS RECEIVING WORKERS' COMPENSATION BENEFITS and DID NOT SAY THAT THEY WERE PENDING} (Z119 {NOT 1 and NOT 3}), GO TO GD23/M036

BEGINNING OF (GD22/W238\_9) **APPLICATION ACCEPTED BLOCK-9: RECEIVING WORKERS' COMPENSATION BENEFITS** (GD18cg/W238\_9 - GD18ck/W244\_9). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD22-GD22b.

W238\_9  
Q4396

GD18cg. Are you still receiving benefits from Workers' Compensation?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GD23/M036				

W239\_9  
Q4397

GD18ch. IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (GD18cg/W238\_9=1):  
How much did you receive from the Workers' Compensation program last month?

OTHERWISE:

How much did you receive from the Workers' Compensation program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO GD18cj/W243_9 BRANCHPOINT		

W240\_9 - W242\_9 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$500, \$1,000, \$1,500, \$2,200

ENTRY POINT: \$1,000

GD18cj/W243\_9 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (GD18cg/W238\_9=1), GO TO GD23/M036

W243\_9  
Q4398

GD18cj. In what month and year did the benefits stop?

W243\_9  
Q4398  
GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

\_\_\_\_\_

DK	RF
----	----

W244\_9  
Q4399  
GD18ck. YEAR

END OF **APPLICATION ACCEPTED BLOCK-9: RECEIVING WORKERS' COMPENSATION BENEFITS**  
(GD18cg/W238\_9 - GD18ck/W244\_9 REPLACING GD22-GD22b)

GD22c/M035 BRANCHPOINT: IF R WAS RECEIVING WORKERS' COMPENSATION BENEFITS AT R'S  
LAST IW (GD18cg/W238\_9 WAS ASKED), GO TO GD23/M036

M035  
Q4445

GD22c. According to our records, in R's LAST IW MONTH, YEAR you had applied  
for benefits from Workers' Compensation.

Was your application approved?

1. YES	3. STILL HAVEN'T HEARD	5. NO	7. DENIES APPLIED FOR BENEFITS	8. DK	9. RF
GO TO GD23/M036					

BEGINNING OF (GD22e/W233\_10) **APPLICATION ACCEPTED BLOCK-10: WORKERS' COMPENSATION PENDING**  
(GD18cb/W233\_10 & GD18cg/W238\_10 - GD18ck/W244\_10).  
THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD22e-GD22g1.

W233\_10  
Q4391

GD18cb. In what month and year did you start receiving Workers' Compensation benefits?

W233\_10  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD23/M036					

\_\_\_\_\_

DK	RF
----	----

W234\_10  
Q4392  
GD18cc. YEAR

W238\_10  
Q4396

GD18cg. Are you still receiving benefits from Workers' Compensation?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GD23/M036				

W239\_10

Q4397

GD18ch. IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS

(GD18cg/W238\_10=1):

How much did you receive from the Workers' Compensation program last month?

OTHERWISE:

How much did you receive from the Workers' Compensation program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO <b>GD18cj/W243_10</b> <b>BRANCHPOINT</b>		

W240\_10 — W242\_10 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$500, **\$1,000**, \$1,500, \$2,200

ENTRY POINT: \$1,000

GD18cj/W243\_10 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (GD18cg/W238\_10=1), GO TO GD23/M036

W243\_10

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_10

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_10

Q4399

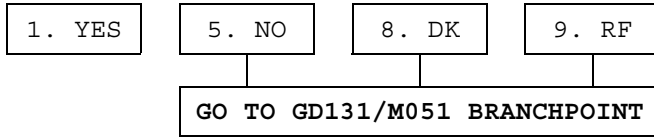
GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-10: WORKERS' COMPENSATION PENDING  
(GD18cb/W233\_10 - GD18ck/W244\_10 REPLACING GD22e-GD22g1)

M036

Q4453

GD23. Since R's LAST IW MONTH, YEAR have you applied for disability benefits from any (other) government program?

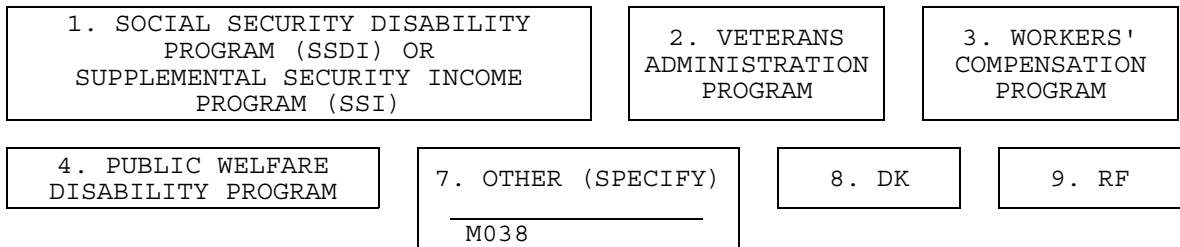


M037

Q4454

GD24. Which programs did you apply to?

[IWER: CHECK ALL THAT APPLY]

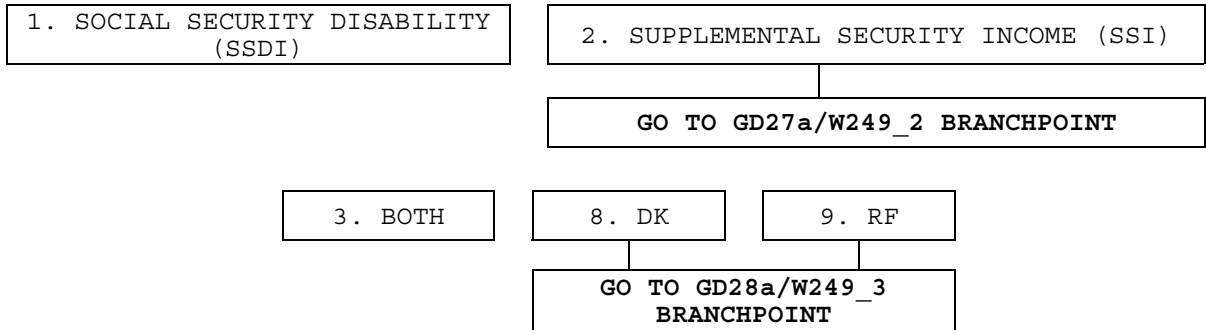


M058 BRANCHPOINT: IF R DID NOT REPORT APPLYING FOR {SSDI or SSI} (GD24/M037 NOT 1), GO TO GD28a/W249\_3 BRANCHPOINT

M058 (Tag#=M037.5)

Q8266

Did you apply to Social Security Disability or the Supplemental Security Income program, or both?





BEGINNING OF (GD26a/W249\_1) **WHEN APPLY BLOCK-1: SSDI NEW APPLICATION**  
(GD26a/W249\_1 - GD26a3/W252\_1). THIS BLOCK OF QUESTIONS IS ALSO USED IN  
OTHER LOCATIONS IN M1 (FORMERLY GD) & M2 (FORMERLY GJ), REPLACING  
PARALLEL QUESTIONS.

W249\_1

Q4455

GD26a. (Not including those disability benefits we have already discussed,) In  
what month and year did you first apply for disability benefits from  
the Social Security disability program?

W249\_1

Q4455

GD26a. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
		DK	RF			

\_\_\_\_\_ W250\_1

Q4456

GD26a1. YEAR

GD26a2/W251\_1 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON  
OR AFTER} R's LAST IW DATE (per  
(GD26a/GD26a1)/(W249\_1/W250\_1)), GO TO GD26b/M040

W251\_1  
Q4457

GD26a2. We are interested in your first application since R's LAST IW MONTH, YEAR.

In what month and year did you first apply for benefits from the Social Security disability program since that time?

W251\_1  
Q4457  
GD26a2. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
96. NOT APPLIED SINCE R's LAST IW MONTH, YEAR			98. DK	99. RF	
GO TO GD27a/W249_2 BRANCHPOINT					

	DK	RF
--	----	----

W252\_1  
Q4458  
GD26a3. YEAR

END OF WHEN APPLY BLOCK-1: SSDI NEW APPLICATION  
(GD26a/W249\_1 - GD26a3/W252\_1).

M040  
Q4459

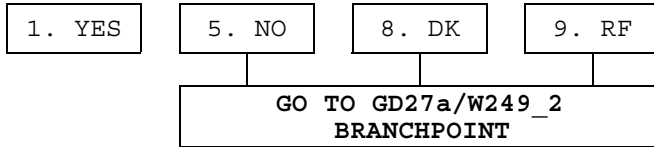
GD26b. Was your application accepted, rejected, or is it still being considered?

SOCIAL SECURITY DISABILITY

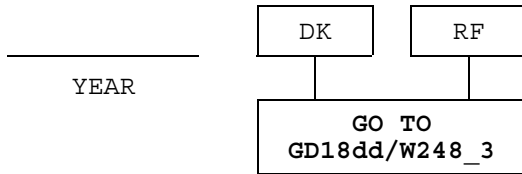
1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GD26f/W233_11	GO TO GD27a/W249_2 BRANCHPOINT		GO TO GD27a/W249_2 BRANCHPOINT	

BEGINNING OF (GD26c/W245\_3) **APPLICATION REJECTED BLOCK-3: SSDI NEW APPLICATION**  
 (GD18da/W245\_3 — GD18dd/W248\_3). THIS BLOCK OF QUESTIONS REPLACES  
 PARALLEL QUESTIONS  
 GD26c-GD26e.

W245\_3  
 Q4400  
 GD18da. Did you appeal or apply again later?

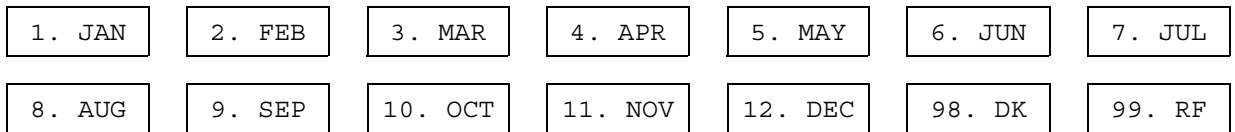


W247\_3  
 Q4402  
 GD18dc. When did you last appeal or apply for benefits?

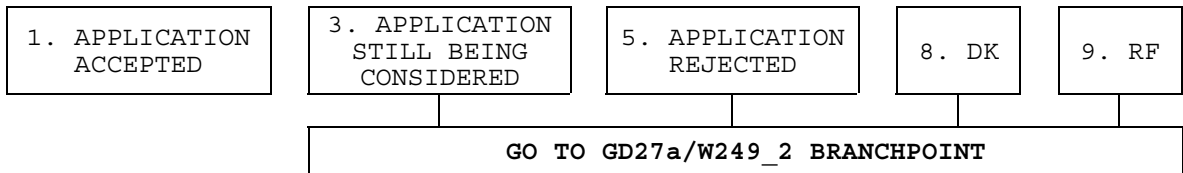


GD18db/W246\_3 BRANCHPOINT: IF YEAR AT GD18dc/W247\_3 WAS MORE THAN 2 YEARS AGO,  
 GO TO GD18dd/W248\_3

W246\_3  
 Q4401  
 GD18db. MONTH:



W248\_3  
 Q4403  
 GD18dd. Was your application eventually accepted, rejected, or is it still  
 being considered?



END OF **APPLICATION REJECTED BLOCK-3: SSDI NEW APPLICATION**  
 (GD18da/W245\_3 — GD18dd/W248\_3 REPLACING GD26c-GD26e)

BEGINNING OF (GD26f/W233\_11) **APPLICATION ACCEPTED BLOCK-11: SSDI NEW APPLICATION** (GD18cb/W233\_11 - GD18ck/W244\_11). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD26f-GD26m1.

W233\_11  
Q4391

GD18cb. In what month and year did you start receiving Social Security Disability benefits?

W233\_11  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD27a/W249_2 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_11  
Q4392  
GD18cc. YEAR

W235\_11  
Q4393

GD18cd. Were you offered rehabilitative services?

1. YES	5. NO	8. DK	9. RF
GO TO GD18cg/W238_11 BRANCHPOINT			

W236\_11

Q4394

GD18ce. When were you offered rehabilitative services?

W236\_11

Q4394

GD18ce. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
		DK	RF			

\_\_\_\_\_ W237\_11

Q4395

GD18cf. YEAR

W238\_11

Q4396

GD18cg. Are you still receiving benefits from Social Security Disability?

1. YES	5. NO	8. DK	9. RF
GO TO GD27a/W249_2 BRANCHPOINT			

W239\_11

Q4397

GD18ch. IF R IS STILL RECEIVING SSDI BENEFITS (GD18cg/W238\_11=1):

How much did you receive from the Social Security Disability program last month?

OTHERWISE:

How much did you receive from the Social Security Disability program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO GD18cj/ W243_11 BRANCHPOINT		

W240\_11 - W242\_11 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_\_ per month, more than \$\_\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$400, \$650, \$900, \$1,100

ENTRY POINT: \$650



HRS 2004 — SECTION M: DISABILITY — PAGE 47

FINAL VERSION 4 — 11/30/2005

BEGINNING OF (GD27a/W249\_2) WHEN APPLY BLOCK-2: SSI NEW APPLICATION  
(GD26a/W249\_2 - GD26a3/W252\_2). THIS BLOCK OF QUESTIONS REPLACES  
PARALLEL QUESTIONS GD27a-GD27a3.

W249\_2  
Q4455

GD26a. (Not including those disability benefits we have already discussed,) In  
what month and year did you first apply for disability benefits from  
the Supplemental Security Income disability program?

W249\_2  
Q4455

GD26a. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

DK	RF
----	----

\_\_\_\_\_  
W250\_2  
Q4456  
GD26a1. YEAR

GD26a2/W251 2 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSI IS {ON OR  
AFTER} R's LAST IW DATE (per  
(GD26a/GD26a1)/(W249\_2/W250\_2)), GO TO GD27b/M041

W251\_2  
Q4457

GD26a2. We are interested in your first application since R's LAST IW MONTH, YEAR.

In what month and year did you first apply for benefits from the Supplemental Security Income disability program since that time?

W251\_2  
Q4457  
GD26a2. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
96. NOT APPLIED SINCE R's LAST IW MONTH, YEAR			98. DK	99. RF	
GO TO GD28a/W249_3 BRANCHPOINT					

	DK	RF
--	----	----

W252\_2  
Q4458  
GD26a3. YEAR

END OF WHEN APPLY BLOCK-2: SSI NEW APPLICATION  
(GD26a/W249\_2 - GD26a3/W252\_2 REPLACING GD27a-GD27a3).

M041  
Q4477

GD27b. Was your application accepted, rejected, or is it still being considered?

SUPPLEMENTAL SECURITY INCOME

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GD27f/W233_12	GO TO GD28a/W249_3 BRANCHPOINT		GO TO GD28a/W249_3 BRANCHPOINT	

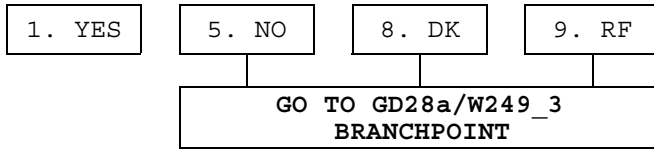


BEGINNING OF (GD27c/W245\_4) APPLICATION REJECTED BLOCK-4: SSI NEW APPLICATION (GD18da/W245\_4 - GD18dd/W248\_4). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD27c-GD27e.

