

(MS530) WD-FAB SURVEY [WORK DISABILITY FUNCTIONAL ASSESSMENT BATTERY]

Intro

This survey will ask some questions about your personal health including physical and mental health. Your answers will help us understand the relationship between people's health and their ability to perform potential jobs. While there are no direct benefits to you for participating, you will be compensated \$10 for completing the survey.

Your participation in this research study is voluntary and you may withdraw your participation at any time for any reason. The survey should take about 15 minutes to complete. As a reminder, the only risk to you from participation in the ALP is the unlikely event that your survey participation and responses are inadvertently disclosed.

If you have any questions, concerns or complaints, or need to speak with someone about a research-related injury, please contact the ALP Help Desk toll-free at 866-591-2909 or email ALPsurveys@rand.org.

After pressing the ">>" button below, you will be securely transferred to a website run by Boston University to answer survey questions. This part of the survey will look different than typical ALP surveys. At the end of this part, you must press "next" to be transferred back to ALP where you will answer a few final questions and receive your reward for completing the survey.

health_and_functioning

[Not required]

Compared to your health and functioning when we asked you in ^f('previousSurvey')^ would you say your health and functioning are better now, about the same, or worse?

- ☐ Much better (1)
- ☐ Somewhat better (2)
- ☐ About the same (3)
- ☐ Somewhat worse (4)
- ☐ Much worse (5)

had_covid19

[Not required]

Have you had COVID-19, the disease caused by the coronavirus?

- ☐ Yes, I tested positive for COVID-19 and I had symptoms (e.g., fever, dry cough, shortness of breath, aches, loss of taste or sense of smell). (1)
- ☐ Yes, I tested positive for COVID-19 but I had no symptoms. (2)
- ☐ Yes, I was not tested but I probably had COVID-19 based on my symptoms (e.g., fever, dry cough, shortness of breath, aches, loss of taste or sense of smell). (3)
- ☐ No, I do not believe I have had COVID-19. (4)

negative_impact

[Not required]

Has your physical or mental health, or your functioning, been negatively impacted due to difficulty getting necessary health care since COVID-19 reached your state?

- ☐ Yes. (1)
- ☐ No, I did not have any difficulty getting necessary health care since COVID-19 reached my state. (2)
- ☐ No, I did not need any health care since COVID-19 reached my state. (3)

employment_status

[Not required]

Are you working now, temporarily laid off, unemployed and looking for work, disabled and unable to work, retired, a homemaker, or what?

- ☐ Working now, about as much as I worked before the COVID-19 pandemic. (1)
- ☐ Working now, but less than I worked before the COVID-19 pandemic. (2)
- ☐ Temporarily laid off. (3)
- ☐ Unemployed and looking for work. (4)
- ☐ Disabled and unable to work. (5)
- ☐ Retired. (6)
- ☐ Homemaker. (7)
- ☐ Don't know. (8)

CONDITION		
	true	false
	Question hours_work()	

hours_work

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=148 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3]

How many hours per week do you usually work in your main paid job?

By main paid job, we mean the one where you spend the most hours. If you do not usually work, enter "0."

hours_last_week

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=148 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3]

Last week, how many hours did you actually work in your main paid job?

If you did not work last week for any reason, enter "0."

END	Condition
-----	-----------

CS_001 - CS_001

[Not required]

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

- ☐ Very interesting (1)
- ☐ Interesting (2)

- ☐ Neither interesting nor uninteresting (3)
- ☐ Uninteresting (4)
- ☐ Very uninteresting (5)