
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.

NOTE FOR 2006:

IN THE 2004 INTERVIEW, Rs WHO HAD REPORTED A WORK DISABILITY (M002=1 or M502=1) IN A PRIOR INTERVIEW (EITHER 1998, 2000 OR 2002) WERE ERRONEOUSLY JUMPED OVER QUESTION M002, ASKING ABOUT CURRENT DISABILITY. BECAUSE MANY SUBSEQUENT QUESTIONS IN THIS SECTION ARE CONDITIONAL ON THE RESPONSE IN M002, THESE Rs WERE ALSO JUMPED OVER QUESTIONS THAT ASKED ABOUT THE NATURE AND SEVERITY OF THE DISABILITY (M003-M023), AND EMPLOYER ACCOMODATIONS (M024-W231_2). IN ADDITION, A SPECIFIC SUBGROUP OF THESE Rs (THOSE WHO DID NOT ALSO REPORT BEING 'DISABLED AND UNABLE TO WORK' IN RESPONSE TO QUESTION J005 IN 2002) WERE JUMPED OVER QUESTIONS ABOUT DISABILITY PROGRAM PARTICIPATION (M030-W243_15).

IN THE 2006 IW WE HAVE ATTEMPTED TO RECAPTURE SOME OF THIS INFORMATION. WE CONSTRUCTED A **PRELOAD VARIABLE FOR 2006 (Z239)** TO IDENTIFY THE RESPONDENTS WHO WERE ERRONEOUSLY JUMPED OUT OF THE VARIOUS QUESTION SEQUENCES IN 2004. THIS VARIABLE IS DEFINED AS FOLLOWS:

1=R REPORTED A WORK LIMITATION PRIOR TO 2004 (Z219=1 IN 2004) AND DID NOT REPORT BEING 'DISABLED AND UNABLE TO WORK' IN 2002 OR DISABILITY STATUS WAS UNKNOWN ({Z122 NOT 1} IN 2004)

2=R REPORTED A WORK LIMITATION PRIOR TO 2004 (Z219=1 IN 2004) AND REPORTED BEING 'DISABLED AND UNABLE TO WORK' IN 2002 OR DISABILITY STATUS WAS UNKNOWN (Z122=1 IN 2004)

5=R DID NOT REPORT A WORK LIMITATION IN A PRIOR WAVE OR PRIOR WAVE WORK LIMITATION UNKNOWN ({Z219 NOT 1} IN 2004)

Z239 IS USED IN THE TWO QUESTION SEQUENCES IN THE 2006 WAVE AS SPECIFIED BELOW:

QUESTIONS M002-M030:

RESPONDENTS CODED 1 OR 2 ON Z239 WERE SKIPPED OUT OF MOST OF THESE QUESTIONS IN 2004. TO CAPTURE MISSING INFORMATION FOR THESE Rs WE ASK RESPONDENTS TO REPORT ON THEIR WORK LIMITATION STATUS AS OF THE DATE OF THEIR 2004 INTERVIEW AND, BASED ON THEIR RESPONSE TO THAT QUESTION, ASK SELECTED FOLLOWUP QUESTIONS WITHIN THIS SEQUENCE. THIS SET OF QUESTIONS, WHICH WE REFER TO AS SECTION M0, IS ASKED IMMEDIATELY AFTER SECTION M1. (REFER TO BOX-AND-ARROW QUESTIONNAIRE FOR SECTION M0.)

QUESTIONS M030-W243_15:

RESPONDENTS CODED 1 ON Z239 WERE ALSO SKIPPED OUT OF THE PROGRAM PARTICIPATION QUESTIONS IN 2004. TO RECOVER INFORMATION ABOUT PROGRAM PARTICIPATION DURING THE INTERVAL PRIOR TO 2004, WE ASK ABOUT THEIR PROGRAM PARTICIPATION OVER A 4+ YEAR PERIOD IN SECTION M1, RATHER THAN A 2+ YEAR PERIOD.

SPECIFICALLY, WE USE THEIR 2002 INTERVIEW DATE (OR DATE OF LAST IW PRIOR TO 2004) AS THE FILL IN THE QUESTIONS IN THIS SEQUENCE IN SECTION M1. IN ADDITION, THE QUESTIONS ON DATES IN THIS SEQUENCE (E.G., DATES OF APPLICATIONS, START RECEIVING BENEFITS, ETC.) HAVE BEEN EXTENDED FOR THIS GROUP OF Rs, SO THAT THE MONTH QUESTION IS ASKED IF THE R REPORTS A YEAR WITHIN THE LAST 4 YEARS, RATHER THAN THE LAST 2 YEARS.

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** (B061=6)

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

R's **AGE** (per A019)

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

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

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

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

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

R'S **CURRENT EMPLOYER** [(JW158_1)/(JW158_2)];
 R'S **LAST-INTERVIEW EMPLOYER** (Z091);
 R'S **LAST EMPLOYER** (KW158_3);
 R'S **MOST RECENT EMPLOYER** (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

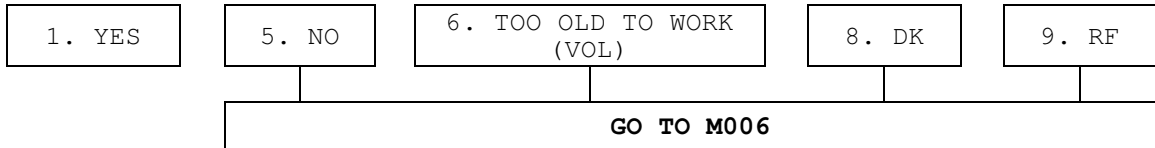
* A variable fieldname and code reference is shown at its first occurrence in the questionnaire, but in some cases, especially when it is common, is not shown after that.

M002 BRANCHPOINT: IF THIS IS A NEW INTERVIEW R (Z076=5), GO TO M502 BRANCHPOINT

M002

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?



M003 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE (A019 ≥ 70), GO TO M008 BRANCHPOINT

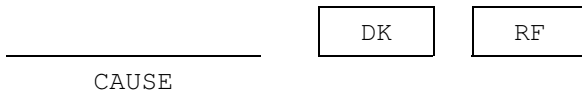
M003

What health condition causes this impairment or problem?

[IWER: IF MORE THAN ONE CONDITION, ASK:]

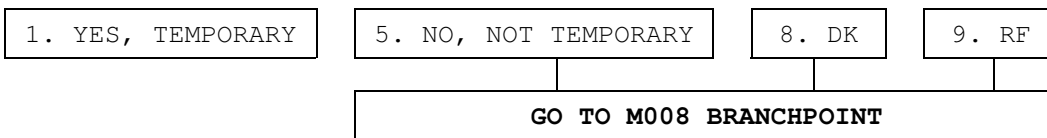
What condition is the main cause of this impairment or problem?

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



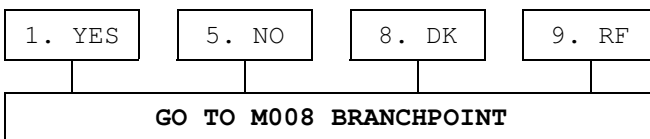
M004

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



M005

Have you had this condition before?



M006

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 M008 BRANCHPOINT		GO TO M008 BRANCHPOINT		

M007

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

1. YES	5. NO	8. DK	9. RF
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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 (M002 NOT 1), GO TO M051 BRANCHPOINT

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

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

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

M008

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
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M009

In what year 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 M011 BRANCHPOINT				

M010 BRANCHPOINT: IF R GAVE A YEAR AT M009 THAT WAS MORE THAN TWO YEARS AGO, GO TO M011 BRANCHPOINT

M010

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

M011 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE (A019 ≥ 70), GO TO M030 BRANCHPOINT

IF R DID NOT REPORT THAT LIMITATION DID NOT KEEP HIM/HER FROM WORKING ALTOGETHER (M008 NOT 5), GO TO M014

M011

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

1. FULL TIME	2. PART TIME	8. DK	9. RF
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M012

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

1. REGULARLY	2. OCCASIONALLY	8. DK	9. RF
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M013

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

1. YES	5. NO	8. DK	9. RF
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M014

In what year did the impairment or health problem begin to interfere with your work?

_____	9995 DOESN'T INTERFERE WITH WORK	DK	RF
YEAR	GO TO M018 BRANCHPOINT		

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

M015

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

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

M016

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

_____	DK	RF
YEAR	GO TO M018 BRANCHPOINT	

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

M017

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

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

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

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

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

M018

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

1. YES	5. NO	8. DK	9. RF
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GO TO M020

M019

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

1. YES	5. NO	8. DK	9. RF
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M020

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

1. YES	5. NO	8. DK	9. RF
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GO TO M023

M021

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

1. WORK	2. HOME	3. SOMEWHERE ELSE	8. DK	9. RF
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M023

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

1. YES	5. NO	8. DK	9. RF
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M024 BRANCHPOINT: IF R WAS DISABLED AT R's LAST IW (Z122=1), GO TO M029 BRANCHPOINT

M024

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

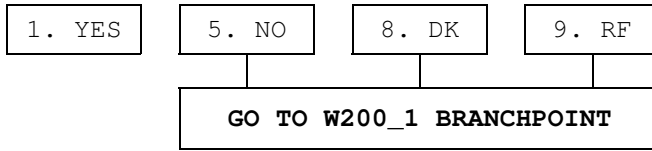
1. YES	5. NO	8. DK	9. RF
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GO TO M029 BRANCHPOINT

M025

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



M026

Which company or organization was that?

1. R'S LAST-IW EMPLOYER (Z091)	2. R'S CURRENT EMPLOYER [(JW158_1)/(JW158_2)]		
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) M027 What was the name of that company or organization?	8. DK	9. RF

M027 OTHER (SPECIFY)

What was the name of that company or organization?

NAME OF COMPANY

W200_1 BRANCHPOINT: IF R TOLD US ABOUT THE JOB S/HE HAD WHEN HEALTH LIMITS BEGAN (M025=1) and EMPLOYER WAS NOT "OTHER" AT M026 (NOT 7), GO TO M028 BRANCHPOINT

BEGINNING OF (W200_1) OTHER EMPLOYER BLOCK-1: EMPLOYER WHEN IMPAIRMENT BEGAN
(W200_1 - W210_1)
THIS BLOCK OF QUESTIONS IS ALSO USED IN LOCATIONS IN M2.

W200_1

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

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

1. SOMEONE ELSE	2. SELF-EMPLOYED	8. DK	9. RF
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W202_1

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

DK	RF
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BUSINESS

W201_1

What sort of work did you do on that job?

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

DK	RF
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TYPE OF WORK

W203_1

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

[IWER: DO NOT PROBE DK/RF]

DK	RF
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NUMBER

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GO TO W205_1

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FINAL VERSION 2 — 9/25/2007

W204_1

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

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 W208_1	

W206_1

[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	7. OTHER (SPECIFY) _____ W207_1	8. DK	9. RF

W208_1

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

1-95 HOURS

HOURS

DK	RF
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W209_1

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
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W210_1

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

1. YES	5. NO	8. DK	9. RF
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END OF OTHER EMPLOYER BLOCK-1: EMPLOYER WHEN IMPAIRMENT BEGAN (W200_1 -W210_1)

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

M028

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

1. YES	4. NO HELP NEEDED	5. NO	6. LEFT IMMEDIATELY
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GO TO M029 BRANCHPOINT

7. R WAS SELF-EMPLOYED	8. DK	9. RF
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GO TO M029 BRANCHPOINT

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BEGINNING OF (W211_1) EMPLOYER ACCOMMODATIONS BLOCK-1: EMPLOYER WHEN IMPAIRMENT BEGAN (W211_1 -W231_1)

	1. YES	5. NO	8. DK	9. RF
W211_1 Did your employer get someone to help you?				
W214_1 Did your employer shorten your work day?				
W217_1 Did your employer allow you to change the time you came to and left work?				
W220_1 (Did your employer) allow you more breaks and rest periods?				
W223_1 (Did your employer) arrange for special transportation?				
W226_1 (Did your employer) change(d) the job to something you could do?				
W227_1 (Did your employer) help(ed) you learn new job skills?				
W228_1 (Did your employer) get you special equipment for the job?				
W229_1 (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230_1

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

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

W231_1

What other things?

DK	RF
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END OF **EMPLOYER ACCOMMODATIONS BLOCK-1: EMPLOYER WHEN IMPAIRMENT BEGAN**
(W211_1 - W231_1)

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

M029

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 M030 BRANCHPOINT				

BEGINNING OF (W211_2) **EMPLOYER ACCOMMODATIONS BLOCK-2: CURRENT EMPLOYER**
 (W211_2 - W231_2)

	1. YES	5. NO	8. DK	9. RF
W211_2 Does your employer get someone to help you?				
W214_2 Does your employer shorten your work day?				
W217_2 Does your employer allow you to change the time you come to and leave work?				
W220_2 (Does your employer) allow you more breaks and rest periods?				
W223_2 (Does your employer) arrange for special transportation?				
W226_2 (Has your employer) change(d) the job to something you can do?				
W227_2 (Has your employer) help(ed) you learn new job skills?				
W228_2 (Does your employer) get you special equipment for the job?				
W229_2 (Does your employer) assist you in receiving rehabilitative services from an external provider?				

W230_2

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

1. YES	5. NO	8. DK	9. RF
GO TO M030 BRANCHPOINT			

W231_2

What other things?

DK	RF
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END OF EMPLOYER ACCOMMODATIONS BLOCK-2: CURRENT EMPLOYER (W211_2 - W231_2)

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 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 W238_7 BRANCHPOINT

M030

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?