W245\_4

Q4400

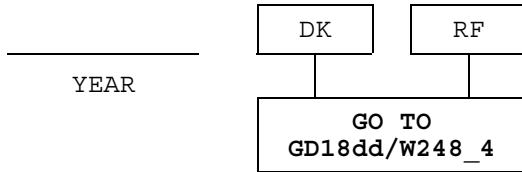
GD18da. Did you appeal or apply again later?



W247\_4

Q4402

GD18dc. When did you last appeal or apply for benefits?

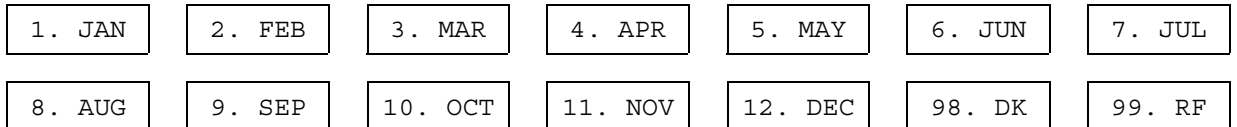


GD18db/W246\_4 BRANCHPOINT: IF YEAR AT GD18dc/W247\_4 WAS MORE THAN 2 YEARS AGO, GO TO GD18dd/W248\_4

W246\_4

Q4401

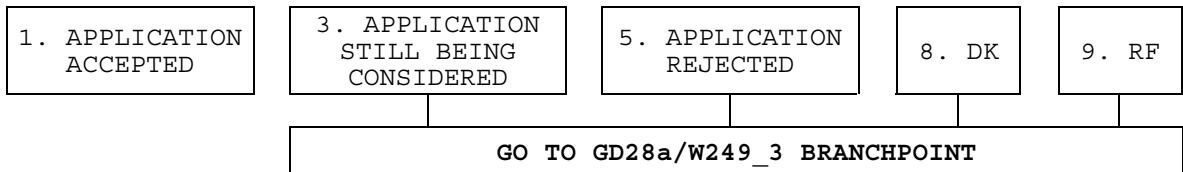
GD18db. MONTH:



W248\_4

Q4403

GD18dd. Was your application eventually accepted, rejected, or is it still being considered?



END OF APPLICATION REJECTED BLOCK-4: SSI NEW APPLICATION (GD18da/W245\_4 - GD18dd/W248\_4 REPLACING GD27c-GD27e)

BEGINNING OF (GD27f/W233\_12) **APPLICATION ACCEPTED BLOCK-12: SSI NEW APPLICATION** (GD18cb/W233\_12 - GD18ck/W244\_12). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD27f - GD27j1.

W233\_12  
Q4391

GD18cb. In what month and year did you start receiving Supplemental Security Income benefits?

W233\_12  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD28a/W249_3 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_12  
Q4392  
GD18cc. YEAR

W238\_12  
Q4396

GD18cg. Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO GD28a/W249_3 BRANCHPOINT			

W239\_12

Q4397

GD18ch. IF R IS STILL RECEIVING SSI BENEFITS (GD18cg/W238\_12=1):  
How much did you receive from the Supplemental Security Income  
program last month?

OTHERWISE:

How much did you receive from the Supplemental Security Income  
program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO GD18cj/W243_12 BRANCHPOINT		

W240\_12 - W242\_12 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month,  
more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$150, **\$400**, \$500, \$600

ENTRY POINT: \$400

GD18cj/W243\_12 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS  
(GD18cg/W238\_12=1), GO TO GD28a/W249\_3 BRANCHPOINT

W243\_12

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_12

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_12

Q4399

GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-12: SSI NEW APPLICATION

(GD18cb/W233\_12 - GD18ck/W244\_12 REPLACING GD27f-GD27j1)

GD28a/W249 3 BRANCHPOINT: IF R DID NOT REPORT APPLYING TO VETERANS  
ADMINISTRATION (GD24/M037 NOT 2), GO TO GD30a/W249 4  
BRANCHPOINT

BEGINNING OF (GD28a/W249\_3) **WHEN APPLY BLOCK-3: VA NEW APPLICATION**  
(GD26a/W249\_3 - GD26a3/W252\_3). THIS BLOCK OF QUESTIONS REPLACES  
PARALLEL QUESTIONS GD28a-GD28a3.

W249\_3

Q4455

GD26a. (Not including those disability benefits we have already discussed,) In  
what month and year did you first apply for disability benefits from  
the Veterans Administration disability program?

W249\_3

Q4455

GD26a. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
		DK	RF			

\_\_\_\_\_

W250\_3

Q4456

GD26a1. YEAR

GD26a2/W251 3 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR VETERANS  
BENEFITS IS {ON OR AFTER} R's LAST IW DATE  
(per (GD26a/GD26a1)/(W249\_3/W250\_3)), GO TO GD28b/M042

W251\_3

Q4457

GD26a2. We are interested in your first application since R's LAST IW MONTH, YEAR.

In what month and year did you first apply for benefits from the Veterans Administration disability program since that time?

W251\_3

Q4457

GD26a2. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
96. NOT APPLIED SINCE R's LAST IW MONTH, YEAR			98. DK	99. RF	
GO TO GD30a/W249_4 BRANCHPOINT					

	DK	RF
--	----	----

W252\_3

Q4458

GD26a3. YEAR

END OF WHEN APPLY BLOCK-3: VA NEW APPLICATION

(GD26a/W249\_3 - GD26a3/W252\_3 REPLACING GD28a-GD28a3).

M042

Q4495

GD28b. Was your application accepted, rejected, or is it still being considered?

VETERANS ADMINISTRATION

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GD28e/W232_13	GO TO GD30a/W249_4 BRANCHPOINT		GO TO GD30a/W249_4 BRANCHPOINT	



BEGINNING OF (GD28e/W232\_13) APPLICATION ACCEPTED BLOCK-13: VA NEW APPLICATION (GD20d/W232\_13 & GD18cg/W238\_13 - GD18ck/W244\_13). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD28e-GD28h1.

W232\_13  
Q4435

GD20d. What disability rating did you receive?

VETERANS ADMINISTRATION

100 FULL DISABILITY

\_\_\_\_\_

DK	RF
----	----

PERCENT

W233\_13  
Q4391

GD18cb. In what month and year did you start receiving Veterans Administration benefits?

W233\_13  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD30a/W249_4 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_13  
Q4392  
GD18cc. YEAR

W238\_13  
Q4396

GD18cg. Are you still receiving benefits from the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GD30a/W249_4 BRANCHPOINT				

W239\_13

Q4397

GD18ch. IF R IS STILL RECEIVING VETERANS BENEFITS (GD18cg/W238\_13=1):  
How much did you receive from the Veterans Administration program last month?

OTHERWISE:

How much did you receive from the Veterans Administration program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO GD18cj/W243_13 BRANCHPOINT		

W240\_13 - W242\_13 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 1Up1Down

BREAKPOINTS: \$500, \$1,000, \$1,500

ENTRY POINT: \$1,000

GD18cj/W243\_13 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS (GD18cg/W238\_13=1), GO TO GD30a/W249\_4 BRANCHPOINT

W243\_13

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_13

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_13

Q4399

GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-13: VA NEW APPLICATION

(GD20d/W232\_13 & GD18cb/W233\_13 - GD18ck/W244\_13 REPLACING GD28e-GD28h1)



GD30a/W249 4 BRANCHPOINT: IF R DID NOT REPORT APPLYING TO WORKERS' COMPENSATION PROGRAM (GD24/M037 NOT 3), GO TO GD32a/W249\_5 BRANCHPOINT

BEGINNING OF (GD30a/W249 4) **WHEN APPLY BLOCK-4: WORKERS' COMPENSATION NEW APPLICATION** (GD26a/W249\_4 - GD26a3/W252\_4). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD30a-GD30a3.

W249\_4  
Q4455

GD26a. (Not including those disability benefits we have already discussed,) In what month and year did you first apply for disability benefits from the Workers' Compensation disability program?

W249\_4  
Q4455  
GD26a. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
		DK	RF			

\_\_\_\_\_ W250\_4  
Q4456  
GD26a1. YEAR

GD26a2/W251 4 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR WORKERS' COMPENSATION BENEFITS IS {ON OR AFTER} R's LAST IW DATE (per (GD26a/GD26a1)/(W249\_4/W250\_4)), GO TO GD30b/M043

W251\_4  
Q4457

GD26a2. We are interested in your first application since R's LAST IW MONTH, YEAR.

In what month and year did you first apply for benefits from the Workers' Compensation disability program since that time?

W251\_4  
Q4457  
GD26a2. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
96. NOT APPLIED SINCE R's LAST IW MONTH, YEAR			98. DK	99. RF	
GO TO GD32a/W249_5 BRANCHPOINT					

DK	RF
----	----

W252\_4  
Q4458  
GD26a3. YEAR

END OF WHEN APPLY BLOCK-4: WORKERS' COMPENSATION NEW APPLICATION  
(GD26a/W249\_4 - GD26a3/W252\_4 REPLACING GD30a-GD30a3).

M043  
Q4509

GD30b. Was your application accepted, rejected, or is it still being considered?

WORKERS' COMPENSATION

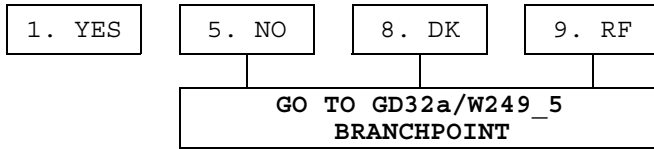
1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GD30e/M044	GO TO GD32a/W249_5 BRANCHPOINT		GO TO GD32a/W249_5 BRANCHPOINT	

BEGINNING OF (GD30c/W245\_6) APPLICATION REJECTED BLOCK-6: WORKERS' COMPENSATION NEW APPLICATION (GD18da/W245\_6 - GD18dd/W248\_6). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD30c & GD30d.

W245\_6

Q4400

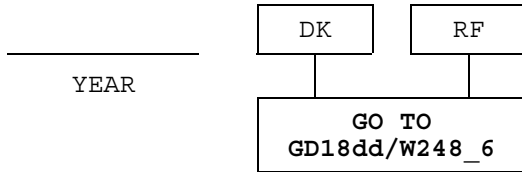
GD18da. Did you appeal or apply again later?



W247\_6

Q4402

GD18dc. When did you last appeal or apply for benefits?

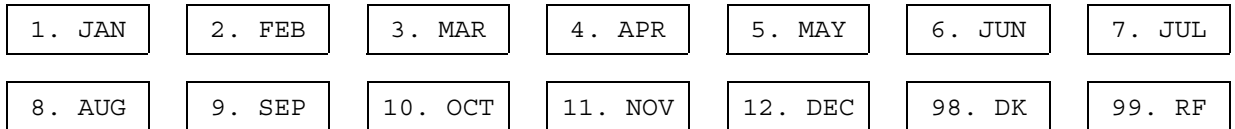


GD18db/W246\_6 BRANCHPOINT: IF YEAR AT GD18dc/W247\_6 WAS MORE THAN 2 YEARS AGO, GO TO GD18dd/W248\_6

W246\_6

Q4401

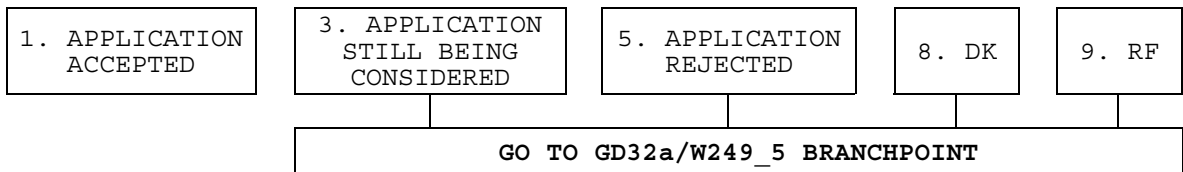
GD18db. MONTH:



W248\_6

Q4403

GD18dd. Was your application eventually accepted, rejected, or is it still being considered?



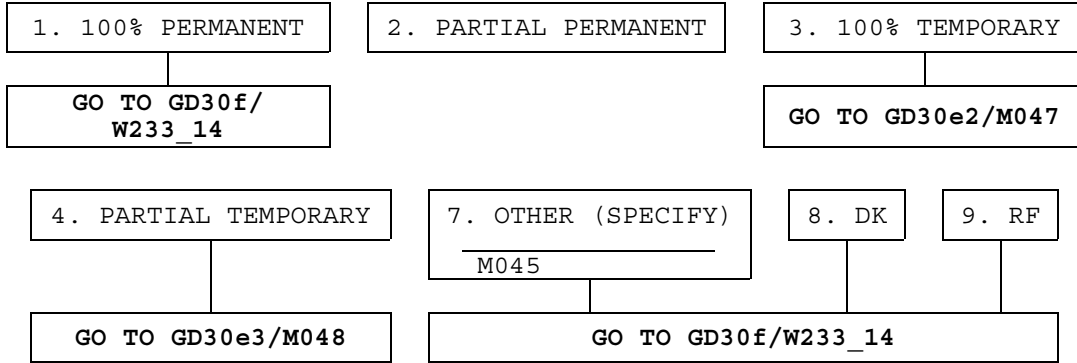
END OF APPLICATION REJECTED BLOCK-6: WORKERS' COMPENSATION NEW APPLICATION (GD18da/W245\_6 - GD18dd/W248\_6 REPLACING GD30c & GD30d).

M044

Q4512

GD30e. What disability rating did you receive?

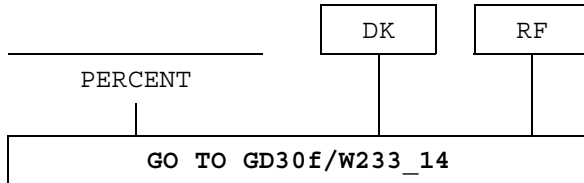
WORKERS' COMPENSATION



M046

Q4513

GD30e1. IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:  
What percentage did you receive?

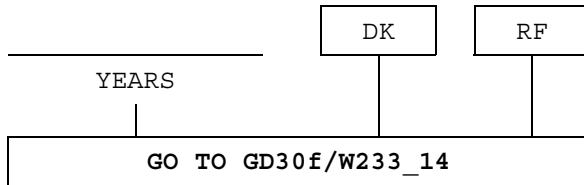


M047

Q4514

GD30e2. IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:  
For how many years?

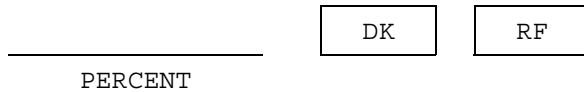
0-50 YEARS



M048

Q4515

GD30e3. IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION  
What percentage did you receive?



M049

Q4516

GD30e4. IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:  
For how many years?

0-50 YEARS

\_\_\_\_\_

YEARS

DK

RF

BEGINNING OF (GD30f/W233\_14) **APPLICATION ACCEPTED BLOCK-14: WORKERS' COMPENSATION NEW APPLICATION** (GD18cb/W233\_14 - GD18ck/W244\_14). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD30f-GD30h1.

W233\_14

Q4391

GD18cb. In what month and year did you start receiving Workers' Compensation benefits?

W233\_14

Q4391

GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD32a/W249_5 BRANCHPOINT					

\_\_\_\_\_

DK

RF

W234\_14

Q4392

GD18cc. YEAR

W238\_14

Q4396

GD18cg. Are you still receiving benefits from Workers' Compensation?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GD32a/W249_5 BRANCHPOINT				

W239\_14

Q4397

GD18ch. IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS

(GD18cg/W238\_14=1):

How much did you receive from the Workers' Compensation program last month?

