

Well Being 132

IF PREV WAVE R EVER INTERVIEWED <> (REIWR) Reinterview r THEN

| **M502_ ImpairLmtWrk** M502 HEALTH PROB

| We would like to know 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) Yes

| 5 (NO) No

| 6 (TOOOLDTOWORK) I am now too old to work

| IF M502 HEALTH PROB <> (NO) No AND M502 HEALTH PROB <> NONRESPONSE AND M502 HEALTH PROB <>

| (TOOOLDTOWORK) I am now too old to work THEN

|| **M503_ HEALTH PROB AFFECT- CAUSE PROBLEM**

|| What health condition causes this impairment or problem? If more than one condition, what condition is the main cause of this impairment or problem?

|| Open

|| **M504_ M504 TEMPORARY CONDITION**

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

|| 1 (YESTEMPORARY) Yes, temporary

|| 5 (NONOTTEMPORARY) No, not temporary

|| IF M504 TEMPORARY CONDITION = (YESTEMPORARY) Yes, temporary THEN

|| **M505_ M505 HAD CONDITION BEFORE**

|| Have you had this condition before?

|| 1 (YES) Yes

|| 5 (NO) No

|| ENDIF

| ELSE

|| **M506_ M506 LIMIT HOUSEWRK**

|| Does any impairment or health problem limit the kind or amount of work you can do around the house?

|| 1 (YES) Yes

|| 5 (NO) No

|| 6 (TOOOLDTOWORK) I am too old to do this kind of work

|| IF M506 LIMIT HOUSEWRK <> (YES) Yes AND M506 LIMIT HOUSEWRK <> (TOOOLDTOWORK) I am too old

|| to do this kind of work THEN

|| **M507_ M507 LIMIT IN ANY WAY**

|| Are you limited in any way in activities because of an impairment or problem?

|| 1 (YES) Yes

|| 5 (NO) No

|| ENDIF

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|ENDIF
|
|IF BRANCHPOINT FOR M711Y <> 1 or M506 LIMIT HOUSEWRK = (YES) Yes THEN
||
||IF BRANCHPOINT FOR M710Y <> 1 AND BRANCHPOINT FOR M711Y <> 2 THEN
|||
|||IF M502 HEALTH PROB <> (YES) Yes THEN
||||
||||M508_ HEALTH CONDITION CAUSE- LIMIT HOUSEWRK
||||What health condition causes this impairment or problem? If more than one condition, what
||||condition is the main cause of this impairment or problem?
||||Open
||||
|||[The following questions are displayed as a table]
|||
||||M509_YrImpairBeg M509 IMPAIRMENT BEGIN-YR
||||In what year did the impairment or health problem you just entered first begin to bother you?
||||Range: 1900..9997
|||
||||M509_YrImpairBegx M509 IMPAIRMENT BEGIN-YR 9996 & 9997
|||
|||9996 Condition present at birth
|||9997 I would like to specify age instead
|||
|||[End of table display]
|||ENDIF
|||
|||IF M509 IMPAIRMENT BEGIN-YR = 9997 THEN
||||
||||M511_ M511 IMPAIRMENT BEGIN-AGE
||||At what age did the impairment or health problem you just entered first begin to bother
||||you?
||||Range: 0..96
|||
|||ELSEIF M509 IMPAIRMENT BEGIN-YR < 9996 AND M509 IMPAIRMENT BEGIN-YR <> nonresponse
AND
|||M509 IMPAIRMENT BEGIN-YR >= TWO YEARS AGO THEN
|||
||||M510_ M510 IMPAIRMENT BEGIN-MO
||||In what month was that?
||||1 (JAN) January
||||2 (FEB) February
||||3 (MAR) March
||||4 (APR) April
||||5 (MAY) May
||||6 (JUN) June
||||7 (JUL) July
||||8 (AUG) August
||||9 (SEP) September
||||10 (OCT) October
||||11 (NOV) November
||||12 (DEC) December
|||
|||ENDIF

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|||
||| [The following questions are displayed as a table]
|||
||| M512_YrImpairIntrfere M512 INTERFERE-YR
||| In what year did it begin to interfere with the work you can do around the house/your
||| activities?
||| Range: 1900..9997
|||
||| M512_YrImpairIntrferex M512 INTERFERE-YR 9996 & 9997
|||
||| 9996 Condition present at birth
||| 9997 I would like to specify age instead
|||
||| [End of table display]
||| ENDIF
|||
||| IF M512 INTERFERE-YR = 9997 THEN
|||
||| M514_ M514 INTERFERE HOUSEWRK-BEGIN AGE
||| At what age did it begin to interfere with the work you can do around the house/your
||| activities?
||| Range: 0..96
|||
||| ELSEIF M512 INTERFERE-YR < 9996 AND M512 INTERFERE-YR <> nonresponse AND M512
||| INTERFERE-YR >= TWO YEARS AGO THEN
|||
||| M513_ M513 INTERFERE HOUSEWRK- BEGIN MO
||| What month was that?
||| 1 (JAN) January
||| 2 (FEB) February
||| 3 (MAR) March
||| 4 (APR) April
||| 5 (MAY) May
||| 6 (JUN) June
||| 7 (JUL) July
||| 8 (AUG) August
||| 9 (SEP) September
||| 10 (OCT) October
||| 11 (NOV) November
||| 12 (DEC) December
|||
||| ENDIF
|||
||| ENDIF
|||
||| IF BRANCHPOINT FOR M712Y <> 1 and BRANCHPOINT FOR M712Y <> 2 THEN
|||
||| IF BRANCHPOINT FOR M712Y <> 3 THEN
|||
||| IF BRANCHPOINT FOR M712Y <> 4 THEN
|||
||| M515_ M515 IMPAIRMENT BEGAN AFFECT ACTIVITY
||| Did this impairment or health problem begin to affect your activities before you started
||| working regularly, after you started working regularly or what?

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||||| 1 (BEFORESTARTEDWORK) Before started work
||||| 2 (AFTERSTARTEDWORK) After started work
||||| 3 (AFTERSTOPPEDWORK) After stopped work
||||| 4 (NEVERWORKEDREGULARLY) Never worked regularly
|||||
|||||
||||| IF BRANCHPOINT FOR M686Y <> 1 and BRANCHPOINT FOR M686Y <> 2 and BRANCHPOINT
FOR
||||| M686Y <> 3 THEN
|||||
||||| M516_ M516 ABLE TO WRK FULL/PART TIME
||||| Are you able to work full-time or can you work only part-time?
||||| 1 (FULLTIME) Full time
||||| 2 (PARTTIME) Part time
|||||
||||| M517_ M517 WORK REGULARLY/OCCASIONALLY
||||| Are you able to work regularly or can you only work occasionally?
||||| 1 (REGULARLY) Regularly
||||| 2 (OCCASIONALLY) Occasionally
|||||
||||| [The following questions are displayed as a table]
|||||
||||| M518_ M518 IMPAIRMENT 1ST BOTHER-YR
||||| When did the impairment or health problem you just entered first begin to bother you?
||||| Range: 1900..9996
|||||
||||| M518_x M518 IMPAIRMENT 1ST BOTHER-YR 9996
|||||
||||| 9996 Condition present at birth
|||||
||||| [End of table display]
|||||
||||| IF M518 IMPAIRMENT 1ST BOTHER-YR = EMPTY THEN
|||||
||||| M519_ M519 HEALTH PROBLEM 1ST BOTHER YRS AGO
||||| When did the impairment or health problem you just entered first begin to bother
||||| you? Years ago:
||||| Range: 0..96
|||||
||||| IF M519 HEALTH PROBLEM 1ST BOTHER YRS AGO = EMPTY THEN
|||||
||||| M520_ M520 HEALTH PROBLEM FIRST BOTHER- AGE
||||| When did the impairment or health problem you just entered first begin to bother
||||| you? At age:
||||| Range: 0..96
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF M518 IMPAIRMENT 1ST BOTHER-YR <> 9996 THEN
|||||
||||| M521_ M521 EXPECT GET WORSE
||||| Do you expect this condition to get worse within the next few years?

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||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| M522_ M522 HEALTH PROB RESULT OF ACCIDENT
||||||| Was the impairment or health problem you just mentioned the result of an accident or
||||||| injury?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| IF M522 HEALTH PROB RESULT OF ACCIDENT = (YES) Yes THEN
|||||||
||||||| M523_ M523 ACCIDENT WHERE
||||||| Did the accident or injury occur at work, at home, or somewhere else?
||||||| 1 (WORK) Work
||||||| 2 (HOME) Home
||||||| 3 (SOMEWHEREELSE) Somewhere else
|||||||
||||||| IF M523 ACCIDENT WHERE <> (HOME) Home THEN
|||||||
||||||| M524_ M524 AUTO ACCIDENT
||||||| Was it the result of an automobile accident?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| IF BRANCHPOINT FOR M687Y = 1 THEN
|||||||
||||||| ELSE
|||||||
||||||| M525_ M525 EMPLOYER HELP TO CONT WRK
||||||| Does your employer do anything special to help you out so that you can continue
||||||| working?
||||||| 1 (YES) Yes
||||||| 4 (NOHELPNEEDED) No help needed
||||||| 5 (NO) No
||||||| 6 (RSLFEMPD) Self-employed
|||||||
||||||| IF M525 EMPLOYER HELP TO CONT WRK = (YES) Yes or M525 EMPLOYER HELP TO CONT
WRK
||||||| = NONRESPONSE or M525 EMPLOYER HELP TO CONT WRK = empty THEN
|||||||
||||||| pbM525_EMPLOYER_ACCOM
|||||||
||||||| Module: BW_EMPLOYER_ACCOM
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
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|||||ENDIF
|||||
|||||ENDIF
|||||
|||||IF BRANCHPOINT FOR M686Y <> 1 and BRANCHPOINT FOR M686Y <> 2 and BRANCHPOINT FOR
|||||M686Y <> 3 AND BRANCHPOINT FOR M688Y <> 1 and WORK FOR SOMEONE ELSE/SLF-
EMPLOYED <>
|||||(SLFEMPD) Self-employed and ( M029 ANY OTHR THINGS = empty or M029 ANY OTHR THINGS =
|||||(YES) Yes ) THEN
|||||
|||||IF M525 EMPLOYER HELP TO CONT WRK = (YES) Yes or M525 EMPLOYER HELP TO CONT WRK
=
|||||NONRESPONSE or M525 EMPLOYER HELP TO CONT WRK = empty THEN
|||||
|||||IF BRANCHPOINT FOR M689Y <> 1 THEN
|||||
|||||M526_ M526 WHEN IMPAIRMENT AFFECT ACTIVITY
|||||Did this impairment or health problem begin to affect your activities before you
|||||started working regularly, after you started working regularly or what?
|||||1 (BEFORESTARTEDWORK) Before started work
|||||2 (AFTERSTARTEDWORK) After started work
|||||3 (AFTERSTOPPEDWORK) After stopped work
|||||4 (NEVERWORKEDREGULARLY) Never worked regularly
|||||
|||||
|||||IF BRANCHPOINT FOR M690Y <> 1 and BRANCHPOINT FOR M690Y <> 2 and BRANCHPOINT
FOR
|||||M690Y <> 3 THEN
|||||
|||||M527_ M527 STOP R FROM WRKG
|||||Does it keep you from working altogether?
|||||1 (YES) Yes
|||||5 (NO) No
|||||
|||||
|||||ENDIF
|||||
|||||IF M527 STOP R FROM WRKG = EMPTY AND !( BRANCHPOINT FOR M690Y IN [1, 3]) THEN
|||||
|||||M528_ M528 KEEP FROM WRKG
|||||Does this limitation keep you from working altogether?
|||||1 (YES) Yes
|||||5 (NO) No
|||||
|||||
|||||IF M528 KEEP FROM WRKG <> (YES) Yes THEN
|||||
|||||M529_ M529 WRK FULL/PART TIME
|||||Are you able to work full-time or can you work only part-time?
|||||1 (FULLTIME) Full time
|||||2 (PARTTIME) Part time
|||||
|||||
|||||M530_ M530 ABLE TO WRK REGULARLY/OCCASIONALLY
|||||Are you able to work regularly or can you only work occasionally?
|||||1 (REGULARLY) Regularly

