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

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**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.

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**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

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\* 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.

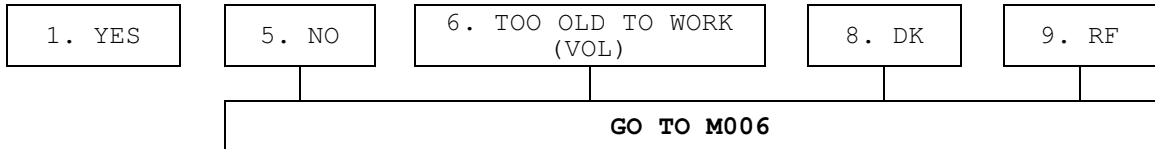
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M002 BRANCHPOINT: IF THIS IS A NEW INTERVIEW R (Z076=5), GO TO M502 BRANCHPOINT

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

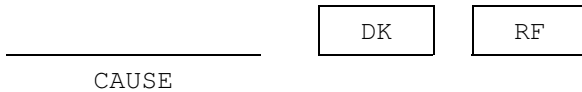
M003

What health condition causes this impairment or problem?

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

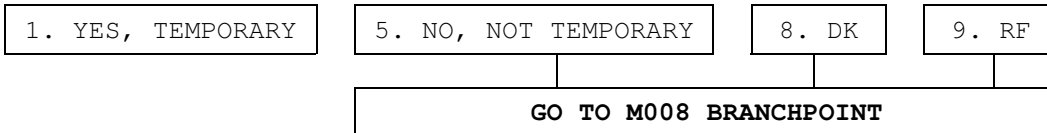
What condition is the main cause of this impairment or problem?

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



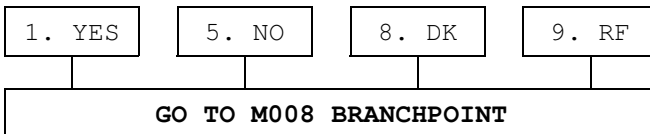
M004

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				
<b>GO TO M011 BRANCHPOINT</b>				

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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<b>GO TO M020</b>
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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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<b>GO TO M023</b>
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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
GO TO M029 BRANCHPOINT			

M025

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

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

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)	8. DK	9. RF
M027 What was the name of that company or organization?			

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

|

GO TO W205_1
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FINAL VERSION 2 — 4/13/09

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/stopped working for that business]?

[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/business]?

\_\_\_\_\_

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/business]?

[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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FINAL VERSION 2 — 4/13/09

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?

\_\_\_\_\_

\_\_\_\_\_

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
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
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**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
----	----

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**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

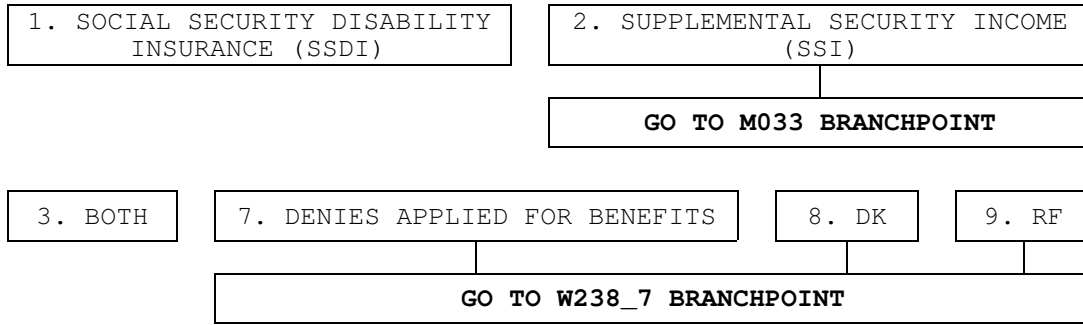
END OF **APPLICATION ACCEPTED BLOCK-2: RECEIVING SSI**  
(W238\_2 - W243\_2)

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

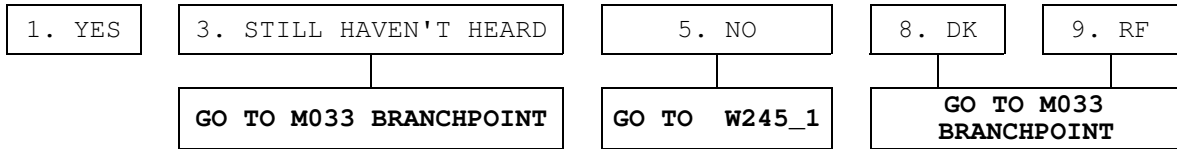
According to our records, in *R's LAST IW MONTH, YEAR* you had applied for benefits from the Social Security Disability program or the Supplemental Security Income program.

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

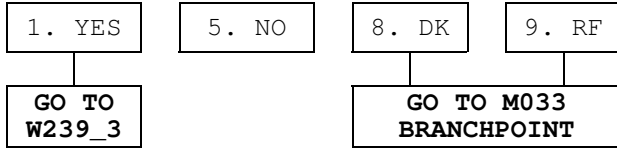
W236\_3

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

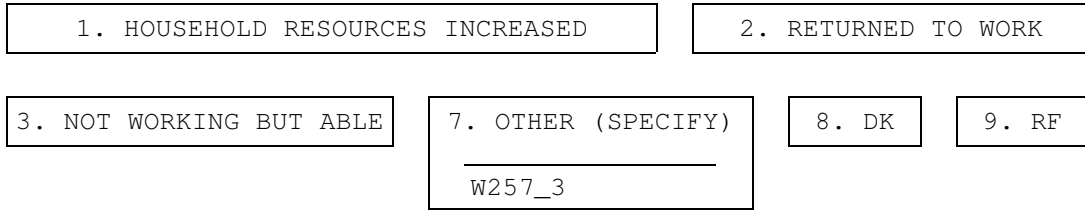
Are you still receiving benefits from Social Security Disability?