1. SOCIAL SECURITY DISABILITY INSURANCE (SSDI)	2. SUPPLEMENTAL SECURITY INCOME (SSI)	3. BOTH	
GO TO W238_2 BRANCHPOINT			
6. SSDI HAS CONVERTED TO SOCIAL SECURITY (VOL)	7. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO M031 BRANCHPOINT			

BEGINNING OF (W238_1) APPLICATION ACCEPTED BLOCK-1: RECEIVING SSDI (W238_1 - W244_1)

W238_1

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]

1. YES	5. NO	8. DK	9. RF
GO TO W239_1		GO TO W238_2 BRANCHPOINT	

W256_1

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you
not working but able to work, or what?

1. HOUSEHOLD RESOURCES INCREASED	2. RETURNED TO WORK		
3. NOT WORKING BUT ABLE	7. OTHER (SPECIFY) _____ W257_1	8. DK	9. RF

W239_1

IF R IS STILL RECEIVING SSDI BENEFITS (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]

AMOUNT

DK

RF

**GO TO W244_1
BRANCHPOINT**

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

W244_1 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (W238_1=1), GO TO W238_2 BRANCHPOINT

W244_1

In what year did the benefits stop?

YEAR

DK

RF

**GO TO W238_2
BRANCHPOINT**

W243_1 BRANCHPOINT: IF YEAR AT W244_1 WAS MORE THAN 2 YEARS AGO, GO TO W238_2 BRANCHPOINT

W243_1

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-1: RECEIVING SSDI**
(W238_1 - W243_1)

W238_2 BRANCHPOINT: IF R IS/WAS RECEIVING ONLY SSI/SSDI BENEFITS (M030={1 or 6}), GO TO M031 BRANCHPOINT

BEGINNING OF (W238_2) APPLICATION ACCEPTED BLOCK-2: RECEIVING SSI
(W238_2 -W244_2)

W238_2

Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO W239_2		GO TO M031 BRANCHPOINT	

W256_2

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?

1. HOUSEHOLD RESOURCES INCREASED	2. RETURNED TO WORK		
3. NOT WORKING BUT ABLE	7. OTHER (SPECIFY) _____ W257_2	8. DK	9. RF

W239_2

IF R IS STILL RECEIVING SSI BENEFITS (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]

AMOUNT

DK	RF
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**GO TO W244_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

W244_2 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (W238_2=1), GO TO M031 BRANCHPOINT

W244_2

In what year did the benefits stop?

YEAR

DK	RF
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**GO TO M031
BRANCHPOINT**

W243_2 BRANCHPOINT: IF YEAR AT W244_2 WAS MORE THAN 2 YEARS AGO, GO TO M031 BRANCHPOINT

W243_2

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

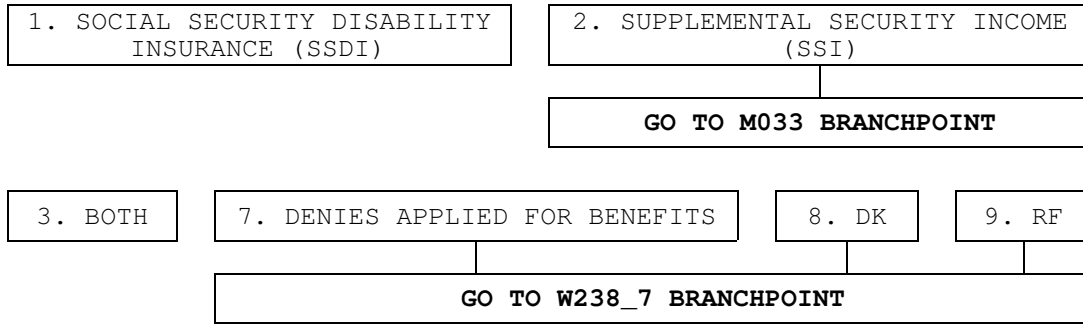
END OF **APPLICATION ACCEPTED BLOCK-2: RECEIVING SSI**
(W238_2 - W243_2)

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 W238_7 BRANCHPOINT

M031

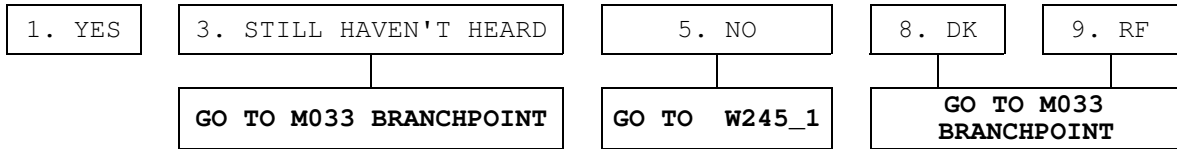
According to our records, in *R's LAST IW MONTH, YEAR* you had applied for benefits from the Social Security Disability program or the Supplemental Security Income program.

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



M032

Was your SSDI application approved?



BEGINNING OF (W234_3) APPLICATION ACCEPTED BLOCK-3: SSDI PENDING
(W234_3 - W244_3)

W234_3

In what year did you start receiving Social Security Disability benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M033 BRANCHPOINT	GO TO W235_3	

W233_3 BRANCHPOINT: IF YEAR AT W234_3 WAS MORE THAN 2 YEARS AGO, GO TO W235_3

W233_3

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_3

Were you offered rehabilitative services?

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

W237_3

In what year were you offered rehabilitative services?

_____	DK	RF
YEAR		
GO TO W238_3		

W236_3 BRANCHPOINT: IF YEAR AT W237_3 WAS MORE THAN 2 YEARS AGO, GO TO W238_3

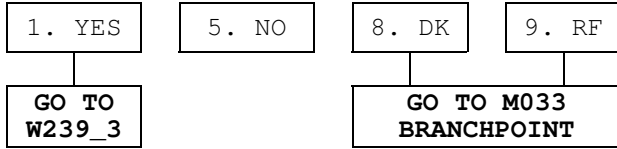
W236_3

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_3

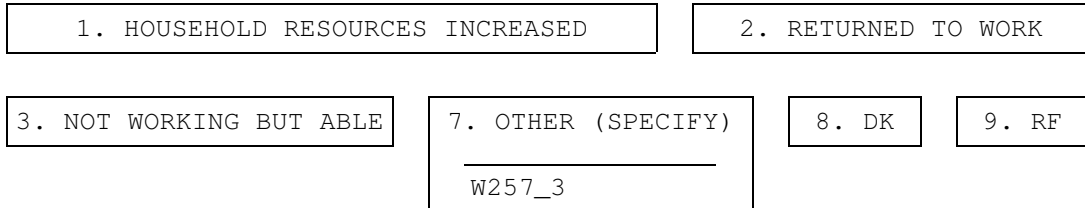
Are you still receiving benefits from Social Security Disability?



W256_3

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?



W239_3

IF R IS STILL RECEIVING SSDI BENEFITS (W238_3=1):

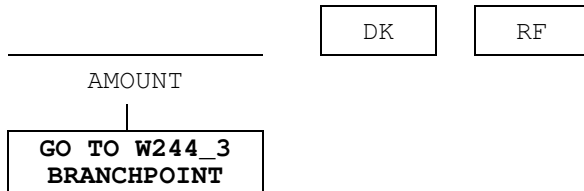
How much did you receive from the Social Security Disability program last month?

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]



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

W244_3 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (W238_3=1), GO TO M033 BRANCHPOINT

W244_3

In what year did the benefits stop?



YEAR		
GO TO W245_1 BRANCHPOINT		

W243_3 BRANCHPOINT: IF YEAR AT W244_3 WAS MORE THAN 2 YEARS AGO, GO TO W245_1 BRANCHPOINT

W243_3

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-3: SSDI PENDING** (W234_3 - W243_3)

W245_1 BRANCHPOINT: IF R WAS APPROVED FOR THE SSDI BENEFITS THAT S/HE HAD APPLIED FOR BY R's LAST IW (M032=1), GO TO M033 BRANCHPOINT

BEGINNING OF (W245_1) **APPLICATION REJECTED BLOCK-1: SSDI PENDING**
(W245_1 -W248_1).

THIS BLOCK OF QUESTIONS IS ALSO USED IN OTHER LOCATIONS IN M1.

W245_1

Did you appeal or apply again later?

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

W247_1

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

YEAR

DK	RF
----	----

GO TO W248_1

W246_1 BRANCHPOINT: IF YEAR AT W247_1 WAS MORE THAN 2 YEARS AGO, GO TO W248_1

W246_1

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

W248_1

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 M033 BRANCHPOINT

END OF APPLICATION REJECTED BLOCK-1: SSDI PENDING (W245_1 - W248_1)

BEGINNING OF (W234_4) APPLICATION ACCEPTED BLOCK-4: SSDI RE-APPLICATION
(W234_4 - W244_4)

W234_4

In what year did you start receiving Social Security Disability benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M033 BRANCHPOINT	GO TO W235_4	

W233_4 BRANCHPOINT: IF YEAR AT W234_4 WAS MORE THAN 2 YEARS AGO, GO TO W235_4

W233_4

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_4

Were you offered rehabilitative services?

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

W237_4

In what year were you offered rehabilitative services?

_____	DK	RF
YEAR		
GO TO W238_4		

W236_4 BRANCHPOINT: IF YEAR AT W237_4 WAS MORE THAN 2 YEARS AGO, GO TO W238_4

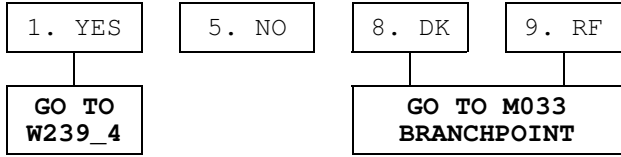
W236_4

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_4

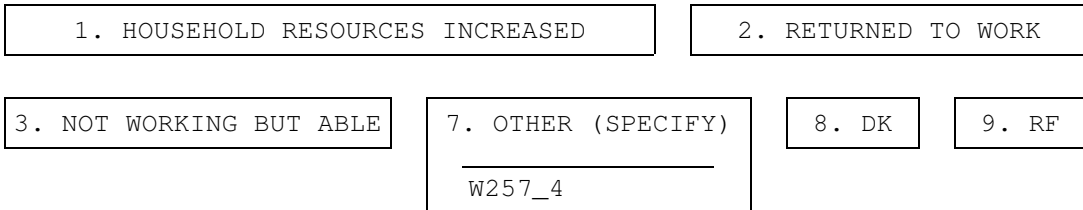
Are you still receiving benefits from Social Security Disability?



W256_4

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?



W239_4

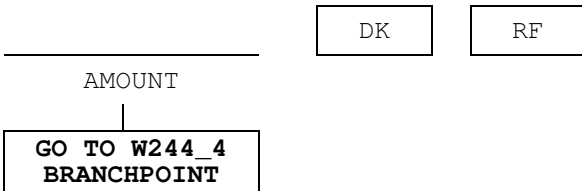
IF R IS STILL RECEIVING SOCIAL SECURITY DISABILITY BENEFITS (W238_4=1): How much did you receive from the Social Security Disability program last month?

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]



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

W244_4 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (W238_4=1), GO TO M033 BRANCHPOINT

W244_4

In what year did the benefits stop?



YEAR		
GO TO M033 BRANCHPOINT		

W243_4 BRANCHPOINT: IF YEAR AT W244_4 WAS MORE THAN 2 YEARS AGO, GO TO M033 BRANCHPOINT

W243_4
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-4: SSDI RE-APPLICATION** (W234_4 - W243_4)

M033 BRANCHPOINT: IF R WAS APPROVED FOR ONLY SSDI BENEFITS (M031=1), GO TO W238_7 BRANCHPOINT

M033
Was your SSI application approved?

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

BEGINNING OF (W234_5) APPLICATION ACCEPTED BLOCK-5: SSI PENDING
(W234_5 - W244_5)

W234_5

In what year did you start receiving Supplemental Security Income benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO W238_7 BRANCHPOINT	GO TO W238_5	

W233_5 BRANCHPOINT: IF YEAR AT W234_5 WAS MORE THAN 2 YEARS AGO, GO TO W238_5

W233_5

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

W256/W238_5

Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO W239_5		GO TO W238_7 BRANCHPOINT	

W256_5

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?

1. HOUSEHOLD RESOURCES INCREASED	2. RETURNED TO WORK		
3. NOT WORKING BUT ABLE	7. OTHER (SPECIFY) _____ W257_5	8. DK	9. RF

W239_5

IF R IS STILL RECEIVING SSI BENEFITS (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]

AMOUNT

**GO TO W244_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

W244_5 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (W238_5=1), GO TO W238_7 BRANCHPOINT

W244_5

In what year did the benefits stop?

YEAR **GO TO M031
BRANCHPOINT**

W243_5 BRANCHPOINT: IF YEAR AT W244_5 WAS MORE THAN 2 YEARS AGO, GO TO W238_7 BRANCHPOINT

W243_5

What month was that?

END OF APPLICATION ACCEPTED BLOCK-5: SSI PENDING (W234_5 - W244_5)

W245_2 BRANCHPOINT: GO TO W238_7 BRANCHPOINT

BEGINNING OF (W245_2) **APPLICATION REJECTED BLOCK-2: SSI PENDING**
(W245_2 -W248_2)

W245_2

Did you appeal or apply again later?

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

W247_2

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

_____ YEAR

DK	RF
GO TO W248_2	

W246_2 BRANCHPOINT: IF YEAR AT W247_2 WAS MORE THAN 2 YEARS AGO, GO TO W248_2

W246_2

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

W248_2

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 W238_7 BRANCHPOINT				

END OF **APPLICATION REJECTED BLOCK-2: SSI PENDING** (W245_2 - W248_2)

BEGINNING OF (W234_6) APPLICATION ACCEPTED BLOCK-6: SSI RE-APPLICATION
(W234_6 - W244_6)

W234_6

In what year did you start receiving Supplemental Security Income benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO W238_7 BRANCHPOINT	GO TO W238_6	

W233_6 BRANCHPOINT: IF YEAR AT W234_6 WAS MORE THAN 2 YEARS AGO, GO TO W238_6

W233_6

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_6

Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO W239_6		GO TO W238_7 BRANCHPOINT	

W256_6

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?