OTHERWISE:

How much did you receive from the Workers' Compensation program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO <b>GD18cj/W243_14</b> <b>BRANCHPOINT</b>		

W240\_14 - W242\_14 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ per month, more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$500, \$1,000, \$1,500, \$2,200

ENTRY POINT: \$1,000

GD18cj/W243\_14 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (GD18cg/W238\_14=1), GO TO GD32a/W249\_5 BRANCHPOINT

W243\_14

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_14

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

_____	DK	RF
-------	----	----

W244\_14

Q4399

GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-14: WORKERS' COMPENSATION NEW APPLICATION (GD18cb/W233\_14 - GD18ck/W244\_14 REPLACING GD30f-GD30h1)

GD32a/W249\_5 BRANCHPOINT: IF R DID NOT REPORT APPLYING TO {A PUBLIC WELFARE DISABILITY PROGRAM or ANOTHER PROGRAM NOT LISTED} (GD24/M037 {NOT 4 and NOT 7}), GO TO GD131/M051 BRANCHPOINT

BEGINNING OF (GD32a/W249\_5) **WHEN APPLY BLOCK-5: OTHER PROGRAM NEW APPLICATION** (GD26a/W249\_5 - GD26a3/W252\_5). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD32a-GD32a3.

W249\_5  
Q4455

GD26a. (Not including those disability benefits we have already discussed,) In what month and year did you first apply for disability benefits from the other government disability program?

W249\_5  
Q4455  
GD26a. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
			DK	RF		

\_\_\_\_\_

W250\_5  
Q4456  
GD26a1. YEAR

GD26a2/W251\_5 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR OTHER DISABILITY BENEFITS IS {ON OR AFTER} R's LAST IW DATE (per (GD26a/GD26a1)/(W249\_5/W250\_5)), GO TO GD32b/M050

W251\_5  
Q4457

GD26a2. We are interested in your first application since R's LAST IW MONTH, YEAR.

In what month and year did you first apply for benefits from the other government disability program since that time?

W251\_5  
Q4457  
GD26a2. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
96. NOT APPLIED SINCE R's LAST IW MONTH, YEAR			98. DK	99. RF	
GO TO GD131/M051 BRANCHPOINT					

DK	RF
----	----

W252\_5  
Q4458  
GD26a3. YEAR

END OF WHEN APPLY BLOCK-5: OTHER PROGRAM NEW APPLICATION  
(GD26a/W249\_5 - GD26a3/W252\_5 REPLACING GD32a-GD32a3).

M050  
Q4526

GD32b. Was your application accepted, rejected, or is it still being considered?

ANY OTHER PROGRAMS

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GD32e/W233_15	GO TO GD131/M051 BRANCHPOINT		GO TO GD131/M051 BRANCHPOINT	



BEGINNING OF (GD32c/W245\_7) **APPLICATION REJECTED BLOCK-7: OTHER PROGRAM NEW APPLICATION** (GD18da/W245\_7 - GD18dd/W248\_7). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD32c & GD32d.

W245\_7  
Q4400

GD18da. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GD131/M051 BRANCHPOINT			

W247\_7  
Q4402

GD18dc. When did you last appeal or apply for benefits?

\_\_\_\_\_

YEAR

DK	RF
GO TO GD18dd/W248_7	

GD18db/W246\_7 BRANCHPOINT: IF YEAR AT GD18dc/W247\_7 WAS MORE THAN 2 YEARS AGO,  
GO TO GD18dd/W248\_7

W246\_7  
Q4401  
GD18db. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W248\_7  
Q4403

GD18dd. 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 GD131/M051 BRANCHPOINT				

END OF **APPLICATION REJECTED BLOCK-7: OTHER PROGRAM NEW APPLICATION**  
(GD18da/W245\_7 - GD18dd/W248\_7 REPLACING GD32c & GD32d)

BEGINNING OF (GD32e/W233\_15) **APPLICATION ACCEPTED BLOCK-15: OTHER PROGRAM NEW APPLICATION** (GD18cb/W233\_15 - GD18ck/W244\_15). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GD32e-GD30g1.

W233\_15  
Q4391

GD18cb. In what month and year did you start receiving benefits from this Other program?

W233\_15  
Q4391  
GD18cb. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
97. NOT YET RECEIVING BENEFITS				98. DK	99. RF
GO TO GD131/M051 BRANCHPOINT					

\_\_\_\_\_

DK	RF
----	----

W234\_15  
Q4392  
GD18cc. YEAR

W238\_15  
Q4396

GD18cg. Are you still receiving benefits from the other government program?

1. YES	5. NO	8. DK	9. RF
GO TO GD131/M051 BRANCHPOINT			

W239\_15

Q4397

GD18ch. IF R IS STILL RECEIVING ANY OTHER PROGRAM BENEFITS (GD18cg/W238\_15=1):  
How much did you receive from the other program last month?

OTHERWISE:

How much did you receive from the other program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

GO TO GD18cj/W243_15 BRANCHPOINT
--

W240\_15 - W242\_15 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_\_ per month, more than \$\_\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$150, \$400, \$500, \$600

ENTRY POINT: \$400

GD18cj/W243 15 BRANCHPOINT: IF R IS STILL RECEIVING ANY OTHER DISABILITY BENEFITS (GD18cg/W238\_15=1), GO TO GD131/M051 BRANCHPOINT

W243\_15

Q4398

GD18cj. In what month and year did the benefits stop?

W243\_15

Q4398

GD18cj. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

\_\_\_\_\_

DK	RF
----	----

W244\_15

Q4399

GD18ck. YEAR

END OF APPLICATION ACCEPTED BLOCK-15: OTHER PROGRAM NEW APPLICATION  
(GD18cb/W233\_15 - GD18ck/W244\_15 REPLACING GD32e-GD32g1)

GD131/M051 BRANCHPOINT: IF R DID NOT REPORT AT R'S LAST IW THAT WAS WORKING (Z123 NOT 1) and DID NOT REPORT THAT IS WORKING NOW (G2/J020 NOT 1), GO TO GD132/M056 (M1 ASSIST)

M051

Q4534

GD131. Since R'S LAST IW MONTH, 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	8. DK	9. RF
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px;">GO TO GD132/M056 (M1 ASSIST)</div> </div>				

M052

Q4535

GD131a. How many times have you been injured on the job since R'S LAST IW MONTH, YEAR?

\_\_\_\_\_

DK	RF
----	----

NUMBER OF TIMES

M053

Q4536

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

Q4536

GD131b. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
<div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;">DK</div> <div style="border: 1px solid black; padding: 5px;">RF</div> </div>						

M054

Q4537

GD131b1. DAY

\_\_\_\_\_

DK	RF
----	----

M055

Q4538

GD131b2. YEAR

M056

Q4541

GD132. M1 ASSIST

IWER:

HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION M1 —  
RE-IW DISABILITY?

1. NEVER

2. A FEW TIMES

3. MOST OR ALL  
OF THE TIME

4. THE SECTION WAS DONE  
BY A PROXY REPORTER

GJ1/M502 BRANCHPOINT: IF REINTERVIEW R (Z076=1), GO TO SECTION N

M502

Q4553

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?

1. YES	5. NO	6. TOO OLD TO WORK (VOL)	8. DK	9. RF
GO TO GJ1d/M506				

M503

Q4554

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]

\_\_\_\_\_

DK	RF
----	----

CONDITION

M504

Q4555

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

1. YES, TEMPORARY	5. NO, NOT TEMPORARY	8. DK	9. RF
GO TO GJ3/M515 BRANCHPOINT			

M505

Q4556

GJ1c. Have you had this condition before?

1. YES	5. NO	8. DK	9. RF
GO TO GJ3/M515 BRANCHPOINT	GO TO GJ29/M558 BRANCHPOINT		

M506

Q4557

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

1. YES	5. NO	6. TOO OLD TO WORK (VOL)	8. DK	9. RF
GO TO GJ1f/M508		GO TO GJ1f/M508		

M507

Q4558

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

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

GJ1f/M508 BRANCHPOINT: IF R DID NOT REPORT THAT IS LIMITED IN ANY ACTIVITIES BY AN IMPAIRMENT (GJ1e/M507={5 or DK or RF}) and R IS AT LEAST 70 YEARS OF AGE (A019 ≥ 70), GO TO GJ132/M685 (M2 ASSIST)

IF R DID NOT REPORT THAT IS LIMITED IN ANY ACTIVITIES BY AN IMPAIRMENT (GJ1e/M507={5 or DK or RF}), GO TO GJ29/M558 BRANCHPOINT

M508

Q4559

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

M509

Q4560

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/M512	GO TO GJ1i/M511	GO TO GJ1j/M512	

GJ1h/M510 BRANCHPOINT: IF YEAR AT GJ1g/M509 WAS MORE THAN 2 YEARS AGO, GO TO GJ1j/M512

M510

Q4561

GJ1h. In what month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

GJ1i/M511 BRANCHPOINT: GO TO GJ1j/M512

_____	DK	RF
-------	----	----

M511

Q4562

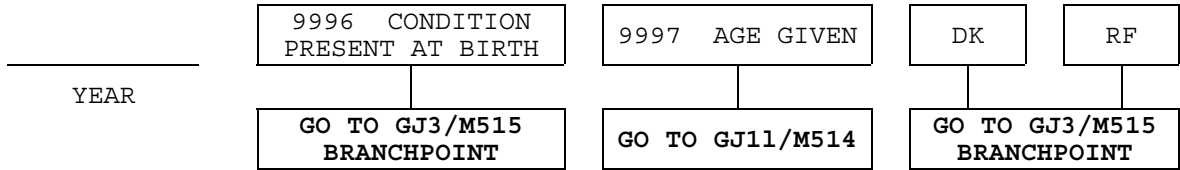
GJ1i. AT AGE



M512  
Q4564

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/M510 &) GJ1g/M509]/AGE AGE FROM GJ1i/M511], WHEN CONDITION FIRST BEGAN TO BOTHER R]



GJ1k/M512 BRANCHPOINT: IF YEAR AT GJ1j/M512 WAS MORE THAN 2 YEARS AGO, GO TO GJ3/M515 BRANCHPOINT

M513  
Q4565

GJ1k. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

GJ11/M514 BRANCHPOINT: GO TO GJ3/M515 BRANCHPOINT

DK	RF
----	----

M514  
Q4566  
GJ11. AT AGE

GJ3/M515 BRANCHPOINT: IF R DID NOT REPORT HAVING ANY IMPAIRMENTS THAT LIMIT WORK (GJ1/M502 NOT 1) and R IS AT LEAST 70 YEARS OF AGE, GO TO GJ132/M685 (M2 ASSIST)

IF R DID NOT REPORT HAVING ANY IMPAIRMENTS THAT LIMIT WORK (GJ1/M502 NOT 1), GO TO GJ29/M558 BRANCHPOINT

IF R HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (GG1/K003=5), GO TO GJ122/M643

IF R DID NOT REPORT THAT IS CURRENTLY WORKING FOR PAY (G2/J020 NOT 1), GO TO GJ12/M526 BRANCHPOINT

M515

Q4568

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

GJ4/M516 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE, GO TO GJ122/M643

IF R'S IMPAIRMENT BEGAN AFTER {STARTED or STOPPED} WORKING (GJ3/M515={2 or 3}), GO TO GJ18/M539

IF R HAS NEVER WORKED REGULARLY (GJ3/M515=4), GO TO GJ122/M643

M516

Q4569

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

M517

Q4570

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

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

M518

Q4571

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	_____	<input type="checkbox"/> DK	<input type="checkbox"/> RF
M518		M519		M520		
Q4571		Q4572		Q4573		
GJ6. YEAR		GJ6a. YEARS AGO		GJ6b. AT AGE		

GJ7/M521 BRANCHPOINT: IF R'S CONDITION WAS PRESENT AT BIRTH (GJ6/M518=9996), GO TO GJ11/M525 BRANCHPOINT

M521

Q4575

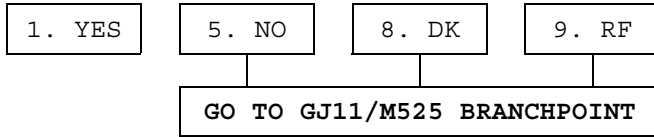
GJ7. Do you expect this condition to get worse within the next few years?

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

M522

Q4576

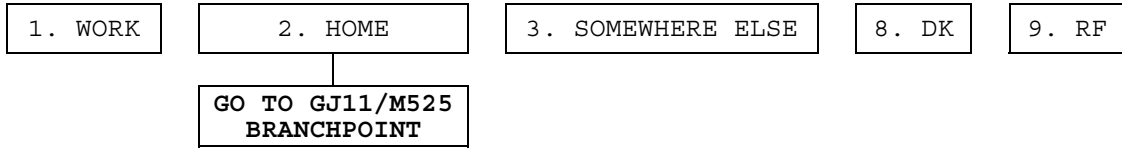
GJ8. Was the impairment or health problem you just mentioned the result of an accident or injury?



M523

Q4577

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



M524

Q4578

GJ10. Was it the result of an automobile accident?

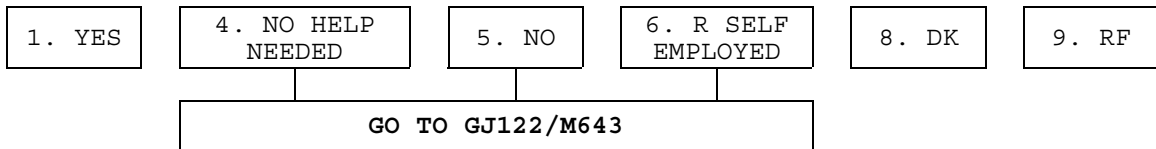


GJ11/M525 BRANCHPOINT: IF R IS SELF-EMPLOYED (G3/J021=2), ASSIGN 6 TO GJ11/M525 AND GO TO GJ122/M643

M525

Q4579

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



BEGINNING OF (GJ11a/W211\_3) **EMPLOYER ACCOMMODATIONS BLOCK-3: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK** (GJ48/W211\_3 - GJ56a/W231\_3). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ11a-GJ11h FROM HRS 2000.

	1. YES	5. NO	8. DK	9. RF
W211_3 Q4701 GJ48. Does your employer get someone to help you?				
W214_3 Q4704 GJ49. Does your employer shorten your work day?				
W220_3 Q4710 GJ51. (Does your employer) allow you more breaks and rest periods?				
W223_3 Q4713 GJ52. (Does your employer) arrange for special transportation?				
W228_3 Q4718 GJ55. (Does your employer) get you special equipment for the job?				
W229_3 Q4719 GJ55a. (Does your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_3  
Q4720

GJ56. Does your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ122/M643			

W231\_3

Q4721

GJ56a. What other things?

\_\_\_\_\_

\_\_\_\_\_

DK	RF
----	----

END OF **EMPLOYER ACCOMMODATIONS BLOCK-3: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK** (GJ11a/W211\_3 - GJ56a/W231\_3 REPLACING GD11a-GD11h)

GJ12/M526 BRANCHPOINT: IF CURRENTLY-EMPLOYED R's IMPAIRMENT BEGAN {BEFORE R STARTED WORKING REGULARLY or R DID NOT SAY} (GJ3/M515={1 or DK or RF}), GO TO GJ122/M643

M526

Q4588

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

GJ12a/M527 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE, GO TO GJ122/M643

IF R's IMPAIRMENT BEGAN BEFORE R STARTED WORKING (GJ12/M526=1), GO TO GJ13/M528

IF R HAS NEVER WORKED REGULARLY (GJ12/M526=4), GO TO GJ122/M643

M527

Q4589

GJ12a. Does it keep you from working altogether?

1. YES	5. NO	8. DK	9. RF
GO TO GJ23/M546	GO TO GJ18/M539		

M528

Q4590

GJ13. Does this limitation keep you from working altogether?

