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

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

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

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

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

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

**R HAS NEVER BEEN MARRIED (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 (2091);**
**R’s LAST EMPLOYER (KW158_3);**
**R’s MOST RECENT EMPLOYER (L008)  **

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

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

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

**BENEFITS:**

SSDI: Z118
SSI: Z099
VETERANS: Z100
WORKERS’ COMPENSATION: Z119

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

**************************************************************************

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

M002

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

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

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

GO TO M006

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]

CAUSE

DK  RF

M004

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

1. YES, TEMPORARY  5. NO, NOT TEMPORARY  8. DK  9. RF
M005

Have you had this condition before?

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

GO TO M008 BRANCHPOINT

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

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
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?

[IWER: ENTER ‘9997’ IF R CANNOT SPECIFY A YEAR BECAUSE ONSET OCCURRED GRADUALLY (E.G., DUE TO OLD AGE)]

<table>
<thead>
<tr>
<th>YEAR</th>
<th>9995  HAD CONDITION ALL R'S LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GO TO M011 BRANCHPOINT</td>
</tr>
</tbody>
</table>

| 9996  IT DOESN'T BOTHER R | 9997  ONSET OCCURRED GRADUALLY | DK | RF |
|---------------------------|-------------------------------|----|--
|                            | GO TO M011 BRANCHPOINT        |

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

M010

What month was that?

1. JAN   2. FEB   3. MAR   4. APR   5. MAY   6. JUN   7. JUL

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

M012

Are you able to work regularly or can you only work occasionally?
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
M014
In what year did the impairment or health problem begin to interfere with your work?

9995 DOESN'T INTERFERE WITH WORK

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?

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

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

GO TO M020

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

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

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 M023

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

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

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

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

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SOMEONE ELSE</td>
<td>2. SELF-EMPLOYED</td>
<td>8. DK</td>
</tr>
</tbody>
</table>

**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?  

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
<td>RF</td>
</tr>
</tbody>
</table>

**W201_1**  
What sort of work did you do on that job?  

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

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
<td>RF</td>
</tr>
</tbody>
</table>

**W203_1**  
About how many employees work for that company or organization at all locations?  

[IWER: DO NOT PROBE DK/RF]

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
<td>RF</td>
</tr>
</tbody>
</table>

**GO TO W205_1**

**W204_1**  
Is it fewer than 5, 5 to 14, 15 to 24, 25 to 99, 100 to 499, or 500 or more?

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FEWER THAN 5</td>
<td>2. 5 TO 14</td>
<td>3. 15 TO 24</td>
<td>4. 25 TO 99</td>
<td></td>
</tr>
</tbody>
</table>
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]

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

GO TO W208_1

W206_1
[IWER: PROBE IF NECESSARY]
Was that per hour, week, month, or year?

<table>
<thead>
<tr>
<th>PER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HOUR</td>
</tr>
<tr>
<td>2. WEEK</td>
</tr>
<tr>
<td>3. EVERY TWO WEEKS/BI-WEEKLY</td>
</tr>
<tr>
<td>4. MONTH</td>
</tr>
<tr>
<td>5. YEAR</td>
</tr>
<tr>
<td>6. OTHER (SPECIFY)</td>
</tr>
<tr>
<td>7. OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>

W207_1

W208_1
How many hours a week did you usually work for that employer/business?

<table>
<thead>
<tr>
<th>HOURS</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>WEEKS</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>
W210_1
Were you covered by a union or employee-association contract?

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

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

GO TO M029 BRANCHPOINT

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

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

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?
<table>
<thead>
<tr>
<th>W220_1</th>
<th>(Did your employer) allow you more breaks and rest periods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>W223_1</td>
<td>(Did your employer) arrange for special transportation?</td>
</tr>
<tr>
<td>W226_1</td>
<td>(Did your employer) change(d) the job to something you could do?</td>
</tr>
<tr>
<td>W227_1</td>
<td>(Did your employer) help(ed) you learn new job skills?</td>
</tr>
<tr>
<td>W228_1</td>
<td>(Did your employer) get you special equipment for the job?</td>
</tr>
<tr>
<td>W229_1</td>
<td>(Did your employer) assist you in receiving rehabilitative services from an external provider?</td>
</tr>
</tbody>
</table>

W230_1
Did your employer do any other things to help you out?

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

GO TO M029 BRANCHPOINT

W231_1
What other things?

______________________________  DK  RF

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
### Blocks 2

#### EMPLOYER ACCOMMODATIONS BLOCK-2: CURRENT EMPLOYER

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your employer get someone to help you?</td>
<td></td>
<td></td>
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<tr>
<td>Does your employer shorten your work day?</td>
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<tr>
<td>(Does your employer) assist you in receiving rehabilitative services from an external provider?</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
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

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} and R DID NOT SAY THAT WAS RECEIVING {SSDI or SSI} BENEFITS {(Z118 and Z099) NOT 1}, GO TO 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
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

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?