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):

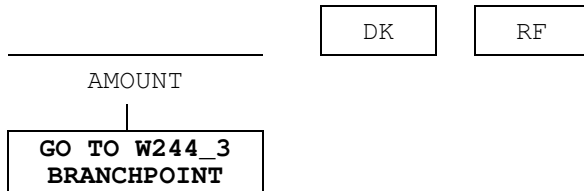
How much did you receive from the Social Security Disability program last month?

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

DK	RF
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
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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

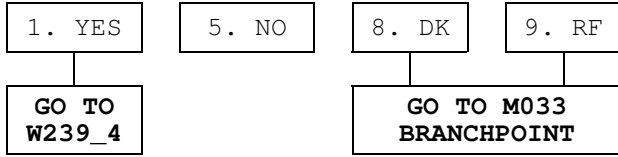
W236\_4

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

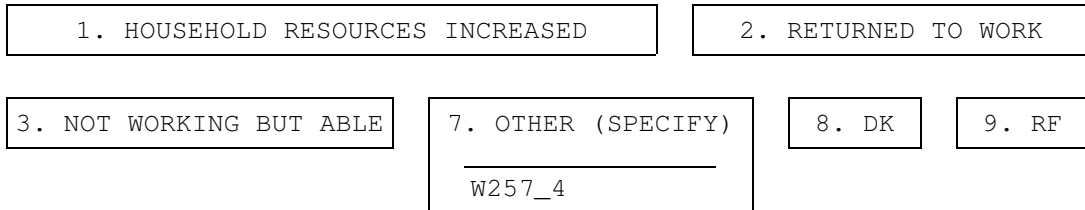
Are you still receiving benefits from Social Security Disability?



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

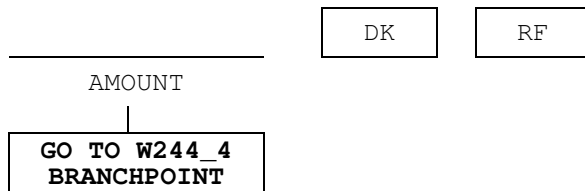
IF R IS STILL RECEIVING SOCIAL SECURITY DISABILITY BENEFITS (W238\_4=1): How much did you receive from the Social Security Disability program last month?

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

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]

\_\_\_\_\_  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?

\_\_\_\_\_  DK  RF  
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?

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-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
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GO TO W238\_7 BRANCHPOINT

W247\_2

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

\_\_\_\_\_ YEAR

DK	RF
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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
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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?

\_\_\_\_\_ YEAR

DK	RF
GO TO M034 BRANCHPOINT	

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
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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
----	----

|

<b>GO TO W244_8 BRANCHPOINT</b>
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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
----	----

|

<b>GO TO W238_9 BRANCHPOINT</b>
-------------------------------------

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]

\_\_\_\_\_  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?

\_\_\_\_\_  DK  RF

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?

- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 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 |

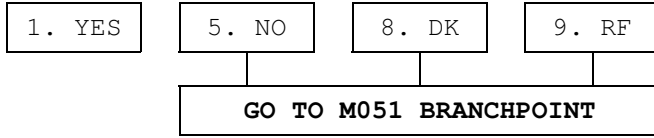
END OF APPLICATION ACCEPTED BLOCK-10: WORKERS' COMPENSATION PENDING

(W234\_10 - W244\_10)

M036

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

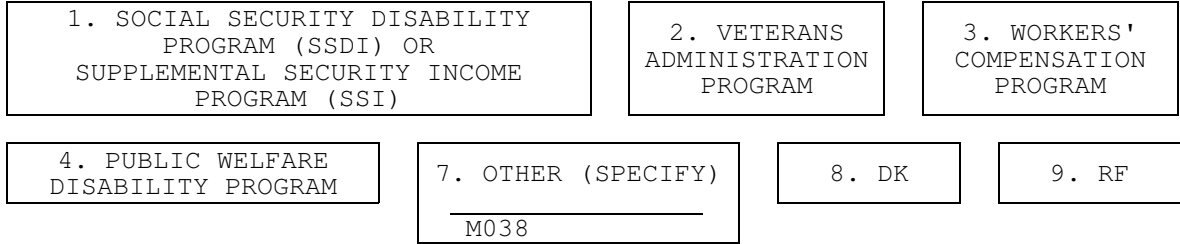




M037

Which programs did you apply to?

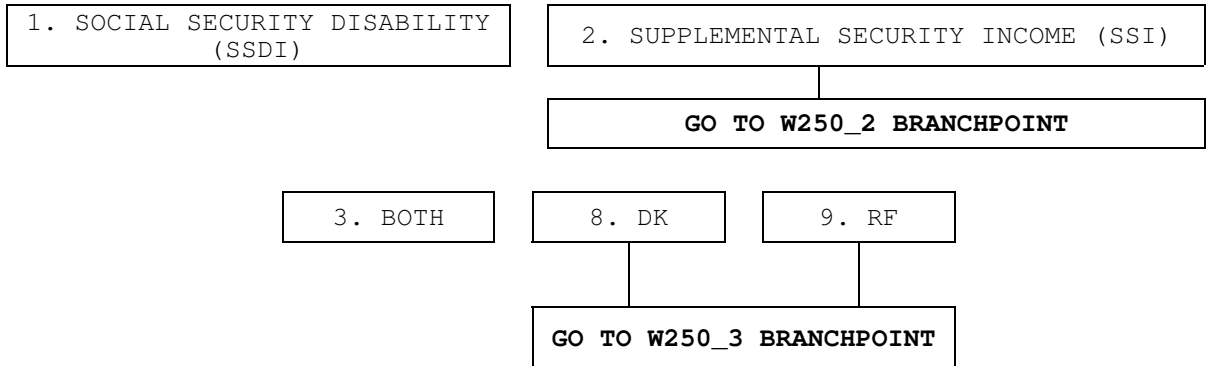
[IWER: CHECK ALL THAT APPLY]



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

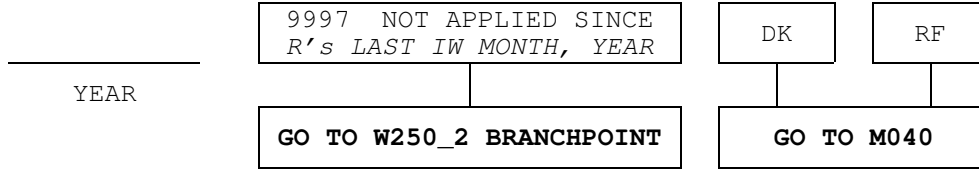
W252\_1 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR  
AFTER} R's LAST IW DATE (per (W249\_1/W250\_1)), GO TO M040

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?

