

HRS 2020 — SECTION M2: DISABILITY
FINAL VERSION -- 05/7/2020

NOTE ABOUT BRANCHPOINTS:

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

NOTE ABOUT BOLD/UNDERLINE TEXT:

ANY QUESTION THAT IS UNDERLINED IN THE B&A WILL APPEAR IN BOLD IN CAPI AND WILL BE UNDERLINED FOR CAWI.

NOTE: SECTION M IS A COMBINATION OF THE TWO HRS 2000 DISABILITY SECTIONS, GD (REINTERVIEW R_s) AND GJ (NEW INTERVIEW R_s); 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 NOT 1)**

**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 (A508) *A508= Job Status is PW JOB (Z503=1) and
Employer Name for that job is not empty (Z141 NOT Empty);
R's LAST EMPLOYER (KW158_3);
R's MOST RECENT EMPLOYER (LW158_4)

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: ~~SSI~~: 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.

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

M502

IF R IS OVER 65 (A019 > 65) and {REPORTS THEY ARE COMPLETELY RETIRED (J578=1) or REPORTED NEVER WORKED FOR PAY (K003=5)}:

You said you [are not working anymore/have never worked for pay], but we would like to ask how your health might affect paid work activities you could do.

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

ELSE:

Now we 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.....GO TO M506
- 6. [VOL] TOO OLD TO WORK.....GO TO M506
- 8. DK.....GO TO M506
- 9. RF.....GO TO M506

M503

What health condition causes this impairment or problem?

[INSTR: IF MORE THAN ONE CONDITION, ASK:] What condition is the main cause of this impairment or problem?

[INSTR: RECORD ALL CONDITIONS AND PLACE AN 'M': BEFORE MAIN CAUSE.]

CONDITION _____

DK
RF

M504

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

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

M505

Have you had this condition before?

- 1. YES.....GO TO M515 BRANCHPOINT
- 5. NO.....GO TO M558 BRANCHPOINT
- 8. DK.....GO TO M558 BRANCHPOINT
- 9. RF.....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.....GO TO M508
- 5. NO
- 6. [VOL] TOO OLD TO WORK
- 8. DK
- 9. RF

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?

[INSTR: IF MORE THAN ONE CONDITION, ASK.]

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

[INSTR: RECORD ALL CONDITIONS AND PLACE AN 'M': BEFORE MAIN CAUSE.]

CONDITION _____

- DK
- RF

M512

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

YEAR _____

9996 CONDITION PRESENT AT BIRTH.....GO TO M515 BRANCHPOINT

9997 AGE GIVEN.....GO TO M514

DK.....GO TO M515 BRANCHPOINT

RF.....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?

MONTH

1. JAN

2. FEB

3. MAR

4. APR

5. MAY

6. JUN

7. JUL

8. AUG

9. SEP

10. OCT

11. NOV

12. DEC

98. DK

99. RF

M514 BRANCHPOINT: GO TO M515 BRANCHPOINT

M514

AT AGE _____

DK

RF

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 M645

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 M679 BRANCHPOINT

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 M645

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

M522

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

- 1. YES
- 5. NO.....GO TO M525 BRANCHPOINT
- 8. DK.....GO TO M525 BRANCHPOINT
- 9. RF.....GO TO M525 BRANCHPOINT

M523

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

- 1. WORK
- 2. HOME.....GO TO M525 BRANCHPOINT
- 3. SOMEWHERE ELSE
- 8. DK
- 9. RF

M525 BRANCHPOINT: IF R IS SELF-EMPLOYED (J021=2), ASSIGN 6 TO M525 AND GO TO M645

M525

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

- 1. YES
- 4. NO HELP NEEDED.....GO TO M645
- 5. NO.....GO TO M645
- 6. R SELF EMPLOYED.....GO TO M645
- 8. DK
- 9. RF

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

W211_3

[BANNER: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK]

Does your employer get someone to help you?

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

W214_3

[BANNER: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK]

Does your employer shorten your work days?

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

W220_3

[BANNER: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK]

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

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

W223_3

[BANNER: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK]

(Does your employer) arrange for special transportation?

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

W228_3

[BANNER: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK]

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

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

W229_3

[BANNER: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK]

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

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

W230_3

[BANNER: CURRENT EMPLOYER, IMPAIRMENT BEFORE STARTED WORK]

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

- 1. YES
- 5. NO.....GO TO M645
- 8. DK.....GO TO M645
- 9. RF.....GO TO M645

W231_3

What other things?

- DK
- RF

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

M526 BRANCHPOINT: IF CURRENTLY-EMPLOYED R's IMPAIRMENT BEGAN {BEFORE R STARTED WORKING REGULARLY or R DID NOT SAY} (M515={1 or DK or RF}), GO TO M645

M526

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

- 1. BEFORE STARTED WORK
- 2. AFTER STARTED WORK
- 3. AFTER STOPPED WORK
- 4. NEVER WORKED REGULARLY
- 8. DK
- 9. RF

M527 BRANCHPOINT: IF R IS AT LEAST 70 YEARS OF AGE, GO TO M679 BRANCHPOINT

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

IF R HAS NEVER WORKED REGULARLY (M526=4), GO TO M645

M527

Does it keep you from working altogether?

- 1. YES.....GO TO M548
- 5. NO.....GO TO M539
- 8. DK.....GO TO M539
- 9. RF.....GO TO M539

M528

Does this limitation keep you from working altogether?

- 1. YES.....GO TO M535
- 5. NO
- 8. DK
- 9. RF

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

M535

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

- 1. YES
- 5. NO.....GO TO M538 BRANCHPOINT
- 8. DK.....GO TO M538 BRANCHPOINT
- 9. RF.....GO TO M538 BRANCHPOINT

M536

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

- 1. WORK
- 2. HOME.....GO TO M538 BRANCHPOINT
- 3. SOMEWHERE ELSE
- 8. DK
- 9. RF

M538 BRANCHPOINT: IF R WAS SELF-EMPLOYED AT LAST JOB (K007=2), ASSIGN 6 TO M538 AND GO TO M645

M538

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

- 1. YES
- 4. NO HELP NEEDED.....GO TO M645
- 5. NO.....GO TO M645
- 6. R SELF EMPLOYED.....GO TO M645
- 8. DK
- 9. RF

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

W211_4

[BANNER: Last Employer, Impairment Before Started Work]

Did your employer get someone to help you?

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

W214_4

[BANNER: Last Employer, Impairment Before Started Work]

Did your employer shorten your work days?