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||||||| 2 (OCCASIONALLY) Occasionally
|||||||
||||||| ENDIF
|||||||
||||||| [The following questions are displayed as a table]
|||||||
||||||| M531_ M531 IMPAIRMENT 1ST BOTHER-YR
||||||| When did the impairment or health problem you just entered first begin to bother
||||||| you?
||||||| Range: 1900..9996
|||||||
||||||| M531_x M531 IMPAIRMENT 1ST BOTHER-YR 9996
|||||||
||||||| 9996 Condition present at birth
|||||||
||||||| [End of table display]
|||||||
||||||| IF M531 IMPAIRMENT 1ST BOTHER-YR = EMPTY THEN
|||||||
||||||| M532_ M532 IMPAIRMENT 1ST BOTHER- YRS AGO
||||||| When did the impairment or health problem you just entered first begin to bother
||||||| you? Years ago:
||||||| Range: 0..96
|||||||
||||||| IF M532 IMPAIRMENT 1ST BOTHER- YRS AGO = EMPTY THEN
|||||||
||||||| M533_ M533 IMPAIRMENT 1ST BOTHER- AGE
||||||| When did the impairment or health problem you just entered first begin to
||||||| bother you? At age:
||||||| Range: 0..96
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| IF M531 IMPAIRMENT 1ST BOTHER-YR <> 9996 THEN
|||||||
||||||| M534_ M534 EXPECT GET WORSE
||||||| Do you expect this condition to get worse within the next few years?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| M535_ M535 RESULT OF ACCIDENT
||||||| Was the impairment or health problem you just entered the result of an accident
||||||| or injury?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| IF M535 RESULT OF ACCIDENT <> (NO) No AND M535 RESULT OF ACCIDENT <>
||||||| NONRESPONSE THEN
|||||||
||||||| M536_ M536 ACCIDENT WHERE
||||||| Did the accident or injury occur at work, at home, or somewhere else?
||||||| 1 (WORK) Work

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||||| 2 (HOME) Home
||||| 3 (SOMEWHEREELSE) Somewhere else
|||||
||||| IF M536 ACCIDENT WHERE <> (HOME) Home THEN
|||||
||||| M537_ M537 AUTO ACCIDENT
||||| Was it the result of an automobile accident?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF SELF/OTHER EMPLOYED = (SLFEMPD) Self-employed THEN
|||||
||||| ELSE
|||||
||||| M538_ M538 EMPLOYER HELP OUT
||||| Did your employer do anything special to help you out so that you could stay at
||||| work?
||||| 1 (YES) Yes
||||| 4 (NOHELPNEEDED) No help needed
||||| 5 (NO) No
||||| 6 (RSLFEMPD) Self-employed
|||||
||||| IF M538 EMPLOYER HELP OUT = (YES) Yes or M538 EMPLOYER HELP OUT =
||||| Nonresponse THEN
|||||
||||| pbM538_EMPLOYER_ACCOM
|||||
||||| Module: BW_EMPLOYER_ACCOM
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF ( BRANCHPOINT FOR M712Y <> 1 and BRANCHPOINT FOR M712Y <> 2 and BRANCHPOINT FOR
||||| M712Y <> 3 ) AND ( BRANCHPOINT FOR M686Y <> 1 and BRANCHPOINT FOR M686Y <> 2 and
||||| BRANCHPOINT FOR M686Y <> 3) AND BRANCHPOINT FOR M688Y <> 1 AND BRANCHPOINT FOR

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M689Y <> 1

||| AND (BRANCHPOINT FOR M690Y <> 1 and BRANCHPOINT FOR M690Y <> 2 and BRANCHPOINT FOR M690Y

||| <> 3) AND BRANCHPOINT FOR M691Y <> 1 AND BRANCHPOINT FOR M692Y <> 1 THEN

|||

||| IF BRANCHPOINT FOR M713Y <> 1 THEN

|||

||| **M539_ M539 STILL DO SAME WRK**

||| Are you now able to do the same kind of work you did before your health limitation began?

||| 1 (YES) Yes

||| 5 (NO) No

|||

||| **M540_ M540 ABLE TO WRK FULL/PART TIME**

||| Are you now able to work full time or can you work only part time?

||| 1 (FULLTIME) Full time

||| 2 (PARTTIME) Part time

|||

||| **M541_ M541 WORK REGULARLY OR OCCASIONALLY**

||| Are you now able to work regularly or can you only work occasionally or irregularly?

||| 1 (REGULARLY) Regularly

||| 2 (OCCASIONALLYORIRREGULARLY) Occasionally or irregularly

|||

||| **M542_ M542 1ST BEGIN-YR**

||| In what year did the impairment or health problem you just entered first begin to bother you?

||| Range: 1900..2010

|||

||| IF M542 1ST BEGIN-YR <> nonresponse and M542 1ST BEGIN-YR >= TWO YEARS AGO THEN

|||

||| **M543_ M543 1ST BEGIN- MO**

||| What month was that?

||| 1 (JAN) January

||| 2 (FEB) February

||| 3 (MAR) March

||| 4 (APR) April

||| 5 (MAY) May

||| 6 (JUN) June

||| 7 (JUL) July

||| 8 (AUG) August

||| 9 (SEP) September

||| 10 (OCT) October

||| 11 (NOV) November

||| 12 (DEC) December

|||

||| ENDIF

|||

||| **M544_ M544 INTERFERE-YR**

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

||| Range: 1900..2010

|||

||| IF M544 INTERFERE-YR <> nonresponse and M544 INTERFERE-YR >= TWO YEARS AGO THEN

|||

||| **M545_ M545 INTERFERE WITH ABILITY TO WORK - MO**

||| What month was that?

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||||| 1 (JAN) January
||||| 2 (FEB) February
||||| 3 (MAR) March
||||| 4 (APR) April
||||| 5 (MAY) May
||||| 6 (JUN) June
||||| 7 (JUL) July
||||| 8 (AUG) August
||||| 9 (SEP) September
||||| 10 (OCT) October
||||| 11 (NOV) November
||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||| IF ( BRANCHPOINT FOR M712Y <> 1 and BRANCHPOINT FOR M712Y <> 2 and BRANCHPOINT FOR
||| M712Y <> 3 ) AND ( BRANCHPOINT FOR M686Y <> 1 and BRANCHPOINT FOR M686Y <> 2 and
||| BRANCHPOINT FOR M686Y <> 3) AND BRANCHPOINT FOR M688Y <> 1 AND BRANCHPOINT FOR
M689Y <> 1
||| AND ( BRANCHPOINT FOR M690Y <> 1 and BRANCHPOINT FOR M690Y <> 2 and BRANCHPOINT
FOR M690Y
||| <> 3) AND BRANCHPOINT FOR M692Y <> 1 AND BRANCHPOINT FOR M713Y <> 1 THEN
|||||
||||| IF M544 INTERFERE-YR = EMPTY THEN
|||||
||||| M546_ M546 1ST BEGIN-YR
||||| In what year did the impairment or health problem you just entered first begin to bother
||||| you?
||||| Range: 1900..2010
|||||
||||| IF M546 1ST BEGIN-YR <> nonresponse and M546 1ST BEGIN-YR >= TWO YEARS AGO THEN
|||||
||||| M547_ M547 1ST BEGIN- MO
||||| What month was that?
||||| 1 (JAN) January
||||| 2 (FEB) February
||||| 3 (MAR) March
||||| 4 (APR) April
||||| 5 (MAY) May
||||| 6 (JUN) June
||||| 7 (JUL) July
||||| 8 (AUG) August
||||| 9 (SEP) September
||||| 10 (OCT) October
||||| 11 (NOV) November
||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| M548_ M548 INTERFERE-YR