1. YES	5. NO	8. DK	9. RF
GO TO GJ14/M531			

M529

Q4591

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

M530

Q4592

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

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

M531

Q4593

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	_____	<input type="checkbox"/> DK	<input type="checkbox"/> RF
M531		M532		M533		
Q4593		Q4594		Q4595		
GJ14. YEAR		GJ14a. YEARS AGO		GJ14b. AT AGE		

GJ15/M534 BRANCHPOINT: IF R's IMPAIRMENT WAS PRESENT AT BIRTH (GJ14/M531=9996), GO TO GJ17/M538 BRANCHPOINT

M534

Q4597

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

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

M535

Q4598

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/M538 BRANCHPOINT			

M536

Q4599

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

|

GO TO GJ17/M538 BRANCHPOINT
--------------------------------

M537

Q4600

GJ16b. Was it the result of an automobile accident?

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

GJ17/M538 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT LAST JOB (GG3/K007=2), ASSIGN 6 TO GJ17/M538 AND GO TO GJ122/M643

M538

Q4601

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

| | |

GO TO GJ122/M643
------------------

BEGINNING OF (GJ17a/W211\_4) **EMPLOYER ACCOMMODATIONS BLOCK-4: LAST EMPLOYER, IMPAIRMENT BEFORE STARTED WORK** (GJ48/W211\_4 - GJ56a/W231\_4). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ17a-GJ17h FROM HRS 2000.

	1. YES	5. NO	8. DK	9. RF
W211_4 Q4701 GJ48. Did your employer get someone to help you?				
W214_4 Q4704 GJ49. Did your employer shorten your work day?				
W220_4 Q4710 GJ51. (Did your employer) allow you more breaks and rest periods?				
W223_4 Q4713 GJ52. (Did your employer) arrange for special transportation?				
W228_4 Q4718 GJ55. (Did your employer) get you special equipment for the job?				
W229_4 Q4719 GJ55a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_4  
Q4720  
GJ56. Did your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ122/M643			



W231\_4

Q4721

GJ56a. What other things?

\_\_\_\_\_  
\_\_\_\_\_

DK

RF

END OF **EMPLOYER ACCOMMODATIONS BLOCK-4: LAST EMPLOYER, IMPAIRMENT BEFORE STARTED WORK** (GJ48/W211\_4 - GJ56a/W231\_4 REPLACING GJ17a - GJ17h)

GJ18/M539 BRANCHPOINT: IF IMPAIRMENT BEGAN BEFORE R STARTED WORKING REGULARLY (GJ12/M526=1), GO TO GJ122/M643

M539

Q4610

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

M540

Q4611

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

M541

Q4612

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

M542

Q4613

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

\_\_\_\_\_ YEAR

DK	RF
GO TO GJ22/M544	

GJ21b/M543 BRANCHPOINT: IF YEAR AT GJ21/M542 WAS MORE THAN 2 YEARS AGO, GO TO GJ22/M544

M543

Q4614

GJ21b. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M544

Q4615

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

\_\_\_\_\_ YEAR

DK	RF
GO TO GJ26/M552	

GJ22b/M545 BRANCHPOINT: IF YEAR AT GJ22/M544 WAS MORE THAN 2 YEARS AGO, GO TO GJ26/M552

M545

Q4616

GJ22b. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

GJ23/M546 BRANCHPOINT: GO TO GJ26/M552

M546

Q4617

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

\_\_\_\_\_ YEAR

DK	RF
GO TO GJ24/M548	

GJ23b/M547 BRANCHPOINT: IF YEAR AT GJ23/M546 WAS MORE THAN 2 YEARS AGO, GO TO GJ24/M548

M547

Q4618

GJ23b. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M548

Q4619

GJ24. In what year did it begin to interfere with your work?

\_\_\_\_\_ YEAR

DK	RF
GO TO GJ25/M550	

GJ24b/M549 BRANCHPOINT: IF YEAR AT GJ24/M548 WAS MORE THAN 2 YEARS AGO, GO TO GJ25/M550

M549

Q4620

GJ24b. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M550

Q4621

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

\_\_\_\_\_

YEAR

DK	RF
----	----

GO TO GJ26/M552

GJ25b/M551 BRANCHPOINT: IF YEAR AT GJ25/M550 WAS MORE THAN 2 YEARS AGO, GO TO GJ26/M552

M551

Q4622

GJ25b. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M552

Q4623

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/M554

M553

Q4624

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

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

M554

Q4625

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/M557

M555

Q4626

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/M557
--------------------

M556

Q4627

GJ27b. Was it the result of an automobile accident?

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

M557

Q4628

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/M558 BRANCHPOINT: IF R HAS IMPAIRMENT THAT LIMITS WORK (GJ1/M502=1) *and* IMPAIRMENT BEGAN AFTER R STOPPED WORKING ({GJ3/M515 *or* GJ12/M526}=3), GO TO GJ122/M643

IF R HAS IMPAIRMENT THAT LIMITS WORK (GJ1/M502=1) *and* R DID NOT REPORT THAT THE CONDITION IS TEMPORARY (GJ1b/M504 NOT 1) *and* THE IMPAIRMENT {BEGAN BEFORE R STOPPED WORKING *or* R DID NOT SAY} ({GJ3/M515 *and* GJ12/M526} NOT 3), GO TO GJ36/M577

M558

Q4629

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/M679 BRANCHPOINT
------------------------------

M559

Q4630

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]

	DK	RF
--	----	----

CONDITION

M560

Q4631

GJ29b. Did it ever prevent you from working altogether?

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

M561

Q4632

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

_____	OR	_____	OR	_____	DK	RF
M561		M562		M563		
Q4632		Q4633		Q4634		
GJ29c. YEAR		GJ29Y1c. YEARS AGO		GJ29Y2c. AT AGE		

M564

Q4646

GJ29d. How long did this limitation last?

_____	DK	RF
AMOUNT OF TIME		

M565

Q4647

GJ29d1. TIME UNIT:

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

M566

Q4648

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
GO TO GJ33/M569			

M567

Q4649

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
GO TO GJ33/M569				

M568

Q4650

GJ32. Was it the result of an automobile accident?

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

M569

Q4651

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

M570

Q4652

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

1. YES	5. NO	8. DK	9. RF
GO TO GJ131/M679 BRANCHPOINT			

M571

Q4653

GJ35. Did you receive disability benefits?

1. YES	5. NO	8. DK	9. RF
GO TO GJ131/M679 BRANCHPOINT			

M572

Q4654

GJ35a. From what program did you receive disability benefits?

_____	DK	RF
PROGRAM		

M573

Q4655

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

FROM YEAR & MONTH:

\_\_\_\_\_

M573  
Q4655  
GJ35b. FROM YEAR

DK	RF
GO TO GJ35d/M575	

GJ35c/M574 BRANCHPOINT: IF YEAR AT GJ35b/M573 WAS MORE THAN 2 YEARS AGO, GO TO GJ35d/M575

M574

Q4656

GJ35c.

FROM MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

TO YEAR & MONTH:

\_\_\_\_\_

M575  
Q4657  
GJ35d. TO YEAR

DK	RF
GO TO GJ36/M577 BRANCHPOINT	

GJ35e/M576 BRANCHPOINT: IF YEAR AT GJ35d/M575 WAS MORE THAN 2 YEARS AGO, GO TO GJ36/M577 BRANCHPOINT

M576

Q4658

GJ35e.

TO MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF



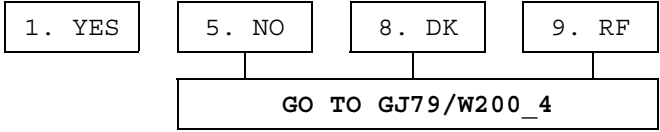


GO TO GJ122/M643

M583

Q4665

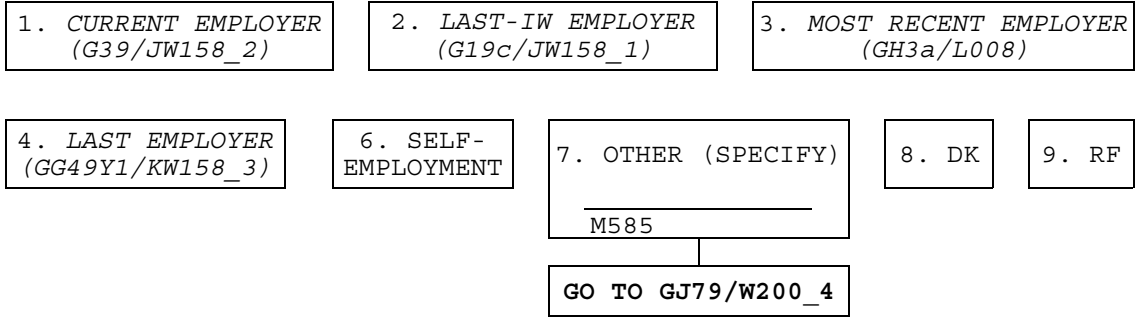
GJ37a. Did you tell me about the details of that job earlier?



M584

Q4666

GJ37b. Which company or organization was that?

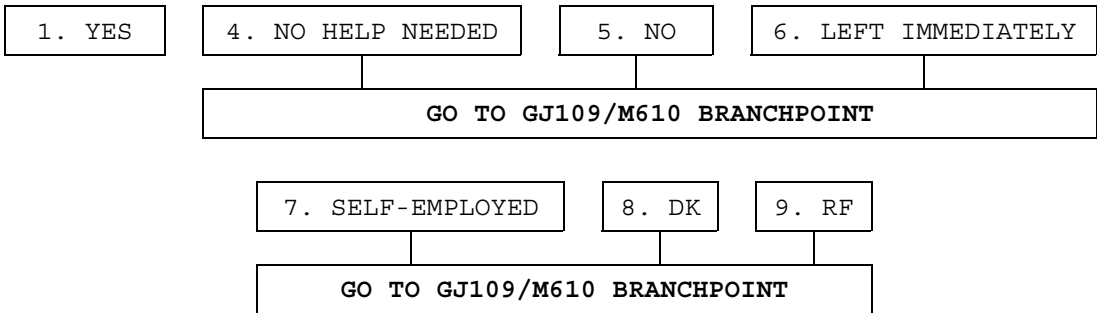


GJ38/M586 BRANCHPOINT: IF R DID NOT MENTION OTHER COMPANY AT GJ37b/M584 (GJ37b/M584 NOT 7) and R DID NOT SAY IT WAS CURRENT EMPLOYER AT GJ36b/M579 (GJ36b/M579 NOT 1), GO TO GJ87/M602

M586

Q4667

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?



HRS 2004 — SECTION M: DISABILITY — PAGE 91

FINAL VERSION 4 — 11/30/2005

BEGINNING OF (GJ38a/W211\_5) **EMPLOYER ACCOMMODATIONS BLOCK-5: EMPLOYER WHEN IMPAIRMENT BEGAN** (GJ48/W211\_5 - GJ56a/W231\_5). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ38a-GJ38k FROM HRS 2000.

	1. YES	5. NO	8. DK	9. RF
W211_5 Q4701 GJ48. Did your employer get someone to help you?				
W214_5 Q4704 GJ49. Did your employer shorten your work day?				
W217_5 Q4707 GJ50. Did your employer allow you to change the time you came to and left work?				
W220_5 Q4710 GJ51. (Did your employer) allow you more breaks and rest periods?				
W223_5 Q4713 GJ52. (Did your employer) arrange for special transportation?				
W226_5 Q4716 GJ53. (Did your employer) change(d) the job to something you could do?				
W227_5 Q4717 GJ54. (Did your employer) help(ed) you learn new job skills?				
W228_5 Q4718 GJ55. (Did your employer) get you special equipment for the job?				
W229_5 Q4719 GJ55a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_5

Q4720

GJ56. Did your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ109/M610 BRANCHPOINT			

W231\_5

Q4721

GJ56a. What other things?

\_\_\_\_\_

\_\_\_\_\_

DK	RF
----	----

END OF **EMPLOYER ACCOMMODATIONS BLOCK-5: EMPLOYER WHEN IMPAIRMENT BEGAN**  
(GJ48/W211\_5 - GJ56a/W231\_5 REPLACING GJ38a-GJ38k)

GJ39/W200 2 BRANCHPOINT: IF R REPORTED AN IMPAIRMENT THAT LIMITED THE AMOUNT OF PAID WORK S/HE COULD DO (GJ29/M558=1), GO TO GJ109/M610 BRANCHPOINT

BEGINNING OF (GJ39/W200\_2) **OTHER EMPLOYER BLOCK-2: EMPLOYER WHEN IMPAIRMENT BEGAN**  
(GD12c/W200\_2 - GD121/W210\_2). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ39-GJ46 FROM HRS 2000.

W200\_2

Q4338

GD12c. 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
-----------------	------------------	-------	-------

W202\_2

Q4340

GD12e. 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

W201\_2

Q4339

GD12d. 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

W203\_2

Q4341

GD12f. About how many employees work for that company or organization at all locations?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

NUMBER

GO TO  
GD12h/W205\_2

W204\_2

Q4342

GD12g. Is 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

W205\_2

Q4343

GD12h. What were you earning, before deductions, when you left that employer?

[IWER: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS]

\_\_\_\_\_

AMOUNT

DK	RF
----	----

GO TO  
GD12j/W208\_2

W206\_2

Q4344

GD12i. [IWER: PROBE IF NECESSARY]

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

PER:

1. HOUR	2. WEEK	3. EVERY TWO WEEKS/BI-WEEKLY	4. MONTH
6. YEAR	97. OTHER (SPECIFY) _____ W207_2	98. DK	99. RF

W208\_2

Q4346

GD12j. How many hours a week did you usually work for that employer?

1-95 HOURS

\_\_\_\_\_

HOURS

DK	RF
----	----

W209\_2

Q4347

GD12k. IWER: 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]

1-52 WEEKS

\_\_\_\_\_

WEEKS

DK	RF
----	----

W210\_2

Q4348

GD12l. Were you covered by a union or employee-association contract?

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

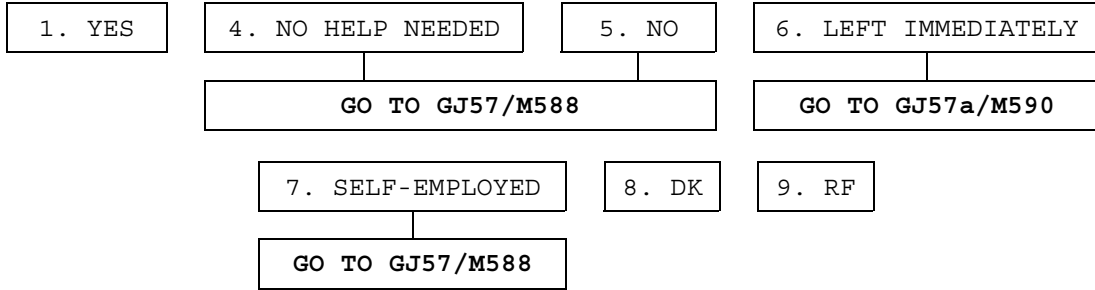
END OF OTHER EMPLOYER BLOCK-2: EMPLOYER WHEN IMPAIRMENT BEGAN  
(GD12c/W200\_2 - GD12l/W210\_2 REPLACING GJ39-GJ46)

GJ47/M587 BRANCHPOINT: IF R WAS SELF-EMPLOYED BEFORE HEALTH BEGAN TO LIMIT ABILITY TO WORK (GJ39/W200 2=2), ASSIGN 7 TO GJ47/M587 AND GO TO GJ57/M588

M587

Q4700

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?