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

W220_4

[BANNER: Last Employer, Impairment Before Started Work]

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

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

W223_4

[BANNER: Last Employer, Impairment Before Started Work]

(Did your employer) arrange for special transportation?

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

W228_4

[BANNER: Last Employer, Impairment Before Started Work]

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

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

W229_4

[BANNER: Last Employer, Impairment Before Started Work]

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

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

W230_4

[BANNER: Last Employer, Impairment Before Started Work]

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

- 1. YES
- 5. NO.....GO TO M645
- 8. DK.....GO TO M645
- 9. RF.....GO TO M645

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 M645

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

M544

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

YEAR _____

DK.....GO TO M552

RF.....GO TO M552

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

M545

What month was that?

MONTH

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

M548 BRANCHPOINT: GO TO M552

M548

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

YEAR _____

DK.....GO TO M550

RF.....GO TO M550

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

M549

What month was that?

MONTH

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

M550

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

YEAR _____

DK.....GO TO M552

RF.....GO TO M552

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

M551

What month was that?

MONTH

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

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

M554

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

- 1. YES
- 5. NO.....GO TO M557
- 8. DK.....GO TO M557
- 9. RF.....GO TO M557

M555

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

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

M557

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

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

M558 BRANCHPOINT: IF R HAS IMPAIRMENT THAT LIMITS WORK (M502=1) and IMPAIRMENT BEGAN AFTER R STOPPED WORKING ({M515 or M526}=3), GO TO M645

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

M558

Did any (other) impairment or health problem ever limit the kind or amount of paid work that you could do?

- 1. YES
- 5. NO.....GO TO M645
- 8. DK.....GO TO M645
- 9. RF.....GO TO M645

M559

What health condition caused this impairment or problem?

[INSTR: IF MORE THAN ONE CONDITION, ASK.]

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

[INSTR: RECORD ALL CONDITIONS AND PLACE AN 'M': BEFORE MAIN CAUSE.]

CONDITION _____

- DK
- RF

M560

Did it ever prevent you from working altogether?

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

M564

How long did this limitation last?

AMOUNT OF TIME _____

DK
RF

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.....GO TO M569
8. DK.....GO TO M569
9. RF.....GO TO M569

M567

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

1. WORK
2. HOME.....GO TO M569
3. SOMEWHERE ELSE
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

M577 BRANCHPOINT: IF R {HAD NOT HAD THE TEMPORARY IMPAIRMENT BEFORE or DIDN'T SAY} (M505={5 or DK or RF}), GO TO M645

IF HEALTH LIMIT BEGAN AT WORK (M555=1), ASSIGN 1 TO M577, AND GO TO M579

M577

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

- 1. YES
- 5. NO.....GO TO M581
- 8. DK.....GO TO M581
- 9. RF.....GO TO M581

M579

Which company or organization did you work for at that time?

M580

- 1. CURRENT EMPLOYER (JW158_2).....GO TO M586
- 3. MOST RECENT EMPLOYER (LW158_4).....GO TO M587
- 4. LAST EMPLOYER (KW158_3).....GO TO M586
- 5. LONGEST HELD JOB EMPLOYER (LW158_5).....GO TO M587
- 6. SELF-EMPLOYMENT – NOT ON LIST.....GO TO M588
- 7. OTHER(SPECIFY) M580 _____ GO TO W200_2
- 8. DK.....GO TO W200_2
- 9. RF.....GO TO W200_2

M581

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

YEAR _____

OR

M582

YEARS AGO _____

9996 DIDN'T WORK BEFORE HEALTH LIMITATION.....GO TO M645
 DK
 RF

M584

Which company or organization did you work for at that time?

- 1. CURRENT EMPLOYER (JW158_2)
- 3. MOST RECENT EMPLOYER (LW158_4)
- 4. LAST EMPLOYER (KW158_3)
- 5. LONGEST HELD JOB EMPLOYER (LW158_5)
- 6. SELF-EMPLOYMENT – NOT ON LIST
- 7. OTHER(SPECIFY) M585 _____ GO TO W200_4
- 8. DK.....GO TO W200_4
- 9. RF.....GO TO W200_4

M585S

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.....GO TO M588
- 5. NO.....GO TO M588
- 6. LEFT IMMEDIATELY.....GO TO M590
- 7. SELF-EMPLOYED.....GO TO M588
- 8. DK.....GO TO M588
- 9. RF.....GO TO M588

BEGINNING OF (W211_5) EMPLOYER ACCOMMODATIONS BLOCK-5: EMPLOYER WHEN IMPAIRMENT BEGAN (W211_5 – W231_5)

W211_5

[BANNER: Employer When Impairment Began: Accomodations]

Did your employer get someone to help you?

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

W214_5

[BANNER: Employer When Impairment Began: Accomodations]

Did your employer shorten your work days?

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

W217_5

[BANNER: Employer When Impairment Began: Accomodations]

Did your employer allow you to change the time you came to and left work?

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

W220_5

[BANNER: Employer When Impairment Began: Accomodations]

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

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

W223_5

[BANNER: Employer When Impairment Began: Accomodations]

(Did your employer) arrange for special transportation?

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

W226_5

[BANNER: Employer When Impairment Began: Accomodations]

(Did your employer) change(d) the job to something you could do?

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

W227_5

[BANNER: Employer When Impairment Began: Accomodations]

(Did your employer) help(ed) you learn new job skills?

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

W228_5

[BANNER: Employer When Impairment Began: Accomodations]

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

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

W229_5

[BANNER: Employer When Impairment Began: Accomodations]

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

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

W230_5

[BANNER: Employer When Impairment Began: Accommodations]

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

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

W231_5

What other things?

- DK
- RF

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

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

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

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

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

[INSTR: IF R SAYS 'I RAN MY OWN BUSINESS' SELECT SELF-EMPLOYED.]

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

W202_2

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

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

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

What sort of work did you do on that job?

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

TYPE OF WORK_____

- DK
- RF

W203_2

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

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

[INSTR: DO NOT PROBE DK/RF.]

NUMBER_____ GO TO W205_2

- DK
- RF

W204_2

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

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

1. FEWER THAN 5
2. 5 TO 14
3. 15 TO 24
4. 25 TO 99
5. 100 TO 499
6. 500 OR MORE
8. DK
9. RF

W205_2

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

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

[INSTR: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS, OTHERWISE ENTER '0' CENTS.]

