In this part of the survey I will ask about your work experiences, certain medical conditions and other health-related matters.

### Work History

1a. First, I'll ask about the KIND OF WORK you have done the LONGEST, not counting work around the house. Thinking of all the jobs or businesses you have ever had, what kind of work did you do the longest? Include work done while in the Armed Forces.

   - Occupation
   - Never worked (Section N6, page 86)

1b. When you were doing this kind of work, what were your most important activities or duties?

2a. How long did you do this kind of work?

   - Less than 1 year
   - 1-2 years
   - 2-5 years
   - 5-10 years
   - 10-20 years
   - 20 or more years

b. How old were you when you started doing this kind of work?

3a. In what kind of business or industry did you do this kind of work the LONGEST? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.

   - Industry
   - Armed Forces - Civilian
   - Armed Forces - Active duty

   - Class of worker

   - Employee of a PRIVATE company, business or individual for wages, salary, or commission
   - An employee of a PRIVATE company, business or individual for wages, salary, or commission
   - A member of the Armed Forces
   - A FEDERAL government employee
   - A STATE government employee
   - A LOCAL government employee
   - Self-employed in OWN business, professional practice or farm

   - Ask: Is the business incorporated?
   - Yes
   - No

   - Working WITHOUT PAY in family business or farm

4a. DURING THE PAST 12 MONTHS, that is, since [month date] a year ago, did you work at any time at a job or business, not counting work around the house? (Include unpaid work in the family business or farm.)

   - Yes
   - No

b. How long has it been since you last worked at a job or business?

   - 1-2 weeks
   - 3-5 months
   - 6-11 months
   - 12 months to 3 years
   - 3 years or more

   - If less than 1 year (4c)
   - If 1 year or more (8)

   - Number

   - Employer
   - Armed Forces - Civilian
   - Armed Forces - Active duty

   - Occupation
   - Industry

   - Duties

   - Complete from entries in 4c–f. If not clear, ask:

   - Class of worker

   - Ask: Is the business incorporated?
   - Yes
   - No

   - Working WITHOUT PAY in family business or farm

   - Self-employed in OWN business, professional practice or farm

   - Ask: Are you—
   - An employee of a PRIVATE company, business or individual for wages, salary, or commission
   - A member of the Armed Forces
   - A FEDERAL government employee
   - A STATE government employee
   - A LOCAL government employee
   - Self-employed in OWN business, professional practice or farm

   - Ask: Is the business incorporated?
   - Yes
   - No

   - Working WITHOUT PAY in family business or farm

   - Wealth box marked in C1 (Check Item 5A, page 44)
   - Neither Wealth box marked in C1 (Page 44)
### Section N1 — WORK HISTORY — Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>How long did you work as a [occupation in 4a] for [employer in 4c]?</td>
<td>1. ☐ Weeks 2. ☐ Months 3. ☐ Years</td>
</tr>
<tr>
<td></td>
<td><strong>CHECK ITEM 2</strong> Refer to 4a and 1a.</td>
<td>1. ☐ Occupation in 4e is same as in 1a (8) 2. ☐ All others (6a)</td>
</tr>
<tr>
<td>6a</td>
<td>Considering ALL of your employers, for how many years altogether did you do this KIND of work?</td>
<td>2. ☐ Less than 1 year 3. ☐ 1 to 2 years 4. ☐ 2 to 5 years 5. ☐ 5 or more years</td>
</tr>
<tr>
<td></td>
<td><strong>b.</strong> How old were you when you started doing this kind of work?</td>
<td>7. ☐ Less than 15 years 8. ☐ 15 to 19 years 9. ☐ 20 to 24 years 10. ☐ 25 to 29 years</td>
</tr>
<tr>
<td>7a</td>
<td>In what kind of business or Industry did you do this kind of work the LONGEST? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</td>
<td>11a. ☐ Armed Forces — Civilian 11b. ☐ Armed Forces — Active duty</td>
</tr>
<tr>
<td></td>
<td>Self-employed in OWN business, professional practice or farm?</td>
<td>37. ☐ Yes 38. ☐ No</td>
</tr>
<tr>
<td></td>
<td><strong>Hand Card N1, read list if telephone interview.</strong></td>
<td>39. ☐ Stopped working because of own illness, injury, disability or other health problem that was JOB-RELATED. 40. ☐ Stopped working because of own illness, injury, disability or other health problem that was NOT JOB-RELATED 41. ☐ Retired 42. ☐ On layoff from a job 43. ☐ Child/family care 44. ☐ On layoff from a job 45. ☐ Some other reason — Specify ☐ 46. ☐ DK</td>
</tr>
<tr>
<td>8a</td>
<td>Which of these statements describe the reason or reasons you stopped working [entry in 6b] ago?</td>
<td>47. ☐ Box 1 marked in 8a (8b) 48. ☐ All others (Check item 4)</td>
</tr>
<tr>
<td></td>
<td><strong>CHECK ITEM 3</strong> Refer to 8a.</td>
<td>49. ☐ Yes 50. ☐ No</td>
</tr>
<tr>
<td>8b</td>
<td><strong>c.</strong> Have you received any money or other benefits from worker’s compensation since you stopped working [entry in 6b] ago?</td>
<td>51. ☐ Yes 52. ☐ No</td>
</tr>
<tr>
<td></td>
<td><strong>d.</strong> Was a claim filed for any other income or benefits because your health problem was job-related?</td>
<td>53. ☐ Yes 54. ☐ No</td>
</tr>
<tr>
<td>9</td>
<td><strong>CHECK ITEM 4</strong> Refer to question 4. Mark first appropriate box.</td>
<td>55. ☐ “Armed Forces-Active Duty” in 4c (Section N7, page 62) 56. ☐ “Yes” in 4a (Check item 7) 57. ☐ All others (Section N7, page 62)</td>
</tr>
</tbody>
</table>