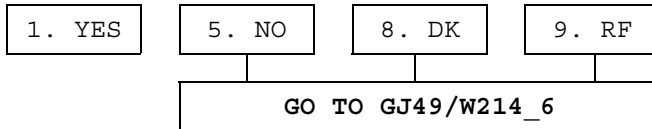


BEGINNING OF (GJ48/W211\_6) **EMPLOYER ACCOMMODATIONS BLOCK-6: NEXT EMPLOYER AFTER EMPLOYER WHEN IMPAIRMENT BEGAN** (GJ48/W211\_6 - GJ56a/W231\_6). THIS BLOCK OF QUESTIONS IS ALSO USED IN OTHER LOCATIONS IN M2 (FORMERLY SECTION GJ) AS WELL AS IN SECTION M1 (FORMERLY SECTION GD), REPLACING PARALLEL QUESTIONS GD13a-GD13k(-1), GD15a-GD15k(-2), GJ11a-GJ11h(-3), GJ17a-GJ17h(-4), GJ38a-GJ38k(-5), GJ69-GJ77a(-7), GJ99-GJ107a(-8), GJ109a-GJ109k(-9) FROM HRS 2000.

W211\_6

Q4701

GJ48. Did your employer get someone to help you?

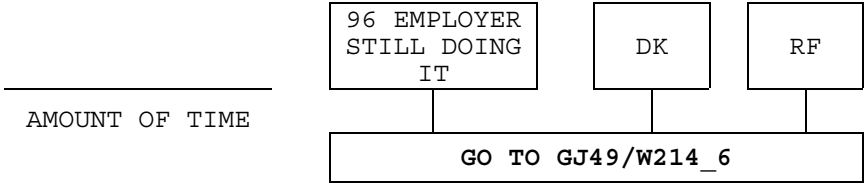


W212\_6

Q4702

GJ48a. How long did they continue to do that?

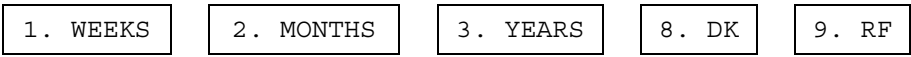
[IWER: ENTER 96 IF R SAYS 'EMPLOYER STILL DOING IT']



W213\_6

Q4703

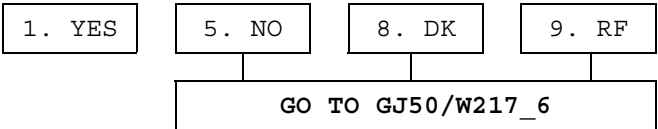
GJ48b. TIME UNIT:



W214\_6

Q4704

GJ49. Did your employer shorten your work day?

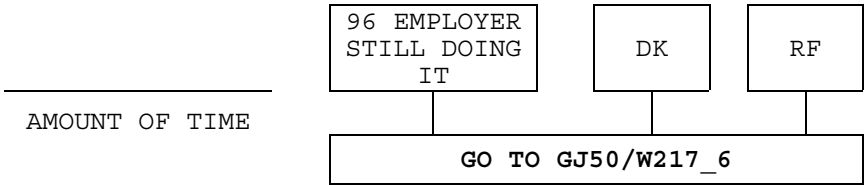


W215\_6

Q4705

GJ49a. How long did they continue to do that?

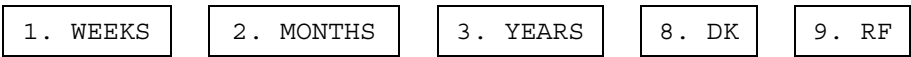
[IWER: ENTER 96 IF R SAYS 'EMPLOYER STILL DOING IT']



W216\_6

Q4706

GJ49b. TIME UNIT:





W217\_6

Q4707

GJ50. 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 GJ51/W220_6			

W218\_6

Q4708

GJ50a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
GO TO GJ51/W220_6		

W219\_6

Q4709

GJ50b. TIME UNIT:

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

W220\_6

Q4710

GJ51. (Did your employer) allow you more breaks and rest periods?

1. YES	5. NO	8. DK	9. RF
GO TO GJ52/W223_6			

W221\_6

Q4711

GJ51a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
----------------------------------	----	----

GO TO GJ52/W223\_6

W222\_6

Q4712

GJ51b. TIME UNIT:

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

W223\_6

Q4713

GJ52. (Did your employer) arrange for special transportation?

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

GO TO GJ53/W226\_6

W224\_6

Q4714

GJ52a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
----------------------------------	----	----

GO TO GJ53/W226\_6

W225\_6

Q4715

GJ52b. TIME UNIT:

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

	1. YES	5. NO	8. DK	9. RF
W226_6 Q4716 GJ53. (Did your employer) change(d) the job to something you could do?				
W227_6 Q4717 GJ54. (Did your employer) help(ed) you learn new job skills?				
W228_6 Q4718 GJ55. (Did your employer) get you special equipment for the job?				
W229_6 Q4719 GJ55a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_6

Q4720

GJ56. Did your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ57/M588			

W231\_6

Q4721

GJ56a. What other things?

_____	DK	RF
_____		

END OF EMPLOYER ACCOMMODATIONS BLOCK-6: NEXT EMPLOYER AFTER EMPLOYER WHEN  
IMPAIRMENT BEGAN (GJ48/W211\_6 - GJ56a/W231\_6)

M588

Q4722

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/M590	GO TO GJ109/M610 BRANCHPOINT	GO TO GJ58/M594	

M589

Q4723

GJ57Y1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
GO TO GJ58/M594 BRANCHPOINT				

M590

Q4724

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

1. YES	5. NO	8. DK	9. RF
GO TO GJ59/M596			

M591

Q4725

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

1. YES	5. NO	8. DK	9. RF
GO TO GJ110a/M611			

M592

Q4726

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

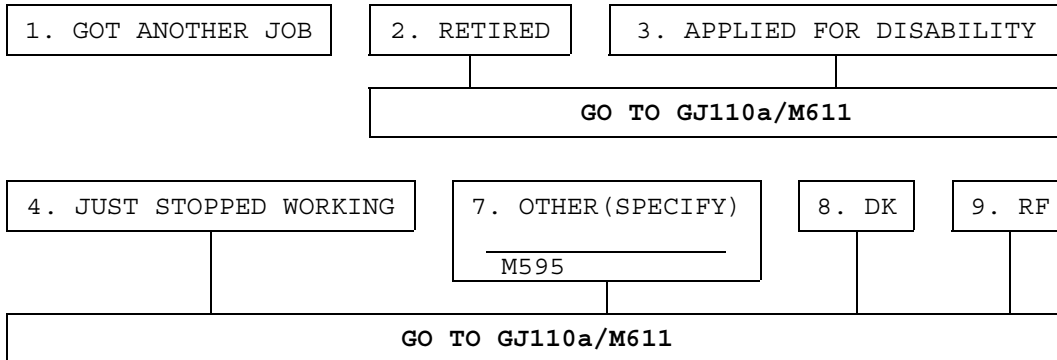
1. NO JOBS AVAILABLE R COULD DO	2. NO EMPLOYER WILLING TO HIRE R	7. OTHER (SPECIFY) _____ M593	8. DK	9. RF
------------------------------------	-------------------------------------	--	-------	-------

GJ58/M594 BRANCHPOINT: IF R LEFT EMPLOYER {AFTER BEING ON SICK LEAVE OR SOON AFTER IMPAIRMENT BEGAN TO LIMIT WORK} (GJ57/M588=95 or GJ47/M587=6), GO TO GJ110a/M611

M594

Q4727

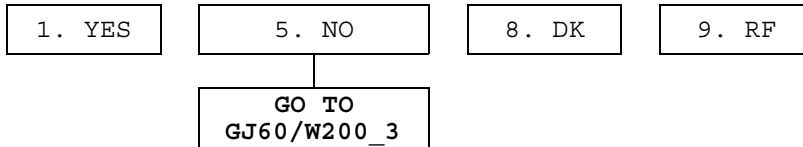
GJ58. After you left [that employer/self-employment], did you get another job, did you stop working and retire, did you apply for disability, or what?



M596

Q4728

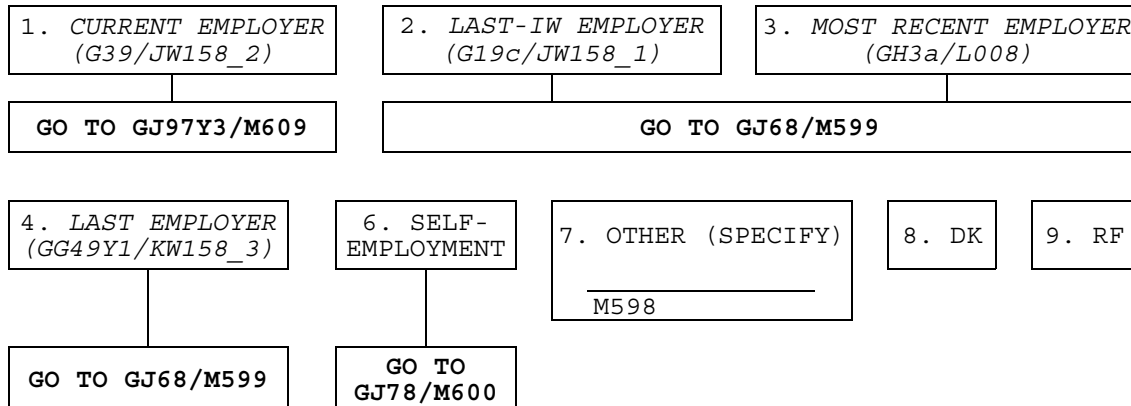
GJ59. Did you tell me about the details of that job earlier in the interview?



M597

Q4729

GJ59a. Which company or organization was that?



BEGINNING OF (GJ60/W200\_3) OTHER EMPLOYER BLOCK-3: WORKING WHEN LIMITATION  
BEGAN - 1ST EMPLOYER AFTER LIMITATION  
(GD12c/W200\_3 - GD12l/W210\_3). THIS BLOCK OF QUESTIONS REPLACES  
PARALLEL QUESTIONS GJ60-GJ67 FROM HRS 2000.

W200\_3  
Q4338

GD12c. Did you work 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
-----------------	------------------	-------	-------

W202\_3  
Q4340

GD12e. 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

W201\_3  
Q4339

GD12d. What sort of work did you do on that job?

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

\_\_\_\_\_

TYPE OF WORK

W203\_3  
Q4341

GD12f. About how many employees work for that company or organization at all locations?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

NUMBER

|

W204\_3

Q4342

GD12g. Is 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

W205\_3

Q4343

GD12h. What were you earning, before deductions, when you left that employer?

[IWER: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS]

\_\_\_\_\_

AMOUNT

DK	RF
GO TO GD12j/W208_3	

W206\_3

Q4344

GD12i. [IWER: PROBE IF NECESSARY]

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

PER:

1. HOUR	2. WEEK	3. EVERY TWO WEEKS/BI-WEEKLY	4. MONTH
6. YEAR	97. OTHER (SPECIFY) _____ W207_3	98. DK	99. RF

W208\_3

Q4346

GD12j. How many hours a week did you usually work for that employer?

1-95 HOURS

\_\_\_\_\_

HOURS

DK	RF
----	----

W209\_3  
Q4347

GD12k. IWER: 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]

1-52 WEEKS

\_\_\_\_\_

WEEKS

DK	RF
----	----

W210\_3  
Q4348

GD12l. Were you covered by a union or employee-association contract?

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

END OF OTHER EMPLOYER BLOCK-3: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER  
AFTER LIMITATION  
(GD12c/W200\_3 - GD12l/W210\_3 REPLACING GJ60-GJ67)

GJ68/M599 BRANCHPOINT: IF R WAS SELF-EMPLOYED (GJ60/W200\_3=2), ASSIGN 7 TO GJ68/M599 AND GO TO GJ78/M600

M599  
Q4741

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

1. YES	4. NO HELP NEEDED	5. NO	6. LEFT IMMEDIATELY
--------	-------------------	-------	---------------------

GO TO GJ78/M600

7. SELF-EMPLOYED	8. DK	9. RF
------------------	-------	-------

GO TO GJ78/M600



BEGINNING OF (GJ69/W211\_7) **EMPLOYER ACCOMMODATIONS BLOCK-7: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION**  
(GJ48/W211\_7 - GJ56a/W231\_7). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ69-GJ77a FROM HRS 2000.

W211\_7  
Q4701

GJ48. Did your employer get someone to help you?

1. YES	5. NO	8. DK	9. RF
GO TO GJ49/W214_7			

W212\_7  
Q4702

GJ48a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
GO TO GJ49/W214_7		

W213\_7  
Q4703

GJ48b. TIME UNIT:

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

W214\_7  
Q4704

GJ49. Did your employer shorten your work day?

1. YES	5. NO	8. DK	9. RF
GO TO GJ50/W217_7			

W215\_7

Q4705

GJ49a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
----------------------------------	----	----

GO TO GJ50/W217\_7

W216\_7

Q4706

GJ49b. TIME UNIT:

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

W217\_7

Q4707

GJ50. 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 GJ51/W220\_7

W218\_7

Q4708

GJ50a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
----------------------------------	----	----

GO TO GJ51/W220\_7

W219\_7

Q4709

GJ50b. TIME UNIT:

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

W220\_7

Q4710

GJ51. (Did your employer) allow you more breaks and rest periods?

1. YES	5. NO	8. DK	9. RF
GO TO GJ52/W223_7			

W221\_7

Q4711

GJ51a. How long did they continue to do that?

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

_____	96 EMPLOYER STILL DOING IT	DK	RF
AMOUNT OF TIME	GO TO GJ52/W223_7		

W222\_7

Q4712

GJ51b. TIME UNIT:

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

W223\_7

Q4713

GJ52. (Did your employer) arrange for special transportation?

1. YES	5. NO	8. DK	9. RF
GO TO GJ53/W226_7			

W224\_7

Q4714

GJ52a. How long did they continue to do that?

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

	96 EMPLOYER STILL DOING IT	DK	RF
AMOUNT OF TIME	GO TO GJ53/W226_7		

W225\_7

Q4715

GJ52b. TIME UNIT:

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

	1. YES	5. NO	8. DK	9. RF
W226_7 Q4716 GJ53. (Did your employer) change(d) the job to something you could do?				
W227_7 Q4717 GJ54. (Did your employer) help(ed) you learn new job skills?				
W228_7 Q4718 GJ55. (Did your employer) get you special equipment for the job?				
W229_7 Q4719 GJ55a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_7

Q4720

GJ56. Did your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ78/M600			

W231\_7

Q4721

GJ56a. What other things?

\_\_\_\_\_

\_\_\_\_\_

DK

RF

END OF **EMPLOYER ACCOMMODATIONS BLOCK-7: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION**  
 (GJ48/W211\_7 - GJ56a/W231\_7 REPLACING GJ69-GJ77a)

M600

Q4763

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]

_____  AMOUNT OF TIME	<div style="border: 1px solid black; padding: 5px; width: 100%;">95 LEFT AFTER FEW MONTHS/AFTER BEING ON LEAVE</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px;">GO TO GJ109/M610 BRANCHPOINT</div>	<div style="border: 1px solid black; padding: 5px; width: 100%;">96 STILL WORKING FOR EMPLOYER/SELF-EMPLOYED</div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 5px;">GO TO GJ79/W200_4</div>	<div style="border: 1px solid black; padding: 5px; width: 100%;">DK</div>	<div style="border: 1px solid black; padding: 5px; width: 100%;">RF</div>	<div style="border: 1px solid black; padding: 5px; width: 100%;">GO TO GJ109/M610 BRANCHPOINT</div>
-----------------------------	---	--	---	---	---

M601

Q4764

GJ78Y1. TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
GO TO GJ109/M610 BRANCHPOINT				

BEGINNING OF (GJ79/W200\_4) OTHER EMPLOYER BLOCK-4: NOT WORKING WHEN LIMITATION  
BEGAN - EMPLOYER BEFORE LIMITATION  
(GD12c/W200\_4 - GD12l/W210\_4). THIS BLOCK OF QUESTIONS REPLACES PARALLEL  
QUESTIONS GJ79-GJ86 FROM HRS 2000.