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||||| In what year did it begin to interfere with your work?
||||| Range: 1900..2010
|||||
||||| IF M548 INTERFERE-YR <> nonresponse and M548 INTERFERE-YR >= TWO YEARS AGO THEN
|||||
||||| M549_ M549 INTERFERE- MO
||||| What month was that?
||||| 1 (JAN) January
||||| 2 (FEB) February
||||| 3 (MAR) March
||||| 4 (APR) April
||||| 5 (MAY) May
||||| 6 (JUN) June
||||| 7 (JUL) July
||||| 8 (AUG) August
||||| 9 (SEP) September
||||| 10 (OCT) October
||||| 11 (NOV) November
||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| M550_ M550 PREVENT WRK-YR
||||| In what year did it begin to prevent you from working altogether?
||||| Range: 1900..2010
|||||
||||| IF M550 PREVENT WRK-YR <> nonresponse and M550 PREVENT WRK-YR >= TWO YEARS AGO
THEN
|||||
||||| M551_ M551 PREVENT WORK-MO
||||| What month was that?
||||| 1 (JAN) January
||||| 2 (FEB) February
||||| 3 (MAR) March
||||| 4 (APR) April
||||| 5 (MAY) May
||||| 6 (JUN) June
||||| 7 (JUL) July
||||| 8 (AUG) August
||||| 9 (SEP) September
||||| 10 (OCT) October
||||| 11 (NOV) November
||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| M552_ M552 EXPECT IMPROVE
||||| 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) Yes
||||| 5 (NO) No
|||||

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|||| IF M552 EXPECT IMPROVE <> (YES) Yes THEN
||||
|||| M553_ M553 EXPECT GET WORSE
|||| Do you expect this condition to get worse within the next few years?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| ENDIF
||||
|||| M554_ M554 RESULT OF ACCIDENT
|||| Was the impairment or health problem you just entered the result of an accident or injury?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| IF M554 RESULT OF ACCIDENT <> (NO) No and M554 RESULT OF ACCIDENT <> Nonresponse THEN
||||
|||| M555_ M555 ACCIDENT WHERE
|||| Did the accident or injury occur at work, at home, or somewhere else?
|||| 1 (WORK) Work
|||| 2 (HOME) Home
|||| 3 (SOMEWHEREELSE) Somewhere else
||||
|||| IF M555 ACCIDENT WHERE <> (HOME) Home THEN
||||
|||| M556_ M556 AUTO ACCIDENT
|||| Was it the result of an automobile accident?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| M557_ M557 CAUSED BY WRK
|||| Was this impairment or health problem in any way caused by the nature of your work?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| IF BRANCHPOINT FOR M711Y <> 1 AND ( BRANCHPOINT FOR M712Y <> 1 and BRANCHPOINT FOR
|||| M712Y <> 2 and BRANCHPOINT FOR M712Y <> 3 ) AND ( BRANCHPOINT FOR M686Y <> 1 and
|||| BRANCHPOINT FOR M686Y <> 2 and BRANCHPOINT FOR M686Y <> 3) AND BRANCHPOINT FOR
|||| M688Y <> 1 AND
|||| BRANCHPOINT FOR M689Y <> 1 AND ( BRANCHPOINT FOR M690Y <> 1 and BRANCHPOINT FOR
|||| M690Y <> 2
|||| and BRANCHPOINT FOR M690Y <> 3) AND BRANCHPOINT FOR M692Y <> 1 AND BRANCHPOINT
|||| FOR M713Y <> 1
|||| THEN
||||
|||| IF BRANCHPOINT FOR M693Y <> 1 and BRANCHPOINT FOR M693Y <> 2 THEN
||||

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|||| M558_ M558 OTR IMPAIRMENT EVER LIMIT WRK
|||| Did any other impairment or health problem ever limit the kind or amount of paid work that
|||| you could do?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
||||
|||| IF BRANCHPOINT FOR M694Y <> 1 THEN
||||
|||| M559_ HEALTH CONDITION- CAUSE OTH PROB
|||| What health condition caused this impairment or problem? If more than one condition,
|||| what condition is the main cause of this impairment or problem?
|||| Open
||||
|||| M560_ M560 PROBLEM PREVENT R FROM WRKG
|||| Did it ever prevent you from working altogether?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| M561_ M561 1ST BEGIN-YR
|||| When did the impairment or health problem you just entered first begin to bother you?
|||| Year:
|||| Range: 1900..9996
||||
|||| IF M561 1ST BEGIN-YR = empty THEN
||||
|||| M562_ M562 OTH HLTH PROB 1ST BOTHER-YRS AGO
|||| When did the impairment or health problem you just entered first begin to bother you?
|||| Years ago:
|||| Range: 0..96
||||
|||| IF M562 OTH HLTH PROB 1ST BOTHER-YRS AGO = EMPTY THEN
||||
|||| M563_ M563 OTH HEALTH PROB FIRST BOTHER-AGE
|||| (When did the impairment or health problem you just mentioned first begin to bother
|||| you?) At age:
|||| Range: 0..96
||||
|||| ENDIF
||||
|||| ENDIF
||||
|||| [The following questions are displayed as a table]
||||
|||| M564_ M564 AMOUNT OF TIME LIMITATION LASTED
|||| How long did this limitation on your work last?
|||| Range: 1..92
||||
|||| M565_ M565 OTHER HEALTH PROB- HOW LONG- PER
|||| How long did this limitation last?
|||| 1 (WEEKS) Weeks
|||| 2 (MONTHS) Months
|||| 3 (YEARS) Years
||||

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||||| [End of table display]
||||| M566_ M566 RESULT OF ACCIDENT
||||| Was the impairment or health problem you just entered the result of an accident or injury?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M566 RESULT OF ACCIDENT <> (NO) No and M566 RESULT OF ACCIDENT <> Nonresponse
THEN
|||||
||||| M567_ M567 ACCIDENT WHERE
||||| Did the accident or injury occur at work, at home, or somewhere else?
||||| 1 (WORK) Work
||||| 2 (HOME) Home
||||| 3 (SOMEWHEREELSE) Somewhere else
|||||
||||| IF M567 ACCIDENT WHERE <> (HOME) Home THEN
|||||
||||| M568_ M568 AUTO ACCIDENT
||||| Was it the result of an automobile accident?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| M569_ M569 CAUSED BY WRK
||||| Was this impairment or health problem in any way caused by the nature of your work?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| M570_ M570 EVER APPLY FOR DISABILITY BENEFITS
||||| Did you ever apply for disability benefits from any program?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
|||||
||||| IF BRANCHPOINT FOR M695Y <> 1 THEN
|||||
||||| M571_ M571 REC DISABILITY
||||| Did you receive disability benefits?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
|||||
||||| IF BRANCHPOINT FOR M696Y <> 1 THEN
|||||
||||| M572_ WHICH DISABILITY PROGRAMS
||||| From what program did you receive disability benefits?
||||| String
|||||
||||| M573_ M573 REC BENEFIT START YR
||||| Over what period of time did you receive those benefits? Please type the year the
||||| benefits began below:

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```

||||| Range: 1900..2010
|||||
||||| IF M573 REC BENEFIT START YR <> nonresponse and M573 REC BENEFIT START YR >= TWO
YEARS
||||| AGO THEN
|||||
||||| M574_ M574 REC BENEFIT START MO
||||| Which month of that year did your benefits begin? From month:
||||| 1 (JAN) January
||||| 2 (FEB) February
||||| 3 (MAR) March
||||| 4 (APR) April
||||| 5 (MAY) May
||||| 6 (JUN) June
||||| 7 (JUL) July
||||| 8 (AUG) August
||||| 9 (SEP) September
||||| 10 (OCT) October
||||| 11 (NOV) November
||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| M575_ M575 REC BENEFIT END YR
||||| We are wondered over what period of time did you receive those benefits. What year
||||| did the benefits end? Year:
||||| Range: 1900..2010
|||||
||||| IF M575 REC BENEFIT END YR <> nonresponse and M575 REC BENEFIT END YR >= TWO YEARS
AGO
||||| THEN
|||||
||||| M576_ M576 REC BENEFIT END MO
||||| Which month of that year did benefits end? Month the benefits ended was:
||||| 1 (JAN) January
||||| 2 (FEB) February
||||| 3 (MAR) March
||||| 4 (APR) April
||||| 5 (MAY) May
||||| 6 (JUN) June
||||| 7 (JUL) July
||||| 8 (AUG) August
||||| 9 (SEP) September
||||| 10 (OCT) October
||||| 11 (NOV) November
||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF

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|||
||| ENDIF
|||
||| IF BRANCHPOINT FOR M693Y <> 1 AND BRANCHPOINT FOR M694Y <> 1 AND BRANCHPOINT
FOR M695Y
||| <> 1 AND BRANCHPOINT FOR M696Y <> 1 THEN
|||
||| IF BRANCHPOINT FOR M697Y <> 1 THEN
|||
||| | M577_ M577 EMPLOYED AT TIME
||| | Were you employed at the time your health began to limit your ability to work?
||| | 1 (YES) Yes
||| | 5 (NO) No
||| |
||| | IF M577 EMPLOYED AT TIME <> (NO) No and M577 EMPLOYED AT TIME <> nonresponse THEN
||| |
||| | | M578_ M578 DETAILS OF JOB
||| | | Did you tell us about the details of that job earlier?
||| | | 1 (YES) Yes
||| | | 5 (NO) No
||| | |
||| | | IF M578 DETAILS OF JOB <> (NO) No and M578 DETAILS OF JOB <> nonresponse THEN
||| | |
||| | | | M579_ M579 COMPANY/ORG
||| | | | Which company or organization was that?
||| | | | 1 (CURREMPNAME1) My current employer
||| | | | 3 (MOSTRECEMPNAME) [COMPANY NAME ]
||| | | | 4 (LASTEMPNAME) My last employer
||| | | | 6 (SLFEMPLOYMENT) Self-employment
||| | | | 7 (OTH_Specify) Other (you will be able to specify)
||| | | |
||| | | | IF M579 COMPANY/ORG = (OTH_Specify) Other (you will be able to specify) THEN
||| | | |
||| | | | | M580S COMPANY/ORG- Specify
||| | | | | (Which company or organization was that?) Other (specify)
||| | | | | String
||| | | | |
||| | | | | ENDIF
||| | | | |
||| | | | | ENDIF
||| | | | |
||| | | | | ENDIF
||| | | | |
||| | | | IF M578 DETAILS OF JOB <> (NO) No and M578 DETAILS OF JOB <> nonresponse AND M579
COMPANY/ORG <> (OTH_Specify) Other (you will be able to specify) AND M579 COMPANY/ORG
||| | | | <> NONRESPONSE THEN
||| | | |
||| | | | IF M577 EMPLOYED AT TIME = Nonresponse or M577 EMPLOYED AT TIME = (NO) No THEN
||| | | |
||| | | | | [The following questions are displayed as a table]
||| | | | |
||| | | | | M581_ M581 LAST TIME WRKED B/F LIMITATION-YR
||| | | | | When was the last time you worked before your health began to limit your ability to
||| | | | | work?