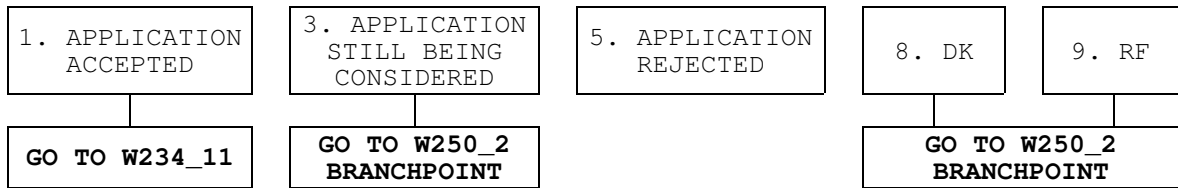
1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

END OF WHEN APPLY BLOCK-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

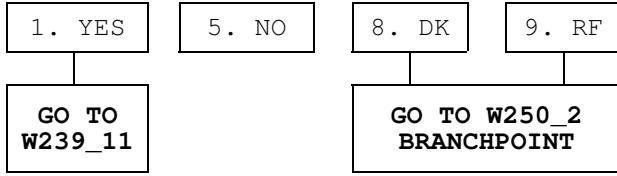
W236\_11

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

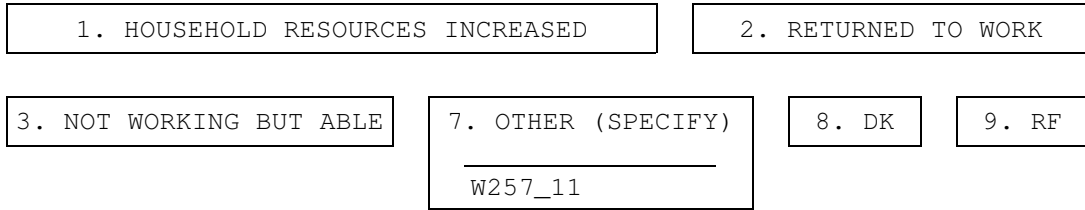
Are you still receiving benefits from Social Security Disability?



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):

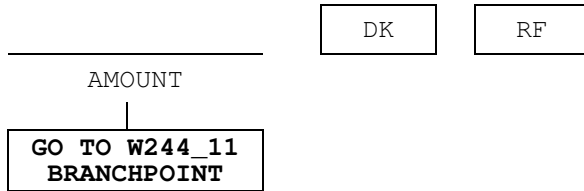
How much did you receive from the Social Security Disability program last month?

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

DK	RF
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

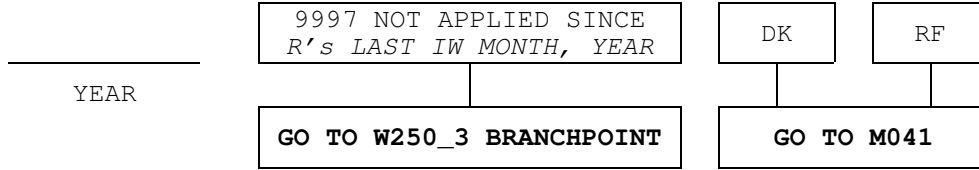


W252\_2

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?

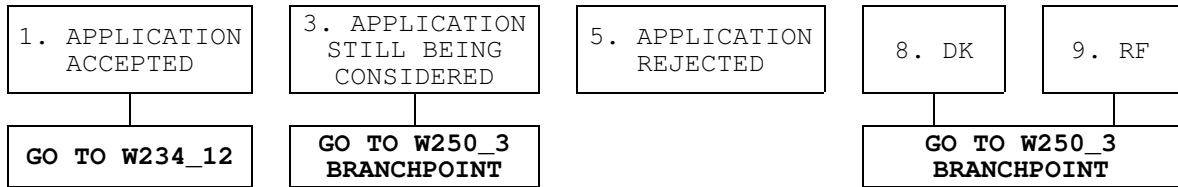
- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR  | 4. APR  | 5. MAY  | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

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) _____ W257_12
	8. DK
	9. RF

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?

\_\_\_\_\_

YEAR

DK	RF
----	----

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

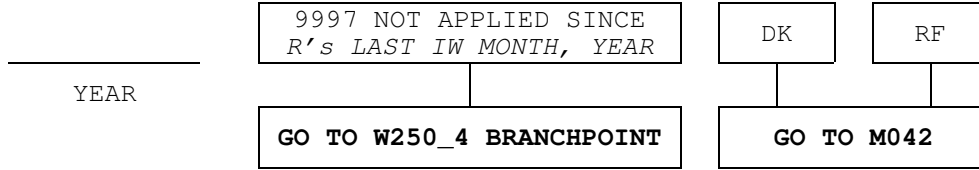
W252\_3 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR  
AFTER} R's LAST IW DATE (per (W249\_3/W250\_3)), GO TO M042

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?