**Notes**
### Section N1 — WORK HISTORY — Continued

<table>
<thead>
<tr>
<th>CHECK ITEM 5A</th>
<th>Refer to HIS-1, pages 44 and 45.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hand calendar</strong></td>
<td></td>
</tr>
<tr>
<td>9a. Earlier I was told you had a job during the 2 weeks [outlined on that calendar/beginning Monday (date) and ending Sunday (date)]. For whom did you work? Enter name of company, business, organization, or other employer.</td>
<td>Employer 932 [Armed Forces — Civilian] 942 [Armed Forces — Active duty]</td>
</tr>
<tr>
<td>b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</td>
<td>Industry 905 [AF (Section N8, page 66)]</td>
</tr>
<tr>
<td>c. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer.</td>
<td>Occupation</td>
</tr>
<tr>
<td>d. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</td>
<td>Duties</td>
</tr>
<tr>
<td>e. Were you —</td>
<td>Class of worker</td>
</tr>
<tr>
<td>A member of the Armed Forces?</td>
<td>1 [P] 2 [AF (Section N8, page 66)]</td>
</tr>
<tr>
<td>A FEDERAL government employee?</td>
<td>3 [F]</td>
</tr>
<tr>
<td>A STATE government employee?</td>
<td>4 [S]</td>
</tr>
<tr>
<td>A LOCAL government employee?</td>
<td>5 [L]</td>
</tr>
<tr>
<td>Self-employed in OWN business, professional practice or farm? Ask: Is the business incorporated?</td>
<td>6 [I] 7 [SE] 8 [WP]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK ITEM 5B</th>
<th>Refer to questions 9a and c or to HIS-1, pages 44–46.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hand calendar</strong></td>
<td></td>
</tr>
<tr>
<td>9f. You told me that during the 2 weeks [outlined on that calendar/beginning Monday (date) and ending Sunday (date)] you were employed as a [occupation in Check Item 5B] for (employer in Check Item 5B). How long have you worked as a [occupation in Check Item 5B] for (employer in Check Item 5B)?</td>
<td>Transcribe from questions 9a and c or from 6b/c and e on HIS-1.</td>
</tr>
<tr>
<td>Employer</td>
<td>(9f)</td>
</tr>
<tr>
<td>Occupation</td>
<td>905 [AF (Section N8, page 66)]</td>
</tr>
<tr>
<td><strong>Check Item 6</strong></td>
<td>Refer to Check Item 5B and question 1a:</td>
</tr>
<tr>
<td>9g. Considering ALL of your employers, for how many years altogether did you do this KIND of work?</td>
<td>1 [Occupation in Check Item 5B is same as in 1a (Check Item 7)] 8 [All others (9g)]</td>
</tr>
<tr>
<td>h. How old were you when you started doing this kind of work?</td>
<td>66–67</td>
</tr>
<tr>
<td>i. In what kind of business or industry did you do this kind of work the LONGEST? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</td>
<td>Industry 932 [Armed Forces — Civilian] 942 [Armed Forces — Active duty]</td>
</tr>
<tr>
<td>j. Were you —</td>
<td>Class of worker</td>
</tr>
<tr>
<td>A member of the Armed Forces?</td>
<td>1 [P] 2 [AF]</td>
</tr>
<tr>
<td>A FEDERAL government employee?</td>
<td>3 [F]</td>
</tr>
<tr>
<td>A STATE government employee?</td>
<td>4 [S]</td>
</tr>
<tr>
<td>A LOCAL government employee?</td>
<td>5 [L]</td>
</tr>
<tr>
<td>Self-employed in OWN business, professional practice or farm? Ask: Is the business incorporated?</td>
<td>6 [I] 7 [SE] 8 [WP]</td>
</tr>
</tbody>
</table>
**Section N1 — WORK HISTORY — Continued**

**CHECK ITEM 7**
Refer to Check Item 5B.

1. Entry in Check Item 5B
2. All others (Transcribe entries from 4c and e)

Employer

Occupation

---

These next questions are about your job as a [occupation in Check Item 7] for [employer in Check Item 7].