1. HOUSEHOLD RESOURCES INCREASED	2. RETURNED TO WORK
3. NOT WORKING BUT ABLE	7. OTHER (SPECIFY) _____ W257_6
	8. DK 9. RF

W239_6

IF R IS STILL RECEIVING SSI BENEFITS (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]

AMOUNT

DK

RF

**GO TO W244_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

W244_6 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (W238_6=1), GO TO W238_7 BRANCHPOINT

W244_6

In what year did the benefits stop?

YEAR

DK

RF

**GO TO W238_7
BRANCHPOINT**

W243_6 BRANCHPOINT: IF YEAR AT W244_6 WAS MORE THAN 2 YEARS AGO, GO TO W238_7 BRANCHPOINT

W243_6

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-6: SSI RE-APPLICATION (W234_6 - W244_6)

W238_7 BRANCHPOINT: IF VETERANS BENEFITS WERE PENDING AT R's LAST IW (Z100=3),
GO TO 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 W238_9 BRANCHPOINT

BEGINNING OF (W238_7) **APPLICATION ACCEPTED BLOCK-7: RECEIVING VA BENEFITS**
(W238_7 - W244_7)

W238_7

Are you still receiving benefits from the Veterans Administration?

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

W239_7

IF R IS STILL RECEIVING VETERANS BENEFITS (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 W244_7 BRANCHPOINT		

W240_7 - W242_7 Unfolding Sequence

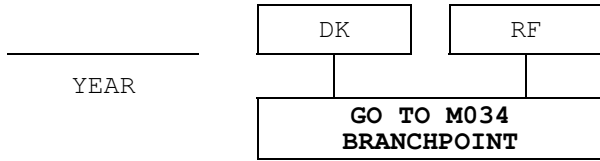
Question text: Did it amount to a total of less than \$____ per month,
more than \$____ per month, or what?

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

W244_7 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS (W238_7=1),
GO TO M034 BRANCHPOINT

W244_7

In what year did the benefits stop?



W243_7 BRANCHPOINT: IF YEAR AT W244_7 WAS MORE THAN 2 YEARS AGO, GO TO M034 BRANCHPOINT

W243_7
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-7: RECEIVING VA BENEFITS (W238_7 - W244_7)

M034 BRANCHPOINT: IF R DID NOT REPORT AT R'S LAST IW THAT VETERANS BENEFITS WERE PENDING (Z100 NOT 3), GO TO W238_9 BRANCHPOINT

M034

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 W238_9 BRANCHPOINT

BEGINNING OF (W232_8) APPLICATION ACCEPTED BLOCK-8: VA PENDING
(W232_8 & W238_8 -W244_8)

W232_8

What disability rating did you receive?

VETERANS ADMINISTRATION

100 FULL DISABILITY

PERCENT

W234_8

In what year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

YEAR

W233_8 BRANCHPOINT: IF YEAR AT W234_8 WAS MORE THAN 2 YEARS AGO, GO TO W238_8

W233_8

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_8

Are you still receiving benefits from the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
--------	-------	------------------------------	-------	-------

W239_8

IF R IS STILL RECEIVING VETERANS BENEFITS (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]

AMOUNT

DK	RF
----	----

|

**GO TO W244_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

W244_8 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS (W238_8=1), GO TO W238_9 BRANCHPOINT

W244_8

In what year did the benefits stop?

YEAR

DK	RF
----	----

|

**GO TO W238_9
BRANCHPOINT**

W243_8 BRANCHPOINT: IF YEAR AT W244_8 WAS MORE THAN 2 YEARS AGO, GO TO W238_9 BRANCHPOINT

W243_8

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-8: VA PENDING (W232_8 & W238_8 - W244_8)

W238_9 BRANCHPOINT: IF WORKERS' COMPENSATION BENEFITS WERE PENDING AT R's LAST IW (Z119=3), GO TO 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 M036

BEGINNING OF (W238_9) **APPLICATION ACCEPTED BLOCK-9: RECEIVING WORKERS' COMPENSATION BENEFITS** (W238_9 - W244_9)

W238_9

Are you still receiving benefits from Workers' Compensation?

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

W239_9

IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (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 W244_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

W244_9 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (W238_9=1), GO TO M036

W244_9
In what year did the benefits stop?

_____ YEAR

DK	RF
GO TO M035 BRANCHPOINT	

W243_9 BRANCHPOINT: IF YEAR AT W244_9 WAS MORE THAN 2 YEARS AGO, GO TO M035 BRANCHPOINT

W243_9
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-9: RECEIVING WORKERS' COMPENSATION BENEFITS (W238_9 - W244_9)

M035 BRANCHPOINT: IF R WAS RECEIVING WORKERS' COMPENSATION BENEFITS AT R'S LAST IW (W238_9 WAS ASKED), GO TO M036

M035
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 M036					

BEGINNING OF (W234_10) **APPLICATION ACCEPTED BLOCK-10: WORKERS' COMPENSATION PENDING** (W234_10 & W238_10 - W244_10)

W234_10

In what year did you start receiving Workers' Compensation benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M036 BRANCHPOINT	GO TO W238_10	

W233_10 BRANCHPOINT: IF YEAR AT W234_10 WAS MORE THAN 2 YEARS AGO, GO TO W238_10

W233_10

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_10

Are you still receiving benefits from Workers' Compensation?

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

W239_10

IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS
(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]

AMOUNT

**GO TO W244_10
BRANCHPOINT**

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

W244_10 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (W238_10=1), GO TO M036

W244_10

In what year did the benefits stop?

YEAR

**GO TO M036
BRANCHPOINT**

W243_10 BRANCHPOINT: IF YEAR AT W244_10 WAS MORE THAN 2 YEARS AGO, GO TO M036

W243_10

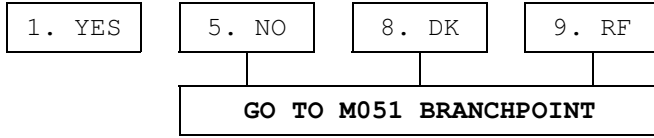
What month was that?

END OF APPLICATION ACCEPTED BLOCK-10: WORKERS' COMPENSATION PENDING

(W234_10 - W244_10)

M036

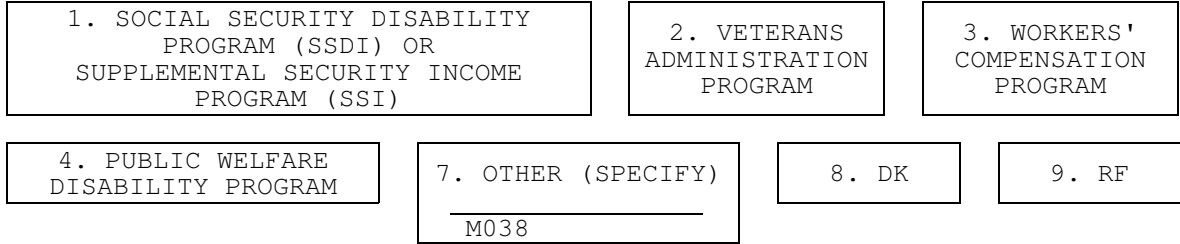
Since R's LAST IW MONTH, YEAR, have you applied for disability benefits from any (other) government program?



M037

Which programs did you apply to?

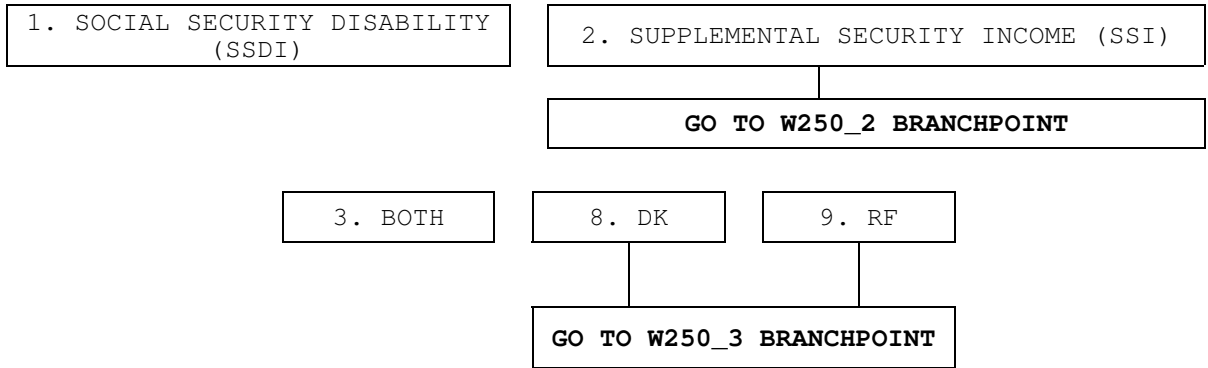
[IWER: CHECK ALL THAT APPLY]



M058 BRANCHPOINT: IF R DID NOT REPORT APPLYING FOR {SSDI or SSI} (M037 NOT 1), GO TO W250_3 BRANCHPOINT

M058 (Tag#=M037.5)

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



BEGINNING OF (W250_1) WHEN APPLY BLOCK-1: SSDI NEW APPLICATION
(W249_1 -W252_1)

THIS BLOCK OF QUESTIONS IS ALSO USED IN OTHER LOCATIONS IN M1 & M2.

W250_1

In what year did you first apply for disability benefits from the Social Security disability program?

YEAR

DK	RF
----	----

GO TO W252_1
BRANCHPOINT

W249_1 BRANCHPOINT: IF YEAR AT W250_1 WAS MORE THAN 2 YEARS AGO, GO TO W252_1
BRANCHPOINT

W249_1

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

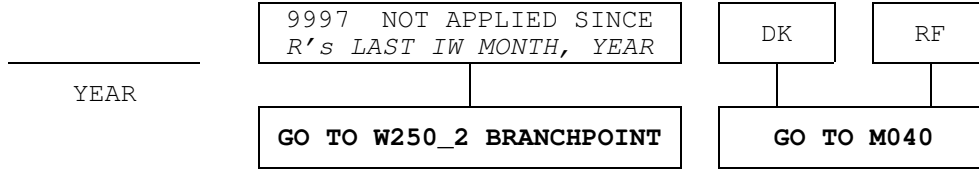
W252_1 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR
AFTER} R's LAST IW DATE (per (W249_1/W250_1)), GO TO M040

W252_1

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

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

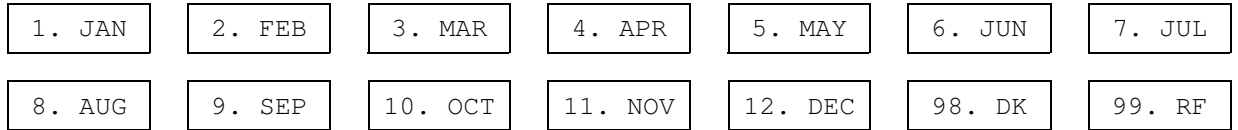
[IWER: ENTER '9997' IF R HAS NOT APPLIED SINCE LAST IW]



W251_1 BRANCHPOINT: IF YEAR AT W252_1 WAS MORE THAN 2 YEARS AGO, GO TO M040

W251_1

What month was that?

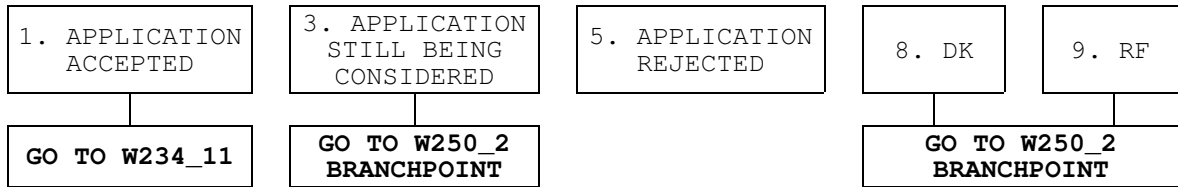


END OF WHEN APPLY BLOCK-1: SSDI NEW APPLICATION (W249_1 - W252_1)

M040

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

SOCIAL SECURITY DISABILITY



BEGINNING OF (W245_3) APPLICATION REJECTED BLOCK-3: SSDI NEW APPLICATION
(W245_3 — W248_3)

W245_3

Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO W250_2 BRANCHPOINT			

W247_3

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

YEAR

DK	RF
GO TO W248_3	

W246_3 BRANCHPOINT: IF YEAR AT W247_3 WAS MORE THAN 2 YEARS AGO, GO TO W248_3

W246_3

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

W248_3

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 W250_2 BRANCHPOINT				

END OF APPLICATION REJECTED BLOCK-3: SSDI NEW APPLICATION (W245_3 — W248_3)

BEGINNING OF (W234_11) APPLICATION ACCEPTED BLOCK-11: SSDI NEW APPLICATION
(W234_11 - W244_11)

W234_11

In what year did you start receiving Social Security Disability benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO W250_2 BRANCHPOINT	GO TO W235_11	

W233_11 BRANCHPOINT: IF YEAR AT W234_11 WAS MORE THAN 2 YEARS AGO, GO TO W235_11

W233_11

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_11

Were you offered rehabilitative services?

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

W237_11

In what year were you offered rehabilitative services?