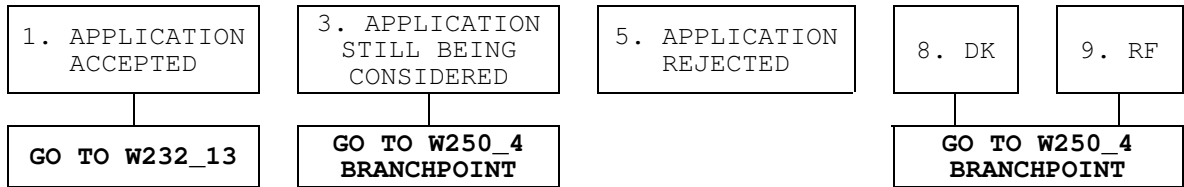
- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR  | 4. APR  | 5. MAY  | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

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?

_____	DK	RF
YEAR		
	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

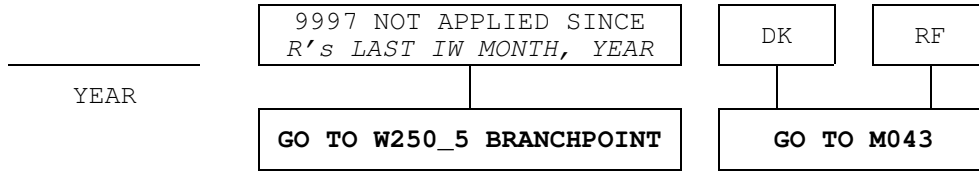
W252\_4 BRANCHPOINT: IF {MONTH and YEAR} R FIRST APPLIED FOR SSDI IS {ON OR AFTER} R's LAST IW DATE (per (W249\_4/W250\_4)), GO TO M043

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?

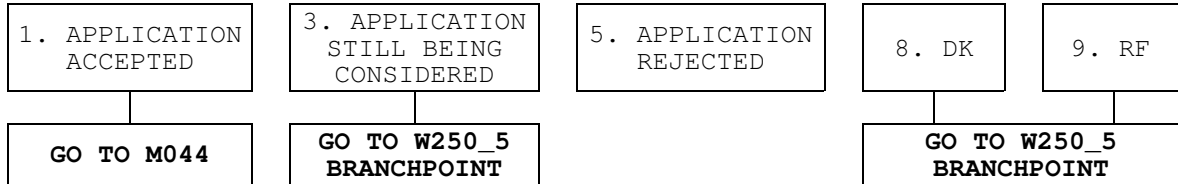
- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR  | 4. APR  | 5. MAY  | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

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?

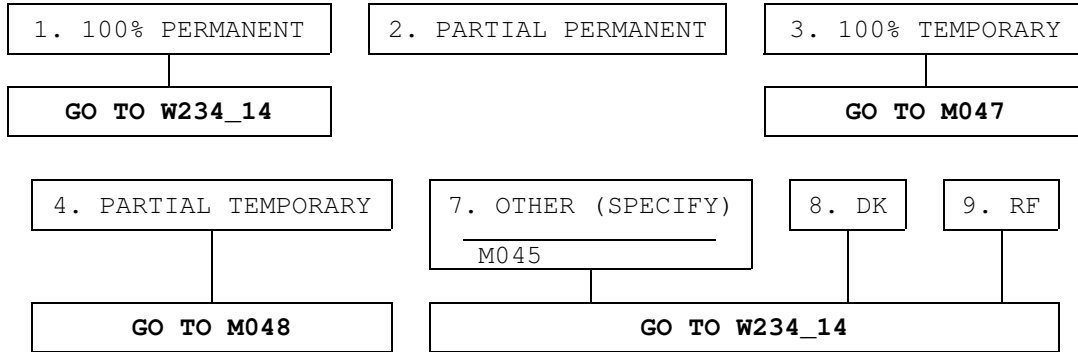
1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO W250_5 BRANCHPOINT				

END OF **APPLICATION REJECTED BLOCK-6: WORKERS' COMPENSATION NEW APPLICATION** (W245\_6 - W248\_6)

M044

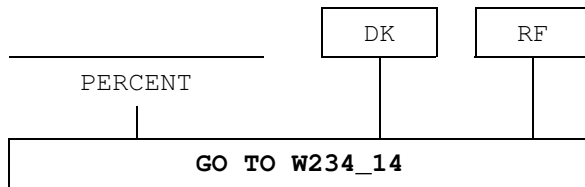
What disability rating did you receive?

WORKERS' COMPENSATION



M046

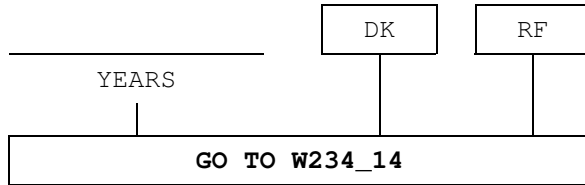
IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:  
What percentage did you receive?



M047

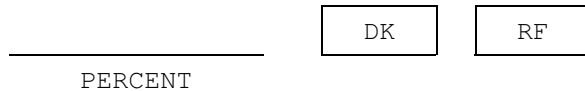
IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:  
For how many years?

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

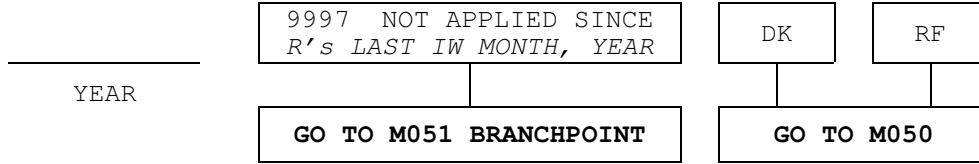


W252\_5

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?