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||||| Range: 1900..9996
|||||
||||| M581_x M581 LAST TIME WRKED B/F LIMITATION-YR 9996
|||||
||||| 9996 Didn't work before health limitation
|||||
||||| [End of table display]
|||||
||||| IF M581 LAST TIME WRKED B/F LIMITATION-YR = empty THEN
|||||
||||| M582_ M582 LAST JOB B/F LIMITATION-YRS AGO
||||| (When was the last time you worked before your health began to limit your ability to
||||| work?) Years ago:
||||| Range: 0..96
|||||
||||| ENDIF
|||||
||||| IF BRANCHPOINT FOR M698Y <> 1 THEN
|||||
||||| M583_ M583 LAST JOB WRKD- DETAILS OF JOB
||||| Did you tell me about the details of that job earlier?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M583 LAST JOB WRKD- DETAILS OF JOB <> (NO) No and M583 LAST JOB WRKD- DETAILS
||||| OF JOB <> nonresponse THEN
|||||
||||| M584_ M584 LAST JOB WRKD- COMPANY/ORG
||||| Which company or organization was that?
||||| 1 (CURREMPNAME1) My current employer
||||| 3 (MOSTRECEMPNAME) [COMPANY NAME ]
||||| 4 (LASTEMPNAME) My last employer
||||| 6 (SLFEMPLOYMENT) Self-employment
||||| 7 (OTH_Specify) Other (you will be able to specify)
|||||
||||| IF M584 LAST JOB WRKD- COMPANY/ORG = (OTH_Specify) Other (you will be able to
||||| specify) OR M584 LAST JOB WRKD- COMPANY/ORG = NONRESPONSE THEN
|||||
||||| IF M584 LAST JOB WRKD- COMPANY/ORG = (OTH_Specify) Other (you will be able to
||||| specify) THEN
|||||
||||| M585S LAST JOB WRKD- COMPANY/ORG-OTHER Specify
||||| (Which company or organization was that?) Other (specify)
||||| String
|||||
||||| ENDIF
|||||
||||| ELSE
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||

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|||||ENDIF
|||||
|||||ENDIF
|||||
|||||IF BRANCHPOINT FOR M698Y <> 1 AND BRANCHPOINT FOR M699Y <> 1 AND BRANCHPOINT
FOR
|||||M700Y <> 1 AND BRANCHPOINT FOR M701Y <> 1 AND M579 COMPANY/ORG <>
(MOSTRECEMPNAME)
|||||^piSecLJOBHISTORYMOSTRECENTJOBLO08_ AND M579 COMPANY/ORG <>
(SLFEMPLOYMENT)
|||||Self-employment THEN
|||||
|||||M586_ M586 LAST JOB WRKD- EMPLOYER HELP OUT
|||||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) Yes
|||||4 (NOHELPNEEDED) No help needed
|||||5 (NO) No
|||||6 (LEFTIMMEDIATELY) Left immediately
|||||7 (SLFEMPD) Self-employed
|||||
|||||IF M586 LAST JOB WRKD- EMPLOYER HELP OUT = (YES) Yes THEN
|||||
|||||pbM586_EMPLOYER_ACCOM
|||||
|||||Module: BW_EMPLOYER_ACCOM
|||||
|||||ENDIF
|||||
|||||ENDIF
|||||
|||||ENDIF
|||||
|||||IF BRANCHPOINT FOR M698Y <> 1 AND BRANCHPOINT FOR M709Y <> 1 AND ( M586 LAST JOB
WRKD-
|||||EMPLOYER HELP OUT = (YES) Yes OR M586 LAST JOB WRKD- EMPLOYER HELP OUT = EMPTY)
THEN
|||||
|||||IF BRANCHPOINT FOR M699Y <> 1 AND BRANCHPOINT FOR M700Y <> 1 AND BRANCHPOINT
FOR
|||||M701Y <> 1 THEN
|||||
|||||IF BRANCHPOINT FOR M708Y <> 1 THEN
|||||
|||||IF M579 COMPANY/ORG <> (CURREMPNAME1) My current employer AND M579
COMPANY/ORG <>
||||| (LASTEMPNAME) My last employer AND M579 COMPANY/ORG <> (MOSTRECEMPNAME)
|||||^piSecLJOBHISTORYMOSTRECENTJOBLO08_ AND M579 COMPANY/ORG <>
(SLFEMPLOYMENT)
|||||Self-employment THEN
|||||
|||||pbM587_OTHER_EMPLOYER
|||||
|||||Module: BW_OTHER_EMPLOYER

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|||||
||||| ENDIF
|||||
||||| IF M579 COMPANY/ORG <> (SLFEMPLOYMENT) Self-employment AND M586 LAST JOB WRKD-
||||| EMPLOYER HELP OUT = EMPTY THEN
|||||
||||| IF M025 JOB BEFORE LIMITATION = (SLFEMPD) Self-employed THEN
|||||
||||| ELSE
|||||
||||| M587_ M587 EMPLOYER DO SPECIAL
||||| 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) Yes
||||| 4 (NOHELPNEEDED) No help needed
||||| 5 (NO) No
||||| 6 (LEFTIMMEDIATELY) Left immediately
||||| 7 (SLFEMPD) Self-employed
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF M587 EMPLOYER DO SPECIAL <> (LEFTIMMEDIATELY) Left immediately or M579
COMPANY
||||| ORG = (SLFEMPLOYMENT) Self-employment THEN
|||||
||||| IF M587 EMPLOYER DO SPECIAL = (YES) Yes OR M587 EMPLOYER DO SPECIAL =
||||| NONRESPONSE THEN
|||||
||||| pbM587_EMPLOYER_ACCOM
|||||
||||| Module: BW_EMPLOYER_ACCOM
|||||
||||| ENDIF
|||||
||||| [The following questions are displayed as a table]
|||||
||||| M588_ M588 HOW LONG W/EMP AFTER LIMITATION
||||| 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?
||||| Range: 1..96
|||||
||||| M589_ M589 HOW LONG AFTER LIMITATION-PER
||||| (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?)
||||| 1 (WEEKS) Weeks
||||| 2 (MONTHS) Months
||||| 3 (YEARS) Years
|||||
||||| M588_x M588 HOW LONG W/EMP AFTER LIMITATION 95 or 96
|||||
||||| 95 Continued to work only for a few months or left after being on sick leave
||||| 96 Still working for that employer/Self-employed

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|||||||
||||||| [End of table display]
|||||||
||||||| ENDIF
|||||||
||||||| IF BRANCHPOINT FOR M702Y <> 1 THEN
|||||||
||||||| IF M588 HOW LONG W/EMP AFTER LIMITATION = 95 THEN
|||||||
||||||| M590_ M590 WRK SINCE LEAVE EMP
||||||| Have you worked at all since leaving that employer/that Self-employment?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| IF M590 WRK SINCE LEAVE EMP <> (YES) Yes THEN
|||||||
||||||| M591_ M591 LOOKED FOR WRK SINCE LEAVE EMP
||||||| Have you looked for work since leaving that employer/that Self-employment?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| IF BRANCHPOINT FOR M703Y <> 1 THEN
|||||||
||||||| M592_ M592 WHY COULD NOT FIND WRK
||||||| Why do you think you couldn't find work?
||||||| 1 (NOJOBSAVAILABLELRCOULDDO) No jobs available I could do
||||||| 2 (NOEMPWILLINGTOHIRER) No employer willing to hire me
||||||| 7 (OTH_Specify) Other (you will be able to specify)
|||||||
||||||| IF M592 WHY COULD NOT FIND WRK = (OTH_Specify) Other (you will be able to
||||||| specify) THEN
|||||||
||||||| M593S WHY COULDN'T FIND WRK- Specify
||||||| (Why do you think you couldn't find work?) Other (specify)
||||||| Open
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| IF M590 WRK SINCE LEAVE EMP <> (YES) Yes and BRANCHPOINT FOR M703Y <> 1 THEN
|||||||
||||||| IF (( M588 HOW LONG W/EMP AFTER LIMITATION <> NONRESPONSE AND M589 HOW
LONG
||||||| AFTER LIMITATION-PER = EMPTY) OR M589 HOW LONG AFTER LIMITATION-PER <>
EMPTY)
||||||| AND ( M588 HOW LONG W/EMP AFTER LIMITATION = 95 OR M587 EMPLOYER DO
SPECIAL =
||||||| (LEFTIMMEDIATELY) Left immediately ) THEN

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|||||
||||| ELSE
|||||
||||| M594_ M594 AFTER LEFT JOB B/C OF IMPAIRMENT
||||| 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 (GOTANOTHJOB) Got another job
||||| 2 (RETIRED) Retired
||||| 3 (APPLIEDFORDISABL) Applied for disability
||||| 4 (JUSTSTOPPEDWORKING) Just stopped working
||||| 7 (OTH_Specify) Other (you will be able to specify)
|||||
||||| IF M594 AFTER LEFT JOB B/C OF IMPAIRMENT = (OTH_Specify) Other (you will be
||||| able to specify) THEN
|||||
||||| M595S AFTER LEFT JOB BC OF IMPAIRMENT- Specify
||||| (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?)
||||| Other (specify)
||||| Open
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF BRANCHPOINT FOR M704Y <> 1 AND BRANCHPOINT FOR M703Y <> 1 THEN
|||||
||||| M596_ M596 REPORT JOB ALREADY
||||| Did you tell me about the details of that job earlier in the interview?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M596 REPORT JOB ALREADY <> (NO) No THEN
|||||
||||| M597_ M597 REPORT JOB ALREADY COMP/ORG
||||| Which company or organization was that?
||||| 1 (CURREMPNAME1) My current employer
||||| 3 (MOSTRECEMPNAME) [COMPANY NAME ]
||||| 4 (LASTEMPNAME) My last employer
||||| 6 (SLFEMPLOYMENT) Self-employment
||||| 7 (OTH_Specify) Other (you will be able to specify)
|||||
||||| IF M597 REPORT JOB ALREADY COMP/ORG = (OTH_Specify) Other (you will be able
||||| to specify) THEN
|||||
||||| M598S REPORT JOB ALREADY- COMPANY/ORG- Specify
||||| (Which company or organization was that?) Other (specify)
||||| String
|||||
||||| ENDIF
|||||
||||| ENDIF

