

CURRENTLY EMPLOYED PERSON PAGE	Person number _____	E1	1 <input type="checkbox"/> Not SP (E2) 2 <input type="checkbox"/> Eligible respondent avail. (E2) 3 <input type="checkbox"/> Return call required (Next CE Page)	E2	Mark one box: 0 <input type="checkbox"/> No work-loss days (2) 1 <input type="checkbox"/> 1+ work-loss days (1)										
Earlier it was reported that -- lost time from work during the past 2 weeks. (Hand calendar)															
1. On which days during that 2-week period outlined in red did he lose time from work because of illness or injury or because he wasn't feeling well? (Circle all days reported in Table WL-1)															
Hand calendar															
2a. During the past 2 weeks (the 2-week period outlined in red on that calendar) did -- lose any (other) time from work because he was sick or injured or because he wasn't feeling well? 1 Y 2 N (3)															
b. On which days did he lose time from work? (Circle all days reported in Table WL-1 and reask 2a.)															
3a. (Besides this time) During the past 2 weeks, did he lose any (other) time from work to visit a doctor, dentist, or other medical person for himself? 1 Y 2 N (WL-1)															
b. On which days did he lose time from work for this reason? (Circle all days reported in Table WL-1 and reask 3a.)															
WL-1	Days circled in WL-1? Y N (7)	TABLE WL-1													
For EACH circled day, ask 4a and b		Week before							Last week						
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
4a. How many hours did he lose from work on (day) ?		Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
1 <input type="checkbox"/> Self employed (Ask 4a only)															
b. Will his employer pay him in full, in part, or not at all for this time lost from work?		1 Full													
		2 Part													
		0 None													
5a. (In addition to his employer) Did or will -- receive any income from loss of pay insurance or income from any other source for all or part of this time lost from work? Y 0 N (6)															
b. What source is this? (Specify) <u> </u>															
If ONLY "Full" marked in 4b, go to 7; otherwise ask:															
6. How much income did he lose BEFORE DEDUCTIONS because of this time lost from work?		<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">Dollars</td><td style="width: 50px;">Cents</td></tr> <tr><td style="height: 20px;">\$</td><td style="height: 20px;"></td></tr> </table>		Dollars	Cents	\$		0000 <input type="checkbox"/> None							
Dollars	Cents														
\$															
FOOTNOTES															

7a. (Besides this time you have just told me about) During the past 2 weeks, did he lose any time from work because someone else was sick or to take someone else to a doctor, dentist, or for other health care?

1 Y 2 N (11)

b. On which days did he lose time from work for this reason? (Circle all days reported in Table WL-2.)

c. During the past 2 weeks did he lose any other time from work for this reason? Y (Reask 7b) N

TABLE WL-2

For EACH circled day, ask 8a and b	Week before							Last week						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8a. How many hours did he lose from work on (day) ?	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
1 <input type="checkbox"/> Self employed (ask 8a only)														
b. Will his employer pay him in full, in part, or not at all for this time lost from work?	1 Full													
	2 Part													
	0 None													

9a. (In addition to his employer) Did or will -- receive any income from loss of pay insurance or income from any other source for all or part of this time lost from work? Y 0 N (10)

b. What source is this? (Specify)

If ONLY "Full" marked in 8b, go to 11; otherwise ask:

10. How much income did he lose BEFORE DEDUCTIONS because of this time lost from work?

Dollars	Cents
\$	

0000 None

If days circled in Table WL-1 or WL-2 ask; otherwise go to 12.

11a. How many days per week does -- USUALLY work? Days

b. How many hours per week does he USUALLY work? Hours

c. When he works -- hours, how much does he earn per week BEFORE DEDUCTIONS?

Dollars	Cents
\$	

If "Self employed," go to next CE; otherwise ask:

12a. When -- is ill and loses time from work does he continue to receive any wages or salary directly from his employer? 1 Y 2 N (NP)

b. Under this arrangement is he entitled to a certain number of days of sick leave each year? Y 0 N (NP)

c. How many days of sick leave is he allowed each year? Days