_____	DK	RF
YEAR		
GO TO W238_11		

W236_11 BRANCHPOINT: IF YEAR AT W237_11 WAS MORE THAN 2 YEARS AGO, GO TO W238_11

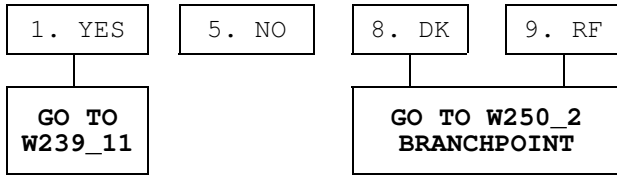
W236_11

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_11

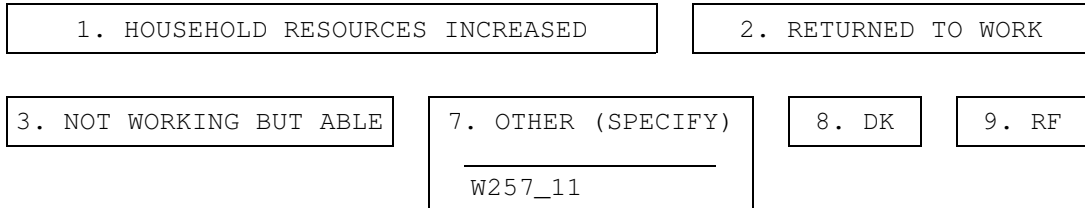
Are you still receiving benefits from Social Security Disability?



W256_11

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?



W239_11

IF R IS STILL RECEIVING SSDI BENEFITS (W238_11=1):

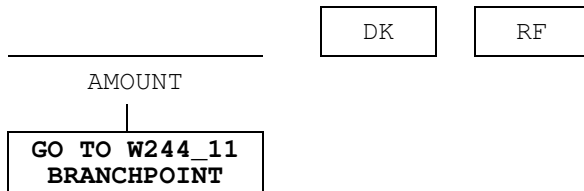
How much did you receive from the Social Security Disability program last month?

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]



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

W244_11 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (W238_11=1), GO TO W250_2 BRANCHPOINT

W244_11

In what year did the benefits stop?



YEAR

GO TO W250_2
BRANCHPOINT

W243_11 BRANCHPOINT: IF YEAR AT W244_11 WAS MORE THAN 2 YEARS AGO, GO TO W250_2
BRANCHPOINT

W243_11

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-11: SSDI NEW APPLICATION**
(W234_11 — W244_11)

W250_2 BRANCHPOINT: IF R DID NOT REPORT APPLYING TO SSI PROGRAM (M058 {NOT 2 and
NOT 3}), GO TO W250_3 BRANCHPOINT

BEGINNING OF (W249_2) WHEN APPLY BLOCK-2: SSI NEW APPLICATION
(W249_2 -W252_2)

W250_2

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

YEAR

DK	RF
----	----

GO TO W252_2
BRANCHPOINT

W249_2 BRANCHPOINT: IF YEAR AT W250_2 WAS MORE THAN 2 YEARS AGO, GO TO W252_2
BRANCHPOINT

W249_2

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

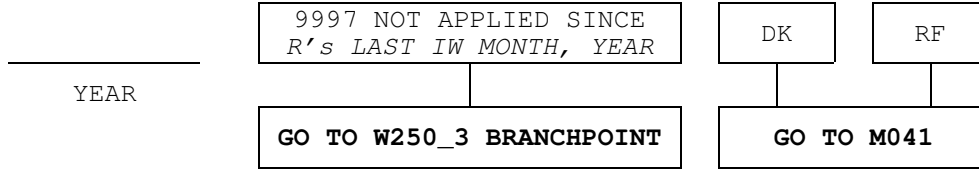
W252_2 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR
AFTER} R's LAST IW DATE (per (W249_2/W250_2)), GO TO M041

W252_2

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

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

[IWER: ENTER '997' IF R HAS NOT APPLIED SINCE LAST IW]



W251_2 BRANCHPOINT: IF YEAR AT W252_2 WAS MORE THAN 2 YEARS AGO, GO TO M041

W251_2

What month was that?

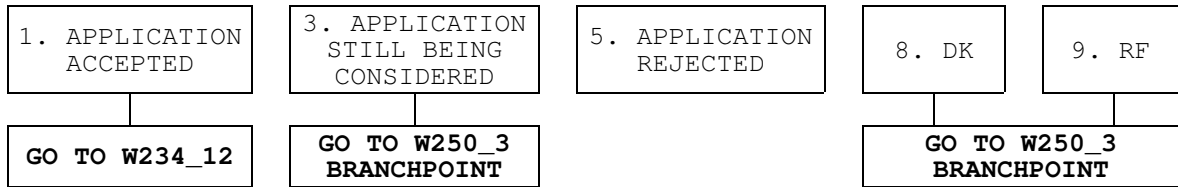
1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF WHEN APPLY BLOCK-2: SSI NEW APPLICATION (W249_2 - W252_2)

M041

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

SUPPLEMENTAL SECURITY INCOME



BEGINNING OF (W245_4) APPLICATION REJECTED BLOCK-4: SSI NEW APPLICATION
(W245_4 - W248_4)

W245_4

Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO W250_3 BRANCHPOINT			

W247_4

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

YEAR

DK	RF
GO TO W248_4	

W246_4 BRANCHPOINT: IF YEAR AT W247_4 WAS MORE THAN 2 YEARS AGO, GO TO W248_4

W246_4

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

W248_4

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 W250_3 BRANCHPOINT				

END OF APPLICATION REJECTED BLOCK-4: SSI NEW APPLICATION (W245_4 - W248_4)

BEGINNING OF (W234_12) APPLICATION ACCEPTED BLOCK-12: SSI NEW APPLICATION
(W234_12 - W244_12)

W234_12

In what 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 W250_3 BRANCHPOINT	GO TO W238_12	

W233_12 BRANCHPOINT: IF YEAR AT W234_12 WAS MORE THAN 2 YEARS AGO, GO TO W238_12

W233_12

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_12

Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO W239_12	GO TO W250_3 BRANCHPOINT		

W256_12

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?

1. HOUSEHOLD RESOURCES INCREASED	2. RETURNED TO WORK		
3. NOT WORKING BUT ABLE	7. OTHER (SPECIFY) _____	8. DK	9. RF
	W257_12		

W239_12

IF R IS STILL RECEIVING SSI BENEFITS (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]

AMOUNT

DK

RF

**GO TO W244_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

W244_12 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (W238_12=1), GO TO W250_3 BRANCHPOINT

W244_12

In what year did the benefits stop?

YEAR

DK

RF

**GO TO W250_3
BRANCHPOINT**

W243_12 BRANCHPOINT: IF YEAR AT W244_12 WAS MORE THAN 2 YEARS AGO, GO TO W250_3 BRANCHPOINT

W243_12

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-12: SSI NEW APPLICATION (W234_12 - W244_12)

W250_3 BRANCHPOINT: IF R DID NOT REPORT APPLYING TO VETERANS ADMINISTRATION (M037 NOT 2), GO TO W250_4 BRANCHPOINT

BEGINNING OF (W249_3) WHEN APPLY BLOCK-3: VA NEW APPLICATION
(W249_3 - W252_3)

W250_3

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

_____	DK	RF
YEAR		
GO TO W252_3 BRANCHPOINT		

W249_3 BRANCHPOINT: IF YEAR AT W250_3 WAS MORE THAN 2 YEARS AGO, GO TO W252_3 BRANCHPOINT

W249_3

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

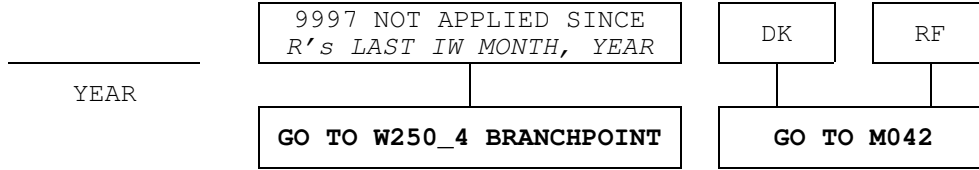
W252_3 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR AFTER} R's LAST IW DATE (per (W249_3/W250_3)), GO TO M042

W252_3

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

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

[IWER: ENTER '9997' IF R HAS NOT APPLIED SINCE LAST IW]



W251_3 BRANCHPOINT: IF YEAR AT W252_3 WAS MORE THAN 2 YEARS AGO, GO TO M042

W251_3

What month was that?

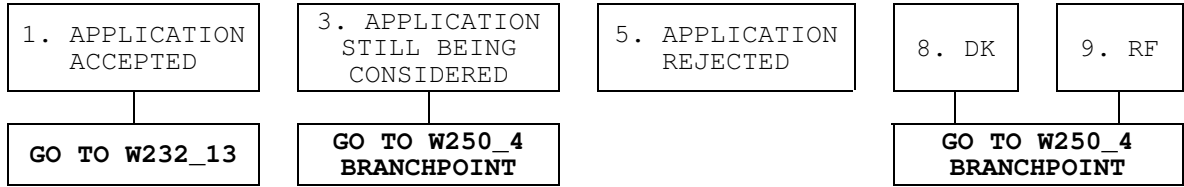
- | | | | | | | |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR | 4. APR | 5. MAY | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

END OF WHEN APPLY BLOCK-3: VA NEW APPLICATION (W249_3 - W252_3)

M042

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

VETERANS ADMINISTRATION



BEGINNING OF (W245_5) APPLICATION REJECTED BLOCK-5: VA NEW APPLICATION
(W245_5 - W248_5)

W245_5

Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO W250_4 BRANCHPOINT			

W247_5

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

YEAR

DK	RF
GO TO W248_5	

W246_5 BRANCHPOINT: IF YEAR AT W247_5 WAS MORE THAN 2 YEARS AGO, GO TO W248_5

W246_5

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

W248_5

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 W250_4 BRANCHPOINT				

END OF APPLICATION REJECTED BLOCK-5: VA NEW APPLICATION (W245_5 - W248_5)

BEGINNING OF (W232_13) APPLICATION ACCEPTED BLOCK-13: VA NEW APPLICATION
(W232_13 & W238_13 - W244_13)

W232_13

What disability rating did you receive?

VETERANS ADMINISTRATION

100 FULL DISABILITY

PERCENT

W234_13

In what year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

YEAR

W233_13 BRANCHPOINT: IF YEAR AT W234_13 WAS MORE THAN 2 YEARS AGO, GO TO W238_13

W233_13

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_13

Are you still receiving benefits from the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
<input type="text" value="GO TO W249_4 BRANCHPOINT"/>				

W239_13

IF R IS STILL RECEIVING VETERANS BENEFITS (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]

AMOUNT

DK

RF

**GO TO W244_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

W244_13 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS (W238_13=1), GO TO W250_4 BRANCHPOINT

W244_13

In what year did the benefits stop?

YEAR

DK

RF

**GO TO W250_4
BRANCHPOINT**

W243_13 BRANCHPOINT: IF YEAR AT W244_13 WAS MORE THAN 2 YEARS AGO, GO TO W250_4 BRANCHPOINT

W243_13

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-13: VA NEW APPLICATION**
(W232_13 & W233_13 - W244_13)

W250_4 BRANCHPOINT: IF R DID NOT REPORT APPLYING TO WORKERS' COMPENSATION PROGRAM (M037 NOT 3), GO TO W250_5 BRANCHPOINT

BEGINNING OF (W250_4) **WHEN APPLY BLOCK-4: WORKERS' COMPENSATION NEW APPLICATION** (W249_4 - W252_4)

W250_4

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

_____ YEAR

DK	RF
GO TO W252_4 BRANCHPOINT	

W249_4 BRANCHPOINT: IF YEAR AT W250_4 WAS MORE THAN 2 YEARS AGO, GO TO W252_4 BRANCHPOINT

W249_4

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

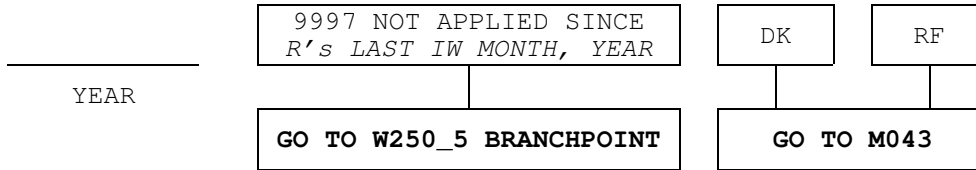
W252_4 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR AFTER} R's LAST IW DATE (per (W249_4/W250_4)), GO TO M043

W252_4

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

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

[IWER: ENTER '9997' IF R HAS NOT APPLIED SINCE LAST IW]



W251_4 BRANCHPOINT: IF YEAR AT W252_4 WAS MORE THAN 2 YEARS AGO, GO TO M043

W251_4

What month was that?

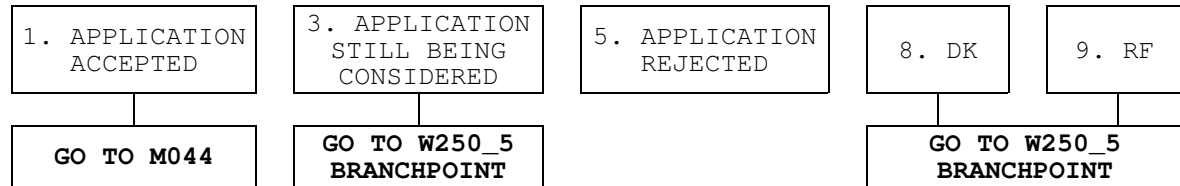
1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF WHEN APPLY BLOCK-4: WORKERS' COMPENSATION NEW APPLICATION
(W249_4 - W252_4)

M043

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

WORKERS' COMPENSATION



BEGINNING OF (W245_6) **APPLICATION REJECTED BLOCK-6: WORKERS' COMPENSATION NEW APPLICATION** (W245_6 - W248_6)

W245_6

Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO W250_5 BRANCHPOINT			

W247_6

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

YEAR

DK	RF
GO TO W248_6	

W246_6 BRANCHPOINT: IF YEAR AT W247_6 WAS MORE THAN 2 YEARS AGO, GO TO W248_6

W246_6

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

W248_6

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

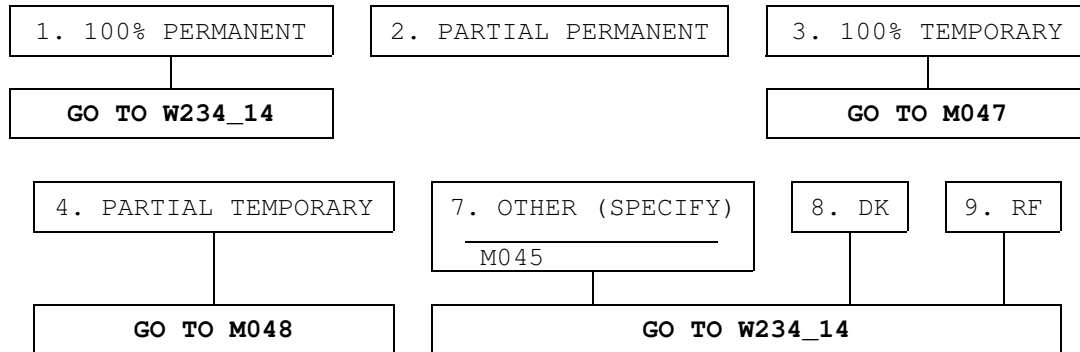
1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO W250_5 BRANCHPOINT				

END OF **APPLICATION REJECTED BLOCK-6: WORKERS' COMPENSATION NEW APPLICATION** (W245_6 - W248_6)

M044

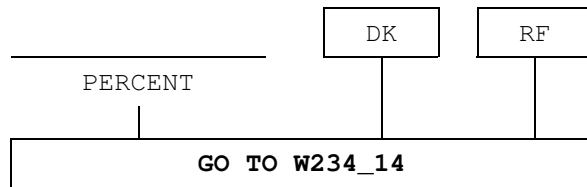
What disability rating did you receive?