10a. Did your job require you to do REPEATED STRENIOUS PHYSICAL ACTIVITIES such as lifting, pushing or pulling heavy objects?
   - Yes
   - No (11)

b. During a typical work day, how many minutes or hours altogether did you spend doing STRENIOUS PHYSICAL ACTIVITIES?
   - 1 Minutes
   - 2 Hours

11a. Did this job require you to do REPEATED bending, twisting or reaching?
   - Yes
   - No (12)

b. During a typical work day, how many minutes or hours altogether did you spend doing bending, twisting or reaching?
   - 1 Minutes
   - 2 Hours

12a. Did this job require you to BEND or TWIST your hands or wrists MANY TIMES AN HOUR?
   - Yes
   - No (13)

b. During a typical work day, how many minutes or hours altogether did you spend bending or twisting your hands or wrists?
   - 1 Minutes
   - 2 Hours

13a. On this job, did you work with hand-held or hand-operated vibrating tools or machinery?
   - Yes
   - No (14)

b. During a typical work day, how many minutes or hours altogether did you spend working with hand-held or hand-operated vibrating machinery?
   - 1 Minutes
   - 2 Hours

14. I am going to read a list of substances that some people get on their skin AT WORK. Tell me if you got any of these things on your HANDS or ARMS at your job as a [occupation in Check Item 7] for [employer in Check Item 7] DURING THE PAST 12 MONTHS —

a. Did you get solvents or degreasers on your hands or arms?
   - Yes
   - No

b. Petroleum products other than solvents? For example, grease, oil, or fuel?
   - Yes
   - No

c. Soaps, detergents, or cleaning and disinfecting solutions used in performing your job?
   - Yes
   - No

d. Cutting oils, machine coolants, or metal working fluids?
   - Yes
   - No

e. Paints, varnishes, lacquers, or other coatings?
   - Yes
   - No

f. Glues, pastes, or other adhesives?
   - Yes
   - No

g. Acids or alkalies?
   - Yes
   - No

h. Pesticides, insecticides, herbicides, fungicides, or fumigants?
   - Yes
   - No

i. Foods or food products handled as part of your job duties?
   - Yes
   - No

j. Plants, trees or shrubs handled as part of your job duties?
   - Yes
   - No

k. Did you get any other chemicals or substances on your hands or arms that could irritate the skin?
   - Yes — Specify
   - No
   - DK
These next questions are about back pain.

1a. At any time during the past 12 months, that is, since (12 months date) a year ago, did you have back pain every day for a week or more?
   - Yes
   - No (Section N3, page 49)

CHECK ITEM 8 Refer to sex and age.
   - SP is female under 50 (1b)
   - All others (2)

b. Did you have this back pain ONLY at the time of your monthly periods?
   - Yes (Section N3, page 49)
   - No
   - Don't menstruate

2a. (The remaining questions are about back pain other than menstrual pain.)
   During the past 12 months, on how many days altogether did you have back pain?
   - Menstrual pain only (Section N3, page 49)
   - Every day

b. During the past 12 months, how many full days did you miss from work because of back pain?
   - None

3a. When you had this back pain, what PART of your BACK bothered you the most—the upper back, the middle back or the lower back? (Refer to Section N3, page 49)
   - Upper
   - Middle
   - Lower

b. During the past 12 months, did the back pain ever spread to your:
   - Buttocks?
   - Thighs?
   - Lower leg or foot?

4a. Did any of the back pain you had in the past 12 months result from a SINGLE accident or injury? Some examples are slipping, falling, twisting, lifting something, or being in a car accident.
   - Yes
   - No (5)

b. When did the accident or injury happen?
   - Month
   - Date
   - Year

4c. Were you at work at your job or business when the accident or injury happened?
   - Yes
   - No (5)

4d. Was this at your job as a (occupation in Check Item 7) for (employer in Check Item 7)?

4e. For whom did you work when the accident or injury happened? Enter name of company, business, organization, or other employer.

4f. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.

4g. What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer.

4h. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

Complete from entries in 4e—h. If not clear, ask:

i. Were you—
   - An employee of a PRIVATE company, business or individual for wages, salary, or commission? (P)
   - A member of the Armed Forces? (AF)
   - A FEDERAL government employee? (F)
   - A STATE government employee? (S)
   - A LOCAL government employee? (L)
   - Self-employed in OWN business, professional practice, or farm?
     - Yes
     - No

Ask: Is the business incorporated?
   - Yes
   - No

Working WITHOUT PAY in family business or farm? (WP)