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

1. HOUSEHOLD RESOURCES INCREASED

2. RETURNED TO WORK

3. NOT WORKING BUT ABLE

7. OTHER (SPECIFY)

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]
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

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

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)  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

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

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

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?

1. SOCIAL SECURITY DISABILITY INSURANCE (SSDI)  2. SUPPLEMENTAL SECURITY INCOME (SSI)

GO TO M033 BRANCHPOINT

3. BOTH  7. DENIES APPLIED FOR BENEFITS  8. DK  9. RF

GO TO W238_7 BRANCHPOINT
M032

Was your SSDI application approved?

1. YES
2. NO
3. STILL HAVEN'T HEARD
4. DK
5. NO
6. RF
7. RF

GO TO M033 BRANCHPOINT
GO TO W245_1
GO TO M033 BRANCHPOINT
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]

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>9997</td>
<td>NOT YET RECEIVING BENEFITS</td>
</tr>
<tr>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>GO TO M033 BRANCHPOINT</td>
<td>GO TO W235_3</td>
</tr>
</tbody>
</table>

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

W233_3
What month was that?

<table>
<thead>
<tr>
<th>MONTH</th>
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<tbody>
<tr>
<td>1. JAN</td>
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<td>98. DK</td>
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<td>99. RF</td>
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</tbody>
</table>

W235_3
Were you offered rehabilitative services?

<table>
<thead>
<tr>
<th>ACTION</th>
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<tbody>
<tr>
<td>1. YES</td>
</tr>
<tr>
<td>5. NO</td>
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<tr>
<td>8. DK</td>
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<tr>
<td>9. RF</td>
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<tr>
<td>GO TO W238_3</td>
</tr>
</tbody>
</table>

W237_3
In what year were you offered rehabilitative services?

<table>
<thead>
<tr>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
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<tr>
<td>RF</td>
</tr>
<tr>
<td>GO TO W238_3</td>
</tr>
</tbody>
</table>

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

W236_3
What month was that?

<table>
<thead>
<tr>
<th>MONTH</th>
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<tbody>
<tr>
<td>1. JAN</td>
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<td>2. FEB</td>
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<td>3. MAR</td>
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<td>5. MAY</td>
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<td>6. JUN</td>
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<tr>
<td>7. JUL</td>
</tr>
</tbody>
</table>
W238_3
Are you still receiving benefits from Social Security Disability?

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

GO TO W239_3
GO TO M033 BRANCHPOINT

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?

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

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]

AMOUNT

GO TO W244_3 BRANCHPOINT

W240_3 - W242_3 Unfolding Sequence
Question text: Did it amount to a total of less than $____ per month, more than $____ per month, or what?

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

DK  RF

YEAR

GO TO W245_1 BRANCHPOINT

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

W243_3
What month was that?

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

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?

DK  RF

YEAR
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

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

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]

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

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


W238_4
Are you still receiving benefits from Social Security Disability?

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

GO TO W239_4  GO TO M033 BRANCHPOINT

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?

1. HOUSEHOLD RESOURCES INCREASED   2. RETURNED TO WORK
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]

______________________
AMOUNT

DK RF

GO TO W244_4
BRANCHPOINT

W240_4 — W242_4 Unfolding Sequence
Question text: Did it amount to a total of less than $____ per month, more than $____ per month, or what?

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

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

DK RF

GO TO M033
BRANCHPOINT

W243_4 BRANCHPOINT: IF YEAR AT W244_4 WAS MORE THAN 2 YEARS AGO, GO TO M033 BRANCHPOINT
What month was that?

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

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
Are you still receiving benefits from Supplemental Security Income?

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

GO TO W239_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)
8. DK
9. RF

IF R IS STILL RECEIVING SSI BENEFITS (W238_5=1):
How much did you receive from the Supplemental Security Income program last month?

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

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

[IWER: DO NOT PROBE DK/RF]

AMOUNT

GO TO W244_5

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

In what year did the benefits stop?

YEAR

GO TO M031 BRANCHPOINT

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

What month was that?


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

W245_2 BRANCHPOINT: GO TO W238_7 BRANCHPOINT

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

Did you appeal or apply again later?

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

GO TO W238_7 BRANCHPOINT

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

YEAR

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

W248_2
Was your application eventually accepted, rejected, or is it still being considered?

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

GO TO W238_7 BRANCHPOINT

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

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

W234_6
In what year did you start receiving Supplemental Security Income benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

9997  NOT YET RECEIVING BENEFITS
DK
RF

YEAR

GO TO W238_7 BRANCHPOINT

GO TO W238_6

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

W233_6
What month was that?
W238_6
Are you still receiving benefits from Supplemental Security Income?

