

I.5. Can you please recall for me the month and day that you were injured?

[INQUIRE ABOUT YEAR OF INJURY IF NECESSARY]

Enter month:

- | | | | |
|-----|----------|------|-----------|
| <1> | January | <7> | July |
| <2> | February | <8> | August |
| <3> | March | <9> | September |
| <4> | April | <10> | October |
| <5> | May | <11> | November |
| <6> | June | <12> | December |

<98> Don't know

<99> Refused

Enter day:

<1-31> Date

Enter year:

<1996-1997> Year

<a> Don't know

 Refused

I.6. Which parts of your body were injured?

[CODE UP TO THREE BODY PARTS MENTIONED,
WITHOUT PROBING FOR OTHERS]

- <1> Back or neck
- <2> Upper extremities: hand, arm, wrist, shoulder, or finger
- <3> Lower extremities: hip, leg, knee, foot, toes
- <4> Head
- <5> Eyes
- <6> Emotional or mental stress [if "6" only, goto I.8]
- <7> Some other part of the body (SPECIFY)

<8> Don't know

<9> Refused

I.7. Which of the following best describe your injury? Was it a sprain or strain or other injury to a muscle or joint, a broken bone, a skin rash, a scrape or a cut, an eye injury, nerve damage (such as carpal tunnel or sciatica), a burn, did it result from exposure to chemicals or toxic materials, or some other kind of injury?

- <1> a sprain or strain or other injury to a muscle or joint
- <2> a broken bone
- <3> a skin rash

II.1. What was your job title at [fill INJURY EMPLOYER] at the time of your **recent injury/illness**?

II.2. What kind of work did you do at [fill INJURY EMPLOYER]?
What were your main duties around that time at [fill INJURY EMPLOYER])?

II.3a. I'd like to ask a few questions about your main duties *at the time you were injured*. How often did your job *at the time* require you to do repeated strenuous physical activities such as lifting, pushing, or pulling heavy objects?

- <1> Very often
- <2> Often
- <3> Sometimes
- <4> Never or almost never

- <8> Don't know

II.3b. How often did your job at the time of your injury require you to do repeated bending, twisting or reaching?

- <1> Very often
- <2> Often
- <3> Sometimes
- <4> Never or almost never

- <8> Don't know

II.3c. How often did your job at the time of your injury require you to make repetitive movements of the hands or wrists?

- <1> Very often
- <2> Often
- <3> Sometimes
- <4> Never or almost never

- <8> Don't know

II.3d. How often did your job at the time of your injury require you to exposure yourself to chemicals or other toxic materials.

- <1> Very often
- <2> Often
- <3> Sometimes
- <4> Never or almost never

- <8> Don't know

II.4. At the time you were injured, how many hours PER WEEK did you usually work at

<999> Refused

II.9. Some households have more than one source of income and more than one person whose income contributes to supporting the household. What was your approximate *total household* income, *before taxes*, in the 12 month period before your job-related injury or illness? Please include all sources of income such as wages and salaries, and income from investments. Was it...

- <1> less than \$5,000
- <2> \$5,000 to \$9,999
- <3> \$10,000 to \$14,999
- <4> \$15,000 to \$24,999
- <5> \$25,000 to \$34,999
- <6> \$35,000 to \$49,999
- <7> \$50,000 to \$74,999
- <8> \$75,000 to \$99,999
- <9> \$100,000 or more

- <a> Refused

II.10. How many adults and children were supported by this income at the time?

<x> Number

II.11. How long had you worked for [fill INJURY EMPLOYER] at the time you were injured?

- <0> Less than one year
- <1-30> Number of years
- <x> 31 or more years [SPECIFY]

- <98> Don't know
- <99> Refused

II.12. Before you were injured on (fill INJURY DATE), how long had you been doing the kind of work you were doing around the time of the injury?

Please include the work you did at [fill INJURY EMPLOYER] as well as any other jobs you had before your injury where you were doing basically the same kind of work.

- <0> Less than one year
- <1-30> Number of years
- <x> 31 or more years (SPECIFY)

- <a> Don't know
- Refused