FORM HVS-1A (1/90) (4-6-85)
### Section N2 — BACK PAIN — Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. Was any of the back pain you had in the past 12 months brought on by REPEATED activities such as lifting, pushing, pulling, banding, twisting, or reaching?</td>
<td>1. Yes 2. No (7)</td>
</tr>
<tr>
<td>b. Where did you perform the activities that brought on your back pain?</td>
<td>1. At work (6) 2. At home 3. Recreational site 4. Other — Specify (8)</td>
</tr>
<tr>
<td>6a. Was this at your job as a [occupation in Check Item 7] for [employer in Check Item 7]?</td>
<td>1. Yes (8) 2. No</td>
</tr>
<tr>
<td>6b. For whom did you work?</td>
<td>Employer: 1. Armed Forces — Civilian 2. Armed Forces — Active duty (5d)</td>
</tr>
<tr>
<td>6c. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</td>
<td>Industry</td>
</tr>
<tr>
<td>6d. What kind of work did you do at that job? For example, electrical engineer, stock clerk, typist, farmer.</td>
<td>Occupation</td>
</tr>
<tr>
<td>6e. What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</td>
<td>Duties</td>
</tr>
<tr>
<td>Complete from entries in 6b—6e. If not clear, ask:</td>
<td>Class of worker</td>
</tr>
<tr>
<td>An employee of a PRIVATE company, business or individual for wages, salary, or commission?</td>
<td>6. I 7. SE 8. WP</td>
</tr>
<tr>
<td>A member of the Armed Forces?</td>
<td></td>
</tr>
<tr>
<td>A FEDERAL government employee?</td>
<td></td>
</tr>
<tr>
<td>A STATE government employee?</td>
<td></td>
</tr>
<tr>
<td>A LOCAL government employee?</td>
<td></td>
</tr>
<tr>
<td>Self-employed in OWN business, professional practice, or farm?</td>
<td></td>
</tr>
<tr>
<td>Ask: Is the business incorporated?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Working WITHOUT PAY in family business or farm?</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; in 4a, go to 8.</td>
<td></td>
</tr>
<tr>
<td>7. What caused your back pain?</td>
<td></td>
</tr>
<tr>
<td>8a. Has your back bothered you today?</td>
<td>1. Yes (8c) 2. No</td>
</tr>
<tr>
<td>b. How many days, weeks or months ago did you last have back pain?</td>
<td>1. Days ago 2. Weeks ago 3. Months ago</td>
</tr>
<tr>
<td>c. For how many consecutive days, weeks or months did your back bother you that time/has your back been bothering you?</td>
<td>1. Days 2. Weeks 3. Months 4. Years</td>
</tr>
</tbody>
</table>
### Section N2 — BACK PAIN — Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a. In what year did you first have an episode of back pain that lasted for a week or more?</td>
<td>- 1987 - 1988 - 1989 - Earlier year — Specify —</td>
</tr>
<tr>
<td>b. Counting <strong>year in Seq.</strong>, in how many different years have you had episodes of back pain lasting for a week or more?</td>
<td>- --- Years</td>
</tr>
<tr>
<td>c. What was the longest period of time that you had back pain every day?</td>
<td>- Less than one month - 1 month, less than 3 months - 3 months, less than 6 months - 6 months, less than 12 months, - 1 year, less than 5 years - 5 or more years</td>
</tr>
<tr>
<td>10a. Have you ever stopped working at a job or changed jobs because of back pain?</td>
<td>- Yes (Section N3) - No</td>
</tr>
<tr>
<td>b. Have you ever made a major change in your work activities because of back pain?</td>
<td>- Yes - No</td>
</tr>
</tbody>
</table>

Notes
### Section N3 — HAND DISCOMFORT

Now I will ask some questions about your hands and wrists.

1. Are you left handed, right handed or able to use both hands equally well?
   - 1 □ Left handed
   - 2 □ Right handed
   - 3 □ Able to use both hands equally well

2. Which hand do you use most at work?
   - 1 □ Left
   - 2 □ Right
   - 3 □ Use both hands equally

3. During the past 12 months, that is, since (12 month date) a year ago, have you had discomfort in your hands, wrists or fingers? Discomfort can mean pain, burning, stiffness, numbness or tingling.
   - 1 □ Yes
   - 2 □ No (Section N4, page 52)

4. Was this discomfort due entirely to an injury, such as a cut, sprain or broken bone?
   - 1 □ Yes (Section N4, page 52)
   - 2 □ No

5a. During the past 12 months, on about how many days altogether did you have discomfort in your hands, wrists or fingers?

   - 1 □ Less than 5 days (Section N4, page 52)
   - 2 □ 5 to 30 days
   - 3 □ 31 to 120 days
   - 4 □ More than 120 days

   - 1 □ Every day (6)

   - 2 □ Most days

   - 3 □ About half the days

   - 4 □ Fewer than half the days

   - 5 □ Less than 5 days

b. During the past 12 months, did you have the discomfort every day for a week or more?
   - 1 □ Yes
   - 2 □ No

CHECK ITEM 9

Refer to 5a and 5b: Mark first appropriate box

1 □ 20 or more in 5a
   - 2 □ "Yes" in 5b
   - 3 □ All others (Section N4, page 52)

6. In which hand did you have this discomfort?
   - 1 □ Left
   - 2 □ Right
   - 3 □ Both

7. Was your discomfort worse when you were trying to sleep or did it awaken you from sleep?
   - 1 □ Yes
   - 2 □ No

8. In the past 12 months, did your hands or fingers often feel clumsy, that is, did you often have difficulty picking up or holding things?
   - 1 □ Yes
   - 2 □ No