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

GO TO W239_6

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)  8. DK  9. RF

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 
In what year did the benefits stop?

______ YEAR

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

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
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]

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

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?
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|--------|-------|

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?

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>3. STILL HAVEN’T HEARD</th>
<th>5. NO</th>
<th>7. DENIES APPLIED FOR BENEFITS</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
</table>

GO TO W238_9 BRANCHPOINT
W232_8
What disability rating did you receive?

VETERANS ADMINISTRATION
100  FULL DISABILITY

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

W234_8
In what year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

W238_8
Are you still receiving benefits from the Veterans Administration?
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]

<table>
<thead>
<tr>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>DK</td>
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<tr>
<td>RF</td>
</tr>
</tbody>
</table>

GO TO W244_8
BRANCHPOINT

W240_8 — W242_8 Unfolding Sequence
Question text: Did it amount to a total of less than $____ per month, more than $____ per month, or what?

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

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

In what year did the benefits stop?

<table>
<thead>
<tr>
<th>YEAR</th>
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<tbody>
<tr>
<td>DK</td>
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<tr>
<td>RF</td>
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</tbody>
</table>

GO TO W238_9
BRANCHPOINT

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

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]

AMOUNT

DK
RF

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

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

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

W238_10
Are you still receiving benefits from Workers' Compensation?

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

GO TO M036

W239_10
IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (W238_10=1):
How much did you receive from the Workers' Compensation program last month?

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

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

[IWER: DO NOT PROBE DK/RF]

AMOUNT
GO TO W244_10
BRANCHPOINT

W240_10 — W242_10 Unfolding Sequence

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

PROCEDURE: 2Up1Down
BREAKPOINTS: $500, $1,000, $1,500, $2,200
ENTRY POINT: $1,000

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

W244_10

In what year did the benefits stop?

__________

YEAR

GO TO M036
BRANCHPOINT

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

W243_10

What month was that?

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

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?

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

GO TO M051 BRANCHPOINT
M037
Which programs did you apply to?

[IWER: CHECK ALL THAT APPLY]

1. SOCIAL SECURITY DISABILITY PROGRAM (SSDI) OR SUPPLEMENTAL SECURITY INCOME PROGRAM (SSI)
2. VETERANS ADMINISTRATION PROGRAM
3. WORKERS’ COMPENSATION PROGRAM
4. PUBLIC WELFARE DISABILITY PROGRAM
7. OTHER (SPECIFY)
8. DK
9. RF

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?

1. SOCIAL SECURITY DISABILITY (SSDI)
2. SUPPLEMENTAL SECURITY INCOME (SSI)

GO TO W250_2 BRANCHPOINT

3. BOTH
8. DK
9. RF

GO TO W250_3 BRANCHPOINT

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

GO TO W252_1

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

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]

______ YEAR

GO TO W250_2 BRANCHPOINT  GO TO M040

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

END OF WHEN APPLY BLOCK-1: SSDI NEW APPLICATION (W249_1 – W252_1)
Was your application accepted, rejected, or is it still being considered?

SOCIAL SECURITY DISABILITY

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

GO TO W234_11  GO TO W250_2 BRANCHPOINT  GO TO W250_2 BRANCHPOINT

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. JUN

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

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

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

W238_11
Are you still receiving benefits from Social Security Disability?

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

GO TO W239_11  GO TO W250_2

W250_2 BRANCHPOINT

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?

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

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]

AMOUNT

DK  RF

GO TO W244_11
BRANCHPOINT

W240_11 – W242_11 Unfolding Sequence

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

PROCEDURE: 2Up1Down

BREAKPOINTS: $400, $650, $900, $1,100
ENTRY POINT: $650
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

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

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]

997 NOT APPLIED SINCE
R’s LAST IW MONTH, YEAR

DK  RF

YEAR

GO TO W250_3 BRANCHPOINT  GO TO M041

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

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

1. APPLICATION ACCEPTED  3. APPLICATION STILL BEING CONSIDERED  5. APPLICATION REJECTED  8. DK  9. RF
GO TO W234_12

GO TO W250_3
BRANCHPOINT

GO TO W250_3
BRANCHPOINT
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

W248_4
What month was that?

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

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

[WER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

YEAR

GO TO W250_3 BRANCHPOINT

GO TO W238_12

What month was that?

1. JAN 2. FEB 3. MAR 4. APR 5. MAY 6. JUN 7. JUL

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

Why are you no longer receiving those benefits?

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

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

W257_12
W239_12
IF R IS STILL RECEIVING SSI BENEFITS (W238_12=1):
How much did you receive from the Supplemental Security Income program last month?

OTHERWISE:
How much did you receive from the Supplemental Security Income program the last month you received this benefit?
(Do not count benefits paid to your spouse or children.)
[IWER: DO NOT PROBE DK/RF]

AMOUNT

DK RF

GO TO W244_12
BRANCHPOINT

W240_12 - W242_12 Unfolding Sequence
Question text: Did it amount to a total of less than $___ per month, more than $___ per month, or what?