\$ _____

DK.....GO TO W208_2

RF.....GO TO W208_2

W206_2

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

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

PER:

1. HOUR
2. WEEK
3. EVERY TWO WEEKS/BI-WEEKLY
4. MONTH
6. YEAR
7. OTHER (SPECIFY) W207_2S _____
8. DK
9. RF

W208_2

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

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

HOURS_____

DK
RF

W209_2

[BANNER: NOT WORKING WHEN LIMITATION BEGAN - EMPLOYER BEFORE LIMITATION]

[INSTR: READ SLOWLY:]

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

[INSTR: COUNT PAID SICK TIME AS WORK TIME.]

1-52 WEEKS

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.....GO TO M588
- 5. NO.....GO TO M588
- 6. LEFT IMMEDIATELY.....GO TO M590
- 7. SELF-EMPLOYED.....GO TO M588
- 8. DK.....GO TO M588
- 9. RF.....GO TO M588

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

[BANNER: Next Employer After Employer When Impairment Began]

Did your employer get someone to help you?

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

W212_6

[BANNER: Next Employer After Employer When Impairment Began]

How long did they continue to do that?

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

AMOUNT OF TIME _____

- 96 EMPLOYER STILL DOING IT.....GO TO W214_6
- DK.....GO TO W214_6
- RF.....GO TO W214_6

W213_6

[BANNER: Next Employer After Employer When Impairment Began]

(How long did they continue to do that?)

TIME UNIT:

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

W214_6

[BANNER: Next Employer After Employer When Impairment Began]

Did your employer shorten your work days?

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

W215_6

[BANNER: Next Employer After Employer When Impairment Began]

How long did they continue to do that?

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

AMOUNT OF TIME_____

- 96 EMPLOYER STILL DOING IT.....GO TO W217_6
- DK.....GO TO W217_6
- RF.....GO TO W217_6

W216_6

[BANNER: Next Employer After Employer When Impairment Began]

(How long did they continue to do that?)

TIME UNIT:

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

W217_6

[BANNER: Next Employer After Employer When Impairment Began]

Did your employer allow you to change the time you came to and left work?

- 1. YES
- 5. NO.....GO TO W220_6
- 8. DK.....GO TO W220_6
- 9. RF.....GO TO W220_6

W218_6

[BANNER: Next Employer After Employer When Impairment Began]

How long did they continue to do that?

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

AMOUNT OF TIME_____

96 EMPLOYER STILL DOING IT.....GO TO W220_6

DK.....GO TO W220_6

RF.....GO TO W220_6

W219_6

[BANNER: Next Employer After Employer When Impairment Began]

(How long did they continue to do that?)

TIME UNIT:

1. WEEKS

2. MONTHS

3. YEARS

8. DK

9. RF

W220_6

[BANNER: Next Employer After Employer When Impairment Began]

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

1. YES

5. NO.....GO TO W223_6

8. DK.....GO TO W223_6

9. RF.....GO TO W223_6

W221_6

[BANNER: Next Employer After Employer When Impairment Began]

How long did they continue to do that?

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

AMOUNT OF TIME_____

96 EMPLOYER STILL DOING IT.....GO TO W223_6

DK.....GO TO W223_6

RF.....GO TO W223_6

W222_6

[BANNER: Next Employer After Employer When Impairment Began]

(How long did they continue to do that?)

TIME UNIT:

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

W223_6

[BANNER: Next Employer After Employer When Impairment Began]

(Did your employer) arrange for special transportation?

- 1. YES
- 5. NO.....GO TO W226_6
- 8. DK.....GO TO W226_6
- 9. RF.....GO TO W226_6

W224_6

[BANNER: Next Employer After Employer When Impairment Began]

How long did they continue to do that?

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

AMOUNT OF TIME_____

- 96 EMPLOYER STILL DOING IT.....GO TO W226_6
- DK.....GO TO W226_6
- RF.....GO TO W226_6

W225_6

[BANNER: Next Employer After Employer When Impairment Began]

(How long did they continue to do that?)

TIME UNIT:

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

W226_6

[BANNER: Next Employer After Employer When Impairment Began]

(Did your employer) change(d) the job to something you could do?

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

W227_6

[BANNER: Next Employer After Employer When Impairment Began]

(Did your employer) help(ed) you learn new job skills?

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

W228_6

[BANNER: Next Employer After Employer When Impairment Began]

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

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

W229_6

[BANNER: Next Employer After Employer When Impairment Began]

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

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

W230_6

[BANNER: Next Employer After Employer When Impairment Began]

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

- 1. YES
- 5. NO.....GO TO M588
- 8. DK.....GO TO M588
- 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?

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

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

AMOUNT OF TIME _____

95. LEFT AFTER BEING ON LEAVE.....GO TO M590

96. STILL WORKING FOR EMPLOYER.....GO TO M610 BRANCHPOINT

DK.....GO TO M594

RF.....GO TO M594

M589

TIME UNIT:

1. WEEKS

2. MONTHS

3. YEARS

8. DK

9. RF

M590 BRANCHPOINT: GO TO M594 BRANCHPOINT

M590

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

1. YES.....GO TO M597

5. NO

8. DK

9. RF

M591

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

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

M592

Why do you think you couldn't find work?

- 1. NO JOBS AVAILABLE R COULD DO
- 2. NO EMPLOYER WILLING TO HIRE R
- 7. OTHER (SPECIFY) M593_____
- 8. DK
- 9. RF

M593S

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 M635

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.....GO TO M635
- 3. APPLIED FOR DISABILITY.....GO TO M635
- 4. JUST STOPPED WORKING.....GO TO M635
- 7. OTHER(SPECIFY) M595_____ GO TO M635
- 8. DK.....GO TO M635
- 9. RF.....GO TO M635

M595S

M597

Which company or organization did you work for at that time?

- 1. CURRENT EMPLOYER (JW158_2).....GO TO M609
- 3. MOST RECENT EMPLOYER (LW158_4).....GO TO M599
- 4. LAST EMPLOYER (KW158_3).....GO TO M599
- 5. LONGEST HELD JOB EMPLOYER (LW158_5).....GO TO M599
- 6. SELF-EMPLOYMENT – NOT ON LIST.....GO TO M600
- 7. OTHER (SPECIFY) M598_____
- 8. DK
- 9. RF

M598S

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

W200_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

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

[INSTR: IF R SAYS 'I RAN MY OWN BUSINESS' SELECT SELF-EMPLOYED.]

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

W202_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

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_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

What sort of work did you do on that job?