W200\_4  
Q4338

GD12c. 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
-----------------	------------------	-------	-------

W202\_4  
Q4340

GD12e. 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

W201\_4  
Q4339

GD12d. 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

W203\_4  
Q4341

GD12f. About how many employees work for that company or organization at all  
locations?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

NUMBER

GO TO GD12h/W205_4
-----------------------

HRS 2004 — SECTION M: DISABILITY — PAGE 111

FINAL VERSION 4 — 11/30/2005

W204\_4

Q4342

GD12g. Is 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

W205\_4

Q4343

GD12h. What were you earning, before deductions, when you left that employer?

[IWER: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS]

\_\_\_\_\_ AMOUNT

DK	RF
GO TO GD12j/W208_4	

W206\_4

Q4344

GD12i. [IWER: PROBE IF NECESSARY]

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

PER:

1. HOUR	2. WEEK	3. EVERY TWO WEEKS/BI-WEEKLY	4. MONTH
6. YEAR	97. OTHER (SPECIFY) _____ W207_4	98. DK	99. RF

W208\_4

Q4346

GD12j. How many hours a week did you usually work for that employer?

1-95 HOURS

\_\_\_\_\_ HOURS

DK	RF
----	----

W209\_4  
Q4347

GD12k. IWER: 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]

1-52 WEEKS

\_\_\_\_\_

WEEKS

DK	RF
----	----

W210\_4  
Q4348

GD12l. Were you covered by a union or employee-association contract?

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

END OF **OTHER EMPLOYER BLOCK-4: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION**  
(GD12c/W200\_4 - GD12l/W210\_4 REPLACING GJ79-GJ86)

M602  
Q4777

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

1. YES	5. NO	8. DK	9. RF
<b>GO TO GJ110a/M611</b>			

M603  
Q4778

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
<b>GO TO GJ89/W200_5</b>			



M604

Q4779

GJ88a. Which company or organization was that?

1. CURRENT EMPLOYER (G39/JW158_2)	2. LAST-IW EMPLOYER (G19c/JW158_1)	3. MOST RECENT EMPLOYER (GH3a/L008)
<b>GO TO GJ97Y3/M609 BRANCHPOINT</b>		
4. LAST EMPLOYER (GG49Y1/KW158_3)	6. SELF-EMPLOYMENT	7. OTHER (SPECIFY)  M605
8. DK	9. RF	
<b>GO TO GJ97Y3/M609 BRANCHPOINT</b>	<b>GO TO GJ109/M610 BRANCHPOINT</b>	

BEGINNING OF (GJ89/W200\_5) OTHER EMPLOYER BLOCK-5: NOT WORKING WHEN LIMITATION BEGAN - FIRST EMPLOYER AFTER LIMITATION (GD12c/W200\_5 - GD121/W210\_5). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ89-GJ96 FROM HRS 2000.

W200\_5

Q4338

GD12c. Did you work 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
-----------------	------------------	-------	-------

W202\_5

Q4340

GD12e. 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

W201\_5

Q4339

GD12d. 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

W203\_5

Q4341

GD12f. About how many employees work for that company or organization at all locations?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

NUMBER

DK

RF

GO TO  
GD12h/W205\_5

W204\_5

Q4342

GD12g. Is 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

W205\_5

Q4343

GD12h. What were you earning, before deductions, when you left that employer?

[IWER: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS]

\_\_\_\_\_

AMOUNT

DK

RF

GO TO  
GD12j/W208\_5

W206\_5

Q4344

GD12i. [IWER: PROBE IF NECESSARY]

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

PER:

1. HOUR

2. WEEK

3. EVERY TWO WEEKS/BI-WEEKLY

4. MONTH

6. YEAR

97. OTHER (SPECIFY)

\_\_\_\_\_

W207\_5

98. DK

99. RF

W208\_5  
Q4346

GD12j. How many hours a week did you usually work for that employer?

1-95 HOURS

\_\_\_\_\_

HOURS

DK

RF

W209\_5  
Q4347

GD12k. IWER: 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]

1-52 WEEKS

\_\_\_\_\_

WEEKS

DK

RF

W210\_5  
Q4348

GD12l. Were you covered by a union or employee-association contract?

1. YES

5. NO

8. DK

9. RF

END OF OTHER EMPLOYER BLOCK-5: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER AFTER LIMITATION

(GD12c/W200\_5 - GD12l/W210\_5 REPLACING GJ89-GJ96)

M606  
Q4790

GJ97. When did you leave that employer?

\_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_

M606	M607	M608		
Q4790	Q4791	Q4792		
GJ97. YEAR	GJ97Y1. YEARS AGO	GJ97Y2. AT AGE		

DK

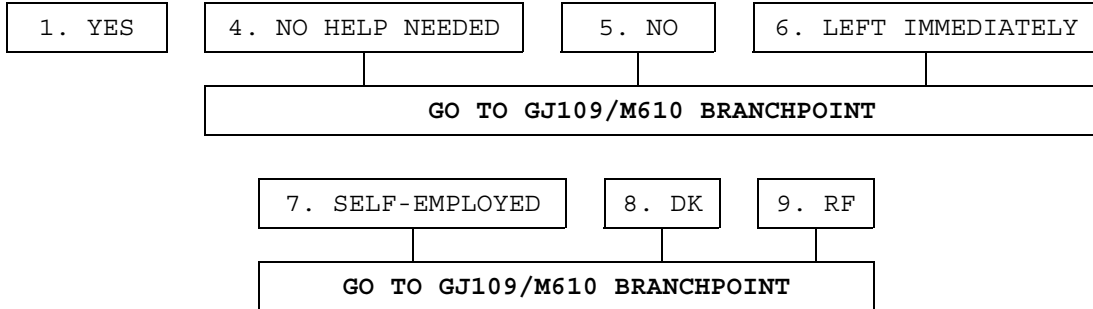
RF

GJ97Y3/M609 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT TIME OF IMPAIRMENT  
(GJ88a/M604=6 or GJ89/W200 5=2), ASSIGN 7 TO GJ97Y3/M609 AND  
GO TO GJ109/M610 BRANCHPOINT

M609

Q4794

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?

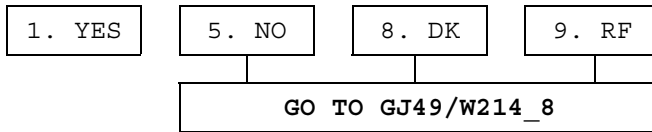


BEGINNING OF (GJ99/W211\_8) **EMPLOYER ACCOMMODATIONS BLOCK-8: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER AFTER LIMITATION** (GJ48/W211\_8 - GJ56a/W231\_8). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ99-GJ107a FROM HRS 2000.

W211\_8

Q4701

GJ48. Did your employer get someone to help you?

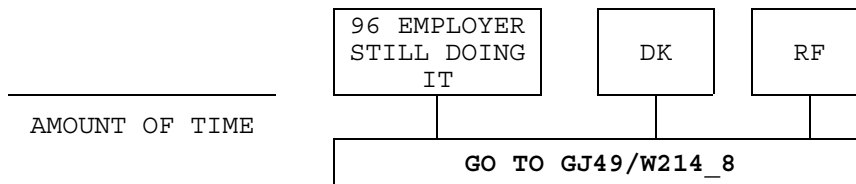


W212\_8

Q4702

GJ48a. How long did they continue to do that?

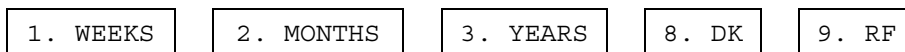
[IWER: ENTER 96 IF R SAYS 'EMPLOYER STILL DOING IT']



W213\_8

Q4703

GJ48b. TIME UNIT:



W214\_8

Q4704

GJ49. Did your employer shorten your work day?

1. YES	5. NO	8. DK	9. RF
GO TO GJ50/W217_8			

W215\_8

Q4705

GJ49a. How long did they continue to do that?

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

_____	96 EMPLOYER STILL DOING IT	DK	RF
AMOUNT OF TIME	GO TO GJ50/W217_8		

W216\_8

Q4706

GJ49b. TIME UNIT:

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

W217\_8

Q4707

GJ50. 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 GJ51/W220_8			

W218\_8

Q4708

GJ50a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
----------------------------------	----	----

GO TO GJ51/W220\_8

W219\_8

Q4709

GJ50b. TIME UNIT:

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

W220\_8

Q4710

GJ51. (Did your employer) allow you more breaks and rest periods?

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

GO TO GJ52/W223\_8

W221\_8

Q4711

GJ51a. How long did they continue to do that?

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

\_\_\_\_\_

AMOUNT OF TIME

96 EMPLOYER STILL DOING IT	DK	RF
----------------------------------	----	----

GO TO GJ52/W223\_8

W222\_8

Q4712

GJ51b. TIME UNIT:

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

W223\_8

Q4713

GJ52. (Did your employer) arrange for special transportation?

1. YES	5. NO	8. DK	9. RF
GO TO GJ53/W226_8			

W224\_8

Q4714

GJ52a. How long did they continue to do that?

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

AMOUNT OF TIME	96 EMPLOYER STILL DOING IT	DK	RF
GO TO GJ53/W226_8			

W225\_8

Q4715

GJ52b. TIME UNIT:

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

	1. YES	5. NO	8. DK	9. RF
W226_8 Q4716 GJ53. (Did your employer) change(d) the job to something you could do?				
W227_8 Q4717 GJ54. (Did your employer) help(ed) you learn new job skills?				
W228_8 Q4718 GJ55. (Did your employer) get you special equipment for the job?				
W229_8 Q4719 GJ55a. (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_8

Q4720

GJ56. Did your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ109/M610 BRANCHPOINT			

W231\_8

Q4721

GJ56a. What other things?

\_\_\_\_\_

\_\_\_\_\_

DK	RF
----	----

END OF **EMPLOYER ACCOMMODATIONS BLOCK-8: NOT WORKING WHEN LIMITATION BEGAN -  
EMPLOYER AFTER LIMITATION**

(GJ48/W211\_8 - GJ56a/W231\_8 REPLACING GJ99-GJ107a)

GJ109/M610 BRANCHPOINT: IF R IS CURRENTLY WORKING FOR PAY (G2/J020=1) and DID NOT REPORT THAT IS SELF-EMPLOYED (G3/J021 NOT 2), CONTINUE ON TO GJ109/M610

OTHERWISE, GO TO GJ110a/M611

M610

Q4816

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
GO TO GJ110a/M611				



BEGINNING OF (GJ109a/W211\_9) **EMPLOYER ACCOMMODATIONS BLOCK-9: CURRENT EMPLOYER, IMPAIRMENT BEGAN AFTER STARTED WORKING** (GJ48/W211\_9 - GJ56a/W231\_9). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ109a-GJ109k FROM HRS 2000.

	1. YES	5. NO	8. DK	9. RF
W211_9 Q4701 GJ48. Does your employer get someone to help you?				
W214_9 Q4704 GJ49. Does your employer shorten your work day?				
W217_9 Q4707 GJ50. Does your employer allow you to change the time you come to and leave work?				
W220_9 Q4710 GJ51. (Does your employer) allow you more breaks and rest periods?				
W223_9 Q4713 GJ52. (Does your employer) arrange for special transportation?				
W226_9 Q4716 GJ53. (Has your employer) change(d) the job to something you can do?				
W227_9 Q4717 GJ54. (Has your employer) help(ed) you learn new job skills?				
W228_9 Q4718 GJ55. (Does your employer) get you special equipment for the job?				
W229_9 Q4719 GJ55a. (Does your employer) assist you in receiving rehabilitative services from an external provider?				

W230\_9

Q4720

GJ56. Does your employer do any other things to help you out?

1. YES	5. NO	8. DK	9. RF
GO TO GJ110a/M611			

W231\_9

Q4721

GJ56a. What other things?

\_\_\_\_\_

\_\_\_\_\_

DK	RF
----	----

END OF **EMPLOYER ACCOMMODATIONS BLOCK-9: CURRENT EMPLOYER, IMPAIRMENT BEGAN AFTER STARTED WORKING**

(GJ48/W211\_9 - GJ56a/W231\_9 REPLACING GJ109a-GJ109k)

M611

Q4828

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.

HRS 2004 — SECTION M: DISABILITY — PAGE 123

FINAL VERSION 4 — 11/30/2005

	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
M611 Q4828 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?						
M612 Q4829 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?)						
M613 Q4830 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?)						
M614 Q4831 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?)						
M615 Q4832 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?)						
M616 Q4833 GJ110f. Did your work require you to keep up with the pace set by others?						
M617 Q4834 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?)						

M618  
Q4835

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/M620 BRANCHPOINT			

M619  
Q4836

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

1-1000

\_\_\_\_\_

DK	RF
----	----

NUMBER OF PEOPLE

GJ113a/M620 BRANCHPOINT: IF R DID NOT REPORT THAT HAS WORKED {SINCE LEAVING EMPLOYMENT WHEN IMPAIRMENT BEGAN (GJ57a/M590={5 or DK or RF}) or SINCE IMPAIRMENT BEGAN TO AFFECT HIS/HER ABILITY TO WORK (GJ87/M602={5 or DK or RF})}, GO TO GJ115/M629 BRANCHPOINT

M620  
Q4837

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
M620 Q4837 GJ113a. Did the work you were doing afterwards require a lot of physical effort?						
M621 Q4838 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?)						
M622 Q4839 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?)						
M623 Q4840 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?)						
M624 Q4841 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?)						
M625 Q4842 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?)						

M626 Q4843 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?)					
---	--	--	--	--	--

M627  
 Q4844  
 GJ114. Did you make decisions about the pay and promotion of others?

1. YES	5. NO	8. DK	9. RF
GO TO GJ115/M629 BRANCHPOINT			

M628  
 Q4845  
 GJ114a. For how many people did you make pay and promotion decisions?

1-1000 \_\_\_\_\_

NUMBER OF PEOPLE

DK	RF
----	----

GJ115/M629 BRANCHPOINT: IF R HAS NEVER BEEN MARRIED (A43/B061=6), GO TO GJ117/M635

M629  
 Q4846  
 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/M635			

M630  
 Q4847  
 GJ116. Was your [wife/husband] working at that time?

1. YES	5. NO	8. DK	9. RF
GO TO GJ117/M635			

M631

Q4848

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

1 — 95

\_\_\_\_\_  
HOURS

DK

RF

M632

Q4849

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

\_\_\_\_\_  
WEEKS PER YEAR

DK

RF

M633

Q4850

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

\_\_\_\_\_  
AMOUNT OF TIME

0

DK

RF

GO TO GJ117/M635

M634

Q4851

GJ116c1. TIME UNIT:

1. WEEKS

2. MONTHS

3. YEARS

8. DK

9. RF

M635

Q4852

GJ117. After your health started to affect your ability to work, did anyone in your family living with you 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/M641

M636

Q4853

GJ118. Who did this?