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|||||
||||| IF M596 REPORT JOB ALREADY = (NO) No or M597 REPORT JOB ALREADY COMP/ORG =
||||| (OTH_Specify) Other (you will be able to specify) or M597 REPORT JOB ALREADY
||||| COMP/ORG = NONRESPONSE THEN
|||||
||||| pbM597_OTHER_EMPLOYER
|||||
||||| Module: BW_OTHER_EMPLOYER
|||||
||||| ENDIF
|||||
||||| IF BRANCHPOINT FOR M705Y <> 1 THEN
|||||
||||| IF M597 REPORT JOB ALREADY COMP/ORG <> (SLFEMPLOYMENT) Self-employment THEN
|||||
||||| IF M025 JOB BEFORE LIMITATION = (SLFEMPD) Self-employed THEN
|||||
||||| ELSE
|||||
||||| M599_ M599 EMPLOYER DO SPECIAL
||||| Did your new employer do anything special to make it easier for you to
||||| work at the job?
||||| 1 (YES) Yes
||||| 4 (NOHELPNEEDED) No help needed
||||| 5 (NO) No
||||| 6 (LEFTIMMEDIATELY) Left immediately
||||| 7 (SLFEMPD) Self-employed
|||||
||||| ENDIF
|||||
||||| IF M599 EMPLOYER DO SPECIAL = (YES) Yes THEN
|||||
||||| pbM599_EMPLOYER_ACCOM
|||||
||||| Module: BW_EMPLOYER_ACCOM
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| [The following questions are displayed as a table]
|||||
||||| M600_ M600 STAY W/EMP AFTER LIMITATION
||||| How long did you stay with that employer/Self-employed after your health began
||||| to limit your ability to work?
||||| Range: 1..96
|||||
||||| M601_ M601 STAY W/EMP AFTER LIMITATION-PER
||||| (How long did you stay with that employer/Self-employed after your health
||||| began to limit your ability to work?)
||||| 1 (WEEKS) Weeks
||||| 2 (MONTHS) Months
||||| 3 (YEARS) Years
|||||

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||||||| M600_x M600 STAY W/EMP AFTER LIMITATION 95 & 96
|||||||
||||||| 95 Continued to work only for a few months or left after being on sick leave
||||||| 96 Still working for that employer/self-employed
|||||||
||||||| [End of table display]
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| IF BRANCHPOINT FOR M708Y <> 1 AND BRANCHPOINT FOR M702Y <> 1 AND BRANCHPOINT
FOR
||||||| M703Y <> 1 AND BRANCHPOINT FOR M704Y <> 1 THEN
|||||||
||||||| IF BRANCHPOINT FOR M705Y <> 1 AND BRANCHPOINT FOR M706Y <> 1 THEN
|||||||
||||||| IF BRANCHPOINT FOR M701Y <> 1 THEN
|||||||
||||||| pbM600_OTHER_EMPLOYER
|||||||
||||||| Module: BW_OTHER_EMPLOYER
|||||||
||||||| ENDIF
|||||||
||||||| M602_ M602 WRK AFTER DISABILITY
||||||| Did you work after your health began to limit your ability to work?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
|||||||
||||||| IF BRANCHPOINT FOR M707Y <> 1 THEN
|||||||
||||||| M603_ M603 JOB DETAILS GIVEN
||||||| Did you tell us the details of that job - the first one you had when you returned
||||||| to work - earlier in the survey?
||||||| 1 (YES) Yes
||||||| 5 (NO) No
|||||||
||||||| IF M603 JOB DETAILS GIVEN <> (NO) No AND M603 JOB DETAILS GIVEN <> NONRESPONSE
||||||| THEN
|||||||
||||||| M604_ M604 COMPANY/ORG
||||||| Which company or organization was that?
||||||| 1 (CURREMPNAME1) My current employer
||||||| 3 (MOSTRECEMPNAME) [COMPANY NAME ]
||||||| 4 (LASTEMPNAME) My last employer
||||||| 6 (SLFEMPLOYMENT) Self-employment

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||||| 7 (OTH_Specify) Other (you will be able to specify)
|||||
||||| IF M604 COMPANY/ORG = (OTH_Specify) Other (you will be able to specify) THEN
|||||
||||| M605S LEFT EMPLOYER COMPANY/ORG- Specify
||||| (Which company or organization was that?) Other (specify)
||||| Open
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF M604 COMPANY/ORG = (OTH_Specify) Other (you will be able to specify) OR M604
||||| COMPANY/ORG = NONRESPONSE OR M604 COMPANY/ORG = EMPTY THEN
|||||
||||| pbM604_OTHER_EMPLOYER
|||||
||||| Module: BW_OTHER_EMPLOYER
|||||
||||| M606_ M606 LEFT EMPLOYER - YR
||||| When did you leave that employer/business? Year:
||||| Range: 1900..9996
|||||
||||| IF M606 LEFT EMPLOYER - YR = EMPTY THEN
|||||
||||| M607_ M607 LEFT EMPLOYER - YRS AGO
||||| (When did you leave that employer?) Years ago:
||||| Range: 0..96
|||||
||||| IF M607 LEFT EMPLOYER - YRS AGO = EMPTY THEN
|||||
||||| M608_ M608 LEFT EMPLOYER - AGE
||||| (When did you leave that employer?) At age:
||||| Range: 10..95
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF BRANCHPOINT FOR M698Y <> 1 AND BRANCHPOINT FOR M709Y <> 1 AND BRANCHPOINT
FOR
||||| M708Y <> 1 AND BRANCHPOINT FOR M702Y <> 1 AND BRANCHPOINT FOR M703Y <> 1 AND
||||| BRANCHPOINT FOR M704Y <> 1 AND BRANCHPOINT FOR M706Y <> 1 AND BRANCHPOINT
FOR M707Y <>

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||||| 1 AND M604 COMPANY/ORG <> (SLFEMPLOYMENT) Self-employment THEN
|||||
||||| IF M025 JOB BEFORE LIMITATION = (SLFEMPD) Self-employed or M604 COMPANY/ORG =
||||| (SLFEMPLOYMENT) Self-employment THEN
|||||
||||| ELSE
|||||
||||| M609_ M609 (GJ97) EMPLOYER HELP OUT
||||| 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) Yes
||||| 4 (NOHELPNEEDED) No help needed
||||| 5 (NO) No
||||| 6 (LEFTIMMEDIATELY) Left immediately
||||| 7 (SLFEMPD) Self-employed
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF BRANCHPOINT FOR M698Y <> 1 AND BRANCHPOINT FOR M709Y <> 1 AND BRANCHPOINT
FOR
||||| M708Y <> 1 AND BRANCHPOINT FOR M702Y <> 1 AND BRANCHPOINT FOR M703Y <> 1 AND
||||| BRANCHPOINT FOR M704Y <> 1 AND BRANCHPOINT FOR M706Y <> 1 AND BRANCHPOINT
FOR M707Y <>
||||| 1 AND M609 (GJ97) EMPLOYER HELP OUT = (YES) Yes THEN
|||||
||||| pbM609_EMPLOYER_ACCOM
|||||
||||| Module: BW_EMPLOYER_ACCOM
|||||
||||| ENDIF
|||||
||||| IF BRANCHPOINT FOR M698Y <> 1 THEN
|||||
||||| IF BRANCHPOINT FOR M703Y <> 1 AND BRANCHPOINT FOR M704Y <> 1 AND BRANCHPOINT
FOR
||||| M707Y <> 1 AND WORKING FOR PAY = (YES) Yes AND WORK FOR SOMEONE ELSE/SLF-
EMPLOYED
||||| <> (SLFEMPD) Self-employed THEN
|||||
||||| M610_ M610 CURRENTLY ANYTHING
||||| Does your employer currently do anything special to make it easier for you to stay at
||||| work?
||||| 1 (YES) Yes
||||| 4 (NOHELPNEEDED) No help needed
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| IF M610 CURRENTLY ANYTHING = (YES) Yes THEN
|||||
||||| pbM610_EMPLOYER_ACCOM
|||||

```

||||| Module: BW_EMPLOYER_ACCOM

|||||

||||| ENDIF

|||||

||||| **M611_ M611 PHYSICAL EFFORT**

||||| Now we would like to go back to your work before your health began to limit your ability to work and ask about the demands of your work at that time. For each one, tell me whether it was true of your job all or almost all of the time, most of the time, some of the time, or none or almost none of the time. Did your job require lots of physical effort? Was this true all or almost all of the time, most of the time, some of the time, or none or almost none of the time?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M612_ M612 LIFTING HEAVY LOADS**

||||| Did your job require lifting heavy loads?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M613_ M613 STOOPING/KNEELING/CROUCHING**

||||| Did your job require stooping, kneeling, or crouching?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M614_ M614 GOOD EYESIGHT**

||||| Did your job require good eyesight?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M615_ M615 INTENSE CONCENTRATION**

||||| Did your job require intense concentration or attention?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M616_ M616 KEEP PACE W/ OTRS**

||||| Did your work require you to keep up with the pace set by others?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M617_ M617 PEOPLE SKILLS**

||||| Did your work require skill in dealing with other people?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M618_ M618 DECISIONS ABOUT PAY/PROMOTION**

||||| On your job, did you make decisions about the pay and promotion of others?

||||| 1 (YES) Yes

||||| 5 (NO) No

|||||

||||| IF M618 DECISIONS ABOUT PAY/PROMOTION <> (NO) No AND M618 DECISIONS ABOUT PAY

||||| PROMOTION <> NONRESPONSE THEN

|||||

||||| **M619_ M619 # PEOPLE**

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

||||| Range: 1..999996

|||||

||||| ENDIF

|||||

||||| IF M590 WRK SINCE LEAVE EMP <> ((NO) No) No AND M590 WRK SINCE LEAVE EMP <>

||||| NONRESPONSE AND M602 WRK AFTER DISABILITY <> NO AND M602 WRK AFTER

||||| DISABILITY <>

||||| NONRESPONSE THEN

|||||

||||| **M620_ M620 PHYSICAL EFFORT**

||||| Now we want to ask about the demands of work you were doing after your health

||||| limitation began to affect your work. For each requirement tell me whether it was true

||||| for your job all or almost all of the time, most of the time, some of the time, or

||||| none or almost none of the time. Did the work you were doing afterward require a lot

||||| of physical effort?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M621_ M621 LIFTING HEAVY LOADS**

||||| Did the work you were doing afterward require lifting heavy loads?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOMEOFTHETIME) Some of the time

||||| 4 (NONEALMSTNONEOFTHETIME) None or almost none of the time

||||| 5 (DOESNOTAPPLY) Does not apply

|||||

||||| **M622_ M622 STOOPING/KNEELING/CROUCHING**

||||| Did the work you were doing afterward require stooping, kneeling, or crouching?

||||| 1 (ALLORALMOSTALLOFTHETIME) All or almost all of the time

||||| 2 (MOSTOFTHETIME) Most of the time

||||| 3 (SOME OF THE TIME) Some of the time
||||| 4 (NONE ALMOST NONE OF THE TIME) None or almost none of the time
||||| 5 (DOES NOT APPLY) Does not apply

|||||

||||| **M623_ M623 GOOD EYESIGHT**

||||| Did the work you were doing afterward require having good eyesight?

||||| 1 (ALL OR ALMOST ALL OF THE TIME) All or almost all of the time

||||| 2 (MOST OF THE TIME) Most of the time

||||| 3 (SOME OF THE TIME) Some of the time

||||| 4 (NONE ALMOST NONE OF THE TIME) None or almost none of the time

||||| 5 (DOES NOT APPLY) Does not apply

|||||

||||| **M624_ M624 INTENSE CONCENTRATION**

||||| Did the work you were doing afterward require intense concentration or attention?

||||| 1 (ALL OR ALMOST ALL OF THE TIME) All or almost all of the time

||||| 2 (MOST OF THE TIME) Most of the time

||||| 3 (SOME OF THE TIME) Some of the time

||||| 4 (NONE ALMOST NONE OF THE TIME) None or almost none of the time

||||| 5 (DOES NOT APPLY) Does not apply

|||||

||||| **M625_ M625 KEEP PACE W/ OTRS**

||||| Did your work require you to keep up with the pace set by others?

||||| 1 (ALL OR ALMOST ALL OF THE TIME) All or almost all of the time

||||| 2 (MOST OF THE TIME) Most of the time

||||| 3 (SOME OF THE TIME) Some of the time

||||| 4 (NONE ALMOST NONE OF THE TIME) None or almost none of the time

||||| 5 (DOES NOT APPLY) Does not apply

|||||

||||| **M626_ M626 PEOPLE SKILLS**

||||| Did your work require skill in dealing with other people?

||||| 1 (ALL OR ALMOST ALL OF THE TIME) All or almost all of the time

||||| 2 (MOST OF THE TIME) Most of the time

||||| 3 (SOME OF THE TIME) Some of the time

||||| 4 (NONE ALMOST NONE OF THE TIME) None or almost none of the time

||||| 5 (DOES NOT APPLY) Does not apply

|||||

||||| **M627_ M627 DECISIONS ABOUT PAY/PROMOTION**

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

||||| 1 (YES) Yes

||||| 5 (NO) No

|||||

||||| IF M627 DECISIONS ABOUT PAY/PROMOTION <> (NO) No AND M627 DECISIONS ABOUT PAY

||||| PROMOTION <> NONRESPONSE THEN

|||||

||||| **M628_ M628 # PEOPLE**

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

||||| Range: 1..999996

|||||

||||| ENDIF

|||||

||||| ENDIF

|||||

||||| IF MARITAL STATUS IF UNMARRIED <> (NEVER MARRIED) Never married THEN

|||||