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

TYPE OF WORK_____

- DK
- RF

W203_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

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

[INSTR: DO NOT PROBE DK/RF.]

NUMBER _____ GO TO W205_3

DK

RF

W204_3

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

1. FEWER THAN 5
2. 5 TO 14
3. 15 TO 24
4. 25 TO 99
5. 100 TO 499
6. 500 OR MORE
8. DK
9. RF

W205_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

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

[INSTR: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS, OTHERWISE ENTER '0' CENTS.]

\$ _____

DK.....GO TO W208_3

RF.....GO TO W208_3

W206_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

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

PER:

1. HOUR
2. WEEK
3. EVERY TWO WEEKS/BI-WEEKLY
4. MONTH
6. YEAR
7. OTHER (SPECIFY) W207_3S _____
8. DK
9. RF

W208_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

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

HOURS _____

- DK
- RF

W209_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

[INSTR: READ SLOWLY:]

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

[INSTR: COUNT PAID SICK TIME AS WORK TIME.]

1-52 WEEKS

WEEKS _____

- DK
- RF

W210_3

[BANNER: WORKING WHEN LIMITATION BEGAN - 1ST EMPLOYER AFTER LIMITATION]

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.....GO TO M600
- 5. NO.....GO TO M600
- 6. LEFT IMMEDIATELY.....GO TO M610 BRANCHPOINT
- 7. SELF-EMPLOYED.....GO TO M600
- 8. DK.....GO TO M600
- 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

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

Did your employer get someone to help you?

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

W212_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME _____

- 96 EMPLOYER STILL DOING IT.....GO TO W214_7
- DK.....GO TO W214_7
- RF.....GO TO W214_7

W213_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

TIME UNIT:

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

W214_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

Did your employer shorten your work days?

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

W215_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME_____

- 96 EMPLOYER STILL DOING IT.....GO TO W217_7
- DK.....GO TO W217_7
- RF.....GO TO W217_7

W216_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

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

W217_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

Did your employer allow you to change the time you came to and left work?

- 1. YES
- 5. NO.....GO TO W220_7
- 8. DK.....GO TO W220_7
- 9. RF.....GO TO W220_7

W218_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME _____

96 EMPLOYER STILL DOING IT.....GO TO W220_7

DK.....GO TO W220_7

RF.....GO TO W220_7

W219_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

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

W220_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

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

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

W221_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME _____

96 EMPLOYER STILL DOING IT.....GO TO W223_7

DK.....GO TO W223_7

RF.....GO TO W223_7

W222_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

1. WEEKS

2. MONTHS

3. YEARS

8. DK

9. RF

W223_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

(Did your employer) arrange for special transportation?

1. YES

5. NO.....GO TO W226_7

8. DK.....GO TO W226_7

9. RF.....GO TO W226_7

W224_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME _____

96 EMPLOYER STILL DOING IT.....GO TO W226_7

DK.....GO TO W226_7

RF.....GO TO W226_7

W225_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

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

W226_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

(Did your employer) change(d) the job to something you could do?

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

W227_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

(Did your employer) help(ed) you learn new job skills?

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

W228_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

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

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

W229_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

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

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

W230_7

[BANNER: Working When Limitation Began - 1st Employer After Limitation]

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

- 1. YES
- 5. NO.....GO TO M600
- 8. DK.....GO TO M600
- 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?

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

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

AMOUNT OF TIME _____

95 LEFT AFTER FEW MONTHS/AFTER BEING ON LEAVE.....GO TO M610
BRANCHPOINT

96 STILL WORKING FOR EMPLOYER/ SELF-EMPLOYED.....GO TO M610
BRANCHPOINT

DK.....GO TO M610 BRANCHPOINT

RF.....GO TO M610 BRANCHPOINT

M601

TIME UNIT:

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

W200_4 BRANCHPOINT: 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?

[INSTR: IF R SAYS 'I RAN MY OWN BUSINESS' SELECT 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?

BUSINESS_____

- DK
- RF

W201_4

What sort of work did you do on that job?

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

TYPE OF WORK_____

- DK
- RF

W203_4

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

[INSTR: DO NOT PROBE DK/RF.]

NUMBER_____GO TO W205_4

- DK
- RF

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]?

[INSTR: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS, OTHERWISE ENTER '0' CENTS.]

\$ _____

DK.....GO TO W208_4

RF.....GO TO W208_4

W206_4

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

PER:

1. HOUR
2. WEEK
3. EVERY TWO WEEKS/BI-WEEKLY
4. MONTH
6. YEAR
7. OTHER (SPECIFY) W207_4S _____
8. DK
9. RF

W208_4

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

HOURS _____

DK

RF

W209_4

[INSTR: READ SLOWLY:]

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

[INSTR: COUNT PAID SICK TIME AS WORK TIME.]

1-52 WEEKS

WEEKS _____

DK

RF

W210_4

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

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

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

M602

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

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

M604

Which company or organization did you work for at that time?

- 1. CURRENT EMPLOYER (JW158_2)GO TO M609 BRANCHPOINT
- 3. MOST RECENT EMPLOYER (LW158_4).....GO TO M609 BRANCHPOINT
- 4. LAST EMPLOYER (KW158_3).....GO TO M609 BRANCHPOINT
- 5. LONGEST HELD JOB EMPLOYER (LW158_5).....GO TO M609 BRANCHPOINT
- 6. SELF-EMPLOYMENT – NOT ON LIST.....GO TO M610
- 7. OTHER (SPECIFY) M605 _____
- 8. DK
- 9. RF

M605S

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?

[INSTR: IF R SAYS 'I RAN MY OWN BUSINESS' SELECT 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 _____

- DK
- RF

W201_5

What sort of work did you do on that job?

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

TYPE OF WORK _____

- DK
- RF

W203_5

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

[INSTR: DO NOT PROBE DK/RF.]

NUMBER _____ GO TO W205_5

- DK
- RF

W204_5

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

1. FEWER THAN 5
2. 5 TO 14
3. 15 TO 24
4. 25 TO 99
5. 100 TO 499
6. 500 OR MORE
8. DK
9. RF

W205_5

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

[INSTR: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS, OTHERWISE ENTER '0' CENTS.]

\$ _____

DK.....GO TO W208_5

RF.....GO TO W208_5

W206_5

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

PER:

1. HOUR
2. WEEK
3. EVERY TWO WEEKS/BI-WEEKLY
4. MONTH
6. YEAR
7. OTHER (SPECIFY) W207_5S _____
8. DK
9. RF

W208_5

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

HOURS _____

DK

RF

W209_5

[INSTR: READ SLOWLY:]

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

[INSTR: COUNT PAID SICK TIME AS WORK TIME.]