[IWER: SELECT ALL THAT APPLY]

1. HUSBAND/  
WIFE/PARTNER

2. PARENTS

3. CHILD (REN)

7. OTHER  
PERSON

8. DK

9. RF

GJ119a/M637 BRANCHPOINT: IF R DID NOT REPORT THAT SPOUSE/PARTNER CHANGED WORK HABITS DUE TO R'S HEALTH (GJ118/M636 NOT 1), GO TO GJ119b/M638 BRANCHPOINT

M637

Q4854

GJ119a. HUSBND/WIFE/PARTNER

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

GJ119b/M638 BRANCHPOINT: IF R DID NOT REPORT THAT PARENTS CHANGED WORK HABITS DUE TO R'S HEALTH (GJ118/M636 NOT 2), GO TO GJ119c/M639 BRANCHPOINT

M638

Q4855

GJ119b. PARENTS

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

GJ119c/M639 BRANCHPOINT: IF R DID NOT REPORT THAT CHILD(REN) CHANGED WORK HABITS DUE TO R'S HEALTH (GJ118/M636 NOT 3), GO TO GJ119d/M640 BRANCHPOINT

M639

Q4856

GJ119c. CHILD(REN)

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

GJ119d/M640 BRANCHPOINT: IF 'OTHER PERSON' DID NOT CHANGE WORK HABITS DUE TO R'S HEALTH (GJ118/M636 NOT 7), GO TO GJ120/M641

M640

Q4857

GJ119d. OTHER PERSON

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



M641

Q4858

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

M642

Q4859

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

M643

Q4861

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. WORKERS' COMPENSATION PROGRAM	
5. PUBLIC WELFARE DISABILITY PROGRAM	6. NONE	7. OTHER (SPECIFY) _____ M644	8. DK	9. RF

M645

Q4862

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

1. YES	5. NO	8. DK	9. RF
GO TO GJ124/649 BRANCHPOINT			

M646

Q4863

GJ123a. In what year did you first apply?

\_\_\_\_\_

YEAR

DK	RF
----	----

GO TO  
GJ123b/M648

GJ123a2/M647 BRANCHPOINT: IF YEAR AT GJ123a/M646 WAS MORE THAN 2 YEARS AGO, GO TO GJ123b/M648

M647

Q4864

GJ123a2. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M648

Q4865

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 GJ123f1/W234\_16

GO TO GJ125/M651

BEGINNING OF (GJ123c/W245\_8) **APPLICATION REJECTED BLOCK-8: SSDI NEW R APPLICATION** (GD18da/W245\_8 - GD18dd/W248\_8). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ123c-GJ123e.

W245\_8  
Q4400

GD18da. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GJ125/M651			

W247\_8  
Q4402

GD18dc. When did you last appeal or apply for benefits?

\_\_\_\_\_

YEAR

DK	RF
GO TO GD18dd/W248_8	

GD18db/W246\_8 BRANCHPOINT: IF YEAR AT GD18dc/W247\_8 WAS MORE THAN 2 YEARS AGO,  
GO TO GD18dd/W248\_8

W246\_8  
Q4401  
GD18db. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W248\_8  
Q4403

GD18dd. 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 GJ125/M651				

END OF **APPLICATION REJECTED BLOCK-8: SSDI NEW R APPLICATION**  
(GD18da/W245\_8 - GD18dd/W248\_8 REPLACING GJ123c-GJ123e).

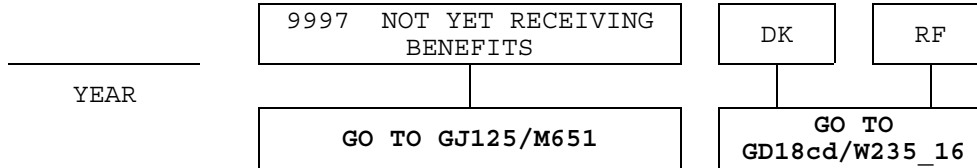
BEGINNING OF (GJ123f1/W234\_16) **APPLICATION ACCEPTED BLOCK-16: SSDI NEW R APPLICATION**  
(GD18cc/W234\_16 - GD18ck/W243\_16). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ123f1-GJ123k2.

W234\_16

Q4392

GD18cc. In what month and year did you start receiving Social Security Disability benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]



GD18cb/W233 16 BRANCHPOINT: IF YEAR AT GD18cc/W234 16 WAS MORE THAN 2 YEARS AGO, GO TO GD18cd/W235\_16

W233\_16

Q4391

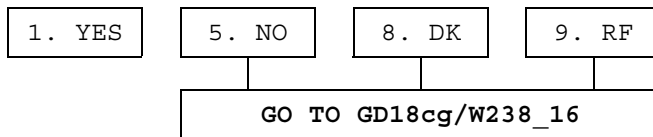
GD18cb. What month was that?

- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR  | 4. APR  | 5. MAY  | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

W235\_16

Q4393

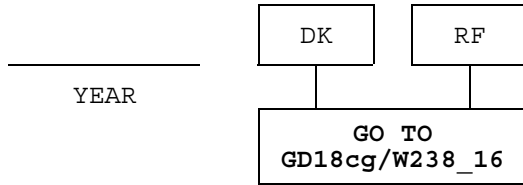
GD18cd. Were you offered rehabilitative services?



W237\_16

Q4395

GD18cf. When were you offered rehabilitative services?



GD18ce/W236 16 BRANCHPOINT: IF YEAR AT GD18cf/W237 16 WAS MORE THAN 2 YEARS AGO,  
GO TO GD18cg/W238\_16

W236\_16

Q4394

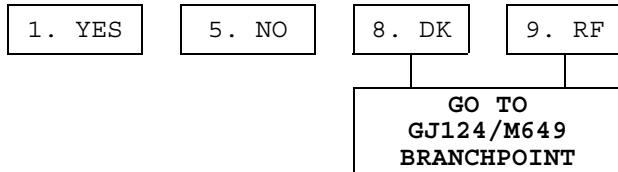
GD18ce. What month was that?

- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR  | 4. APR  | 5. MAY  | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

W238\_16

Q4396

GD18cg. Are you still receiving benefits from Social Security Disability?



W239\_16

Q4397

GD18ch. IF R IS STILL RECEIVING SSDI BENEFITS (GD18cg/W238\_16=1):  
How much did you receive from the Social Security Disability program  
last month?

OTHERWISE:

How much did you receive from the Social Security Disability program  
the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

GO TO  
GD18ck/W244\_16  
BRANCHPOINT

W240\_16 - W242\_16 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month,  
more than \$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$400, **\$650**, \$900, \$1,100

ENTRY POINT: \$650

GD18ck/W244\_16 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS  
(GD18cg/W238\_16=1), GO TO GJ124/M649 BRANCHPOINT

W244\_16

Q4399

GD18ck. In what month and year did the benefits stop?

\_\_\_\_\_

YEAR

DK	RF
----	----

GO TO GJ124/M649  
BRANCHPOINT

GD18cj/W243 16 BRANCHPOINT: IF YEAR AT GD18ck/W244 16 WAS MORE THAN 2 YEARS AGO,  
GO TO GJ124/M649 BRANCHPOINT

W243\_16

Q4398

GD18cj. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF APPLICATION ACCEPTED BLOCK-16: SSDI NEW R APPLICATION  
(GD18cc/W234\_16 - GD18ck/W243\_16 REPLACING GJ123f1-GJ123k2)

GJ124/M649 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE or R HAS APPLIED FOR  
SSDI BENEFITS (GJ123/M645=1), GO TO GJ125/M651

M649

Q4879

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) _____ M650	8. DK
			9. RF

M651

Q4881

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

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

GO TO GJ125m/M655  
BRANCHPOINT

M652

Q4882

GJ125a1. In what year did you first apply?

\_\_\_\_\_

YEAR

DK	RF
GO TO GJ125b/M654	

GJ125a2/M653 BRANCHPOINT: IF YEAR AT GJ125a1/M652 WAS MORE THAN 2 YEARS AGO, GO TO GJ125b/M654

M653

Q4883

GJ125a2. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M654

Q4884

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
GO TO GJ125f1/ W234_17	GO TO GJ126/M657			



BEGINNING OF (GJ125c/W245\_9) **APPLICATION REJECTED BLOCK-9: SSI NEW R APPLICATION** (GD18da/W245\_9 - GD18dd/W248\_9). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ125c-GJ125e.

W245\_9  
Q4400

GD18da. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GJ126/M657			

W247\_9  
Q4402

GD18dc. When did you last appeal or apply for benefits?

\_\_\_\_\_

YEAR

DK	RF
GO TO GD18dd/W248_9	

GD18db/W246\_9 BRANCHPOINT: IF YEAR AT GD18dc/W247\_9 WAS MORE THAN 2 YEARS AGO,  
GO TO GD18dd/W248\_9

W246\_9  
Q4401  
GD18db. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W248\_9  
Q4403

GD18dd. 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 GJ126/M657				

END OF **APPLICATION REJECTED BLOCK-9: SSI NEW R APPLICATION**  
(GD18da/W245\_9 - GD18dd/W248\_9 REPLACING GJ125c-GJ125e).

BEGINNING OF (GJ125f1/W234\_17) **APPLICATION ACCEPTED BLOCK-17: SSI NEW R APPLICATION**  
(GD18cc/W234\_17 - GD18ck/W243\_17). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ125f1-GJ125k.

W234\_17

Q4392

GD18cc. In what month and year did you start receiving Supplemental Security Income benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

YEAR	9997 NOT YET RECEIVING BENEFITS	DK	RF
	GO TO GJ126/M657	GO TO GD18cg/W238_17	

GD18cb/W233\_17 BRANCHPOINT: IF YEAR AT GD18cc/W234\_17 WAS MORE THAN 2 YEARS AGO, GO TO GD18cg/W238\_17

W233\_17

Q4391

GD18cb. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W238\_17

Q4396

GD18cg. Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO GJ126/M657			

W239\_17  
Q4397

GD18ch. IF R IS STILL RECEIVING SSI BENEFITS (GD18cg/W238\_17=1):  
How much did you receive from the Supplemental Security Income  
program last month?

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

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

GO TO  
GD18ck/W244\_17  
BRANCHPOINT

W240\_17 - W242\_17 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_\_ per month,  
more than \$\_\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down  
BREAKPOINTS: \$150, **\$400**, \$500, \$600  
ENTRY POINT: \$400

GD18ck/W244\_17 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS  
(GD18cg/W238\_17=1), GO TO GJ126/M657

W244\_17  
Q4399

GD18ck. In what month and year did the benefits stop?

\_\_\_\_\_

DK	RF
----	----

YEAR

GO TO GJ126/M657

GD18cj/W243\_17 BRANCHPOINT: IF YEAR AT GD18ck/W244\_17 WAS MORE THAN 2 YEARS AGO,  
GO TO GJ126/M657

W243\_17  
Q4398

GD18cj. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF APPLICATION ACCEPTED BLOCK-17: SSI NEW R APPLICATION  
(GD18cc/W234\_17 - GD18ck/W243\_17 REPLACING GJ125f1-GJ125k)

GJ125m/M655 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE *or* R HAS APPLIED FOR SSI BENEFITS (GJ125/M651=1), GO TO GJ126/M657

M655

Q4898

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) _____ M656	8. DK
			9. RF

M657

Q4899

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

1. YES	5. NO	8. DK	9. RF
GO TO GJ126j/M661 BRANCHPOINT			

M658

Q4900

GJ126a. In what year did you first apply?

\_\_\_\_\_ YEAR

DK	RF
GO TO GJ126b/M660	

GJ126a2/M659 BRANCHPOINT: IF YEAR AT GJ126a/M658 WAS MORE THAN 2 YEARS AGO, GO TO GJ126b/M660

M659

Q4901

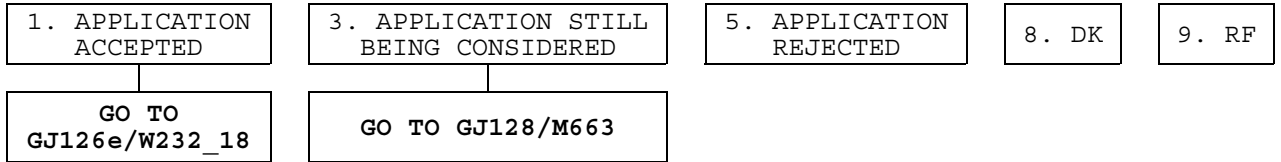
GJ126a2. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M660

Q4902

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



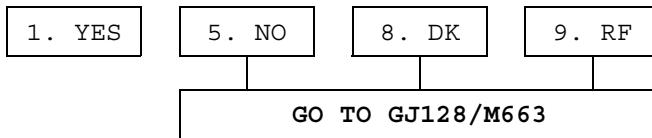
BEGINNING OF (GJ126c/W245\_10) APPLICATION REJECTED BLOCK-10: VA NEW R APPLICATION

GD18da/W245\_10 - GD18dd/W248\_10). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ126c & GJ126d.

W245\_10

Q4400

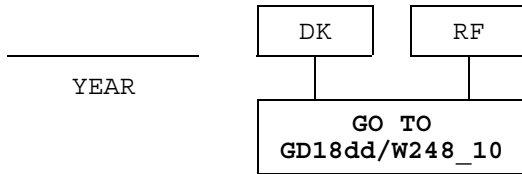
GD18da. Did you appeal or apply again later?



W247\_10

Q4402

GD18dc. When did you last appeal or apply for benefits?

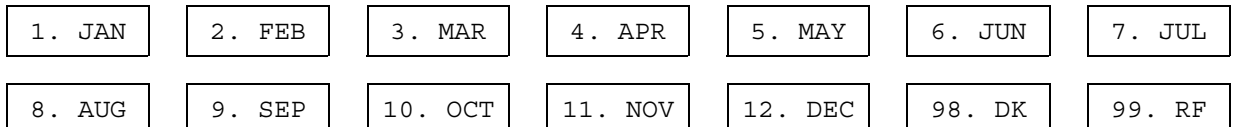


GD18db/W246 10 BRANCHPOINT: IF YEAR AT GD18dc/W247 10 WAS MORE THAN 2 YEARS AGO, GO TO GD18dd/W248\_10

W246\_10

Q4401

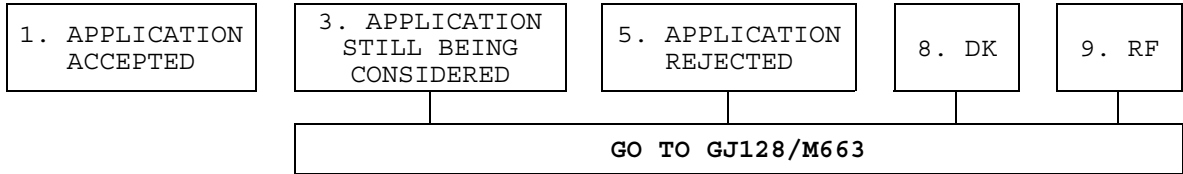
GD18db. MONTH:



W248\_10

Q4403

GD18dd. Was your application eventually accepted, rejected, or is it still being considered?



END OF **APPLICATION REJECTED BLOCK-10: VA NEW R APPLICATION**

(GD18da/W245\_10 - GD18dd/W248\_10 REPLACING GJ126c & GJ126d) .

BEGINNING OF (GJ126e/W232\_18) **APPLICATION ACCEPTED BLOCK-18: VA NEW R APPLICATION**  
 (GD20d/W232\_18 & GD18cg/W238\_18 - GD18ck/W243\_18). THIS BLOCK OF  
 QUESTIONS REPLACES PARALLEL QUESTIONS GJ126e-GJ126h2.

W232\_18  
 Q4435  
 GD20d. What disability rating did you receive?