9a. Has your hand(s) bothered you today?
   - 1 □ Yes (9c)
   - 2 □ No

b. How many days, weeks or months ago did you last have this discomfort?
   - Number of Days ago
   - Number of Weeks ago
   - Number of Months ago

   □ Days
   □ Weeks
   □ Months

   □ Days ago
   □ Weeks ago
   □ Months ago

   □ More than 3 months ago

   □ More than 1 year ago

   □ Earlier year — Specify

   □ Counting (year in 10a), in how many different years has your hand(s) been bothering you?
   - Number of Years

10a. In what year did you first notice this hand discomfort?

   □ 1987
   □ 1988
   □ 1989
   □ 1990
   □ Earlier year — Specify

b. Counting (year in 10a), in how many different years has your hand(s) been bothering you?
   - Number of Years

11a. During the past 12 months, were you away from work for more than one week for any reason?
   - 1 □ Yes
   - 2 □ No (12)

b. When you were away from work for more than one week, did your hand discomfort increase, decrease, or stay the same?
   - 1 □ Increase
   - 2 □ Decrease
   - 3 □ Stay the same

12. During the past 12 months, did you miss at least a full day from work because of your hand discomfort?
   - 1 □ Yes
   - 2 □ No
### Section N3 — HAND DISCOMFORT — Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a. Have you EVER stopped working at a job or changed jobs because of your hand discomfort?</td>
<td>1 Yes (14) 2 No</td>
<td></td>
</tr>
<tr>
<td>b. Have you ever made a major change in your work activities because of your hand discomfort?</td>
<td>1 Yes 2 No</td>
<td></td>
</tr>
<tr>
<td>14a. How long has it been since you last saw or talked to a medical doctor, chiropractor, physical therapist or other medical person about your hand discomfort?</td>
<td>Never saw medical person (15) 1 Days 2 Weeks 3 Months 4 Years</td>
<td></td>
</tr>
<tr>
<td>b. What did the medical person call your hand discomfort?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Even if you have mentioned it before, please tell me if you have EVER had any of the following conditions —</td>
<td>Yes No DK</td>
<td></td>
</tr>
<tr>
<td>a. Arthritis of the hand, wrist or fingers?</td>
<td>1 Yes 2 No 3 DK</td>
<td>91</td>
</tr>
<tr>
<td>b. A broken bone in your hand, wrist, or fingers?</td>
<td>1 Yes 2 No 3 DK</td>
<td>92</td>
</tr>
<tr>
<td>c. A condition affecting the wrist and hand called carpal tunnel syndrome?</td>
<td>1 Yes 2 No 3 DK</td>
<td>93</td>
</tr>
</tbody>
</table>

Notes
**Section N4 — WORK INJURIES**

Now I will ask about on-the-job injuries in the past 12 months.

1. **DURING THE PAST 12 MONTHS, that is, since (12 month date) a year ago, have you had any on-the-job injuries?**
   - Yes [ ]
   - No [ ]

2. **How many times have you been injured on the job during the past 12 months?**
   - Number of times

3. **On what date did your (most recent) injury/injury before that happen?**
   - Enter each date in a separate column.

Complete questions 4–21 as appropriate for the first injury before completing them for the next, etc.

4. **At the time of your injury on (date in 3) were you working as a [ ]?**
   - Occupation
   - Employer

5a. **For whom did you work when the injury happened?**
   - Enter name of company, business, organization, or other employer.
   - Employer

5b. **What kind of business or industry is this?**
   - For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.
   - Industry

5c. **What kind of work did you do at that job?**
   - For example, electrical engineer, stock clerk, typist, farm.
   - Occupation

5d. **What were your most important activities or duties at that job?**
   - For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.
   - Duties

5e. **Were you —**
   - An employee of a PRIVATE company, business or individual for wages, salary, or commission? [ ]
   - A member of the ARMED FORCES? [ ]
   - A FEDERAL government employee? [ ]
   - A STATE government employee? [ ]
   - A LOCAL government employee? [ ]
   - Self-employed in OWN business, professional practice, or farm? [ ]
   - ASK: Is the business incorporated? [ ]
   - Working WITHOUT PAY in family business or farm? [ ]

6. **At the time of this injury, what part of your body was hurt?**
   - Part(s) of body

7. **Did you lose consciousness as a result of the injury?**
   - Yes [ ]
   - No [ ]