1-52 WEEKS

WEEKS _____

DK

RF

W210_5

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

1. YES

5. NO

8. DK

9. RF

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

M606

When did you leave that (employer/business)?

YEAR _____

OR

M607

YEARS AGO _____

OR

M608

AT AGE _____

DK

RF

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.....GO TO M610 BRANCHPOINT
- 5. NO.....GO TO M610 BRANCHPOINT
- 6. LEFT IMMEDIATELY.....GO TO M610 BRANCHPOINT
- 7. SELF-EMPLOYED.....GO TO M610 BRANCHPOINT
- 8. DK.....GO TO M610 BRANCHPOINT
- 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

[BANNER: Not Working When Limitation Began - Employer After Limitation]

Did your employer get someone to help you?

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

W212_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME_____

- 96 EMPLOYER STILL DOING IT.....GO TO W214_8
- DK.....GO TO W214_8
- RF.....GO TO W214_8

W213_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

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

W214_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

Did your employer shorten your work days?

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

W215_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME_____

- 96 EMPLOYER STILL DOING IT.....GO TO W217_8
- DK.....GO TO W217_8
- RF.....GO TO W217_8

W216_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

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

W217_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

Did your employer allow you to change the time you came to and left work?

- 1. YES
- 5. NO.....GO TO W220_8
- 8. DK.....GO TO W220_8
- 9. RF.....GO TO W220_8

W218_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME_____

96 EMPLOYER STILL DOING IT.....GO TO W220_8

DK.....GO TO W220_8

RF.....GO TO W220_8

W219_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

1. WEEKS

2. MONTHS

3. YEARS

8. DK

9. RF

W220_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

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

1. YES

5. NO.....GO TO W223_8

8. DK.....GO TO W223_8

9. RF.....GO TO W223_8

W221_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME_____

96 EMPLOYER STILL DOING IT.....GO TO W223_8

DK.....GO TO W223_8

RF.....GO TO W223_8

W222_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

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

W223_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(Did your employer) arrange for special transportation?

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

W224_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

How long did they continue to do that?

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

AMOUNT OF TIME_____

- 96 EMPLOYER STILL DOING IT.....GO TO W226_8
- DK.....GO TO W226_8
- RF.....GO TO W226_8

W225_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(How long did they continue to do that?)

TIME UNIT:

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

W226_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(Did your employer) change(d) the job to something you could do?

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

W227_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

(Did your employer) help(ed) you learn new job skills?

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

W228_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

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

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

W229_8

[BANNER: Not Working When Limitation Began - Employer After Limitation]

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

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

W230_8

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

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

W231_8

What other things?

DK
RF

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

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

OTHERWISE, GO TO M635

M610

Does your employer currently do anything special to make it easier for you to stay at
work?

- 1. YES
- 4. NO HELP NEEDED.....GO TO M635
- 5. NO.....GO TO M635
- 8. DK.....GO TO M635
- 9. RF.....GO TO M635

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

W211_9

[BANNER: Current Employer, Impairment Began After Started Working]

Does your employer get someone to help you?

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

W214_9

[BANNER: Current Employer, Impairment Began After Started Working]

Does your employer shorten your work days?

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

W217_9

[BANNER: Current Employer, Impairment Began After Started Working]

Does your employer allow you to change the time you come to and leave work?

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

W220_9

[BANNER: Current Employer, Impairment Began After Started Working]

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

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

W223_9

[BANNER: Current Employer, Impairment Began After Started Working]

(Does your employer) arrange for special transportation?

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

W226_9

[BANNER: Current Employer, Impairment Began After Started Working]

(Has your employer) change(d) the job to something you can do?

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

W227_9

[BANNER: Current Employer, Impairment Began After Started Working]

(Has your employer) help(ed) you learn new job skills?

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

W228_9

[BANNER: Current Employer, Impairment Began After Started Working]

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

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

W229_9

[BANNER: Current Employer, Impairment Began After Started Working]

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

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

W230_9

[BANNER: Current Employer, Impairment Began After Started Working]

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

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

W231_9

What other things?

- DK
- RF

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

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.....GO TO M641
- 8. DK.....GO TO M641
- 9. RF.....GO TO M641

M636

Who did this?

[INSTR: SELECT ALL THAT APPLY.]

- 1. HUSBAND/ WIFE/PARTNER
- 2. PARENTS
- 3. CHILD(REN)
- 7. OTHER PERSON
- 8. DK
- 9. RF

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

M637

[BANNER: HUSBAND/WIFE/PARTNER]

Did (he/she) begin to work, work more, work less, or stop working?

- 1. BEGIN WORK
- 2. WORK MORE
- 3. WORK LESS
- 4. STOP WORK
- 8. DK
- 9. RF

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

M638

[BANNER: PARENTS]

Did (he/she/they) begin to work, work more, work less, or stop working?

- 1. BEGIN WORK
- 2. WORK MORE
- 3. WORK LESS
- 4. STOP WORK
- 8. DK
- 9. RF

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

M639

[BANNER: CHILD(REN)]

Did (he/she/they) begin to work, work more, work less, or stop working?

1. BEGIN WORK
2. WORK MORE
3. WORK LESS
4. STOP WORK
8. DK
9. RF

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

M640

[BANNER: OTHER PERSON]

Did (he/she/they) begin to work, work more, work less, or stop working?

1. BEGIN WORK
2. WORK MORE
3. WORK LESS
4. STOP WORK
8. DK
9. RF

M641

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

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

M642

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

1. YES
5. NO
6. DIDN'T HAVE SAVINGS
8. DK
9. RF

M645

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

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

M646

In what year did you first apply?

YEAR _____

- DK.....GO TO M648
- RF.....GO TO M648

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

M647

What month was that?

MONTH

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

M648

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

- 1. APPLICATION ACCEPTED.....GO TO W234_16
- 3. APPLICATION STILL BEING CONSIDERED.....GO TO M570
- 5. APPLICATION REJECTED
- 8. DK.....GO TO M570
- 9. RF.....GO TO M570

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

W245_8

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION Rejected]

Did you appeal or apply again later?

- 1. YES
- 5. NO.....GO TO M570
- 8. DK.....GO TO M570
- 9. RF.....GO TO M570

W247_8

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION Rejected]

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

YEAR_____

- DK.....GO TO W248_8
- 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?