```

||||| M629_ M629 MARRIED- WHEN HEALTH AFFECTED WORK
||||| We're interested in what ways your health has affected your family. Were you married
||||| at the time your health started to affect your work?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M629 MARRIED- WHEN HEALTH AFFECTED WORK <> (NO) No AND M629 MARRIED-
WHEN HEALTH
||||| AFFECTED WORK <> NONRESPONSE THEN
|||||
||||| M630_ M630 SP WRKG
||||| Was your wife/husband working at that time?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M630 SP WRKG <> (NO) No AND M630 SP WRKG <> NONRESPONSE THEN
|||||
||||| M631_ M631 HRS/WK SP WRKS
||||| How many hours a week did he/she usually work?
||||| Range: 1..168
|||||
||||| M632_ M632 WKS SP WRKS
||||| How many weeks per year did he/she usually work then?
||||| Range: 1..52
|||||
||||| [The following questions are displayed as a table]
|||||
||||| M633_ M633 HOW LONG SP WRKED
||||| How long had he/she worked at that job?
||||| Integer
|||||
||||| M634_ M634 HOW LONG SP WRKD- PER
||||| (How long had he/she worked at that job?)
||||| 1 (WEEKS) Weeks
||||| 2 (MONTHS) Months
||||| 3 (YEARS) Years
|||||
||||| [End of table display]
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| M635_ M635 OTRS WRK CHANGED
||||| After your health started to affect your ability to work, did anyone in your family
||||| living with you[] begin to work, stop working, or change their work hours due to your
||||| health?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M635 OTRS WRK CHANGED = (YES) Yes THEN
|||||
||||| M636M WHO CHANGED WRK HABITS

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||||| Who did this? Select all that apply.
||||| 1 (HSBN_WF_PTR) Husband/wife/partner
||||| 2 (FOLKS) Parents
||||| 3 (KIDS) Child(ren)
||||| 7 (OTH) Other person
|||||
||||| IF HSBN_WF_PTR IN WHO CHANGED WRK HABITS THEN
|||||
||||| M637_ M637 SP/P CHANGE WRK
||||| Husband/wife/partner Did he/she begin to work, work more, work less, or stop
||||| working?
||||| 1 (BEGINWORK) Begin work
||||| 2 (WORKMORE) Work more
||||| 3 (WORKLESS) Work less
||||| 4 (STOPWORK) Stop work
|||||
||||| ENDIF
|||||
||||| IF FOLKS IN WHO CHANGED WRK HABITS THEN
|||||
||||| M638_ M638 PARENTS CHANGE WRK
||||| Parents Did he/she/they begin to work, work more, work less, or stop working?
||||| 1 (BEGINWORK) Begin work
||||| 2 (WORKMORE) Work more
||||| 3 (WORKLESS) Work less
||||| 4 (STOPWORK) Stop work
|||||
||||| ENDIF
|||||
||||| IF KIDS IN WHO CHANGED WRK HABITS THEN
|||||
||||| M639_ M639 CHILD(REN) CHANGE WRK
||||| Child(ren) Did he/she/they begin to work, work more, work less, or stop working?
||||| 1 (BEGINWORK) Begin work
||||| 2 (WORKMORE) Work more
||||| 3 (WORKLESS) Work less
||||| 4 (STOPWORK) Stop work
|||||
||||| ENDIF
|||||
||||| IF OTH IN WHO CHANGED WRK HABITS THEN
|||||
||||| M640_ M640 OTR PERSON(S) CHANGE WRK
||||| Other person(s) Did he/she/they begin to work, work more, work less, or stop
||||| working?
||||| 1 (BEGINWORK) Begin work
||||| 2 (WORKMORE) Work more
||||| 3 (WORKLESS) Work less
||||| 4 (STOPWORK) Stop work
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||

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||||| M641_ M641 AFFECT ON INCOME
||||| 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) Decreased
||||| 3 (REMAINEDTHESAME) Remained the same
||||| 5 (INCREASED) Increased
|||||
||||| M642_ M642 USE UP SAVINGS
||||| Have you used up any of your savings since your health began to affect your ability to
||||| work?
||||| 1 (YES) Yes
||||| 5 (NO) No
||||| 6 (DIDNTHAVESAVINGS) Didn't have savings
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF BRANCHPOINT FOR M711Y <> 1 AND BRANCHPOINT FOR M712Y <> 1 THEN
|||||
||||| IF BRANCHPOINT FOR M694Y <> 1 AND BRANCHPOINT FOR M695Y <> 1 AND BRANCHPOINT
FOR M696Y
||||| <> 1 AND BRANCHPOINT FOR M697Y <> 1 THEN
|||||
||||| M643M GOV PROGRAMS KNOWN
||||| Which government programs do you know of that provide benefits or pensions for disabled
||||| workers? Select all that apply.
||||| 1 (SSDISABLINCOMEPROG_SSDI) Social Security Disability Income program (SSDI)
||||| 2 (SUPPSECURITYINCOMEPROG_SSI) Supplemental Security Income program (SSI)
||||| 3 (VETSADMINPROG) Veterans Administration program
||||| 4 (WORKERSCOMPPROG) Workers' Compensation program
||||| 5 (PUBWELFRDISABLPROG) Public Welfare disability program
||||| 6 (NONE) None
||||| 7 (OTH_Specify) Other (specify)
|||||
||||| IF OTH_Specify in GOV PROGRAMS KNOWN THEN
|||||
||||| M644S GOVERNMENT PROGRAMS KNOWN - Specify
||||| (Which government programs do you know of that provide benefits or pensions for disabled
||||| workers?) Other (specify)
||||| Open
|||||
||||| ENDIF
|||||
||||| M645_ M645 EVER APPLY FOR SSDI
||||| Have you ever applied for disability benefits from the Social Security disability program?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M645 EVER APPLY FOR SSDI <> (NO) No AND M645 EVER APPLY FOR SSDI <> NONRESPONSE

```

THEN

|||||

||||| **M646_ M646 1ST APPLIED SSDI - YR**

||||| In what year did you first apply?

||||| Range: 1900..2010

|||||

||||| IF M646 1ST APPLIED SSDI - YR >= TWO YEARS AGO AND M646 1ST APPLIED SSDI - YR <>

||||| NONRESPONSE THEN

|||||

||||| **M647_ M647 1ST APPLIED SSDI - MO**

||||| What month was that?

||||| 1 (JAN) January

||||| 2 (FEB) February

||||| 3 (MAR) March

||||| 4 (APR) April

||||| 5 (MAY) May

||||| 6 (JUN) June

||||| 7 (JUL) July

||||| 8 (AUG) August

||||| 9 (SEP) September

||||| 10 (OCT) October

||||| 11 (NOV) November

||||| 12 (DEC) December

|||||

||||| ENDIF

|||||

||||| **M648_ M648 SSDI AWARDED BENEFITS**

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

||||| 1 (APPLICATIONACCEPTED) Application accepted

||||| 3 (APPSTILLBEINGCONSIDERED) Application still being considered

||||| 5 (APPLICATIONREJECTED) Application rejected

|||||

||||| IF M648 SSDI AWARDED BENEFITS = (APPLICATIONREJECTED) Application rejected THEN

|||||

||||| **pbM648_APP_REJECTED**

|||||

||||| Module: BM_APPREJECTED

|||||

||||| ELSEIF M648 SSDI AWARDED BENEFITS = (APPLICATIONACCEPTED) Application accepted THEN

|||||

||||| **pbM648_APP_ACCEPTED**

|||||

||||| Module: BM_APPACCEPTED

|||||

||||| ENDIF

|||||

||||| ENDIF

|||||

||||| IF AWARD THEN = (APPLICATIONACCEPTED) Application accepted THEN

|||||

||||| **pbM649_APP_ACCEPTED**

|||||

||||| Module: BM_APPACCEPTED

|||||