8. **What were you doing at the time of the injury?**

9. **How did the injury happen?**

Go to 10 for this injury.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.</strong> Was the activity you were doing at the time of the injury a NEW or unfamiliar job task?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.</strong> Was the activity you were doing at the time of the injury part of your usual job tasks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong> Did you see or talk to a medical doctor, nurse, chiropractor, physician's assistant, nurse practitioner or other medical person as a result of this injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong> Where did you FIRST see or talk to a medical person about this injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14a.</strong> Were you wearing eye protection equipment over your eyes at the time of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> What type of eye protection equipment were you wearing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15a.</strong> Did you miss more than half of the day from work on the day of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> OTHER THAN THE DAY OF THE INJURY, how many FULL days of scheduled work did you miss as a result of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c.</strong> (Not counting the number in 15b) Did you miss any (other) scheduled time from work other than the day of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d.</strong> (Again, not counting the number in 15b) How many days did you miss MORE THAN HALF THE DAY from work as a result of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16a.</strong> Were you temporarily transferred to another job because of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> Were you temporarily assigned lighter work or excused from certain duties at work other than the day of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17a.</strong> Did you report this injury to your employer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> Was a worker's compensation claim filed as a result of this injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18a.</strong> Did you change employers as a result of the injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> Was your salary lower, higher or the same after your change of employers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c.</strong> Were you as satisfied, less satisfied or more satisfied with your new employer as with your employer prior to the injury?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section N4 — WORK INJURIES — Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a. Did you change the kind of work you do as a result of the injury?</td>
<td>1 □ Yes 2 □ No (Check Item 11)</td>
<td>Refer to 18a and 19a.</td>
</tr>
<tr>
<td></td>
<td>Mark box or ask:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Was your salary lower, higher or the same after your job change?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 □ Lower 2 □ Higher 3 □ Same</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Were you as satisfied, less satisfied or more satisfied with your new job as with your job prior to the injury?</td>
<td>As satisfied 2 □ Less satisfied 3 □ More satisfied</td>
</tr>
<tr>
<td></td>
<td>1 □ As satisfied 2 □ Less satisfied 3 □ More satisfied</td>
<td></td>
</tr>
<tr>
<td>CHECK ITEM 11</td>
<td>1 □ &quot;Yes&quot; in 18a OR 19a (21) 2 □ All others (20)</td>
<td></td>
</tr>
<tr>
<td>20. Did you make a permanent change in your work activities because of this injury?</td>
<td>1 □ Yes 2 □ No</td>
<td></td>
</tr>
<tr>
<td>21. Did you permanently change your off-the-job activities because of this injury?</td>
<td>1 □ Yes 2 □ No</td>
<td></td>
</tr>
<tr>
<td>CHECK ITEM 12</td>
<td>Refer to question 2, section N4.</td>
<td>Additional injury (4 for next injury) 2 □ All others (Section N5)</td>
</tr>
</tbody>
</table>
### Section N5 – SKIN CONDITIONS

Now I will ask about skin conditions.

1. a. During the past 12 months, that is, since (12 month date) a year ago have you had dermatitis, eczema, or any other Red, inflamed skin rash?
   - Yes
   - No (Section N6, page 60)

1. b. During the past 12 months, about how many days altogether did you have a skin condition? Include days when you used treatment for the condition.
   - Every day
   - Days

2. What parts of your body were affected by this skin condition?
   - Mark all that apply
   - Hands
   - Arms
   - Head, face, or neck
   - Other body area — Specify

3. During the past 12 months, did you miss at least a full day from work because of your skin condition?
   - Yes
   - No

4. a. Did any skin condition you had in the past 12 months result from chemicals or other substances which got on your skin?
   - Yes
   - No

4. b. What chemicals or other substances were these?

5. a. Was this at your Job as a (occupation in Check Item 7) for employer in Check Item 7?
   - Yes
   - No

5. b. For whom did you work when you got these substances on your skin? Enter name of company, business, organization, or other employer.

5. c. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.

5. d. What kind of work did you do at that Job? For example, electrical engineer, stock clerk, typist, farmer.

5. e. What were your most Important activities or duties at that Job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.

5. f. Class of worker
   - An employee of a PRIVATE company, business or individual for wages, salary, or commission?
   - A member of the ARMED FORCES?
   - A FEDERAL government employee?
   - A STATE government employee?
   - A LOCAL government employee?
   - Self-employed in OWN business, professional practice, or farm?
   - Ask: Is the business incorporated?
   - Working WITHOUT PAY in family business or farm?

6. a. During the past 12 months, did you use any prescription medications or other treatments prescribed by a doctor for your skin condition?
   - Yes
   - No

6. b. Did you use any over-the-counter or non-prescription medications or treatments for your skin condition?
   - Yes
   - No
7a. How long has it been since you last saw or talked to a dermatologist or skin specialist about your skin condition?

- Never

b. How long has it been since you last saw or talked to any other type of medical person about your skin condition?

- Never

8a. During the past 12 months, have you stopped working at a job or changed jobs because of your skin condition?

- Yes (Check Item 13)

b. During the past 12 months, did you make a major change in your work activities because of your skin condition?

- Yes

CHECK ITEM 13

Refer to question 4d.

- "Yes" in 4d (9)

9. During the past 12 months, did you report your skin condition to your employer as a work-related illness or injury?

- Yes

10. During the past 12 months, was a worker’s compensation claim filed for your skin condition?

- Yes

Notes
### Section N6 — EYE, NOSE, THROAT IRRITATION

**CHECK ITEM 14**

Refer to HIS-1, C1.