VETERANS ADMINISTRATION

100 FULL DISABILITY

\_\_\_\_\_

	DK	RF
--	----	----

PERCENT

W234\_18  
 Q4392  
 GD18cc. In what month and year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO GJ128/M663	GO TO GD18cg/W238_18	

GD18cb/W233 18 BRANCHPOINT: IF YEAR AT GD18cc/W234 18 WAS MORE THAN 2 YEARS AGO, GO TO GD18cg/W238\_18

W233\_18  
 Q4391  
 GD18cb. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W238\_18  
 Q4396  
 GD18cg. Are you still receiving benefits from the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GJ128/M663				

W239\_18

Q4397

GD18ch. IF R IS STILL RECEIVING VETERANS BENEFITS (GD18cg/W238\_18=1):  
How much did you receive from the Veterans Administration program  
last month?

OTHERWISE:

How much did you receive from the Veterans Administration program the  
last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

DK

RF

AMOUNT

GO TO  
GD18ck/W244\_18  
BRANCHPOINT

W240\_18 - W242\_18 Unfolding Sequence

Question text: Did it amount to a total of less than \$\_\_\_\_ per month,  
more than \$\_\_\_\_ per month, or what?

PROCEDURE: 1Up1Down

BREAKPOINTS: \$500, \$1,000, \$1,500

ENTRY POINT: \$1,000

GD18ck/W244\_18 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS  
(GD18cg/W238\_18=1), GO TO GJ128/M663



W244\_18

Q4399

GD18ck. In what month and year did the benefits stop?

	DK	RF
YEAR	GO TO GJ128/M663	

GD18cj/W243 18 BRANCHPOINT: IF YEAR AT GD18ck/W244 18 WAS MORE THAN 2 YEARS AGO, GO TO GJ128/M663

W243\_18

Q4398

GD18cj. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF APPLICATION ACCEPTED BLOCK-18: VA NEW R APPLICATION  
 (GD20d/W232\_18 & GD18cg/W238\_18 - GD18ck/W243\_18 REPLACING  
 GJ126e-GJ126h2.

GJ126j/M661 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE or R HAS EVER APPLIED FOR VETERANS BENEFITS (GJ126/M657=1), GO TO GJ128/M663

M661

Q4911

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

[IWER: SELECT ALL THAT APPLY]

1. NOT A VETERAN	2. DIDN'T KNOW ENOUGH ABOUT PROGRAM	3. NOT DISABLED ENOUGH	4. DISABILITY NOT SERVICE-RELATED	5. DIDN'T THINK WAS ELIGIBLE
6. DIDN'T WANT TO APPLY	7. PREFERRED TO WORK	97. OTHER (SPECIFY) _____	98. DK	99. RF

M662

M663

Q4913

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

1. YES	5. NO	8. DK	9. RF
GO TO GJ128j/M671 BRANCHPOINT			

M664

Q4914

GJ128a. In what year did you first apply?

\_\_\_\_\_

YEAR

DK	RF
GO TO GJ128b/M665	

GJ128a2/M665 BRANCHPOINT: IF YEAR AT GJ128a/M663 WAS MORE THAN 2 YEARS AGO, GO TO GJ128b/M666

M665

Q4915

GJ128a2. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M666

Q4916

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/M667	GO TO GJ130/M673			

BEGINNING OF (GJ128c/W245\_11) APPLICATION REJECTED BLOCK-11: WORKERS' COMPENSATION NEW R APPLICATION (GD18da/W245\_11 - GD18dd/W248\_11). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ128c & GJ128d.

W245\_11

Q4400

GD18da. Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO GJ130/M673			

W247\_11

Q4402

GD18dc. When did you last appeal or apply for benefits?

\_\_\_\_\_

YEAR

DK	RF
GO TO GD18dd/W248_11	

GD18db/W246\_11 BRANCHPOINT: IF YEAR AT GD18dc/W247\_11 WAS MORE THAN 2 YEARS AGO, GO TO GD18dd/W248\_11

W246\_11

Q4401

GD18db. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W248\_11

Q4403

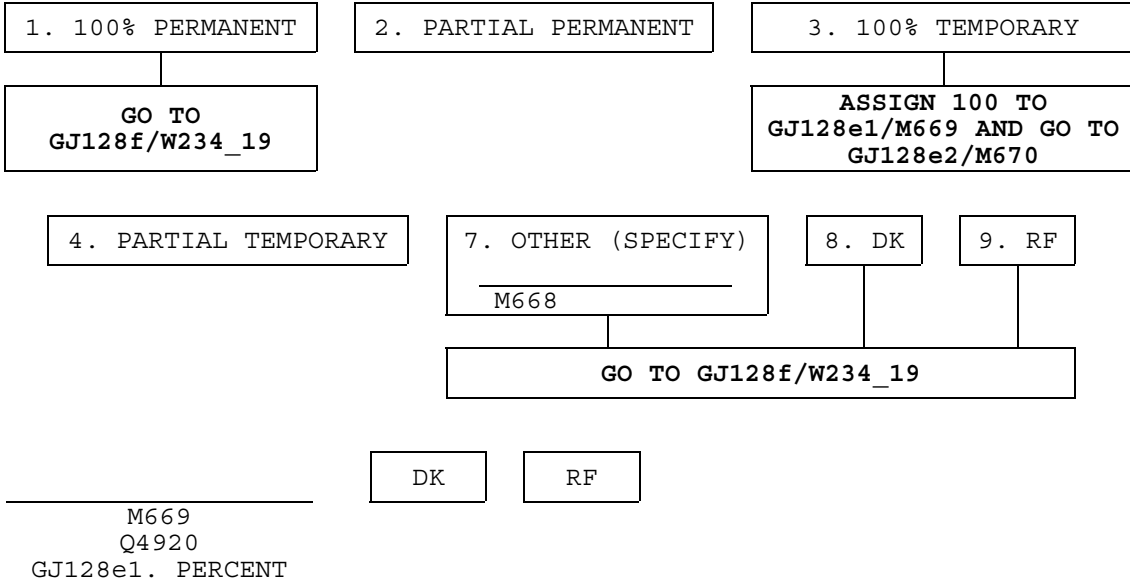
GD18dd. Was your application eventually accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO GJ130/M673				

END OF APPLICATION REJECTED BLOCK-11: WORKERS' COMPENSATION NEW R APPLICATION (GD18da/W245\_11 - GD18dd/W248\_11 REPLACING GJ128c & GJ128d).

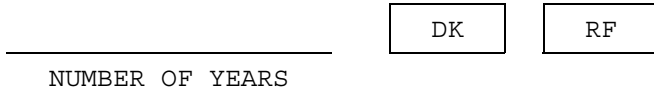
M667  
Q4919  
GJ128e. What type of disability did you receive?

WORKERS' COMPENSATION



GJ128e2/M670 BRANCHPOINT: IF R's DISABILITY RATING WAS PARTIAL PERMANENT (GJ128e/M667=2), GO TO GJ128f/W234\_19

M670  
Q4921  
GJ128e2. YEARS BENEFITS RECEIVED:



BEGINNING OF (GJ128f/W234\_19) APPLICATION ACCEPTED BLOCK-19: WORKERS' COMPENSATION NEW R APPLICATION  
 (GD18cc/W234\_19 - GD18ck/W243\_19). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ128f-GJ128h2.

W234\_19

Q4392

GD18cc. In what month and year did you start receiving Workers' Compensation benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

YEAR	9997 NOT YET RECEIVING BENEFITS	DK	RF
	GO TO GJ130/M673	GO TO GD18cg/W238_19	

GD18cb/W233\_19 BRANCHPOINT: IF YEAR AT GD18cc/W234\_19 WAS MORE THAN 2 YEARS AGO, GO TO GD18cg/W238\_19

W233\_19

Q4391

GD18cb. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W238\_19

Q4396

GD18cg. Are you still receiving benefits from Workers' Compensation?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO GJ130/M673				

W239\_19

Q4397

GD18ch. IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS

(GD18cg/W238\_19=1):

How much did you receive from the Workers' Compensation program last month?

OTHERWISE:

How much did you receive from the Workers' Compensation program the last month you received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

DK

RF

AMOUNT

GO TO  
GD18ck/W244\_19  
BRANCHPOINT

W240\_19 - W242\_19 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_ per month, more than \$\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$500, \$1,000, \$1,500, \$2,200

ENTRY POINT: \$1,000

GD18ck/W244\_19 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (GD18cg/W238\_19=1), GO TO GJ130/M673

W244\_19

Q4399

GD18ck. In what month and year did the benefits stop?

WORKERS' COMPENSATION

	DK	RF
YEAR		
GO TO GJ130/M673		

GD18cj/W243 19 BRANCHPOINT: IF YEAR AT GD18ck/W244 19 WAS MORE THAN 2 YEARS AGO, GO TO GJ130/M673

W243\_19

Q4398

GD18cj. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF APPLICATION ACCEPTED BLOCK-19: WORKERS' COMPENSATION NEW R APPLICATION  
 (GD18cc/W234\_19 - GD18ck/W243\_19 REPLACING GJ128f-GJ128h2)

GJ128j/M671 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE *or* R HAS EVER APPLIED FOR DISABILITY BENEFITS FROM WORKERS' COMPENSATION (GJ128/M663=1), GO TO GJ130/M673

M671

Q4927

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

M673

Q4929

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

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

GO TO GJ130h/M677  
BRANCHPOINT

M674

Q4930

GJ130a. In what year did you first apply?

\_\_\_\_\_

YEAR

DK	RF
----	----

GO TO  
GJ130b/M676

GJ130a2/M675 BRANCHPOINT: IF YEAR AT GJ130a/M674 WAS MORE THAN 2 YEARS AGO, GO TO GJ130b/M676

M675

Q4931

GJ130a2. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

M676

Q4932

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/W234\_20

GO TO GJ131/M679  
BRANCHPOINT



BEGINNING OF (GJ130c/W245\_12) **APPLICATION REJECTED BLOCK-12: OTHER PROGRAM NEW R APPLICATION**  
 (GD18da/W245\_12 - GD18dd/W248\_12). THIS BLOCK OF QUESTIONS REPLACES  
 PARALLEL QUESTIONS GJ130c & GJ130d.

W245\_12

Q4400

GD18da. Did you appeal or apply again later?

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

GO TO GJ131/M679 BRANCHPOINT

W247\_12

Q4402

GD18dc. When did you last appeal or apply for benefits?

\_\_\_\_\_

YEAR

DK	RF
----	----

GO TO  
GD18dd/W248\_12

GD18db/W246\_12 BRANCHPOINT: IF YEAR AT GD18dc/W247\_12 WAS MORE THAN 2 YEARS AGO,  
 GO TO GD18dd/W248\_12

W246\_12

Q4401

GD18db. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

W248\_12

Q4403

GD18dd. 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/M679 BRANCHPOINT

END OF **APPLICATION REJECTED BLOCK-12: OTHER PROGRAM NEW R APPLICATION**  
 (GD18da/W245\_12 - GD18dd/W248\_12 REPLACING GJ130c & GJ130d).

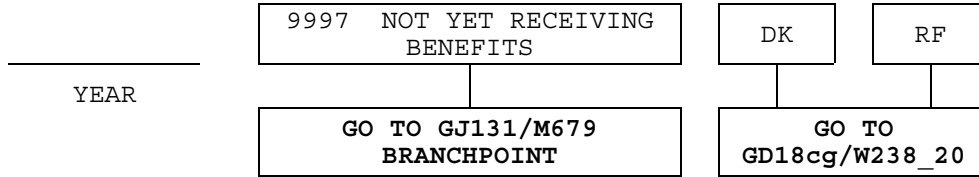
BEGINNING OF (GJ130e/W234\_20) APPLICATION ACCEPTED BLOCK-20: OTHER PROGRAM NEW R APPLICATION (GD18cc/W234\_20 - GD18ck/W243\_20). THIS BLOCK OF QUESTIONS REPLACES PARALLEL QUESTIONS GJ130e-GJ130g2.

W234\_20

Q4392

GD18cc. In what month and year did you start receiving benefits from this Other program?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]



GD18cb/W233 20 BRANCHPOINT: IF YEAR AT GD18cc/W234 20 WAS MORE THAN 2 YEARS AGO, GO TO GD18cg/W238\_20

W233\_20

Q4391

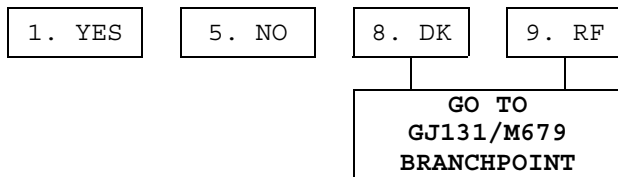
GD18cb. What month was that?

- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR  | 4. APR  | 5. MAY  | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

W238\_20

Q4396

GD18cg. Are you still receiving benefits from the other government program?



W239\_20

Q4397

GD18ch. IF R IS STILL RECEIVING OTHER PROGRAM BENEFITS (GD18cg/W238\_20=1):  
How much did you receive from the other program last month?

OTHERWISE:

How much did you receive from the other program the last month you  
received this benefit?

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

|

GO TO GD18ck/W244_20 BRANCHPOINT
--

W240\_20 - W242\_20 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ per month, more than  
\$\_\_\_\_ per month, or what?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$150, **\$400**, \$500, \$600

ENTRY POINT: \$400

GD18ck/W244 20 BRANCHPOINT: IF R IS STILL RECEIVING OTHER PROGRAM BENEFITS (GD18cg/W238_20=1), GO TO GJ131/M679 BRANCHPOINT
--

W244\_20

Q4399

GD18ck. In what month and year did the benefits stop?

	DK	RF
YEAR	GO TO GJ131/M679 BRANCHPOINT	

GD18cj/W243 20 BRANCHPOINT: IF YEAR AT GD18ck/W244 20 WAS MORE THAN 2 YEARS AGO, GO TO GJ131/M679 BRANCHPOINT

W243\_20

Q4398

GD18cj. What month was that?

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF APPLICATION ACCEPTED BLOCK-20: OTHER PROGRAM NEW R APPLICATION  
((GD18cc/W234\_20 - GD18ck/W243\_20 REPLACING GJ130e-GJ130g2).

GJ130h/M677 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE or R HAS EVER APPLIED FOR BENEFITS FROM SOME OTHER DISABILITY PROGRAM (GJ130/M673=1), GO TO GJ131/M679 BRANCHPOINT

M677

Q4940

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/M679 BRANCHPOINT: IF R HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (GG1/K003=5) or {R IS NOT CURRENTLY WORKING FOR PAY (G2/J020=5) and {HAS NOT WORKED SINCE {1998 OR EARLIER} (GG1a/K006 <1999) or LAST WORKED MORE THAN A YEAR AGO (GG1a2/K005 >1)}}}, GO TO GJ132/M685 (M2 ASSIST)

M679

Q4941

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/M685 (M2 ASSIST)				

M680

Q4942

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

\_\_\_\_\_

DK	RF
----	----

NUMBER OF TIMES

M681

Q4943

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

M681

Q4943

GJ131b. MONTH:

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF
		DK	RF			

M682

Q4944

GJ131Y1b. DAY

\_\_\_\_\_

DK	RF
----	----

M683

Q4945

GJ131Y2b. YEAR

M685

Q4947

GJ132. M2 ASSIST

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION M2 — NEW R DISABILITY?

1. NEVER	2. A FEW TIMES	3. MOST OR ALL OF THE TIME	4. THE SECTION WAS DONE BY A PROXY REPORTER
----------	----------------	----------------------------	---

GO TO SECTION N