MONTH

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

W248_8

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION Rejected]

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

- 1. APPLICATION ACCEPTED.....GO TO W234_17
- 3. APPLICATION STILL BEING CONSIDERED.....GO TO M570
- 5. APPLICATION REJECTED.....GO TO M570
- 8. DK.....GO TO M570
- 9. RF.....GO TO M570

*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

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION accepted]

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

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

YEAR _____

9997 NOT YET RECEIVING BENEFITS.....GO TO M570

DK.....GO TO W235_16

RF.....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?

MONTH

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

W235_16

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION accepted]

Were you offered rehabilitative services?

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

W237_16

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION accepted]

In what year were you offered rehabilitative services?

YEAR _____

- DK.....GO TO W238_16
- 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?

MONTH

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

W238_16

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION accepted]

Are you still receiving benefits from Social Security Disability?

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

W256_16

Why are you no longer receiving those benefits?

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

- 1. HOUSEHOLD RESOURCES INCREASED
- 2. RETURNED TO WORK
- 3. NOT WORKING BUT ABLE
- 4. [VOL] SSA DETERMINED NO LONGER ELIGIBLE FOR BENEFITS
- 7. OTHER (SPECIFY) W257_16_____
- 8. DK
- 9. RF

W239_16

[BANNER: SSDI - APPLICATION BY NEW R: APPLICATION accepted]

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.)

[INSTR: DO NOT PROBE DK/RF.]

\$ _____ .00 GO TO W244_16 BRANCHPOINT

- DK
- RF

W240_16 -
W242_16

Question text: (Thinking about the amount you received from the Social Security Disability program [last month/the last month you received this benefit]:)

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

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

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

W244_16

In what year did the benefits stop?

YEAR _____

DK.....GO TO M649 BRANCHPOINT

RF.....GO TO M649 BRANCHPOINT

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

W243_16

What month was that?

MONTH

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

*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?

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

YEAR _____

9997 NOT YET RECEIVING BENEFITS.....GO TO M570

DK.....GO TO W235_17

RF.....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?

MONTH

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

W235_17

Were you offered rehabilitative services?

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

W237_17

In what year were you offered rehabilitative services?

YEAR _____

DK.....GO TO W238_17

RF.....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?

MONTH

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

W238_17

Are you still receiving benefits from Social Security Disability?

1. YES.....GO TO W239_17
5. NO
8. DK.....GO TO M649 BRANCHPOINT
9. RF.....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
4. [VOL] SSA DETERMINED NO LONGER ELIGIBLE FOR BENEFITS
7. OTHER (SPECIFY) W257_17 _____
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.)

[INSTR: DO NOT PROBE DK/RF.]

\$ _____ .00 GO TO W244_17 BRANCHPOINT

DK

RF

W240_17 -

W242_17

Question text:(Thinking about the amount you received from the Social Security Disability program [last month/the last month you received this benefit]:)

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.....GO TO M649 BRANCHPOINT

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?

MONTH

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

*END OF APPLICATION ACCEPTED BLOCK-17: SSDI NEW R RE-APPLICATION
(W234_17 – W243_17)*

M649 BRANCHPOINT: IF R HAS APPLIED FOR SSDI BENEFITS (M645=1) or R HAS NOT REPORTED AN IMPAIRMENT THAT LIMITS WORK (M502 NOT 1 and M558 NOT 1), GO TO M570

M649

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

[INSTR: 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

M650S

M570

Did you ever apply for disability benefits from any other program, such as Supplemental Security Income, Veterans Administration, or Workers' Compensation?

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

M572

To which programs did you apply for disability benefits?

[INSTR: SELECT ALL THAT APPLY.]

- 1. SUPPLEMENTAL SECURITY INCOME PROGRAM (SSI)
- 2. VETERANS ADMINISTRATION PROGRAM
- 3. WORKERS' COMPENSATION PROGRAM
- 4. PUBLIC WELFARE DISABILITY PROGRAM
- 7. OTHER (SPECIFY) M685 _____
- 8. DK
- 9. RF

M685

(To which programs did you apply for disability benefits?)

Other (specify) _____

M652 BRANCHPOINT: IF R DID NOT APPLY FOR SSI BENEFITS (M572 NOT 1), GO TO M658 BRANCHPOINT

M652

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

YEAR _____

- DK.....GO TO M654
- RF.....GO TO M654

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

M653

What month was that?

MONTH

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

M654

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

- 1. APPLICATION ACCEPTED.....GO TO W234_18
- 3. APPLICATION STILL BEING CONSIDERED.....GO TO M658 BRANCHPOINT
- 5. APPLICATION REJECTED
- 8. DK.....GO TO M658 BRANCHPOINT
- 9. RF.....GO TO M658 BRANCHPOINT

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

W245_9

[BANNER: SSI - APPLICATION BY NEW R: APPLICATION Rejected]

Did you appeal or apply again later?

- 1. YES
- 5. NO.....GO TO M658 BRANCHPOINT
- 8. DK.....GO TO M658 BRANCHPOINT
- 9. RF.....GO TO M658 BRANCHPOINT

W247_9

[BANNER: SSI - APPLICATION BY NEW R: APPLICATION Rejected]

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

YEAR_____

- DK.....GO TO W248_9
- RF.....GO TO W248_9

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

W246_9

What month was that?

MONTH

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

W248_9

[BANNER: SSI - APPLICATION BY NEW R: APPLICATION Rejected]

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

1. APPLICATION ACCEPTED
3. APPLICATION STILL BEING CONSIDERED.....GO TO M658 BRANCHPOINT
5. APPLICATION REJECTED.....GO TO M658 BRANCHPOINT
8. DK.....GO TO M658 BRANCHPOINT
9. RF.....GO TO M658 BRANCHPOINT

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

BEGINNING OF (W234_18) APPLICATION ACCEPTED BLOCK-18: SSI NEW R APPLICATION (W234_18 – W243_18)

W234_18

[BANNER: SSI - APPLICATION BY NEW R: APPLICATION accepted]

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

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

YEAR_____

9997 NOT YET RECEIVING BENEFITS.....GO TO M658 BRANCHPOINT

DK.....GO TO W238_18

RF.....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?

MONTH

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

W238_18

[BANNER: SSI - APPLICATION BY NEW R: APPLICATION accepted]

Are you still receiving benefits from Supplemental Security Income?