These questions are about eye, nose and throat irritation.

**Hand calendar**

1a. During the past 2 weeks [outlined on that calendar/ beginning Monday (date) and ending Sunday (date)], have you had any episodes of itchy, irritated or watery eyes?

- Yes
- No

b. On how many days during the past 2 weeks did you have itchy, irritated or watery eyes?

- Days

1. Cold or flu
2. Hay fever
3. Other allergies
4. Something else — Specify

2a. Did you have these symptoms while you were at work?

- Yes
- No

b. When you were away from work, did these symptoms increase, decrease, or stay the same?

- Increase
- Decrease
- Stay the same

3. During the past 2 weeks when you had these symptoms, did you also have a fever?

- Yes
- No

4a. Do you wear contact lenses?

- Yes
- No

b. What type of contact lenses do you wear?

- Hard lenses (include polycon)
- Soft lenses, daily wear
- Soft lenses, extended wear
- Intracocular lenses
- Other — Specify

5a. During the past 2 weeks, have you had any episodes of stuffy, blocked, itchy, or runny nose?

- Yes
- No

b. On how many days during the past 2 weeks did you have stuffy, blocked, itchy or runny nose?

- Days

1. Cold or flu
2. Hay fever
3. Other allergies
4. Something else — Specify

6a. Did you have these symptoms while you were at work?

- Yes
- No

b. When you were away from work, did these symptoms increase, decrease, or stay the same?

- Increase
- Decrease
- Stay the same

7. During the past 2 weeks when you had these symptoms, did you also have a fever?

- Yes
- No

8a. During the past 2 weeks, have you had any episodes of sore or dry throat?

- Yes
- No (Section N7, page 62)

b. On how many days during the past 2 weeks did you have sore or dry throat?

- Days

1. Cold or flu (Section N7, page 62)
2. Hay fever
3. Other allergies
4. Something else — Specify
### Section N6 — EYE, NOSE, THROAT IRRITATION — Continued

**9a. Did you have these symptoms while you were at work?**
- [ ] Yes
- [x] No (10)

**b. When you were away from work, did these symptoms increase, decrease or stay the same?**
- [ ] Increase
- [ ] Decrease
- [ ] Stay the same

**10. During the past 2 weeks when you had these symptoms, did you also have a fever?**
- [ ] Yes
- [ ] No

**Notes**
# Section N7 — CONDITIONS

I am going to read a list of medical conditions. Tell me if you have had any of these conditions even if you have mentioned them before.

1. **DURING THE PAST 12 MONTHS**, that is, since (12 month date) a year ago, have you had —

   a. **REPEATED trouble with neck, back or spine?**

   1. [ ] Yes
   2. [ ] No

   1. [ ] Specify

   70

   b. A condition affecting the wrist and hand, called carpal tunnel syndrome?

   1. [ ] Yes
   2. [ ] No

   1. [ ] Specify

   71

   c. A condition affecting the fingers and/or toes, called Raynaud’s (Rd’s nôdes) phenomenon?

   1. [ ] Yes
   2. [ ] No

   72

   d. A condition affecting the tendons called tendonitis?

   1. [ ] Yes
   2. [ ] No

   73

2. **DURING THE PAST 12 MONTHS** have you had —

   a. Hepatitis?

   1. [ ] Yes
   2. [ ] No

   74

   f. Skin cancer?

   1. [ ] Yes
   2. [ ] No

   75

   g. Lung cancer?

   1. [ ] Yes
   2. [ ] No

   76

   h. Asthma?

   1. [ ] Yes
   2. [ ] No

   77

   i. Chronic bronchitis?

   1. [ ] Yes
   2. [ ] No

   78

   j. Emphysema?

   1. [ ] Yes
   2. [ ] No

   79

   k. Any dust disease of the lungs, such as silicosis, asbestosis, brown lung, or black lung disease?

   1. [ ] Yes
   2. [ ] No

   80

**CHECK ITEM 15**

Refer to questions 1 and 2.

1 [ ] "No" or "DK" in ALL of 1 and 2 (Section N8, page 66)

8 [ ] "Yes" in any part of 1 or 2 (Fill a column for each condition)

**Notes**
### Section N7 — CONDITIONS — Continued

<table>
<thead>
<tr>
<th>Condition 1</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Condition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>Were you ever told by a doctor or other medical person that your <strong>condition</strong> was related to any job you ever had?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>Was a worker's compensation claim ever filed for your <strong>condition</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes (6)</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.</th>
<th>Did you ever report to your employer or to other company personnel that your <strong>condition</strong> was related to your job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.</th>
<th>Did you ever tell a doctor or other medical person that your <strong>condition</strong> was related to any job you ever had?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