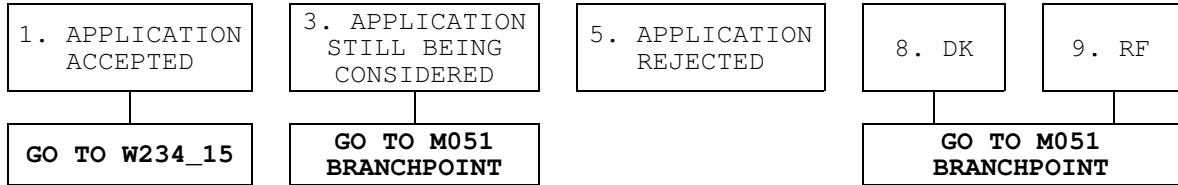
- |        |        |         |         |         |        |        |
|--------|--------|---------|---------|---------|--------|--------|
| 1. JAN | 2. FEB | 3. MAR  | 4. APR  | 5. MAY  | 6. JUN | 7. JUL |
| 8. AUG | 9. SEP | 10. OCT | 11. NOV | 12. DEC | 98. DK | 99. RF |

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 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

|

<b>GO TO W244_15 BRANCHPOINT</b>
--------------------------------------

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

<b>GO TO M051 BRANCHPOINT</b>
-----------------------------------

W243_15 BRANCHPOINT: IF YEAR AT W244_15 WAS MORE THAN 2 YEARS AGO, GO TO M051 BRANCHPOINT
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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
<b>GO TO M056 (M1 ASSIST)</b>				

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
_____ <span style="margin-left: 100px;">DK</span> <span style="margin-left: 50px;">RF</span>						

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]

\_\_\_\_\_

CONDITION

DK	RF
----	----

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

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]

\_\_\_\_\_

DK	RF
----	----

CONDITION

M509

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

_____	9996 CONDITION PRESENT AT BIRTH	9997 AGE GIVEN	DK	RF
YEAR				
	GO TO M512	GO TO M511	GO TO M512	

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

M510

In what month was that?

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

M511 BRANCHPOINT: GO TO M512

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

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]

_____	9996 CONDITION PRESENT AT BIRTH	9997 AGE GIVEN	DK	RF
YEAR				
	GO TO M515 BRANCHPOINT	GO TO M514	GO TO M515 BRANCHPOINT	

M513 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

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

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

M517

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

1. REGULARLY

2. OCCASIONALLY

8. DK

9. RF

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

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

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

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

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

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		M532		M533		
YEAR		YEARS AGO		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

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?

1. YES

4. NO HELP  
NEEDED

5. NO

6. R SELF  
EMPLOYED

8. DK

9. RF

GO TO M643

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?

\_\_\_\_\_

\_\_\_\_\_

DK	RF
----	----

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

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

M542

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

_____	DK	RF
YEAR		
<b>GO TO M544</b>		

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 you to work?

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
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
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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]

\_\_\_\_\_

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 \_\_\_\_\_

M561                      M562                      M563

YEAR                      YEARS AGO                      AT AGE

M564

How long did this limitation last?

\_\_\_\_\_

AMOUNT OF TIME

M565

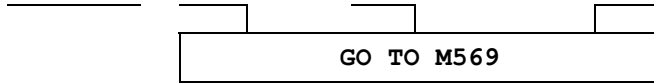
TIME UNIT:

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

M566

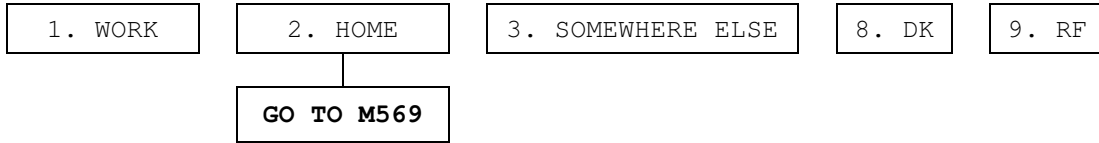
Was the impairment or health problem you just mentioned the result of an accident or injury?

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



M567

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



M568

Was it the result of an automobile accident?



M569

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



M570

Did you ever apply for disability benefits from any program?



M571

Did you receive disability benefits?



M572

From what program did you receive disability benefits?

\_\_\_\_\_

PROGRAM

DK

RF

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)	3. MOST RECENT EMPLOYER (L008)	4. LAST EMPLOYER (KW158_3)	
GO TO M586	GO TO M587	GO TO M586	
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO M588	M580 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?

1. YES	5. NO	8. DK	9. RF
GO TO W200_4			

M584

Which company or organization was that?

1. CURRENT EMPLOYER (JW158_2)	3. MOST RECENT EMPLOYER (L008)	4. LAST EMPLOYER (KW158_3)	
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____ M585	8. DK	9. RF
GO TO W200_4			

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?

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\_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
<b>GO TO M610 BRANCHPOINT</b>			

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

IF R MENTIONED {CURRENT or LAST} EMPLOYER WHEN HEALTH BEGAN TO  
LIMIT ACTIVITY (M579={1 or 4}), GO TO M588

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]

\_\_\_\_\_

DK

RF

NUMBER

\_\_\_\_\_

GO TO W205\_2

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/stopped working for that business]?

[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) _____ W207_2	8. DK	9. RF

W208\_2

How many hours a week did you usually work for that [employer/business]?

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/business]?

[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?

_____	DK	RF
_____		

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

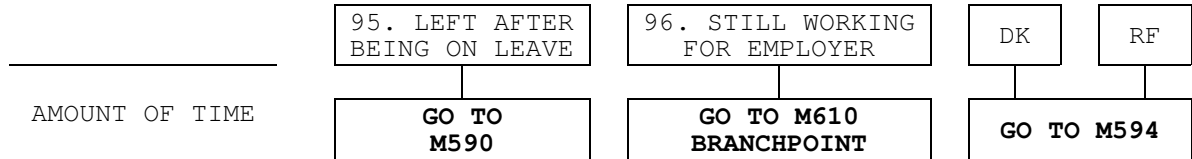


M588

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?