WORKERS' COMPENSATION



M046

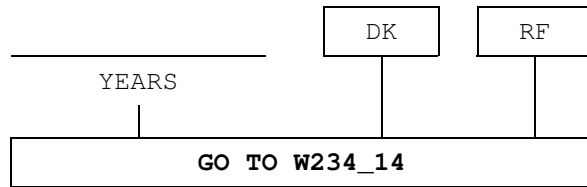
IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:
What percentage did you receive?



M047

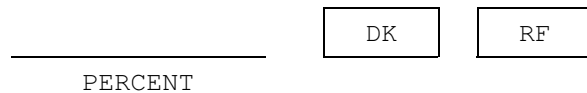
IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:
For how many years?

0-50 YEARS



M048

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



M049

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

0-50 YEARS

YEARS

DK	RF
----	----

BEGINNING OF (W234_14) **APPLICATION ACCEPTED BLOCK-14: WORKERS' COMPENSATION
NEW APPLICATION** (W234_14 - W244_14)

W234_14

In what 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 W250_5 BRANCHPOINT	GO TO W238_14	

W233_14 BRANCHPOINT: IF YEAR AT W234_14 WAS MORE THAN 2 YEARS AGO, GO TO W238_14

W233_14

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_14

Are you still receiving benefits from Workers' Compensation?

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

W239_14

IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (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 W244_14
BRANCHPOINT**

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

W244_14 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (W238_14=1), GO TO W250_5 BRANCHPOINT

W244_14

In what year did the benefits stop?

_____ DK RF

YEAR

**GO TO W250_5
BRANCHPOINT**

W243_14 BRANCHPOINT: IF YEAR AT W244_14 WAS MORE THAN 2 YEARS AGO, GO TO W250_5 BRANCHPOINT

W243_14

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-14: WORKERS' COMPENSATION NEW APPLICATION**
(W234_14 - W244_14)

W250_5 BRANCHPOINT: IF R DID NOT REPORT APPLYING TO {A PUBLIC WELFARE DISABILITY PROGRAM or ANOTHER PROGRAM NOT LISTED} (M037 {NOT 4 and NOT 7}), GO TO M051 BRANCHPOINT

BEGINNING OF (W250_5) WHEN APPLY BLOCK-5: OTHER PROGRAM NEW APPLICATION
(W249_5 - W252_5)

W250_5

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

_____ YEAR

DK	RF
----	----

GO TO W252_5
BRANCHPOINT

W249_5 BRANCHPOINT: IF YEAR AT W250_5 WAS MORE THAN 2 YEARS AGO, GO TO W252_5 BRANCHPOINT

W249_5

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

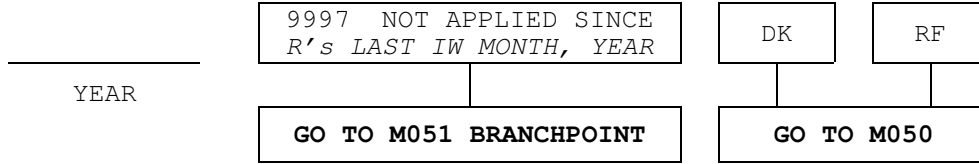
W252_5 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR AFTER} R's LAST IW DATE (per (W249_5/W250_5)), GO TO M050

W252_5

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

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

[IWER: ENTER '9997' IF R HAS NOT APPLIED SINCE LAST IW]



W251_5 BRANCHPOINT: IF YEAR AT W252_5 WAS MORE THAN 2 YEARS AGO, GO TO M050

W251_5

What month was that?

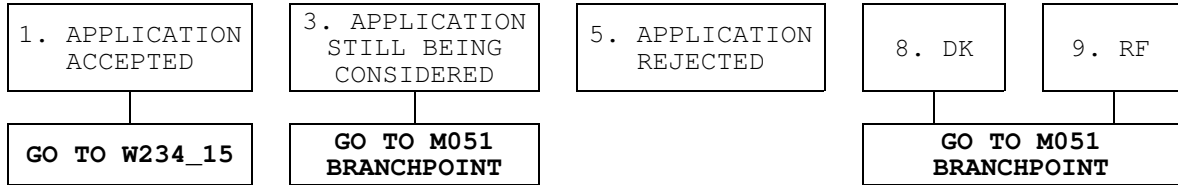
- | | | | | | | |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR | 4. APR | 5. MAY | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

END OF WHEN APPLY BLOCK-5: OTHER PROGRAM NEW APPLICATION (W249_5 - W252_5)

M050

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

ANY OTHER PROGRAMS



BEGINNING OF (W245_7) APPLICATION REJECTED BLOCK-7: OTHER PROGRAM NEW APPLICATION (W245_7 - W248_7)

W245_7

Did you appeal or apply again later?

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

W247_7

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

_____ YEAR

DK	RF
GO TO W248_7	

W246_7 BRANCHPOINT: IF YEAR AT W247_7 WAS MORE THAN 2 YEARS AGO, GO TO W248_7

W246_7

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

W248_7

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 M051 BRANCHPOINT				

END OF APPLICATION REJECTED BLOCK-7: OTHER PROGRAM NEW APPLICATION (W245_7 - W248_7)

BEGINNING OF (W234_15) **APPLICATION ACCEPTED BLOCK-15: OTHER PROGRAM NEW APPLICATION** (W234_15 - W244_15)

W234_15

In what year did you start receiving benefits from this Other program?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M051 BRANCHPOINT	GO TO W238_15	

W233_15 BRANCHPOINT: IF YEAR AT W234_15 WAS MORE THAN 2 YEARS AGO, GO TO W238_15

W233_15

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_15

Are you still receiving benefits from the other government program?

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

W239_15

IF R IS STILL RECEIVING ANY OTHER PROGRAM BENEFITS (W238_15=1):
How much did you receive from the other government program last month?

OTHERWISE:

How much did you receive from the other government 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 W244_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

W244_15 BRANCHPOINT: IF R IS STILL RECEIVING ANY OTHER DISABILITY BENEFITS (W238_15=1), GO TO M051 BRANCHPOINT

W244_15

In what year did the benefits stop?

	DK	RF	
YEAR	<table border="1"> <tr> <td style="text-align: center;"> GO TO M051 BRANCHPOINT </td> </tr> </table>		GO TO M051 BRANCHPOINT
GO TO M051 BRANCHPOINT			

W243_15 BRANCHPOINT: IF YEAR AT W244_15 WAS MORE THAN 2 YEARS AGO, GO TO M051 BRANCHPOINT

W243_15

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-15: OTHER PROGRAM NEW APPLICATION**
(W234_15 - W244_15)

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 (J020 NOT 1), GO TO M056 (M1 ASSIST)

M051

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
GO TO M056 (M1 ASSIST)				

M052

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

DK	RF
----	----

NUMBER OF TIMES

M053

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

M053

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
----	----

M054

DAY

DK	RF
----	----

M055

YEAR

M056

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

M502

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 M506				

M503

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

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 M515 BRANCHPOINT			

M505

Have you had this condition before?

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

M506

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 M508	GO TO M508			

M507

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

1. YES	5. NO	8. DK	9. RF
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M508 BRANCHPOINT: IF R DID NOT REPORT THAT IS LIMITED IN ANY ACTIVITIES BY AN IMPAIRMENT (M507={5 or DK or RF}) and R IS AT LEAST 70 YEARS OF AGE (A019 ≥ 70), GO TO M685 (M2 ASSIST)

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

M508

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]

CONDITION

M509

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

YEAR

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

M510

In what month was that?

M511 BRANCHPOINT: GO TO M512

M511
AT AGE

M512

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

YEAR			
	GO TO M515 BRANCHPOINT	GO TO M514	GO TO M515 BRANCHPOINT

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

M513

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

M514 BRANCHPOINT: GO TO M515 BRANCHPOINT

	DK	RF
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M514
AT AGE

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

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

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

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

M515

Did this impairment or health problem begin to affect your activities before you started working regularly, after you started working regularly or what?

1. BEFORE STARTED WORK	2. AFTER STARTED WORK	3. AFTER STOPPED WORK	4. NEVER WORKED REGULARLY	8. DK	9. RF
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M516 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE, GO TO M643

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

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

M516

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

1. FULL TIME	2. PART TIME	8. DK	9. RF
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M517

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

1. REGULARLY	2. OCCASIONALLY	8. DK	9. RF
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M518

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

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

_____ OR _____ OR _____

DK	RF
----	----

M518 YEAR M519 YEARS AGO M520 AT AGE

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

M521

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

1. YES	5. NO	8. DK	9. RF
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M522

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 M525 BRANCHPOINT			

M523

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 M525 BRANCHPOINT				

M524

Was it the result of an automobile accident?

1. YES	5. NO	8. DK	9. RF
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M525 BRANCHPOINT: IF R IS SELF-EMPLOYED (J021=2), ASSIGN 6 TO M525 AND GO TO M643

M525

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

1. YES	4. NO HELP NEEDED	5. NO	6. R SELF EMPLOYED	8. DK	9. RF
GO TO M643					

BEGINNING OF (W211_3) **EMPLOYER ACCOMMODATIONS BLOCK-3: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK** (W211_3 - W231_3)

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

W230_3
Does your employer do any other things to help you out?

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

W231_3
What other things?

DK	RF
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END OF **EMPLOYER ACCOMMODATIONS BLOCK-3: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK** (W211_3 - W231_3)

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

M526

Did this impairment or health problem begin to affect your activities before you started working regularly, after you started working regularly or what?

1. BEFORE STARTED WORK	2. AFTER STARTED WORK	3. AFTER STOPPED WORK	4. NEVER WORKED REGULARLY	8. DK	9. RF
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M527 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE, GO TO M643

IF R'S IMPAIRMENT BEGAN BEFORE R STARTED WORKING (M526=1),
GO TO M528

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

M527

Does it keep you from working altogether?

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

M528

Does this limitation keep you from working altogether?

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

M529

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

1. FULL TIME	2. PART TIME	8. DK	9. RF
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M530

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

1. REGULARLY	2. OCCASIONALLY	8. DK	9. RF
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M531

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

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

OR

OR

DK

RF

M531
YEAR

M532
YEARS AGO

M533
AT AGE

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

M534

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

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

M535

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 M538 BRANCHPOINT			

M536

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 M538 BRANCHPOINT				

M537

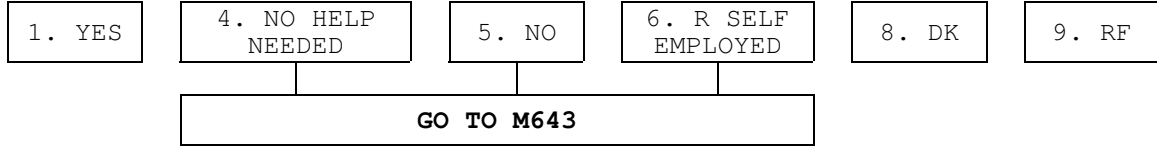
Was it the result of an automobile accident?

1. YES	5. NO	8. DK	9. RF
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M538 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT LAST JOB (K007=2), ASSIGN 6 TO M538 AND GO TO M643

M538

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



BEGINNING OF (W211_4) **EMPLOYER ACCOMMODATIONS BLOCK-4: LAST EMPLOYER, IMPAIRMENT BEFORE STARTED WORK** (W211_4 - W231_4)

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

W230_4

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

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

W231_4

What other things?

END OF EMPLOYER ACCOMMODATIONS BLOCK-4: LAST EMPLOYER, IMPAIRMENT BEFORE STARTED WORK (W211_4 - W231_4)

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

M539

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

1. YES	5. NO	8. DK	9. RF
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M540

Are you now able to work full time or can you work only part time?

1. FULL TIME	2. PART TIME	8. DK	9. RF
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M541

Are you now able to work regularly or can you only work occasionally or irregularly?

1. REGULARLY	2. OCCASIONALLY OR IRREGULARLY	8. DK	9. RF
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M542

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

YEAR

DK	RF
GO TO M544	

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

M543

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

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

YEAR

DK	RF
GO TO M552	

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

M545

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

M546 BRANCHPOINT: GO TO M552

M546

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

YEAR

DK	RF
GO TO M548	

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

M547

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

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

YEAR

DK	RF
GO TO M550	

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

M549

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

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

YEAR

DK	RF
----	----

GO TO M552

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

M551

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

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 M554

M553

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

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

M554

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 M557

M555

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

1. WORK	2. HOME	3. SOMEWHERE ELSE	8. DK	9. RF
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GO TO M557

M556

Was it the result of an automobile accident?