```

||||| ENDIF
|||||
||||| IF R CURRENT AGE CALCULATION < 70 AND APPLY AGAIN <> (NO) No AND APPLY AGAIN <>
||||| NONRESPONSE AND M645 EVER APPLY FOR SSDI <> (YES) Yes and M648 SSDI AWARDED
BENEFITS <>
||||| (APPSTILLBEINGCONSIDERED) Application still being considered THEN
|||||
||||| M649M WHY NOT APPLY FOR SSDI BENS
||||| What is the reason you did not apply for disability benefits from this program? select
||||| all that apply.
||||| 1 (DKENOUGHABTPROG) Didn't know enough about program
||||| 2 (NOTDISABLEDENOUGH) Not disabled enough
||||| 3 (HADNTWORKEDENOUGH) Hadn't worked enough
||||| 4 (DIDNTTHINKWASELIGIBLE) Didn't think was eligible
||||| 5 (DIDNTWANTTOAPPLY) Didn't want to apply
||||| 6 (PREFERREDTOWORK) Preferred to work
||||| 7 (OTH_SPECIFY) Other (you will be able to specify)
|||||
||||| IF OTH_Specify in WHY NOT APPLY FOR SSDI BENS THEN
|||||
||||| M650S WHY NOT APPLY FOR SSDI BENEFITS- Specify
||||| (What is the reason you did not apply for disability benefits from this program?)
||||| Other (specify)
||||| Open
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| M651_ M651 EVER APPLY FOR SSI
||||| Have you ever applied for disability benefits from the Supplemental Security Income program?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF M651 EVER APPLY FOR SSI <> (NO) No and M651 EVER APPLY FOR SSI <> nonresponse THEN
|||||
||||| M652_ M652 1ST APPLIED SSI - YR
||||| In what year did you first apply?
||||| Range: 1900..2010
|||||
||||| IF M652 1ST APPLIED SSI - YR >= TWO YEARS AGO and M652 1ST APPLIED SSI - YR <>
||||| Nonresponse THEN
|||||
||||| M653_ M653 1ST APPLIED SSI - MO
||||| What month was that?
||||| 1 (JAN) January
||||| 2 (FEB) February
||||| 3 (MAR) March
||||| 4 (APR) April
||||| 5 (MAY) May
||||| 6 (JUN) June
||||| 7 (JUL) July
||||| 8 (AUG) August
||||| 9 (SEP) September

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||||| 10 (OCT) October
||||| 11 (NOV) November
||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| M654_ M654 SSI AWARDED BENEFITS
||||| Was your application accepted, rejected, or is it still being considered?
||||| 1 (APPLICATIONACCEPTED) Application accepted
||||| 3 (APPSTILLBEINGCONSIDERED) Application still being considered
||||| 5 (APPLICATIONREJECTED) Application rejected
|||||
||||| ENDIF
|||||
||||| IF M654 SSI AWARDED BENEFITS = (APPLICATIONREJECTED) Application rejected THEN
|||||
||||| pbM654_APP_REJECTED
|||||
||||| Module: BM_APPREJECTED
|||||
||||| ENDIF
|||||
||||| IF M654 SSI AWARDED BENEFITS = ( (APPLICATIONACCEPTED) Application accepted ) Application
||||| accepted OR AWARD THEN = APPLICATIONACCEPTED THEN
|||||
||||| pbM655_APP_ACCEPTED
|||||
||||| Module: BM_APPACCEPTED
|||||
||||| ENDIF
|||||
||||| IF M651 EVER APPLY FOR SSI <> (YES) Yes THEN
|||||
||||| M655M WHY NOT APPLY FOR SSI BENEFITS
||||| What is the reason you did not apply for disability benefits from this program? select
||||| all that apply.
||||| 1 (DKENOUGHABTPROG) Didn't know enough about program
||||| 2 (NOTDISABLEDENOUGH) Not disabled enough
||||| 3 (HADNTWORKEDENOUGH) Hadn't worked enough
||||| 4 (DIDNTTHINKWASELIGIBLE) Didn't think was eligible
||||| 5 (DIDNTWANTTOAPPLY) Didn't want to apply
||||| 6 (PREFERREDTOWORK) Preferred to work
||||| 7 (OTH_SPECIFY) Other (you will be able to specify)
|||||
||||| IF OTH_Specify in WHY NOT APPLY FOR SSI BENEFITS THEN
|||||
||||| M656S WHY NOT APPLY FOR SSI BENEFITS - Specify
||||| (What is the reason you did not apply for disability benefits from this program?)
||||| Other (specify)
||||| Open
|||||
||||| ENDIF
|||||
||||| ENDIF

```

```

||||
|||| M657_ M657 EVER APPLIED VA
|||| Have you ever applied for disability benefits from the Veterans Administration?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| IF M657 EVER APPLIED VA <> (NO) No and M657 EVER APPLIED VA <> nonresponse THEN
||||
|||| M658_ M658 1ST APPLIED VA - YR
|||| In what year did you first apply?
|||| Range: 1900..2010
||||
|||| IF M658 1ST APPLIED VA - YR >= TWO YEARS AGO and M658 1ST APPLIED VA - YR <>
|||| Nonresponse THEN
||||
|||| M659_ M659 1ST APPLIED VA - MO
|||| What month was that?
|||| 1 (JAN) January
|||| 2 (FEB) February
|||| 3 (MAR) March
|||| 4 (APR) April
|||| 5 (MAY) May
|||| 6 (JUN) June
|||| 7 (JUL) July
|||| 8 (AUG) August
|||| 9 (SEP) September
|||| 10 (OCT) October
|||| 11 (NOV) November
|||| 12 (DEC) December
||||
|||| ENDIF
||||
|||| M660_ M660 APPLICATION ACCEPTED VA
|||| Was your application accepted, rejected, or is it still being considered?
|||| 1 (APPLICATIONACCEPTED) Application accepted
|||| 3 (APPSTILLBEINGCONSIDERED) Application still being considered
|||| 5 (APPLICATIONREJECTED) Application rejected
||||
|||| ENDIF
||||
|||| IF M660 APPLICATION ACCEPTED VA = (APPLICATIONREJECTED) Application rejected THEN
||||
|||| pbM660_APP_REJECTED
||||
|||| Module: BM_APPREJECTED
||||
|||| ENDIF
||||
|||| IF M660 APPLICATION ACCEPTED VA = ( (APPLICATIONACCEPTED) Application accepted )
|||| Application accepted OR AWARD THEN = APPLICATIONACCEPTED THEN
||||
|||| pbM661_APP_ACCEPTED
||||
|||| Module: BM_APPACCEPTED

```

```

|||||
|||||ENDIF
|||||
|||||IF M657 EVER APPLIED VA <> (YES) Yes THEN
|||||
|||||M661M WHY NOT APPLY FOR VA BENS
|||||What is the reason you did not apply for disability benefits from this program? Select all that apply.
|||||1 (NOTAVET) Not a veteran
|||||2 (DIDNTKNOWENOUGHABTPROG) Didn't know enough about program
|||||3 (NOTDISABLEDENOUGH) Not disabled enough
|||||4 (DISABLNOTSERVICERELATED) Disability not service-related
|||||5 (DIDNTTHINKWASELIGIBLE) Didn't think was eligible
|||||6 (DIDNTWANTTOAPPLY) Didn't want to apply
|||||7 (PREFERREDTOWORK) Preferred to work
|||||97 (OTH_Specify) Other (specify)
|||||
|||||IF OTH_Specify in WHY NOT APPLY FOR VA BENS THEN
|||||
|||||M662S WHY NOT APPLY FOR VA BENEFITS - Specify
|||||(What is the reason you did not apply for disability benefits from this program?)
|||||Other (specify)
|||||Open
|||||
|||||ENDIF
|||||
|||||ENDIF
|||||
|||||M663_ M663 EVER APPLIED WC
|||||Have you ever applied for disability benefits from the Workers' Compensation program?
|||||1 (YES) Yes
|||||5 (NO) No
|||||
|||||IF M663 EVER APPLIED WC <> (NO) No and M663 EVER APPLIED WC <> nonresponse THEN
|||||
|||||M664_ M664 1ST APPLIED WC - YR
|||||In what year did you first apply?
|||||Range: 1900..2010
|||||
|||||IF M664 1ST APPLIED WC - YR >= TWO YEARS AGO and M664 1ST APPLIED WC - YR <>
|||||Nonresponse THEN
|||||
|||||M665_ M665 1ST APPLIED WC - MO
|||||What month was that?
|||||1 (JAN) January
|||||2 (FEB) February
|||||3 (MAR) March
|||||4 (APR) April
|||||5 (MAY) May
|||||6 (JUN) June
|||||7 (JUL) July
|||||8 (AUG) August
|||||9 (SEP) September
|||||10 (OCT) October
|||||11 (NOV) November