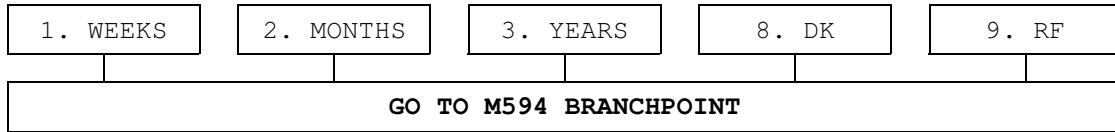
[IWER: ENTER '95' IF R CONTINUED TO WORK ONLY FOR A FEW MONTHS OR LEFT AFTER BEING ON SICK LEAVE]

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



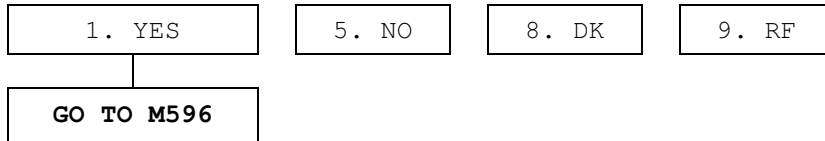
M589

TIME UNIT:



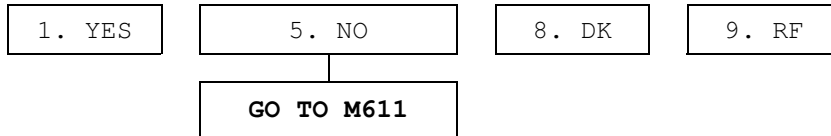
M590

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



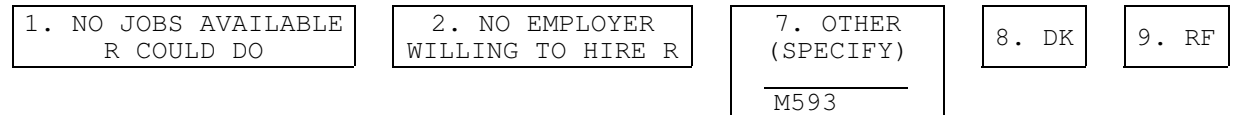
M591

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



M592

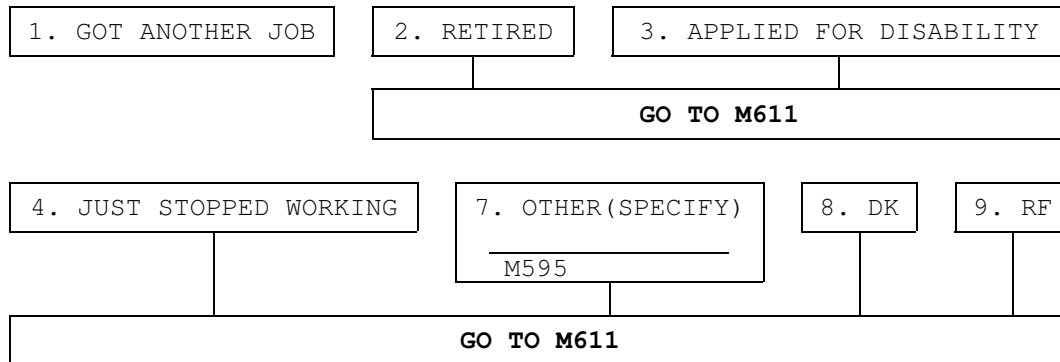
Why do you think you couldn't find work?



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

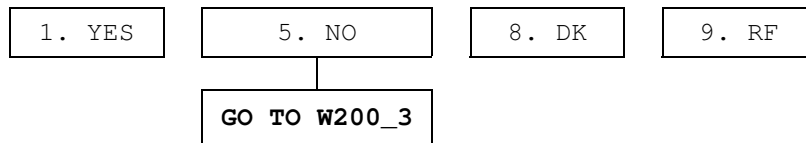
M594

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?

1. CURRENT EMPLOYER (JW158_2)	3. MOST RECENT EMPLOYER (L008)	4. LAST EMPLOYER (KW158_3)
GO TO M609	GO TO M599	
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) M598	8. DK
GO TO M600	9. RF	

**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?

\_\_\_\_\_

DK	RF
----	----

BUSINESS

W201\_3

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\_3

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

NUMBER

|

[ **GO TO W205\_3** ]

[ DK ]      [ RF ]

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/stopped working for that business]?

[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) ]    [ 8. DK ]    [ 9. RF ]

\_\_\_\_\_

W207\_3

W208\_3

How many hours a week did you usually work for that [employer/business]?

1-95 HOURS

\_\_\_\_\_

HOURS

W209\_3

IWER: READ SLOWLY:

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

[IWER: COUNT PAID SICK TIME AS WORK TIME]

1-52 WEEKS

\_\_\_\_\_

WEEKS

W210\_3

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

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?

GO TO M600

GO TO M600

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?

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

W212\_7

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_7		

W213\_7

TIME UNIT:

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

W214\_7

Did your employer shorten your work day?

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

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']

\_\_\_\_\_

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

AMOUNT OF TIME

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']

\_\_\_\_\_

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

AMOUNT OF TIME

GO TO W226\_7

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/stopped working for that business]?

[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/business]?

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/business]?

[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?

1. YES	5. NO	8. DK	9. RF
GO TO W200_5			

M604

Which company or organization was that?

1. CURRENT EMPLOYER (JW158_2)	3. MOST RECENT EMPLOYER (L008)	4. LAST EMPLOYER (KW158_3)	
GO TO M609 BRANCHPOINT			
6. SELF-EMPLOYMENT	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO M610 BRANCHPOINT			

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

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/stopped working for that business]?

[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/business]?

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/business]?

[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/business)?

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

\_\_\_\_\_

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

AMOUNT OF TIME

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']

\_\_\_\_\_

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

AMOUNT OF TIME

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
<b>GO TO M610 BRANCHPOINT</b>			

W231\_8

What other things?