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

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

W244_12
In what year did the benefits stop?

YEAR

DK RF

GO TO W250_3
BRANCHPOINT

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

W243_12
What month was that?

1. JAN 2. FEB 3. MAR 4. APR 5. MAY 6. JUN 7. JUL
(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

GO TO W252_3 BRANCHPOINT

W250_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

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]

9997 NOT APPLIED SINCE R’s LAST IW MONTH, YEAR

YEAR

DK  RF
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

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

1. APPLICATION ACCEPTED
   GO TO W232_13

3. APPLICATION STILL BEING CONSIDERED
   GO TO W250_4 BRANCHPOINT

5. APPLICATION REJECTED
   GO TO W250_4 BRANCHPOINT

8. DK
9. RF

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
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

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

DK    RF

PERCENT

W234_13
In what year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]
9997  NOT YET RECEIVING BENEFITS

YEAR

GO TO W250_4 BRANCHPOINT

GO TO W238_13

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

W238_13
Are you still receiving benefits from the Veterans Administration?

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

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

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?

         DK          RF
         YEAR

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

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?
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]

99 97 NOT APPLIED SINCE R’s LAST IW MONTH, YEAR

GO TO W250_5 BRANCHPOINT

GO TO M043

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

What month was that?

1. JAN 2. FEB 3. MAR 4. APR 5. MAY 6. JUN 7. JUL

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

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

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
M044
What disability rating did you receive?
WORKERS' COMPENSATION

1. 100% PERMANENT
GO TO W234_14

2. PARTIAL PERMANENT

3. 100% TEMPORARY
GO TO M047

4. PARTIAL TEMPORARY
GO TO M048

7. OTHER (SPECIFY)
M045

8. DK

9. RF
GO TO W234_14

M046
IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:
What percentage did you receive?

PERCENT

DK

RF
GO TO W234_14

M047
IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:
For how many years?

0-50 YEARS

YEARS

DK

RF
GO TO W234_14

M048
IWER: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION
What percentage did you receive?

DK

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

0-50 YEARS

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

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

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

What month was that?

W238_14
Are you still receiving benefits from Workers' Compensation?

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]

AMOUNT

<table>
<thead>
<tr>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

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?

YEAR

<table>
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<tr>
<th>DK</th>
<th>RF</th>
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</table>

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

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

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

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]

YEAR

9997 NOT APPLIED SINCE R'S LAST IW MONTH, YEAR
DK RF
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

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

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

GO TO W234_15  GO TO M051 BRANCHPOINT  GO TO M051 BRANCHPOINT

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
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

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

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)

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

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]

AMOUNT

GO TO W244_15 BRANCHPOINT

W240_15 - W242_15 Unfolding Sequence
Question text: Did it amount to less than $____ per month, more than $____ per month, or what?

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

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

W244_15
In what year did the benefits stop?

[ ] DK
[ ] RF

YEAR

GO TO M051
BRANCHPOINT

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

W243_15

What month was that?

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

END OF APPLICATION ACCEPTED BLOCK-15: OTHER PROGRAM NEW APPLICATION
(W234_15 – W244_15)

M051 BRANCHPOINT: IF R DID NOT REPORT AT R’s LAST IW THAT WAS WORKING
(Z123 NOT 1) and DID NOT REPORT THAT IS WORKING NOW
(J020 NOT 1), GO TO M056 (M1 ASSIST)

M051

Since R’s LAST IW MONTH, YEAR, have you had any injuries at work that
required special medical attention or treatment or interfered with your
work activities?

[ ] 1. YES
[ ] 5. NO
[ ] 7. NO JOB
[ ] 8. DK
[ ] 9. RF

GO TO M056 (M1 ASSIST)

M052

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

[ ] DK
[ ] RF

NUMBER OF TIMES

M053

On what date did your (most recent) injury happen?
M053
MONTH:

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

DK  RF

M054
DAY

DK  RF

M055
YEAR

M056
M1 ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION M1 — RE-IW DISABILITY?

1. NEVER  2. A FEW TIMES  3. MOST OR ALL OF THE TIME  4. THE SECTION WAS DONE BY A PROXY REPORTER

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]
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]

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

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


M511 BRANCHPOINT: GO TO M512

M511
AT AGE

M512
In what year did it begin to interfere with [the work you can do around the house/your activities]?
[IWER: [[MONTH/YEAR]/AGE] MUST NOT BE BEFORE: [[(MONTH &) YEAR FROM (M510 &) M509]/AGE AGE FROM M511], WHEN CONDITION FIRST BEGAN TO BOTHER R]

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

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]

M518<br>M519<br>M520<br>YEAR<br>YEARS AGO<br>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)

<table>
<thead>
<tr>
<th>W211_3</th>
<th>W214_3</th>
<th>W220_3</th>
</tr>
</thead>
<tbody>
<tr>
<td>O. YES</td>
<td>5. NO</td>
<td>8. DK</td>
</tr>
</tbody>
</table>

- Does your employer get someone to help you?
- Does your employer shorten your work day?
- (Does your employer) allow you more breaks and rest periods?
(Does your employer) arrange for special transportation?