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

M557

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

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

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

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

M558

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 M679 BRANCHPOINT			

M559

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

Did it ever prevent you from working altogether?

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

M561

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

_____ OR _____ OR _____ DK RF

M561 M562 M563

YEAR YEARS AGO AT AGE

M564

How long did this limitation last?

_____ DK RF

AMOUNT OF TIME

M565

TIME UNIT:

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

M566

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 M569

M567

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 M569

M568

Was it the result of an automobile accident?

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

M569

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

Did you ever apply for disability benefits from any program?

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

M571

Did you receive disability benefits?

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

M572

From what program did you receive disability benefits?

DK	RF
----	----

PROGRAM

M573

Over what period of time did you receive those benefits?

FROM YEAR & MONTH:

M573
FROM YEAR

DK	RF
----	----

GO TO M575

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

M574

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
TO YEAR

DK	RF
----	----

GO TO M577
BRANCHPOINT

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

M576

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

M577 BRANCHPOINT: IF R {HAD NOT HAD THE TEMPORARY IMPAIRMENT BEFORE or DIDN'T
SAY} (M505={5 or DK or RF}) or IF R RECEIVED DISABILITY
BENEFITS (M571=1), GO TO M679 BRANCHPOINT

M577

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 M581			

M578

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

1. YES	5. NO	8. DK	9. RF
GO TO W200_2 BRANCHPOINT			

M579

Which company or organization was that?

1. CURRENT EMPLOYER (JW158_2)	2. PREVIOUS EMPLOYER (JW158_1)	3. MOST RECENT EMPLOYER (L008)		
GO TO M586	GO TO M587			
4. LAST EMPLOYER (KW158_3)	6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) M580	8. DK	9. RF
GO TO M586	GO TO M588	GO TO W200_2 BRANCHPOINT		

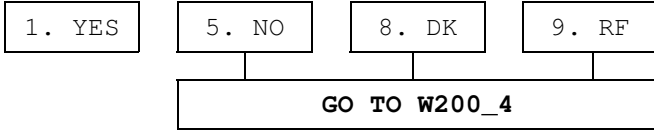
M581

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

_____	OR	_____	9996 DIDN'T WORK BEFORE HEALTH LIMITATION	DK	RF
M581 YEAR		M582 YEARS AGO			
			GO TO M643		

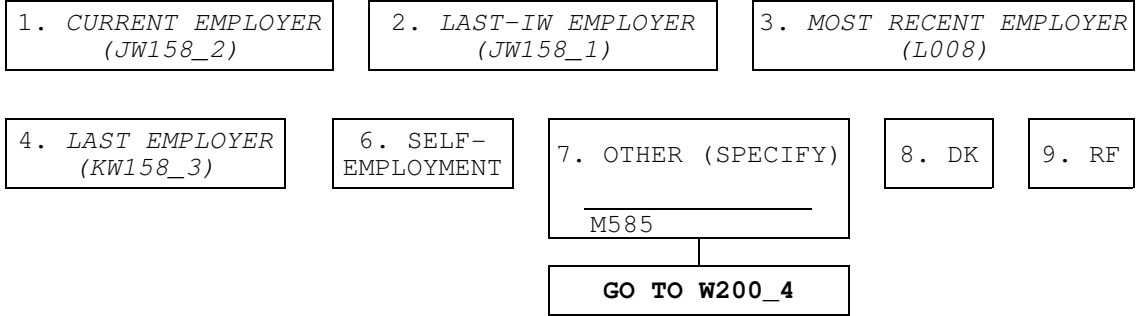
M583

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



M584

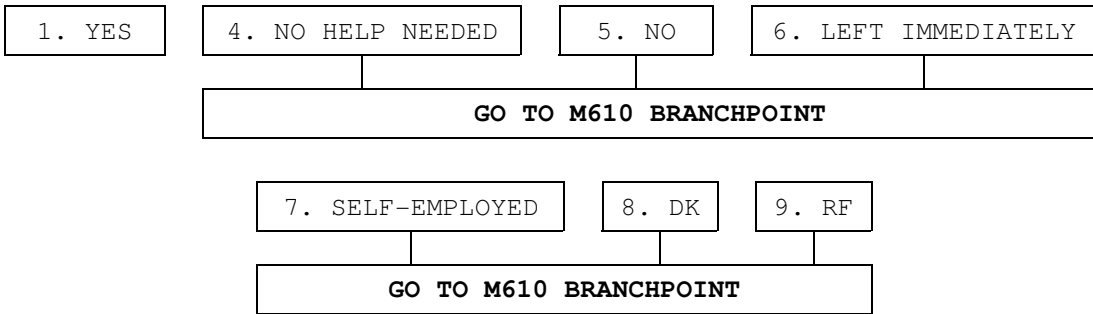
Which company or organization was that?



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

M586

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 (W211_5) **EMPLOYER ACCOMMODATIONS BLOCK-5: EMPLOYER WHEN IMPAIRMENT BEGAN** (W211_5 - W231_5)

	1. YES	5. NO	8. DK	9. RF
W211_5 Did your employer get someone to help you?				
W214_5 Did your employer shorten your work day?				
W217_5 Did your employer allow you to change the time you came to and left work?				
W220_5 (Did your employer) allow you more breaks and rest periods?				
W223_5 (Did your employer) arrange for special transportation?				
W226_5 (Did your employer) change(d) the job to something you could do?				
W227_5 (Did your employer) help(ed) you learn new job skills?				
W228_5 (Did your employer) get you special equipment for the job?				
W229_5 (Did your employer) assist you in receiving rehabilitative services from an external provider?				

W230_5

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

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

W231_5

What other things?

DK	RF
----	----

END OF **EMPLOYER ACCOMMODATIONS BLOCK-5: EMPLOYER WHEN IMPAIRMENT BEGAN**
(W211_5 - W231_5)

W200_2 BRANCHPOINT: IF R REPORTED AN IMPAIRMENT THAT LIMITED THE AMOUNT OF PAID WORK S/HE COULD DO (M558=1), GO TO M610 BRANCHPOINT

BEGINNING OF (W200_2) **OTHER EMPLOYER BLOCK-2: EMPLOYER WHEN IMPAIRMENT BEGAN**
(W200_2 - W210_2)

W200_2

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

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

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

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

[IWER: DO NOT PROBE DK/RF]

NUMBER

|

[**GO TO W205_2**]

[DK] [RF]

W204_2

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

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 W208_2**]

W206_2

[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] [7. OTHER (SPECIFY)] [8. DK] [9. RF]

W207_2

W208_2

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

1-95 HOURS

HOURS

W209_2

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

W210_2

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

END OF **OTHER EMPLOYER BLOCK-2: EMPLOYER WHEN IMPAIRMENT BEGAN**
(W200_2 - W210_2)

M587 BRANCHPOINT: IF R WAS SELF-EMPLOYED BEFORE HEALTH BEGAN TO LIMIT ABILITY TO WORK (W200_2=2), ASSIGN 7 TO M587 AND GO TO M588

M587

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 (W211_6) **EMPLOYER ACCOMMODATIONS BLOCK-6: NEXT EMPLOYER AFTER EMPLOYER WHEN IMPAIRMENT BEGAN** (W211_6 - W231_6)
THIS BLOCK OF QUESTIONS IS ALSO USED IN OTHER LOCATIONS IN M2 AS WELL AS IN SECTION M1.

W211_6

Did your employer get someone to help you?

1. YES	5. NO	8. DK	9. RF
GO TO W214_6			

W212_6

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 W214_6		

W213_6

TIME UNIT:

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

W214_6

Did your employer shorten your work day?

1. YES	5. NO	8. DK	9. RF
GO TO W217_6			

W215_6

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 W217_6

W216_6

TIME UNIT:

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

W217_6

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 W220_6

W218_6

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 W220_6

W219_6

TIME UNIT:

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

W220_6

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

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

GO TO W223_6

W221_6

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 W223_6

W222_6
TIME UNIT:

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

W223_6
(Did your employer) arrange for special transportation?

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

GO TO W226_6

W224_6
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 W226_6

W225_6
TIME UNIT:

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

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

W230_6

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

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

W231_6

What other things?

END OF **EMPLOYER ACCOMMODATIONS BLOCK-6: NEXT EMPLOYER AFTER EMPLOYER WHEN IMPAIRMENT BEGAN** (W211_6 - W231_6)

M588

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 M590	GO TO M610 BRANCHPOINT	GO TO M594	

M589

TIME UNIT:

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

M590

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

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

M591

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

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

M592

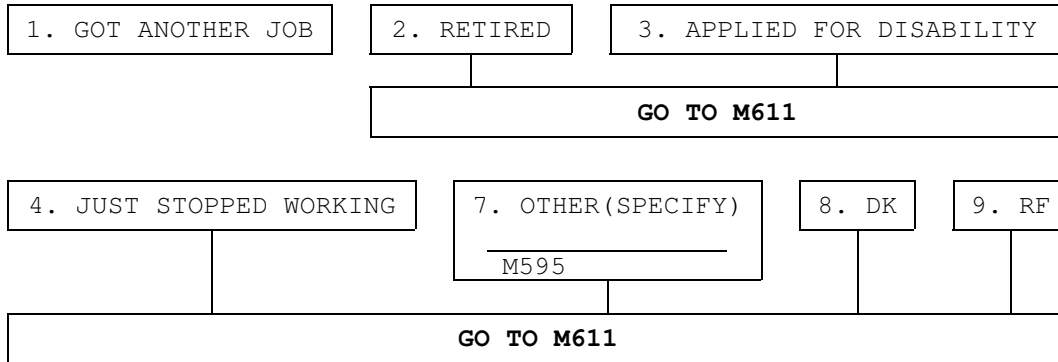
Why do you think you couldn't find work?

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

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

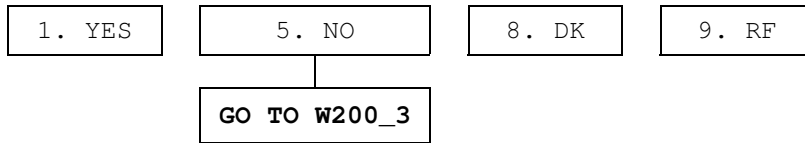
M594

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?



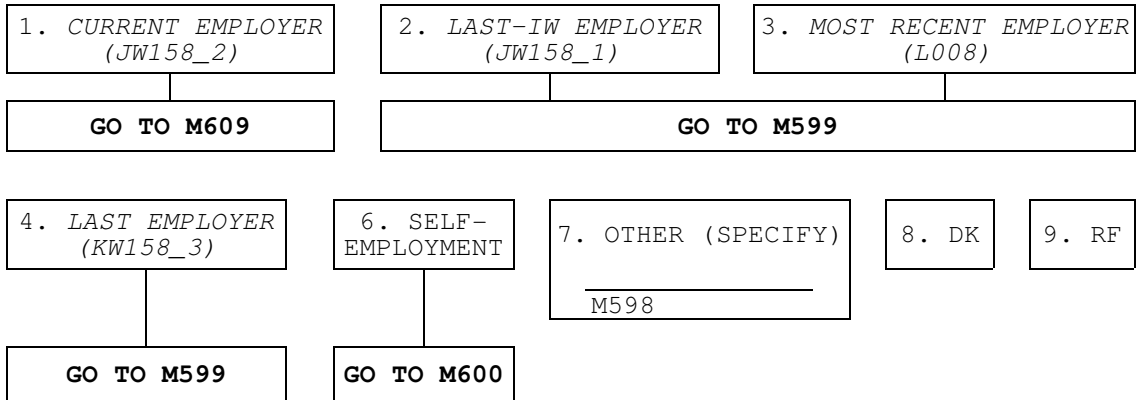
M596

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



M597

Which company or organization was that?



BEGINNING OF (W200_3) OTHER EMPLOYER BLOCK-3: WORKING WHEN LIMITATION BEGAN -
1ST EMPLOYER AFTER LIMITATION (W200_3 - W210_3)

W200_3

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

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

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

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

[IWER: DO NOT PROBE DK/RF]

NUMBER

W204_3

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

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 W208_3

W206_3

[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	7. OTHER (SPECIFY) _____ W207_3	8. DK	9. RF

W208_3

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

1-95 HOURS

HOURS

DK	RF
----	----

W209_3

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

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

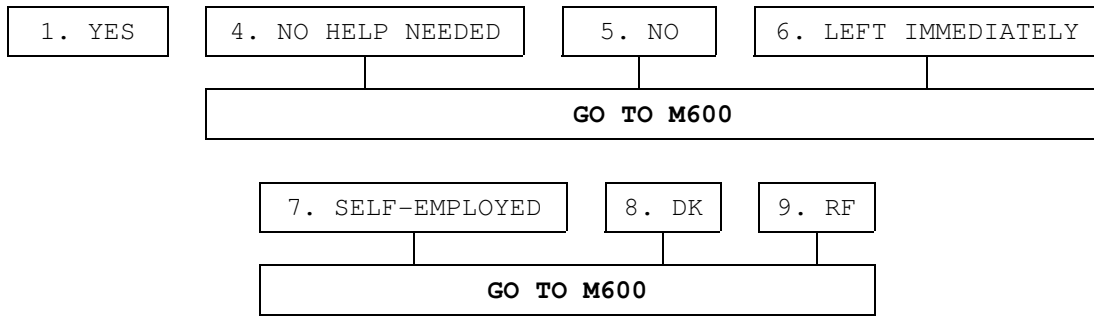
1. YES	5. NO	8. DK	9. RF
--------	-------	-------	-------

END OF OTHER EMPLOYER BLOCK-3: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION (W200_3 - W210_3)

M599 BRANCHPOINT: IF R WAS SELF-EMPLOYED (W200_3=2), ASSIGN 7 TO M599 AND GO TO M600

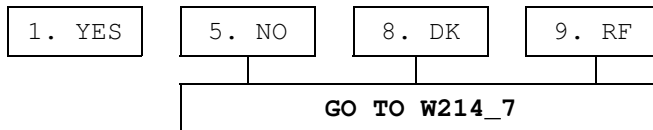
M599

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



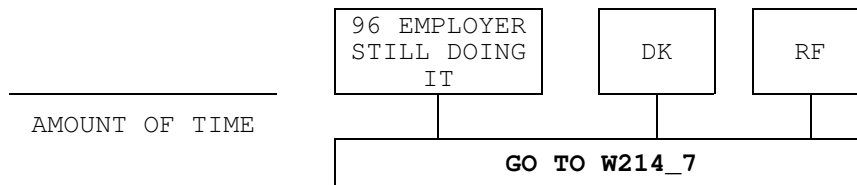
BEGINNING OF (W211_7) EMPLOYER ACCOMMODATIONS BLOCK-7: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION (W211_7 -W231_7)

W211_7
Did your employer get someone to help you?