_____	DK	RF
_____		

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 (J020=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?)						

M626 Did your work require skill in dealing with other people? (Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?)					
--	--	--	--	--	--

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

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

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

1-1000  
 \_\_\_\_\_  
 NUMBER OF PEOPLE

DK	RF
----	----

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

M629 We're interested in what ways your health has affected your family.  
 Were you married at the time your health started to affect your work?

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

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

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

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  
WORK2. WORK  
MORE3. WORK  
LESS4. STOP  
WORK

8. DK

9. RF

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  
WORK2. WORK  
MORE3. WORK  
LESS4. STOP  
WORK

8. DK

9. RF

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  
WORK2. WORK  
MORE3. WORK  
LESS4. 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  
WORK2. WORK  
MORE3. WORK  
LESS4. 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
--------------	-------------------------	--------------	-------	-------

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
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?

_____	DK	RF
YEAR	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
W234_16	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?

1. YES	5. NO	8. DK	9. RF
GO TO W239_16		GO TO M649 BRANCHPOINT	

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?

1. HOUSEHOLD RESOURCES INCREASED	2. RETURNED TO WORK		
3. NOT WORKING BUT ABLE	7. OTHER (SPECIFY) W257_16	8. DK	9. RF

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]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

GO TO 244\_16 BRANCHPOINT

W240\_16 - W242\_16 Unfolding Sequence

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

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

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

DK	RF
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)

W234\_17 BRANCHPOINT: GO TO M649 BRANCHPOINT

BEGINNING OF (W234\_17) APPLICATION ACCEPTED BLOCK-17:  
SSDI NEW R RE-APPLICATION (W234\_17- W243\_17)

W234\_17

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_17	

W233\_17 BRANCHPOINT: IF YEAR AT W234\_17 WAS MORE THAN 2 YEARS AGO, GO TO W235\_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

W235\_17

Were you offered rehabilitative services?

1. YES	5. NO	8. DK	9. RF
GO TO W238_17			

W237\_17

In what year were you offered rehabilitative services?

_____	DK	RF
YEAR		
GO TO W238_17		

W236\_17 BRANCHPOINT: IF YEAR AT W237\_17 WAS MORE THAN 2 YEARS AGO, GO TO W238\_17

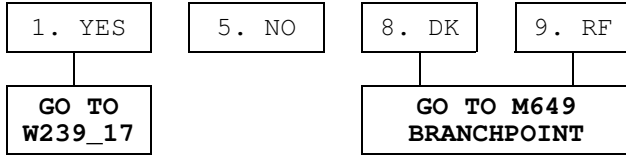
W236\_17

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

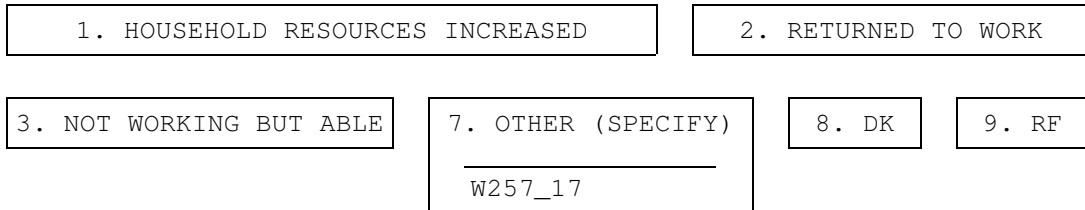
Are you still receiving benefits from Social Security Disability?



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?



W239\_17

IF R IS STILL RECEIVING SSDI BENEFITS (W238\_17=1):

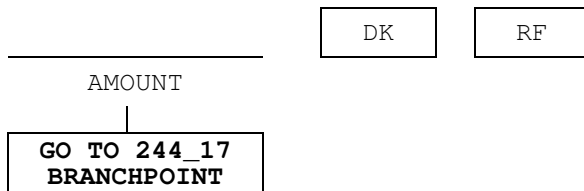
How much did you receive from the Social Security Disability program last month?

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

ENTRY POINT: \$650

W244\_17 BRANCHPOINT: IF R IS STILL RECEIVING SSDI BENEFITS (W238\_17=1), GO TO M649 BRANCHPOINT

W244\_17

In what year did the benefits stop?



YEAR		
<b>GO TO M649 BRANCHPOINT</b>		

W243\_17 BRANCHPOINT: IF YEAR AT W244\_17 WAS MORE THAN 2 YEARS AGO, GO TO M649 BRANCHPOINT

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: SSDI NEW R RE-APPLICATION**  
(W234\_17 - W243\_17)

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_18	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\_18) APPLICATION ACCEPTED BLOCK-18: SSI NEW R APPLICATION  
(W234\_18 - W243\_18)

W234\_18

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_18	

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 Supplemental Security Income?

1. YES	5. NO	8. DK	9. RF
GO TO W239_18		GO TO M657	

W256\_18

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_18
	8. DK
	9. RF

W239\_18

IF R IS STILL RECEIVING SSI BENEFITS (W238\_18=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\_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: 2Up1Down  
BREAKPOINTS: \$150, **\$400**, \$500, \$600  
ENTRY POINT: \$400

W244\_18 BRANCHPOINT: IF R IS STILL RECEIVING SSI BENEFITS (W238\_18=1),  
GO TO M657

W244\_18

In what year did the benefits stop?

\_\_\_\_\_

YEAR

DK

RF

**GO TO M657**

W243\_18 BRANCHPOINT: IF YEAR AT W244\_18 WAS MORE THAN 2 YEARS AGO, GO TO M657

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: SSI NEW R APPLICATION**  
(W234\_18 - W243\_18)

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_19	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\_19) APPLICATION ACCEPTED BLOCK-19: VA NEW R APPLICATION (W232\_19 & W238\_19 - W243\_19)

W232\_19

What disability rating did you receive?