(Does your employer) get you special equipment for the job?

(Does your employer) assist you in receiving rehabilitative services from an external provider?

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

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

GO TO M643

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

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

M530
Are you able to work regularly or can you only work occasionally?

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

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]

M531  OR  M532  OR  M533  DK  RF
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)

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

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 M543

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

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?

YEAR

GO TO M544

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

M543
What month was that?

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL
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

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

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   

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   

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?
M555
Did the accident or injury occur at work, at home, or somewhere else?

<table>
<thead>
<tr>
<th>1. WORK</th>
<th>2. HOME</th>
<th>3. SOMEWHERE ELSE</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
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</table>

GO TO M557

M556
Was it the result of an automobile accident?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

M557
Was this impairment or health problem in any way caused by the nature of your work?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
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</table>

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?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
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</table>

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?
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

M561 YEAR
M562 YEARS AGO
M563 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

GO TO M569

M567
Did the accident or injury occur at work, at home, or somewhere else?

1. WORK  2. HOME  3. SOMEWHERE ELSE  8. DK  9. RF
M568
Was it the result of an automobile accident?
1. YES  5. NO  8. DK  9. RF

M569
Was this impairment or health problem in any way caused by the nature of your work?
1. YES  5. NO  8. DK  9. RF

M570
Did you ever apply for disability benefits from any program?
1. YES  5. NO  8. DK  9. RF

M571
Did you receive disability benefits?
1. YES  5. NO  8. DK  9. RF

M572
From what program did you receive disability benefits?
DK  RF

M573
Over what period of time did you receive those benefits?
FROM YEAR & MONTH:
DK  RF

FROM YEAR
DK  RF
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

TO YEAR & MONTH:

M575 TO YEAR

GO TO M577 BRANCHPOINT

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

GO TO M588

7. OTHER(SPECIFY)

GO TO W200_2 BRANCHPOINT
M581
When was the last time you worked before your health began to limit your ability to work?

OR

M581
YEAR

M582
YEARS AGO

9996 DIDN'T WORK BEFORE HEALTH LIMITATION

DK
RF

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)

8. DK
9. RF

M585

GO TO W200_4

M586 BRANCHPOINT: IF R DID NOT SAY IT WAS CURRENT or LAST EMPLOYER AT M579 (M579 NOT 1 AND NOT 4), 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
BEGINNING OF (W211_5) EMPLOYER ACCOMMODATIONS BLOCK-5: EMPLOYER WHEN IMPAIRMENT BEGAN  (W211_5 – W231_5)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>W211_5 Did your employer get someone to help you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W214_5 Did your employer shorten your work day?</td>
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<tr>
<td>W217_5 Did your employer allow you to change the time you came to and left work?</td>
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<tr>
<td>W220_5 (Did your employer) allow you more breaks and rest periods?</td>
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<tr>
<td>W223_5 (Did your employer) arrange for special transportation?</td>
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</tr>
<tr>
<td>W226_5 (Did your employer) change(d) the job to something you could do?</td>
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</tr>
<tr>
<td>W227_5 (Did your employer) help(ed) you learn new job skills?</td>
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<tr>
<td>W228_5 (Did your employer) get you special equipment for the job?</td>
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<tr>
<td>W229_5 (Did your employer) assist you in receiving rehabilitative services from an external provider?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>W230_5 Did your employer do any other things to help you out?</td>
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</tbody>
</table>
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?

BUSINESS

DK  RF

W201_2
What sort of work did you do on that job?
Tell me a little more about what you did.

**TYPE OF WORK**

**W203_2**

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

**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
7. DK
8. RF

**W205_2**

What were you earning, before deductions, when you [left that employer/stopped working for that business]?

**W206_2**

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

1. HOUR
2. WEEK
3. EVERY TWO WEEKS/BI-WEEKLY
4. MONTH
<p>| | | |</p>
<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>6. YEAR</td>
<td>7. OTHER (SPECIFY)</td>
<td>8. DK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W207_2</td>
</tr>
</tbody>
</table>
W208_2
How many hours a week did you usually work for that [employer/business]?

1-95 HOURS

DK    RF

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

DK    RF

W210_2
Were you covered by a union or employee-association contract?

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

END OF OTHER EMPLOYER BLOCK-2: EMPLOYER WHEN IMPAIRMENT BEGAN
(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?