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||||| 12 (DEC) December
|||||
||||| ENDIF
|||||
||||| M666_ ACCEPTED WC
||||| Was your application accepted, rejected, or is it still being considered?
||||| 1 (APPLICATIONACCEPTED) Application accepted
||||| 3 (APPSTILLBEINGCONSIDERED) Application still being considered
||||| 5 (APPLICATIONREJECTED) Application rejected
|||||
||||| ENDIF
|||||
||||| IF ACCEPTED WC = (APPLICATIONREJECTED) Application rejected THEN
|||||
||||| pbM666_APP_REJECTED
|||||
||||| Module: BM_APPREJECTED
|||||
||||| ENDIF
|||||
||||| IF M663 EVER APPLIED WC <> ( (NO) No ) No AND M663 EVER APPLIED WC <> NONRESPONSE
||||| AND ACCEPTED WC <> (APPSTILLBEINGCONSIDERED) Application still being considered AND
||||| APPLY AGAIN <> NO AND APPLY AGAIN <> NONRESPONSE THEN
|||||
||||| M667_ M667 TYPE OF DISABILITY WC
||||| What type of disability did you receive? Type:
||||| 1 (_100PERMANENT) 100% Permanent
||||| 2 (PARTIALPERMANENT) Partial permanent
||||| 3 (_100TEMPORARY) 100% Temporary
||||| 4 (PARTIALTEMPORARY) Partial temporary
||||| 7 (OTH_Specify) Other (you will be able to specify)
|||||
||||| IF M667 TYPE OF DISABILITY WC = (OTH_Specify) Other (you will be able to specify) THEN
|||||
||||| M668S TYPE OF DISABILITY WC - Specify
||||| (What type of disability did you receive?) Other type (specify):
||||| Open
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF !( M667 TYPE OF DISABILITY WC IN [_100PERMANENT, OTH_Specify]) AND !( M667 TYPE OF
||||| DISABILITY WC = NONRESPONSE) AND M663 EVER APPLIED WC = (YES) Yes AND APPLY
||||| AGAIN <> (NO) No AND APPLY AGAIN <> NONRESPONSE AND ACCEPTED WC <>
||||| (APPSTILLBEINGCONSIDERED) Application still being considered THEN
|||||
||||| IF M667 TYPE OF DISABILITY WC = (_100TEMPORARY) 100% Temporary THEN
|||||
||||| ELSE
|||||
||||| M669_ M669 TYPE OF DISABILITY WC- PERCENT
||||| What type of disability did you receive? Percent:
||||| Range: 0..100

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|||||
||||| ENDIF
|||||
||||| IF M667 TYPE OF DISABILITY WC <> (PARTIALPERMANENT) Partial permanent THEN
|||||
||||| M670_ M670 TYPE OF DISABILITY WC- YRS
||||| What type of disability did you receive? Number of years:
||||| Range: 0..99
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF M667 TYPE OF DISABILITY WC IN [_100PERMANENT, (PARTIALPERMANENT) Partial permanent
,
||||| OTH_Specify] OR ( M667 TYPE OF DISABILITY WC = NONRESPONSE and M670 TYPE OF
||||| DISABILITY WC-YRS <> EMPTY) AND M663 EVER APPLIED WC = (YES) Yes AND APPLY AGAIN
||||| <> (NO) No AND APPLY AGAIN <> NONRESPONSE AND ACCEPTED WC <>
||||| (APPSTILLBEINGCONSIDERED) Application still being considered THEN
|||||
||||| pbM670_APP_ACCEPTED
|||||
||||| Module: BM_APPACCEPTED
|||||
||||| ENDIF
|||||
||||| IF R CURRENT AGE CALCULATION < 70 AND M663 EVER APPLIED WC <> ( (YES) Yes ) Yes AND
||||| APPLY AGAIN <> (NO) No AND APPLY AGAIN <> NONRESPONSE AND START-YR <> 9997 AND
||||| STILL RECEIVING BENEFITS <> NONRESPONSE AND STILL RECEIVING BENEFITS <> YES AND
||||| STOP-YR <>NONRESPONSE AND STOP-YR < TWO YEARS AGO AND ACCEPTED WC <>
||||| (APPSTILLBEINGCONSIDERED)Application still being considered THEN
|||||
||||| M671M WHY NOT APPLY FOR WC BENEFITS
||||| What is the reason you did not apply for disability benefits from this program? Select all that apply.
||||| 1 (DIDNTKNOWENOUGHABTPROG) Didn't know enough about program
||||| 2 (NOTDISABLEDENOUGH) Not disabled enough
||||| 3 (DISABLNOTWORKRELATED) Disability not work related
||||| 4 (DIDNTTHINKWASELIGIBLE) Didn't think was eligible
||||| 5 (DIDNTWANTTOAPPLY) Didn't want to apply
||||| 6 (PREFERREDTOWORK) Preferred to work
||||| 7 (OTH_Specify) Other (you will be able to specify)
|||||
||||| IF OTH_Specify in WHY NOT APPLY FOR WC BENEFITS THEN
|||||
||||| M672S WHY NOT APPLY FOR WC BENEFITS - Specify
||||| (What is the reason you did not apply for disability benefits from this program?)
||||| Other (specify)
||||| Open
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| M673_ M673 EVER APPLIED OTR PROGRAM

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||| Have you ever applied for disability benefits from any other public disability income program?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| IF M673 EVER APPLIED OTR PROGRAM <> (NO) No and M673 EVER APPLIED OTR PROGRAM <>
||| nonresponse THEN
|||
||| M674_ M674 1ST APPLIED OTR - YR
||| In what year did you first apply?
||| Range: 1900..2010
|||
||| IF M674 1ST APPLIED OTR - YR >= TWO YEARS AGO and M674 1ST APPLIED OTR - YR <>
||| Nonresponse THEN
|||
||| M675_ M675 1ST APPLIED OTR PROGRAM - MO
||| What month was that?
||| 1 (JAN) January
||| 2 (FEB) February
||| 3 (MAR) March
||| 4 (APR) April
||| 5 (MAY) May
||| 6 (JUN) June
||| 7 (JUL) July
||| 8 (AUG) August
||| 9 (SEP) September
||| 10 (OCT) October
||| 11 (NOV) November
||| 12 (DEC) December
|||
||| ENDIF
|||
||| M676_ M676 ACCEPTED OTR
||| Was your application accepted, rejected, or is it still being considered?
||| 1 (APPLICATIONACCEPTED) Application accepted
||| 3 (APPSTILLBEINGCONSIDERED) Application still being considered
||| 5 (APPLICATIONREJECTED) Application rejected
|||
||| ENDIF
|||
||| IF M676 ACCEPTED OTR = (APPLICATIONREJECTED) Application rejected THEN
|||
||| pbM676_APP_REJECTED
|||
||| Module: BM_APPREJECTED
|||
||| ENDIF
|||
||| IF M676 ACCEPTED OTR = ( (APPLICATIONACCEPTED) Application accepted ) Application accepted
||| OR AWARD THEN = APPLICATIONACCEPTED THEN
|||
||| pbM677_APP_ACCEPTED
|||
||| Module: BM_APPACCEPTED
|||

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||| ENDIF
|||
||| IF M673 EVER APPLIED OTR PROGRAM <> (YES) Yes THEN
|||
||| M677M WHY NOT APPLY FOR OTHER BENEFITS
||| What is the reason you did not apply for benefits from this disability program? Select
||| all that apply.
||| 1 (DIDNTKNOWENOUGHABTPROG) Didn't know enough about program
||| 2 (NOTDISABLEDEENOUGH) Not disabled enough
||| 3 (didntthinkwaseeligible) Didn't think was eligible
||| 4 (didntwanttoapply) Didn't want to apply
||| 5 (preferredtowork) Preferred to work
||| 7 (oth_Specify) Other (you will be able to specify)
|||
||| IF OTH_Specify in WHY NOT APPLY FOR OTHER BENEFITS THEN
|||
||| M678S WHY NOT APPLY FOR OTHER BENEFITS-Specify
||| (What is the reason you did not apply for benefits from this disability program?)
||| Other (specify)
||| Open
|||
||| ENDIF
|||
||| ENDIF
|||
||| ENDIF
|||
||| IF WORK FOR PAY MORE THAN FEW MOS <> ( (NO) No ) No and ( WORKING FOR PAY <> NO or (
LAST
||| WRKED WHEN-YR <> empty and LAST WRKED WHEN-YR >= pia061tlcy_a ) or ( LAST WRKED
WHEN-YRS AGO
||| <> empty and LAST WRKED WHEN-YRS AGO <= 1 )) THEN
|||
||| M679_ M679 INJURED AT WRK
||| During the last 12 months, that is, since [] of [], have you had any injuries at work that
||| required special medical attention or treatment or interfered with your work activities?
||| 1 (YES) Yes
||| 5 (NO) No
||| 7 (NOJOBINLASTYEAR) I did not have a job in the last year
|||
||| IF M679 INJURED AT WRK <> (NO) No AND M679 INJURED AT WRK <> (NOJOBINLASTYEAR) I
did not
||| have a job in the last year AND M679 INJURED AT WRK <> NONRESPONSE THEN
|||
||| M680_ M680 HOW MANY TIMES INJURED
||| How many times have you been injured on the job during the past 12 months?
||| Range: 1..9999
|||
||| [The following questions are displayed as a table]
|||
||| M681_ M681 DATE OF INJURY - MO
||| On what date did your most recent injury happen? Month:
||| 1 (JAN) January
||| 2 (FEB) February

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||| 3 (MAR) March
||| 4 (APR) April
||| 5 (MAY) May
||| 6 (JUN) June
||| 7 (JUL) July
||| 8 (AUG) August
||| 9 (SEP) September
||| 10 (OCT) October
||| 11 (NOV) November
||| 12 (DEC) December

|||
||| **M682_ 1ST APPLIED OTR -DAY INJURED**
||| (On what date did your most recent injury happen?) Day:
||| Range: 1..31

|||
||| **M683_ M683 YR INJURED**
||| (On what date did your most recent injury happen?) Year:
||| Range: 1900..2010

|||
||| [End of table display]

||| ENDIF

|||

||| ENDIF

|||

||| ENDIF

|||

||| ENDIF

|||

| **M685_AssistM2 M685 ASSIST SECTION M2**

| We know sometimes it may be necessary to ask for help when completing our surveys. How often did
| you receive assistance with answers in this group of questions, either physically helping your or
| helping you to remember?

| 1 (NEVER) Never

| 2 (AFEWTIMES) A few times

| 3 (MOSTORALLOFTHETIME) Most or all of the time

|

ENDIF

CS_001 HOW PLEASANT INTERVIEW

Could you tell us how interesting or uninteresting you found the questions in this interview?

1 Very interesting

2 Interesting

3 Neither interesting nor uninteresting

4 Uninteresting

5 Very uninteresting