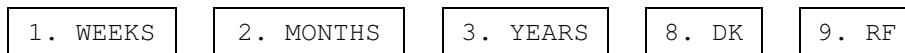


W212_7
How long did they continue to do that?

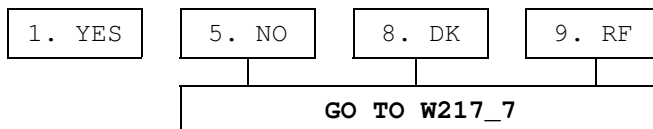
[IWER: ENTER 96 IF R SAYS 'EMPLOYER STILL DOING IT']



W213_7
TIME UNIT:



W214_7
Did your employer shorten your work day?



W215_7
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 W217_7

W216_7

TIME UNIT:

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

W217_7

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 W220_7

W218_7

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 W220_7

W219_7

TIME UNIT:

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

W220_7

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

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

GO TO W223_7

W221_7

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 W223_7

W222_7

TIME UNIT:

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

W223_7

(Did your employer) arrange for special transportation?

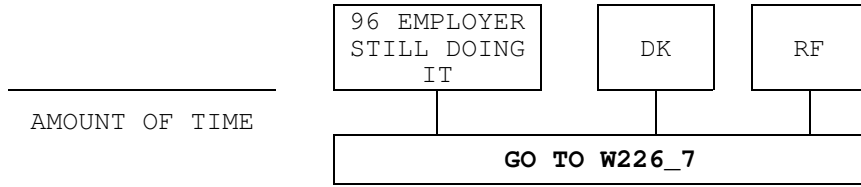
1. YES	5. NO	8. DK	9. RF
--------	-------	-------	-------

GO TO W226_7

W224_7

How long did they continue to do that?

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



W225_7

TIME UNIT:

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

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

W230_7

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

- | | | | |
|--------|-------|-------|-------|
| 1. YES | 5. NO | 8. DK | 9. RF |
|--------|-------|-------|-------|
- GO TO M600

W231_7

What other things?

DK

RF

END OF EMPLOYER ACCOMMODATIONS BLOCK-7: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION (W211_7 - W231_7)

M600

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

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

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

	95 LEFT AFTER FEW MONTHS/AFTER BEING ON LEAVE	96 STILL WORKING FOR EMPLOYER/SELF-EMPLOYED	DK	RF
AMOUNT OF TIME	GO TO M610 BRANCHPOINT	GO TO W200_4	GO TO M610 BRANCHPOINT	

M601

TIME UNIT:

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

BEGINNING OF (W200_4) OTHER EMPLOYER BLOCK-4: NOT WORKING WHEN LIMITATION
BEGAN — EMPLOYER BEFORE LIMITATION (W200_4 - W210_4)

W200_4

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

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

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

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

[IWER: DO NOT PROBE DK/RF]

DK	RF
----	----

NUMBER

GO TO W205_4

W204_4

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

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 W208_4

W206_4
 [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	7. OTHER (SPECIFY) _____ W207_4	8. DK	9. RF

W208_4
 How many hours a week did you usually work for that employer?

1-95 HOURS

HOURS

DK	RF
----	----

W209_4
 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
 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 (W200_4 - W210_4)

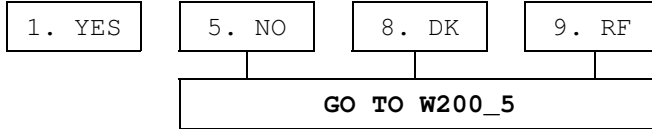
M602
 Did you work after your health began to limit your ability to work?

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

GO TO M611

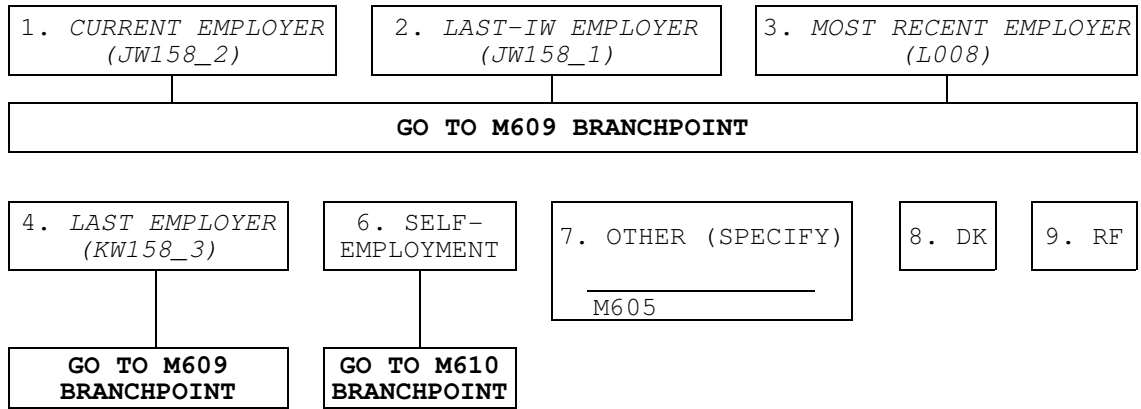
M603

Did you tell me the details of that job — the first one you had when you returned to work — earlier in the interview?



M604

Which company or organization was that?



BEGINNING OF (W200_5) OTHER EMPLOYER BLOCK-5: NOT WORKING WHEN LIMITATION
BEGAN - FIRST EMPLOYER AFTER LIMITATION (W200_5 - W210_5)

W200_5

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
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W202_5

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

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

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

[IWER: DO NOT PROBE DK/RF]

DK	RF
----	----

NUMBER

GO TO W205_5

W204_5

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

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 W208_5

W206_5

[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	7. OTHER (SPECIFY) _____ W207_5	8. DK	9. RF

W208_5

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

1-95 HOURS

_____ HOURS

DK	RF
----	----

W209_5

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

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 (W200_5 - W210_5)

M606

When did you leave that employer?

_____	OR	_____	OR	_____	<input type="checkbox"/> DK	<input type="checkbox"/> RF
M606		M607		M608		
YEAR		YEARS AGO		AT AGE		

M609 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT TIME OF IMPAIRMENT (M604=6 or W200_5=2), ASSIGN 7 TO M609 AND GO TO M610 BRANCHPOINT

M609

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 M610 BRANCHPOINT			
7. SELF-EMPLOYED	8. DK	9. RF	
GO TO M610 BRANCHPOINT			

BEGINNING OF (W211_8) EMPLOYER ACCOMMODATIONS BLOCK-8: NOT WORKING WHEN
LIMITATION BEGAN - EMPLOYER AFTER LIMITATION (W211_8 - W231_8)

W211_8

Did your employer get someone to help you?

1. YES	5. NO	8. DK	9. RF
GO TO W214_8			

W212_8

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 W214_8		

W213_8

TIME UNIT:

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

W214_8

Did your employer shorten your work day?

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

W215_8

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 W217_8

W216_8

TIME UNIT:

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

W217_8

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 W220_8

W218_8

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 W220_8

W219_8

TIME UNIT:

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

W220_8

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

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

GO TO W223_8

W221_8

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 W223_8

W222_8
TIME UNIT:

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

W223_8
(Did your employer) arrange for special transportation?

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

GO TO W226_8

W224_8
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 W226_8

W225_8
TIME UNIT:

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

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

W230_8

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

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

W231_8

What other things?

END OF **EMPLOYER ACCOMMODATIONS BLOCK-8: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER AFTER LIMITATION** (W211_8 - W231_8)

M610 BRANCHPOINT: IF R IS CURRENTLY WORKING FOR PAY (GJ020=1) *and* DID NOT REPORT THAT IS SELF-EMPLOYED (J021 NOT 2), CONTINUE ON TO M610
OTHERWISE, GO TO M611

M610

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 M611

BEGINNING OF (W211_9) EMPLOYER ACCOMMODATIONS BLOCK-9: CURRENT EMPLOYER,
 IMPAIRMENT BEGAN AFTER STARTED WORKING (W211_9 - W231_9)

	1. YES	5. NO	8. DK	9. RF
W211_9 Does your employer get someone to help you?				
W214_9 Does your employer shorten your work day?				
W217_9 Does your employer allow you to change the time you come to and leave work?				
W220_9 (Does your employer) allow you more breaks and rest periods?				
W223_9 (Does your employer) arrange for special transportation?				
W226_9 (Has your employer) change(d) the job to something you can do?				
W227_9 (Has your employer) help(ed) you learn new job skills?				
W228_9 (Does your employer) get you special equipment for the job?				
W229_9 (Does your employer) assist you in receiving rehabilitative services from an external provider?				

W230_9

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

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

W231_9

What other things?

END OF **EMPLOYER ACCOMMODATIONS BLOCK-9: CURRENT EMPLOYER, IMPAIRMENT BEGAN AFTER STARTED WORKING** (W211_9 - W231_9)

M611

Now I would like to go back to your work before your health began to limit your ability to work and ask about the demands of your work at that time.

For each one, tell me whether it was true of your job all or almost all of the time, most of the time, some of the time, or none or almost none of the time.

	1. ALL OR ALMOST ALL OF THE TIME	2. MOST OF THE TIME	3. SOME OF THE TIME	4. NONE OR ALMOST NONE OF THE TIME	8. DK	9. RF
M611 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 (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 (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 (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 (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 Did your work require you to keep up with the pace set by others?						
M617 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

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

1. YES	5. NO	8. DK	9. RF
GO TO M620 BRANCHPOINT			

M619

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

1-1000

DK	RF
----	----

NUMBER OF PEOPLE

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

M620

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 Did the work you were doing afterwards require a lot of physical effort?						
M621 (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 (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 (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 (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 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?)						

M630

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

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

M631

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

1 — 95

HOURS

DK	RF
----	----

M632

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

WEEKS PER YEAR

DK	RF
----	----

M633

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

AMOUNT OF TIME

0	DK	RF
GO TO M635		

M634

TIME UNIT:

1. WEEKS	2. MONTHS	3. YEARS	8. DK	9. RF
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M635

After your health started to affect your ability to work, did anyone in your family living with you (including your {[husband/wife/partner] (per X065)}) begin to work, stop working, or change their work hours due to your health?

1. YES	5. NO	8. DK	9. RF
GO TO M641			

M636

Who did this?

[IWER: SELECT ALL THAT APPLY]

1. HUSBAND/ WIFE/PARTNER	2. PARENTS	3. CHILD(REN)	7. OTHER PERSON	8. DK	9. RF
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M637 BRANCHPOINT: IF R DID NOT REPORT THAT SPOUSE/PARTNER CHANGED WORK HABITS DUE TO R's HEALTH (M636 NOT 1), GO TO M638 BRANCHPOINT

M637

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

M638

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

M639

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

M640 BRANCHPOINT: IF 'OTHER PERSON' DID NOT CHANGE WORK HABITS DUE TO R's HEALTH (M636 NOT 7), GO TO M641

M640

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

What happened to (your/your family's) income after your health started to affect your ability to work — did it decrease, remain the same, or increase?

1. DECREASED	3. REMAINED THE SAME	5. INCREASED	8. DK	9. RF
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M642

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

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

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

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

M646

In what year did you first apply?

YEAR

DK	RF
----	----

GO TO M648

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

M647

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

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

1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
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GO TO W234_16

GO TO M651

BEGINNING OF (W245_8) APPLICATION REJECTED BLOCK-8: SSDI NEW R APPLICATION
(W245_8 - W248_8)

W245_8

Did you appeal or apply again later?

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

W247_8

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

_____ YEAR

DK	RF
GO TO W248_8	

W246_8 BRANCHPOINT: IF YEAR AT W247_8 WAS MORE THAN 2 YEARS AGO, GO TO W248_8

W246_8

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

W248_8

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 M651				

END OF APPLICATION REJECTED BLOCK-8: SSDI NEW R APPLICATION
(W245_8 - W248_8)

BEGINNING OF (W234_16) APPLICATION ACCEPTED BLOCK-16: SSDI NEW R APPLICATION
(W234_16 - W243_16)

W234_16

In what year did you start receiving Social Security Disability benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M651	GO TO W235_16	

W233_16 BRANCHPOINT: IF YEAR AT W234_16 WAS MORE THAN 2 YEARS AGO, GO TO W235_16

W233_16

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

Were you offered rehabilitative services?

1. YES	5. NO	8. DK	9. RF
GO TO W238_16			

W237_16

In what year were you offered rehabilitative services?