**CHECK ITEM 16**  
Refer to Check Item 7, page 45.  

<table>
<thead>
<tr>
<th>7a.</th>
<th>During the past 12 months, were you told by your doctor or employer to stay home from work temporarily because of your <strong>condition</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7b.</th>
<th>During the past 12 months, did your employer transfer you to another job, either temporarily or permanently, because of your <strong>condition</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes (Check Item 17)</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7c.</th>
<th>During the past 12 months, did your employer give you lighter work or excuse you from certain duties at work because of your <strong>condition</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.</th>
<th>Did you EVER stop working at a job or change jobs because of your <strong>condition</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

**CHECK ITEM 17**  
Refer to 3, 4, 5, 6:  

<table>
<thead>
<tr>
<th>9a.</th>
<th>What kind of work did you do that was related to your <strong>condition</strong>? For example, electrical engineer, stock clerk, typist, farmer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9b.</th>
<th>What were your most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9c.</th>
<th>In what kind of business or industry did you work the longest as a <strong>(entry in 9a)</strong>? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry</td>
<td></td>
</tr>
</tbody>
</table>

| 9d. | In the industry where you worked the longest as a **(entry in 9a)** were you —  
An employee of a PRIVATE company, business or individual for wages, salary, or commission?  
A member of the ARMED FORCES?  
A FEDERAL government employee?  
A STATE government employee?  
A LOCAL government employee?  
Self-employed in OWN business, professional practice, or farm?  
Ask: Is the business incorporated?  
Yes  
No  
Working WITHOUT PAY in family business or farm? |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of worker</td>
<td></td>
</tr>
</tbody>
</table>

| ☐ | P |
| ☐ | AF |
| ☐ | F |
| ☐ | S |
| ☐ | L |

| ☐ | (NC) |
| ☐ | I |
| ☐ | SE |
| ☐ | WP |

**Notes**
**Section N8 — CIGARETTE SMOKING**

These questions are about smoking cigarettes.

1. Have you smoked at least 100 cigarettes in your entire life?  
   - Yes  
   - No (6)  

2. About how old were you when you first started smoking cigarettes fairly regularly?  
   - Never smoked regularly  
   - Years  

3. Do you smoke cigarettes now?  
   - Yes (5)  
   - No  

Mark box or ask:  

4. About how long has it been since you last smoked cigarettes fairly regularly?  
   - Never smoked regularly (6)  
   - Days  
   - Weeks  
   - Months  
   - Years  

5. On the average, about how many cigarettes a day (do/did) you smoke?  
   - Less than one cigarette per day  
   - Cigarettes per day  

6a. Do you live with anyone who smokes cigarettes?  
   - Yes  
   - No (Check Item 18)  

b. Do they regularly smoke in the home?  
   - Yes  
   - No  

**CHECK ITEM 18**  
Refer to Check Item 5B on page 44.  
   - Entry in Check Item 5B (7)  
   - All others (Occupational Health Addendum)  

7a. Is smoking allowed in your place of work other than in designated areas?  
   - Yes  
   - No (Occupational Health Addendum)  

b. Do you find that cigarette smoke in the work place causes you no discomfort, some discomfort, moderate discomfort, or great discomfort?  
   - No discomfort  
   - Some discomfort  
   - Moderate discomfort  
   - Great discomfort  

**Section N — OCCUPATIONAL HEALTH ADDENDUM**

If Yes in question 17b, page 54/55, ask:

1. Was the worker's compensation claim for your injury on (date in 3, page 52/53) awarded, denied, or is it still in process?  
   - Awarded  
   - Denied  
   - In process  
   - DK  

2. Was the worker's compensation claim for your skin condition awarded, denied, or is it still in process?  
   - Awarded  
   - Denied  
   - In process  
   - DK  

3. Was the worker's compensation claim for your (condition) awarded, denied, or is it still in process?  
   - Awarded  
   - Denied  
   - In process  
   - DK  

Notes
CARD N1

1 Stopped working because of own illness, injury, disability or health problem that was JOB-RELATED
2 Stopped working because of own illness, injury, disability or other health problem that was NOT JOB-RELATED
3 Retired
4 Child/family care
5 On layoff from a job
8 Some other reason (Specify)

CARD N2

0 Less than one month
1 1 month, less than 3 months
2 3 months, less than 6 months
3 6 months, less than 12 months
4 1 year, less than 5 years
5 5 or more years

CARD N3

TO GET MEDICAL ATTENTION OR TREATMENT OTHER THAN FIRST AID FOR MINOR INJURIES OR TO BE UNABLE TO DO SOME WORK ACTIVITIES OR TO LOSE CONSCIOUSNESS OR TO TRANSFER TO ANOTHER JOB

CARD O1

01 Don't socialize very much
02 Don't care for it or dislike it
03 Am an alcoholic
04 Thought I might become an alcoholic
05 Had problems with my drinking
06 Have a responsibility to my family
07 Family member an alcoholic or problem drinker
08 Medical or health reasons
09 Religious or moral reasons
10 Brought up not to drink
11 Makes me sick
12 Can't control my drinking
13 Costs too much or can't afford it
14 Dieting or too fattening
88 Other