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

GO TO M588  GO TO M590

7. SELF-EMPLOYED  8. DK  9. RF
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']
96 EMPLOYER STILL DOING IT

AMOUNT OF TIME

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']

96 EMPLOYER STILL DOING IT

AMOUNT OF TIME

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']

<table>
<thead>
<tr>
<th>AMOUNT OF TIME</th>
<th>96 EMPLOYER STILL DOING IT</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
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<td>GO TO W223_6</td>
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</table>

W222_6
TIME UNIT:

<table>
<thead>
<tr>
<th>1. WEEKS</th>
<th>2. MONTHS</th>
<th>3. YEARS</th>
<th>8. DK</th>
<th>9. RF</th>
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</thead>
</table>

(Did your employer) arrange for special transportation?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GO TO W226_6</td>
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<td></td>
</tr>
</tbody>
</table>

W224_6
How long did they continue to do that?

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

<table>
<thead>
<tr>
<th>AMOUNT OF TIME</th>
<th>96 EMPLOYER STILL DOING IT</th>
<th>DK</th>
<th>RF</th>
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<tbody>
<tr>
<td></td>
<td>GO TO W226_6</td>
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W225_6
TIME UNIT:

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<th>2. MONTHS</th>
<th>3. YEARS</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
</table>

(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]

95. LEFT AFTER BEING ON LEAVE  96. STILL WORKING FOR EMPLOYER  DK  RF
AMOUNT OF TIME

GO TO M590
GO TO M610
GO TO M594

M589

TIME UNIT:

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

GO TO M594 BRANCHPOINT

M590

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

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

GO TO M596

M591

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

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

GO TO M611

M592

Why do you think you couldn't find work?

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

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

M594

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

1. GOT ANOTHER JOB
2. RETIRED
3. APPLIED FOR DISABILITY
M596
Did you tell me about the details of that job earlier in the interview?

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

GO TO W200_3

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

GO TO M600

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

W200_3
Did you work for someone else, were you self-employed, or what?

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

1. SOMEONE ELSE  2. SELF-EMPLOYED  8. DK  9. RF
W202_3
What kind of business or industry did you work in — that is, what did they make or do at the place where you worked?

BUSINESS

W201_3
What sort of work did you do on that job?

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

TYPE OF WORK

W203_3
About how many employees work for that company or organization at all locations?

[IWER: DO NOT PROBE DK/RF]

NUMBER

GO TO W205_3

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

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

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

W210_3
Were you covered by a union or employee-association contract?

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

END OF OTHER EMPLOYER BLOCK-3: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION (W200_3 - W210_3)
M599 BRANCHPOINT: IF R WAS SELF-EMPLOYED (W200_3=2), ASSIGN 7 TO M599 AND GO TO M600

M599
Did your new employer do anything special to make it easier for you to work at the job?

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

GO TO M600

7. SELF-EMPLOYED  8. DK  9. RF

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']

96 EMPLOYER STILL DOING IT  DK  RF

AMOUNT OF TIME

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']

96 EMPLOYER STILL DOING IT  DK  RF

AMOUNT OF TIME

GO TO W220_7

W219_7
TIME UNIT:
W220_7
(Did your employer) allow you more breaks and rest periods?

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

GO TO W223_7

W221_7
How long did they continue to do that?

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

AMOUNT OF TIME

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']

AMOUNT OF TIME

GO TO W226_7
**W225_7**

**TIME UNIT:**

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

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<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
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<td><em>(Did your employer) change(d)</em> the job to something you could do?</td>
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<th>8. DK</th>
<th>9. RF</th>
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<tbody>
<tr>
<td><em>(Did your employer) help(ed)</em> you learn new job skills?</td>
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</table>

<table>
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<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
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</thead>
<tbody>
<tr>
<td>*(Did your employer) get you special equipment for the job?</td>
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</table>

<table>
<thead>
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<tbody>
<tr>
<td>*(Did your employer) assist you in receiving rehabilitative services from an external provider?</td>
<td></td>
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</tr>
</tbody>
</table>

**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]

AMOUNT OF TIME

- 95 LEFT AFTER FEW MONTHS/fter BEING ON LEAVE
- 96 STILL WORKING FOR EMPLOYER/SELF-EMPLOYED
- DK
- RF

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?

8. DK  9. 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.

_____ TYPE OF WORK


W203_4
About how many employees work for that company or organization at all locations?

[IWER: DO NOT PROBE 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

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  

5. YEAR  
6. OTHER (SPECIFY)  
7. DK  
8. RF

W207_4

W208_4

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

1-95 HOURS

DK  
RF

HOURS

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

DK  
RF

WEEKS
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

   | M605  |

   | 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?

BUSINESS

W201_5
What sort of work did you do on that job?

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

TYPE OF WORK

W203_5
About how many employees work for that company or organization at all locations?