_____	DK	RF
YEAR		
	GO TO W238_16	

W236_16 BRANCHPOINT: IF YEAR AT W237_16 WAS MORE THAN 2 YEARS AGO, GO TO W238_16

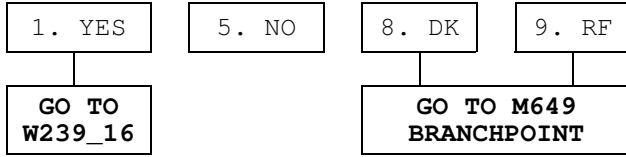
W236_16

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

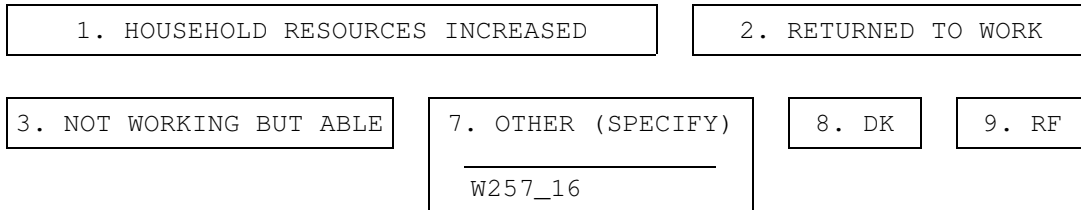
Are you still receiving benefits from Social Security Disability?



W256_16

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?



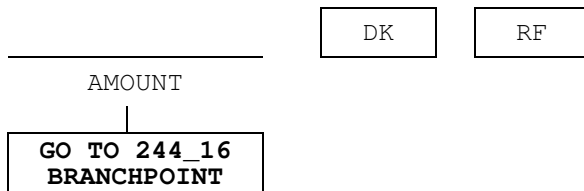
W239_16

IF R IS STILL RECEIVING SSDI BENEFITS (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]



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

W244_16 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (W238_16=1), GO TO M649 BRANCHPOINT

W244_16

In what year did the benefits stop?



YEAR		
GO TO M649 BRANCHPOINT		

W243_16 BRANCHPOINT: IF YEAR AT W244_16 WAS MORE THAN 2 YEARS AGO, GO TO M649 BRANCHPOINT

W243_16
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**
(W234_16 - W243_16)

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

M649
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

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

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

GO TO M655 BRANCHPOINT

M652

In what year did you first apply?

YEAR

DK	RF
----	----

GO TO M654

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

M653

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

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 W234_17 GO TO M657

BEGINNING OF (W245_9) APPLICATION REJECTED BLOCK-9: SSI NEW R APPLICATION
(W245_9 - W248_9)

W245_9

Did you appeal or apply again later?

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

W247_9

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

_____ YEAR

DK	RF
GO TO W248_9	

W246_9 BRANCHPOINT: IF YEAR AT W247_9 WAS MORE THAN 2 YEARS AGO, GO TO W248_9

W246_9

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

W248_9

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 M657				

END OF APPLICATION REJECTED BLOCK-9: SSI NEW R APPLICATION (W245_9 -W248_9)

BEGINNING OF (W234_17) APPLICATION ACCEPTED BLOCK-17: SSI NEW R APPLICATION (W234_17 - W243_17)

W234_17

In what year did you start receiving Supplemental Security Income benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M657	GO TO W238_17	

W233_17 BRANCHPOINT: IF YEAR AT W234_17 WAS MORE THAN 2 YEARS AGO, GO TO W238_17

W233_17

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

Are you still receiving benefits from Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO W239_17		GO TO M657	

W256_17

Why are you no longer receiving those benefits?

Did your household resources increase, did you return to work, are you not working but able to work, or what?

1. HOUSEHOLD RESOURCES INCREASED	2. RETURNED TO WORK		
3. NOT WORKING BUT ABLE	7. OTHER (SPECIFY)	8. DK	9. RF

	W257_17		

W239_17

IF R IS STILL RECEIVING SSI BENEFITS (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]

AMOUNT

DK	RF
----	----

|

**GO TO 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

W244_17 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (W238_17=1), GO TO M657

W244_17

In what year did the benefits stop?

YEAR

DK	RF
----	----

|

GO TO M657

W243_17 BRANCHPOINT: IF YEAR AT W244_17 WAS MORE THAN 2 YEARS AGO, GO TO M657

W243_17

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**
(W234_17 - W243_17)

M655 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE or R HAS APPLIED FOR SSI BENEFITS (M651=1), GO TO M657

M655

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

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

1. YES	5. NO	8. DK	9. RF
GO TO M661 BRANCHPOINT			

M658

In what year did you first apply?

_____ YEAR

DK	RF
GO TO M660	

M659 BRANCHPOINT: IF YEAR AT M658 WAS MORE THAN 2 YEARS AGO, GO TO M660

M659

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

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 W232_18	GO TO M663			

BEGINNING OF (W245_10) APPLICATION REJECTED BLOCK-10: VA NEW R APPLICATION (W245_10 - W248_10)

W245_10

Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO M663			

W247_10

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

_____ YEAR

DK	RF
GO TO W248_10	

W246_10 BRANCHPOINT: IF YEAR AT W247_10 WAS MORE THAN 2 YEARS AGO, GO TO W248_10

W246_10

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

W248_10

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 M663				

END OF APPLICATION REJECTED BLOCK-10: VA NEW R APPLICATION (W245_10 - W248_10)

BEGINNING OF (W232_18) APPLICATION ACCEPTED BLOCK-18: VA NEW R APPLICATION (W232_18 & W238_18 - W243_18)

W232_18

What disability rating did you receive?

VETERANS ADMINISTRATION

100 FULL DISABILITY

DK	RF
----	----

PERCENT

W234_18

In what year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

9997 NOT YET RECEIVING BENEFITS	DK	RF
GO TO M663	GO TO W238_18	

YEAR

W233_18 BRANCHPOINT: IF YEAR AT W234_18 WAS MORE THAN 2 YEARS AGO, GO TO W238_18

W233_18

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

Are you still receiving benefits from the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
--------	-------	------------------------------	-------	-------

GO TO M663

W239_18

IF R IS STILL RECEIVING VETERANS BENEFITS (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 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

W244_18 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS (W238_18=1),
GO TO M663

W244_18

In what year did the benefits stop?

	DK	RF
YEAR		
GO TO M663		

W243_18 BRANCHPOINT: IF YEAR AT W244_18 WAS MORE THAN 2 YEARS AGO, GO TO M663

W243_18

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**
(W232_18 & W238_18 - W243_18)

M661 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE or R HAS EVER APPLIED FOR VETERANS BENEFITS (M657=1), GO TO M663

M661

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
M662				

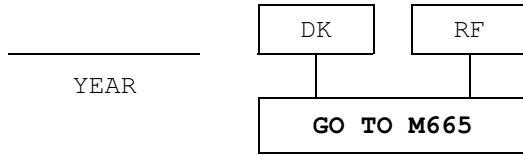
M663

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

1. YES	5. NO	8. DK	9. RF
GO TO M671 BRANCHPOINT			

M664

In what year did you first apply?



M665 BRANCHPOINT: IF YEAR AT M663 WAS MORE THAN 2 YEARS AGO, GO TO M666

M665

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

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 M667 | GO TO M673 | | | |

BEGINNING OF (W245_11) **APPLICATION REJECTED BLOCK-11: WORKERS' COMPENSATION
NEW R APPLICATION** (W245_11 - W248_11)

W245_11

Did you appeal or apply again later?

1. YES	5. NO	8. DK	9. RF
GO TO M673			

W247_11

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

_____ YEAR

DK	RF
GO TO W248_11	

W246_11 BRANCHPOINT: IF YEAR AT W247_11 WAS MORE THAN 2 YEARS AGO, GO TO W248_11

W246_11

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

W248_11

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

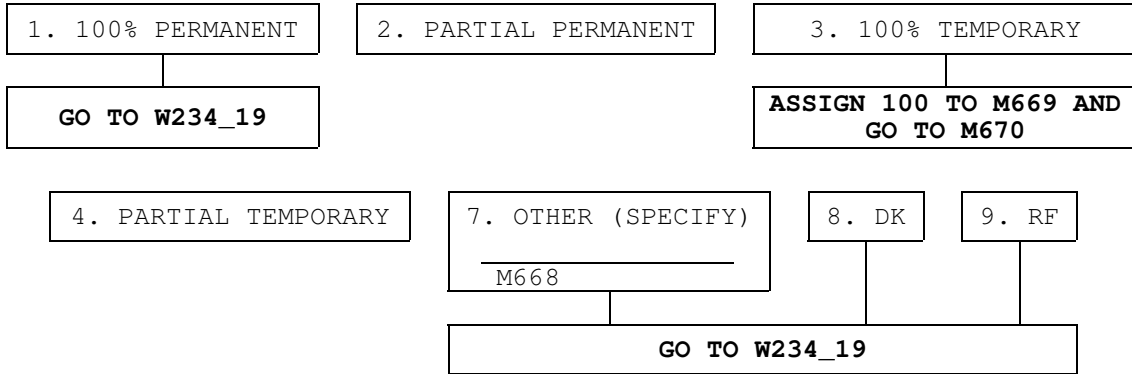
1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO M673				

END OF **APPLICATION REJECTED BLOCK-11: WORKERS' COMPENSATION NEW R APPLICATION**
(W245_11 - W248_11)

M667

What type of disability did you receive?

WORKERS' COMPENSATION



_____ M669 PERCENT

DK RF

M670 BRANCHPOINT: IF R's DISABILITY RATING WAS PARTIAL PERMANENT (M667=2), GO TO W234_19

M670

YEARS BENEFITS RECEIVED:

_____ NUMBER OF YEARS

DK RF

BEGINNING OF (W234_19) APPLICATION ACCEPTED BLOCK-19: WORKERS' COMPENSATION
NEW R APPLICATION (W234_19 - W243_19)

W234_19

In what year did you start receiving Workers' Compensation benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M673	GO TO W238_19	

W233_19 BRANCHPOINT: IF YEAR AT W234_19 WAS MORE THAN 2 YEARS AGO, GO TO W238_19

W233_19

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

Are you still receiving benefits from Workers' Compensation?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO M673				

W239_19

IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (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 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

W244_19 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS
(W238_19=1), GO TO M673

W244_19

In what year did the benefits stop?

WORKERS' COMPENSATION

_____ YEAR

DK	RF
GO TO M673	

W243_19 BRANCHPOINT: IF YEAR AT W244_19 WAS MORE THAN 2 YEARS AGO, GO TO M673

W243_19

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 (W234_19 - W243_19)

M671 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE or R HAS EVER APPLIED FOR DISABILITY BENEFITS FROM WORKERS' COMPENSATION (M663=1), GO TO M673

M671

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) _____ M672	8. DK
9. RF			

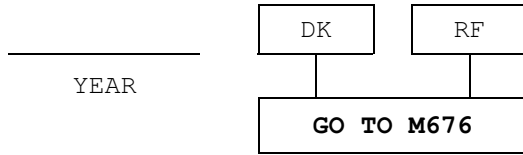
M673

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

1. YES	5. NO	8. DK	9. RF
GO TO M677 BRANCHPOINT			

M674

In what year did you first apply?



M675 BRANCHPOINT: IF YEAR AT M674 WAS MORE THAN 2 YEARS AGO, GO TO M676

M675

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

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 W234_20 | GO TO M679 BRANCHPOINT | | | |

BEGINNING OF (W245_12) APPLICATION REJECTED BLOCK-12: OTHER PROGRAM NEW R APPLICATION (W245_12 - W248_12)

W245_12

Did you appeal or apply again later?

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

W247_12

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

_____ YEAR

DK	RF
GO TO W248_12	

W246_12 BRANCHPOINT: IF YEAR AT W247_12 WAS MORE THAN 2 YEARS AGO, GO TO W248_12

W246_12

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

W248_12

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 M679 BRANCHPOINT				

END OF APPLICATION REJECTED BLOCK-12: OTHER PROGRAM NEW R APPLICATION (W245_12 - W248_12)

BEGINNING OF (W234_20) **APPLICATION ACCEPTED BLOCK-20: OTHER PROGRAM NEW R APPLICATION** (W234_20 - W243_20)

W234_20

In what year did you start receiving benefits from this Other program?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

_____	9997 NOT YET RECEIVING BENEFITS	DK	RF
YEAR			
	GO TO M679 BRANCHPOINT	GO TO W238_20	

W233_20 BRANCHPOINT: IF YEAR AT W234_20 WAS MORE THAN 2 YEARS AGO, GO TO W238_20

W233_20

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

Are you still receiving benefits from the other government program?

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

W239_20

IF R IS STILL RECEIVING ANY OTHER PROGRAM BENEFITS (W238_20=1):
How much did you receive from the other government program last month?

OTHERWISE:

How much did you receive from the other government 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
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AMOUNT

GO TO 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

W244_20 BRANCHPOINT: IF R IS STILL RECEIVING OTHER PROGRAM BENEFITS (W238_20=1),
GO TO M679 BRANCHPOINT

W244_20

In what year did the benefits stop?

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

YEAR

GO TO M679 BRANCHPOINT

W243_20 BRANCHPOINT: IF YEAR AT W244_20 WAS MORE THAN 2 YEARS AGO, GO TO M679
BRANCHPOINT

W243_20

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**
(W234_20 - W243_20)

M677 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE *or* R HAS EVER APPLIED FOR
BENEFITS FROM SOME OTHER DISABILITY PROGRAM (M673=1),
GO TO M679 BRANCHPOINT

M677

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) M678	8. DK	9. RF

M679 BRANCHPOINT: IF R HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (K003=5) or {R IS NOT CURRENTLY WORKING FOR PAY (J020=5) and {HAS NOT WORKED IN LAST CALENDAR YEAR (K004 <2005) or LAST WORKED MORE THAN A YEAR AGO (K005 >1)}}}, GO TO M685 (M2 ASSIST)

M679

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 M685 (M2 ASSIST)				

M680

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

DK	RF
----	----

NUMBER OF TIMES

M681

On what date did your most recent injury happen?

M681

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

DAY

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

M683

YEAR

M685

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
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GO TO SECTION N