- 1. YES.....GO TO W239_18
- 5. NO
- 8. DK.....GO TO M658 BRANCHPOINT
- 9. RF.....GO TO M658 BRANCHPOINT

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
4. [VOL] SSA DETERMINED NO LONGER ELIGIBLE FOR BENEFITS
7. OTHER (SPECIFY) W257_18_____
8. DK
9. RF

W239_18

[BANNER: SSI - APPLICATION BY NEW R: APPLICATION accepted]

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.)

[INSTR: DO NOT PROBE DK/RF.]

\$ _____ .00 GO TO W244_18 BRANCHPOINT

DK

RF

W240_18 -

W242_18

Question text: (Thinking about the amount you received from the Supplemental Security Income program [last month/the last month you received this benefit]:)

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 M658 BRANCHPOINT

W244_18

In what year did the benefits stop?

YEAR _____

DK.....GO TO M658 BRANCHPOINT

RF.....GO TO M658 BRANCHPOINT

W243_18 BRANCHPOINT: IF YEAR AT W244_18 WAS MORE THAN 2 YEARS AGO, GO TO M658 BRANCHPOINT

W243_18

What month was that?

MONTH

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

*END OF APPLICATION ACCEPTED BLOCK-18: SSI NEW R APPLICATION
(W234_18 – W243_18)*

-----VA APPLICATION-----

M658 BRANCHPOINT: IF R DID NOT APPLY FOR VA BENEFITS (M572 NOT 2), GO TO M664 BRANCHPOINT

M658

In what year did you first apply for disability benefits from the Veterans Administration?

YEAR _____

DK.....GO TO M660

RF.....GO TO M660

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

M659

What month was that?

MONTH

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

M660

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

- 1. APPLICATION ACCEPTED.....GO TO W232_19
- 3. APPLICATION STILL BEING CONSIDERED.....GO TO M664 BRANCHPOINT
- 5. APPLICATION REJECTED
- 8. DK.....GO TO M664 BRANCHPOINT
- 9. RF.....GO TO M664 BRANCHPOINT

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

W245_10

[BANNER: VA - APPLICATION BY NEW R: APPLICATION Rejected]

Did you appeal or apply again later?

- 1. YES
- 5. NO.....GO TO M664 BRANCHPOINT
- 8. DK.....GO TO M664 BRANCHPOINT
- 9. RF.....GO TO M664 BRANCHPOINT

W247_10

[BANNER: VA - APPLICATION BY NEW R: APPLICATION Rejected]

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

YEAR_____

DK.....GO TO W248_10

RF.....GO TO W248_10

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

W246_10

What month was that?

MONTH

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

W248_10

[BANNER: VA - APPLICATION BY NEW R: APPLICATION Rejected]

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

1. APPLICATION ACCEPTED
3. APPLICATION STILL BEING CONSIDERED.....GO TO M664 BRANCHPOINT
5. APPLICATION REJECTED.....GO TO M664 BRANCHPOINT
8. DK.....GO TO M664 BRANCHPOINT
9. RF.....GO TO M664 BRANCHPOINT

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

BEGINNING OF (W232_19) APPLICATION ACCEPTED BLOCK-19: VA NEW R APPLICATION (W232_19 & W238_19 – W243_19)

W232_19

[BANNER: Veterans Administration Benefits]

What disability rating did you receive?

100 FULL DISABILITY

_____ %

DK

RF

W234_19

[BANNER: VA - APPLICATION BY NEW R: APPLICATION accepted]

In what year did you start receiving Veterans Administration benefits?

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

YEAR _____

9997 NOT YET RECEIVING BENEFITS.....GO TO M664 BRANCHPOINT

DK.....GO TO W238_19

RF.....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?

MONTH

1. JAN

2. FEB

3. MAR

4. APR

5. MAY

6. JUN

7. JUL

8. AUG

9. SEP

10. OCT

11. NOV

12. DEC

98. DK

99. RF

W238_19

[BANNER: VA - APPLICATION BY NEW R: APPLICATION accepted]

Are you still receiving benefits from the Veterans Administration?

- 1. YES
- 5. NO
- 6. DENIES RECEIVING BENEFITS.....GO TO M664 BRANCHPOINT
- 8. DK.....GO TO M664 BRANCHPOINT
- 9. RF.....GO TO M664 BRANCHPOINT

W239_19

[BANNER: VA - APPLICATION BY NEW R: APPLICATION accepted]

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.)

[INSTR: DO NOT PROBE DK/RF.]

\$_____ .00 GO TO W244_19 BRANCHPOINT

DK
RF

W240_19 -
W242_19

Question text: (Thinking about the amount you received from the Veterans Administration program [last month/the last month you received this benefit]:)

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 M664 BRANCHPOINT

W244_19

In what year did the benefits stop?

YEAR_____

DK.....GO TO M664 BRANCHPOINT

RF.....GO TO M664 BRANCHPOINT

W243_19 BRANCHPOINT: IF YEAR AT W244_19 WAS MORE THAN 2 YEARS AGO, GO TO M664 BRANCHPOINT

W243_19

What month was that?

MONTH

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

*END OF APPLICATION ACCEPTED BLOCK-19: VA NEW R APPLICATION
(W232_19 & W238_19 – W243_19)*

-----WC APPLICATION-----

M664 BRANCHPOINT: IF R DID NOT APPLY FOR WC BENEFITS (M572 NOT 3), GO TO M674 BRANCHPOINT

M664

In what year did you first apply for disability benefits from the Workers' Compensation Program?

YEAR_____

DK.....GO TO M665

RF.....GO TO M665

M665 BRANCHPOINT: IF YEAR AT M664 WAS MORE THAN 2 YEARS AGO, GO TO M666

M665

What month was that?

MONTH

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

M666

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

1. APPLICATION ACCEPTED.....GO TO M667
3. APPLICATION STILL BEING CONSIDERED.....GO TO M674 BRANCHPOINT
5. APPLICATION REJECTED
8. DK.....GO TO M674 BRANCHPOINT
9. RF.....GO TO M674 BRANCHPOINT

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

W245_11

[BANNER: WC - APPLICATION BY NEW R: APPLICATION Rejected]

Did you appeal or apply again later?

1. YES
5. NO.....GO TO M674 BRANCHPOINT
8. DK.....GO TO M674 BRANCHPOINT
9. RF.....GO TO M674 BRANCHPOINT

W247_11

[BANNER: WC - APPLICATION BY NEW R: APPLICATION Rejected]

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

YEAR_____

DK.....GO TO W248_11

RF.....GO TO W248_11

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

W246_11

What month was that?