[IWER: DO NOT PROBE 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
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  

GO TO W208_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)  8. DK  9. RF  

W208_5  
How many hours a week did you usually work for that [employer/business]?  

1-95 HOURS  

_________ HOURS  

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  

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

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']
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?

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

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']

**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

**W221_8**
How long did they continue to do that?

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

**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

**W224_8**
How long did they continue to do that?
[IWER: ENTER 96 IF R SAYS 'EMPLOYER STILL DOING IT']

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<th>96 EMPLOYER STILL DOING IT</th>
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<th>RF</th>
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GO TO W226_8

W225_8
TIME UNIT:

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<th>2. MONTHS</th>
<th>3. YEARS</th>
<th>8. DK</th>
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<th>W226_8</th>
<th>(Did your employer) change(d) the job to something you could do?</th>
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<tr>
<th>W227_8</th>
<th>(Did your employer) help(ed) you learn new job skills?</th>
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<th>(Did your employer) get you special equipment for the job?</th>
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<tr>
<th>W229_8</th>
<th>(Did your employer) assist you in receiving rehabilitative services from an external provider?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

W230_8
Did your employer do any other things to help you out?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
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<td></td>
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</table>

GO TO M610 BRANCHPOINT

W231_8
What other things?
END OF EMPLOYER ACCOMMODATIONS BLOCK-8: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER AFTER LIMITATION (W211_8 - W231_8)

M610 BRANCHPOINT: IF R IS CURRENTLY WORKING FOR PAY (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)

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?
<table>
<thead>
<tr>
<th>W229_9</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Does your employer) assist you in receiving rehabilitative services from an external provider?</td>
</tr>
</tbody>
</table>
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?

__________________________________________  DK  RF

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.

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<tbody>
<tr>
<td>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?</td>
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<tr>
<td>M612</td>
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<tr>
<td>(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?</td>
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<tr>
<td>M613</td>
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<tr>
<td>(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?</td>
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<tr>
<td>M614</td>
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<tr>
<td>(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?</td>
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</table>
M615

(1) 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
Now I want to 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.

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<tbody>
<tr>
<td>M620 Did the work you were doing afterwards require a lot of physical effort?</td>
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</tr>
<tr>
<td>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?)</td>
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<tr>
<td>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?)</td>
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<tr>
<td>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?)</td>
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</tbody>
</table>
(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?)

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?)

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?)

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

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
</table>

GO TO M629 BRANCHPOINT

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

1-1000

<table>
<thead>
<tr>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

NUMBER OF PEOPLE

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

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

M632
How many weeks per year did [he/she] usually work then?

WEEKS PER YEAR

M633
How long had [he/she] worked at that job?

AMOUNT OF TIME

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

<table>
<thead>
<tr>
<th>HUSBAND/WIFE/PARTNER</th>
<th>BEGIN WORK</th>
<th>WORK MORE</th>
<th>WORK LESS</th>
<th>STOP WORK</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>PARENTS</th>
<th>BEGIN WORK</th>
<th>WORK MORE</th>
<th>WORK LESS</th>
<th>STOP WORK</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CHILD(REN)</th>
<th>BEGIN WORK</th>
<th>WORK MORE</th>
<th>WORK LESS</th>
<th>STOP WORK</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>OTHER PERSON</th>
<th>BEGIN WORK</th>
<th>working MORE</th>
<th>WORK LESS</th>
<th>STOP WORK</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>
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?

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<tr>
<td>1.</td>
<td>DECREASED</td>
<td>3.</td>
<td>REMAINED THE SAME</td>
<td>5.</td>
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<tr>
<td>8.</td>
<td>DK</td>
<td>9.</td>
<td>RF</td>
<td></td>
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M642

Have you used up any of your savings since your health began to affect your ability to work?

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<tbody>
<tr>
<td>1.</td>
<td>YES</td>
<td>5.</td>
<td>NO</td>
<td>6.</td>
</tr>
<tr>
<td>8.</td>
<td>DK</td>
<td>9.</td>
<td>RF</td>
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</table>

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]

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<tbody>
<tr>
<td>1.</td>
<td>SOCIAL SECURITY DISABILITY INCOME PROGRAM (SSDI)</td>
<td>2.</td>
<td>SUPPLEMENTAL SECURITY INCOME PROGRAM (SSI)</td>
<td>3.</td>
</tr>
<tr>
<td>5.</td>
<td>PUBLIC WELFARE DISABILITY PROGRAM</td>
<td>6.</td>
<td>NONE</td>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
<td>DK</td>
<td>9.</td>
<td>RF</td>
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M644

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

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<tbody>
<tr>
<td>1.</td>
<td>YES</td>
<td>5.</td>
<td>NO</td>
<td>8.</td>
</tr>
<tr>
<td>9.</td>
<td>RF</td>
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</table>

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

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?