VETERANS ADMINISTRATION

100 FULL DISABILITY

\_\_\_\_\_

PERCENT

DK	RF
----	----

W234\_19

In what year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

\_\_\_\_\_

YEAR

9997 NOT YET RECEIVING BENEFITS	DK	RF
GO TO M663	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 the Veterans Administration?

1. YES	5. NO	6. DENIES RECEIVING BENEFITS	8. DK	9. RF
GO TO M663				

W239\_19

IF R IS STILL RECEIVING VETERANS BENEFITS (W238\_19=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_19 BRANCHPOINT		

W240\_19 - W242\_19 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\_19 BRANCHPOINT: IF R IS STILL RECEIVING VETERANS BENEFITS (W238\_19=1),  
GO TO M663

W244\_19  
In what year did the benefits stop?

\_\_\_\_\_ YEAR

DK	RF
GO TO M663	

W243\_19 BRANCHPOINT: IF YEAR AT W244\_19 WAS MORE THAN 2 YEARS AGO, GO TO M663

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: VA NEW R APPLICATION  
(W232\_19 & W238\_19 - W243\_19)

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) _____ M662	98. DK	99. RF

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?

\_\_\_\_\_

YEAR

DK	RF
GO TO M665	

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?

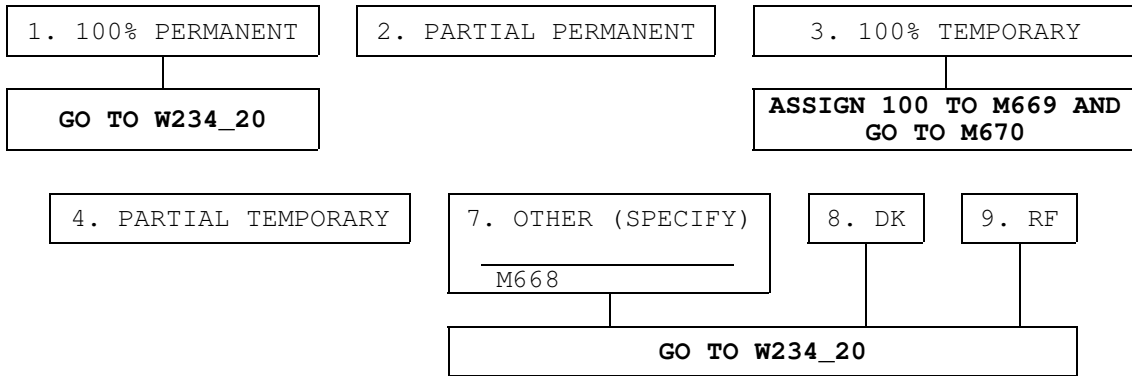
1. APPLICATION ACCEPTED	3. APPLICATION STILL BEING CONSIDERED	5. APPLICATION REJECTED	8. DK	9. RF
GO TO M673				

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\_20

M670

YEARS BENEFITS RECEIVED:

\_\_\_\_\_ NUMBER OF YEARS

DK  RF

BEGINNING OF (W234\_20) APPLICATION ACCEPTED BLOCK-20: WORKERS' COMPENSATION  
NEW R APPLICATION (W234\_20 - W243\_20)

W234\_20

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_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 Workers' Compensation?

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

W239\_20

IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (W238\_20=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\_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: \$500, **\$1,000**, \$1,500, \$2,200

ENTRY POINT: \$1,000

W244\_20 BRANCHPOINT: IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS  
(W238\_20=1), GO TO M673

W244\_20

In what year did the benefits stop?

WORKERS' COMPENSATION

\_\_\_\_\_ YEAR

DK	RF
----	----

GO TO M673

W243\_20 BRANCHPOINT: IF YEAR AT W244\_20 WAS MORE THAN 2 YEARS AGO, GO TO M673

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: WORKERS' COMPENSATION NEW R APPLICATION (W234\_20 - W243\_20)

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

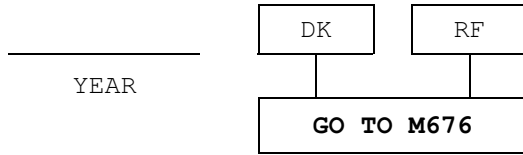
Have you ever applied for disability benefits from any (other) public disability income program?

1. YES	5. NO	8. DK	9. RF
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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_21           | 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
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GO TO M679 BRANCHPOINT

END OF **APPLICATION REJECTED BLOCK-12: OTHER PROGRAM NEW R APPLICATION** (W245\_12 - W248\_12)

BEGINNING OF (W234\_21) **APPLICATION ACCEPTED BLOCK-21: OTHER PROGRAM NEW R APPLICATION** (W234\_21 - W243\_21)

W234\_21

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_21	

W233\_21 BRANCHPOINT: IF YEAR AT W234\_21 WAS MORE THAN 2 YEARS AGO, GO TO W238\_21

W233\_21

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\_21

Are you still receiving benefits from the other government program?

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



W239\_21

IF R IS STILL RECEIVING ANY OTHER PROGRAM BENEFITS (W238\_21=1):  
How much did you receive from the other government program last month?

OTHERWISE:

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

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

[IWER: DO NOT PROBE DK/RF]

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

AMOUNT

<b>GO TO W244_21 BRANCHPOINT</b>
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W240\_21 - W242\_21 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\_21 BRANCHPOINT: IF R IS STILL RECEIVING OTHER PROGRAM BENEFITS (W238\_21=1),  
GO TO M679 BRANCHPOINT

W244\_21

In what year did the benefits stop?

	DK	RF
YEAR	<b>GO TO M679 BRANCHPOINT</b>	

W243\_21 BRANCHPOINT: IF YEAR AT W244\_21 WAS MORE THAN 2 YEARS AGO, GO TO M679  
BRANCHPOINT

W243\_21

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-21: OTHER PROGRAM NEW R APPLICATION**  
(W234\_21 - W243\_21)

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