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

W248_11

[BANNER: WC - APPLICATION BY NEW R: APPLICATION Rejected]

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

1. APPLICATION ACCEPTED
3. APPLICATION STILL BEING CONSIDERED.....GO TO M674 BRANCHPOINT
5. APPLICATION REJECTED.....GO TO M674 BRANCHPOINT
8. DK.....GO TO M674 BRANCHPOINT
9. RF.....GO TO M674 BRANCHPOINT

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

BEGINNING OF (M667) APPLICATION ACCEPTED BLOCK-20: WORKERS' COMPENSATION NEW R APPLICATION (M667 – W243_20)

M667

[BANNER: WORKERS' COMPENSATION]

What type of disability did you receive?

- 1. 100% PERMANENT.....GO TO W234_20
- 2. PARTIAL PERMANENT
- 3. 100% TEMPORARY.....ASSIGN 100 TO M669 AND GO TO M670
- M668S 4. PARTIAL TEMPORARY
- 7. OTHER (SPECIFY) M668 _____ GO TO W234_20
- 8. DK.....GO TO W234_20
- 9. RF.....GO TO W234_20

M669

[INSTR: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION:
What percentage did you receive?]

_____ %

DK
RF

M670 BRANCHPOINT: IF R's DISABILITY RATING WAS PARTIAL PERMANENT (M667=2), GO TO W234_20

M670

[INSTR: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION: For how many years?]

NUMBER OF YEARS _____

DK
RF

W234_20

[BANNER: WC - APPLICATION BY NEW R: APPLICATION accepted]

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

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

YEAR _____

- 9997 NOT YET RECEIVING BENEFITS.....GO TO M674 BRANCHPOINT
- DK.....GO TO W238_20
- RF.....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?

MONTH

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

W238_20

[BANNER: WC - APPLICATION BY NEW R: APPLICATION accepted]

Are you still receiving benefits from Workers' Compensation?

- 1. YES
- 5. NO
- 6. DENIES RECEIVING BENEFITS.....GO TO M674 BRANCHPOINT
- 8. DK.....GO TO M674 BRANCHPOINT
- 9. RF.....GO TO M674 BRANCHPOINT

W239_20

[BANNER: WC - APPLICATION BY NEW R: APPLICATION accepted]

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.)

[INSTR: DO NOT PROBE DK/RF.]

\$ _____ .00 GO TO W244_20 BRANCHPOINT

DK

RF

W240_20 -

W242_20

Question text: (Thinking about the amount you received from the Workers' Compensation program [last month/the last month you received this benefit]:)

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 M674 BRANCHPOINT

W244_20

[BANNER: WC - APPLICATION BY NEW R: APPLICATION accepted]

In what year did the benefits stop?

YEAR _____

DK.....GO TO M674 BRANCHPOINT

RF.....GO TO M674 BRANCHPOINT

W243_20 BRANCHPOINT: IF YEAR AT W244_20 WAS MORE THAN 2 YEARS AGO, GO TO M674 BRANCHPOINT

W243_20

What month was that?

MONTH

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

END OF APPLICATION ACCEPTED BLOCK-20: WORKERS' COMPENSATION NEW R APPLICATION (W234_20 – W243_20)

-----OTHER PROGRAM APPLICATION-----

M674 BRANCHPOINT: IF R DID NOT APPLY FOR PUBLIC WELFARE and DID NOT APPLY FOR OTHER BENEFITS (M572 NOT 4 and NOT 7), GO TO M679 BRANCHPOINT

M674

In what year did you first apply for disability benefits from the public welfare or other disability program?

YEAR _____

DK.....GO TO M676

RF.....GO TO M676

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

M675

What month was that?

MONTH

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

M676

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

- 1. APPLICATION ACCEPTED.....GO TO W234_21
- 3. APPLICATION STILL BEING CONSIDERED.....GO TO M679 BRANCHPOINT
- 5. APPLICATION REJECTED
- 8. DK.....GO TO M679 BRANCHPOINT
- 9. RF.....GO TO M679 BRANCHPOINT

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

W245_12

[BANNER: OTHER PROGRAM: APPLICATION BY NEW R: APPLICATION Rejected]

Did you appeal or apply again later?

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

W247_12

[BANNER: OTHER PROGRAM: APPLICATION BY NEW R: APPLICATION Rejected]

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

YEAR _____

- DK.....GO TO W248_12
- 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?

MONTH

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

W248_12

[BANNER: OTHER PROGRAM: APPLICATION BY NEW R: APPLICATION Rejected]

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

1. APPLICATION ACCEPTED
3. APPLICATION STILL BEING CONSIDERED.....GO TO M679 BRANCHPOINT
5. APPLICATION REJECTED.....GO TO M679 BRANCHPOINT
8. DK.....GO TO M679 BRANCHPOINT
9. 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

[BANNER: OTHER PROGRAM - APPLICATION BY NEW R: APPLICATION accepted]

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

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

YEAR_____

9997 NOT YET RECEIVING BENEFITS.....GO TO M679 BRANCHPOINT

DK.....GO TO W238_21

RF.....GO TO W238_21

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

W233_21

What month was that?

MONTH

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

W238_21

[BANNER: OTHER PROGRAM - APPLICATION BY NEW R: APPLICATION accepted]

Are you still receiving benefits from the other government program?

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

W239_21

[BANNER: OTHER PROGRAM - APPLICATION BY NEW R: APPLICATION accepted]

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 government program the last month you received this benefit?

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

[INSTR: DO NOT PROBE DK/RF.]

AMOUNT \$ _____ .00 GO TO W244_21 BRANCHPOINT

DK
RF

W240_21 -
W242_21

Question text: (Thinking about the amount you received from the public welfare and other government program [last month/the last month you received this benefit]:)

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.....GO TO M679 BRANCHPOINT
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?

MONTH

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

*END OF APPLICATION ACCEPTED BLOCK-21: OTHER PROGRAM NEW R APPLICATION
(W234_21 – W243_21)*

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 FOR PAY IN LAST YEAR (J963=5)}, 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.....GO TO M685 (M2 ASSIST)
- 7. NO JOB IN LAST YEAR.....GO TO M685 (M2 ASSIST)
- 8. DK.....GO TO M685 (M2 ASSIST)
- 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_____

- DK
- RF

M681

On what date did your most recent injury happen?

MONTH

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

M682

DAY _____

DK
RF

M683

YEAR _____

DK
RF

M685

[INSTR: 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