__________ YEAR
DK RF

GO TO W248_8

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

W246_8
What month was that?

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL
W248_8

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

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

   GO TO W234_17
   
   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

   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?

- YEAR
- DK
- RF
- 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

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

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)

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]

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

In what year did the benefits stop?

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

What month was that?

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?

[IF YET RECEIVING BENEFITS]

997 NOT YET RECEIVING BENEFITS

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

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?

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
W238_17
Are you still receiving benefits from Social Security Disability?

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

GO TO W239_17
GO TO M649 BRANCHPOINT

W256_17
Why are you no longer receiving those benefits?

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

1. HOUSEHOLD RESOURCES INCREASED 2. RETURNED TO WORK

3. NOT WORKING BUT ABLE 7. OTHER (SPECIFY) 8. DK 9. RF

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]

AMOUNT

DK RF

GO TO 244_17 BRANCHPOINT

W240_17 - W242_17 Unfolding Sequence
Question text: Did it amount to a total of less than $___ per month, more than $___ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $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

DK  RF  GO TO M649

BRANCHPOINT

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

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?

_____  8. DK  9. RF

YEAR

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

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

YEAR

GO TO W248_9

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

What month was that?


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)

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

[IER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

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

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)  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]

DK  RF

AMOUNT
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

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

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
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

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

YEAR

What month was that?

What disability rating did you receive?
VETERANS ADMINISTRATION

100 FULL DISABILITY

__________   ________
DK              RF

PERCENT

W234_19

In what year did you start receiving Veterans Administration benefits?

[IWER: ENTER 9997 IF NOT YET RECEIVING BENEFITS]

__________   ________
9997 NOT YET RECEIVING BENEFITS  DK              RF

YEAR

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


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.)
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

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

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)
98. DK
99. RF

M662

M663
Have you ever applied for disability benefits from the Workers' Compensation Program?

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

GO TO M671 BRANCHPOINT

M664
In what year did you first apply?

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?
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

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

1. 100% PERMANENT
2. PARTIAL PERMANENT
3. 100% TEMPORARY

GO TO W234_20

ASSIGN 100 TO M669 AND GO TO M670

4. PARTIAL TEMPORARY
7. OTHER (SPECIFY)
8. DK
9. RF

GO TO W234_20

M669

PERCENT

M70 BRANCHPOINT: IF R’s DISABILITY RATING WAS PARTIAL PERMANENT (M667=2),
GO TO W234_20

M670

YEARS BENEFITS RECEIVED:

DK
RF

NUMBER OF YEARS

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]

__________________________
AMOUNT

DK RF

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

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

What month was that?

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

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

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

[IWER: SELECT ALL THAT APPLY]

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

M673
Have you ever applied for disability benefits from any (other) public
disability income program?

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

GO TO M677 BRANCHPOINT

M674
In what year did you first apply?

YEAR

DK
RF

GO TO M676

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

What month was that?

1. JAN 2. FEB 3. MAR 4. APR 5. MAY 6. JUN 7. JUL

M676
Was your application accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED
2. APPLICATION REJECTED
3. APPLICATION STILL BEING CONSIDERED
4. DK
5. 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
2. NO
3. APPLICATION ACCEPTED
4. APPLICATION REJECTED
5. NO
6. DK
7. 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
13. DK
14. RF

W248_12
Was your application eventually accepted, rejected, or is it still being considered?

1. APPLICATION ACCEPTED
2. APPLICATION REJECTED
3. APPLICATION STILL BEING CONSIDERED
4. DK
5. RF

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]

<table>
<thead>
<tr>
<th>YEAR</th>
<th>9997 NOT YET RECEIVING BENEFITS</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO M679 BRANCHPOINT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GO TO W238_21</td>
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<td></td>
</tr>
</tbody>
</table>

W233_21 BRANCHPOINT: IF YEAR AT W234_21 WAS MORE THAN 2 YEARS AGO, GO TO W238_21

W233_21
What month was that?

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

W238_21
Are you still receiving benefits from the other government program?

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO M679 BRANCHPOINT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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]

__________
AMOUNT

DK
RF

GO TO W244_21
BRANCHPOINT

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?

__________
YEAR

DK
RF

GO TO M679
BRANCHPOINT

W243_21 BRANCHPOINT: IF YEAR AT W244_21 WAS MORE THAN 2 YEARS AGO, GO TO M679
BRANCHPOINT

W243_21
What month was that?
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)
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?

NUMBER OF TIMES
On what date did your most recent injury happen?

MONTH:

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

DAY

DK  RF

YEAR

DK  RF

M2 ASSIST
IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION M2 — NEW R DISABILITY?

1. NEVER  2. A FEW TIMES  3. MOST OR ALL OF THE TIME  4. THE SECTION WAS DONE BY A PROXY REPORTER

GO TO SECTION N