Note: These questions were embedded within the 2010 National Health Interview Survey (NHIS) Sample Adult Questionnaire. The full questionnaire is available at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2010/English/qadult.pdf

Employment Status and Employment History

Supplemental Work History Questions

ASD.210_00.000  Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?
WRKLYR2

1  Yes  [if  WHYNOWK2=3 or AGE >= 65, GOTO MRECLONG; else if WRKLONGH=2 and WHYNOWK2 ne 3 and AGE < 65, GOTO WHOWRKLH; else if WRKLONGH=1,D,R and WHYNOWK2 ne 3 and AGE < 65, GOTO WRKARRNG]
2  No  [GOTO ACN.HYPEV]
7  Refused  [GOTO ACN.HYPEV]
9  Don’t know  [GOTO ACN.HYPEV]

NOTE: For adults < 65 years of age and not working last week for a reason other than retired, we will have collected information in the core on the job they held “most recently.” If they answer “yes” to WRKLYR2, we assume the “most recent” job reported earlier was worked within the past 12 months, and we will use that “most recent” job information (and longest-held job if different) in subsequent questions. For adults who are retired or 65 or older, we will have collected information in the core on their longest-held job. An answer of “yes” to WRKLYR2 will send them to MRECLONG below where we will attempt to ascertain if their most recent job was the same as the longest-held job reported earlier.

GLOBAL UNIVERSE: The following questions would be asked of adults 65 or older who are not currently employed but worked in the past 12 months, and adults, regardless of age, who are retired but worked in the past 12 months.

ASD.210_00.010  Was the most recent job or business you held in the PAST 12 MONTHS the longest-held job you reported earlier?
MRECLONG

1  Yes  [GOTO ASD.210_00.140]
2  No  [GOTO ASD.210_00.020]
7  Refused  [GOTO ASD.210_00.240]
9  Don’t know  [GOTO ASD.210_00.240]
### For whom did you work at your most recent job or business?

**(Name of company, business, organization or employer)**

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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don’t know</td>
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### What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don’t know</td>
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### What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

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<tr>
<td>7</td>
<td>Refused</td>
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<td>9</td>
<td>Don’t know</td>
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### What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don’t know</td>
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### Looking at the card, which of these best describes the job or business you held most recently?

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<tr>
<td>1</td>
<td>An employee of a PRIVATE company, business, or individual for wages, salary, or commission</td>
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<tr>
<td>2</td>
<td>A FEDERAL government employee</td>
</tr>
<tr>
<td>3</td>
<td>A STATE government employee</td>
</tr>
<tr>
<td>4</td>
<td>A LOCAL government employee</td>
</tr>
<tr>
<td>5</td>
<td>Self-employed in OWN business, professional practice or farm</td>
</tr>
<tr>
<td>6</td>
<td>Working WITHOUT PAY in family-owned business or farm</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
ASD.210_00.070   About how long did you work at this job or business?
WRKLGPYN

* Enter number.

___________

997    Refused
999    Don’t know

ASD.210_00.075   READ IF NECESSARY: About how long did you work at this job
WRKLGPYT or business?

* Enter time period.

1    Day(s)    [GOTO ASD.210_00.140]
2    Week(s)    [GOTO ASD.210_00.140]
3    Month(s)    [GOTO ASD.210_00.140]
4    Year(s)    [GOTO ASD.210_00.140]
7    Refused    [GOTO ASD.210_00.140]
9    Don’t know    [GOTO ASD.210_00.140]
GLOBAL UNIVERSE: The following questions would be asked of adults whose current (working LAST WEEK) or most recent job (worked in the past 12 months) is not the job they held the longest.

ASD.210_00.080 HOWWRKLH Thinking of ALL the jobs or businesses you have ever had, including work done in the Armed Forces, for whom did you work the longest? (Name of company, business, organization or employer)

7 Refused
9 Don’t know

ASD.210_00.090 KINDINLH What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

7 Refused
9 Don’t know

ASD.210_00.100 KINDWKLH What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

7 Refused
9 Don’t know

ASD.210_00.110 IMPACTLH What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

7 Refused
9 Don’t know
Looking at the card, which of these best describes the job or business you held for the longest time?

1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission
2. A FEDERAL government employee
3. A STATE government employee
4. A LOCAL government employee
5. Self-employed in OWN business, professional practice or farm
6. Working WITHOUT PAY in family-owned business or farm
7. Refused
8. Don’t know

About how long did you work at the job or business you held the longest?

* Enter number.

_____________

997 Refused
999 Don’t know

READ IF NECESSARY: About how long did you work at the job or business you held the longest?

* Enter time period.

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)
7. Refused
9. Don’t know
**Supplemental Work Organization Questions**

**GLOBAL UNIVERSE:** The following three questions would be asked of adults who are currently employed or employed at some time in the past 12 months. The focal job will be their current job (main job worked last week) or most recent job (not working last week but worked in past 12 months).

The next few questions refer to [fill: your job as a (**JOB DESCRIPTION**) with (**EMPLOYER NAME**)/*your current, MAIN job/*the job you held most recently]. Which of the following best [fill: describes/described] your work arrangement?

* Read answer categories.

1. You [fill: work/worked] as an independent contractor, independent consultant, or freelance worker
2. You [fill: are/were] on-call, and [fill: work/worked] only when called to work
3. You [fill: are/were] paid by a temporary agency
4. You [fill: work/worked] for a contractor who provides workers and services to others under contract
5. You [fill: are/were] a regular, permanent employee (standard work arrangement)
6. Other
7. Refused
9. Don’t know

*Fill Instructions:* If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill. For adults who worked last week, use present tense; otherwise, use past tense.

Some people are in temporary jobs that last only for a limited time or until the completion of a project. [fill: Is your job/Was your job] temporary?

1. Yes
2. No
7. Refused
9. Don’t know

*Fill Instructions:* For adults who worked last week, use present tense; otherwise, use past tense.
Which of the following best describes the hours you usually work/worked?

* Read answer categories.

1. A regular daytime schedule
2. A regular evening shift
3. A regular night shift
4. A rotating shift
5. Some other schedule
6. Refused
7. Don’t know

Fill Instructions: For adults who worked last week, use present tense; otherwise, use past tense.
Exposures

Psychosocial Exposures/Work Environment

GLOBAL UNIVERSE: The following three questions would be asked of adults who are currently employed or were employed at some time in the past 12 months. The focal job will be their current job (main job worked last week) or most recent job (not working last week but worked in past 12 months).

ASD.210_00.170 WORUNEMP
Now I’m going to read two statements that may or may not [fill: apply/have applied] to [fill: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/your current, MAIN job/the job you held most recently]. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each of these statements.

…I [fill: am/was] worried about becoming unemployed.

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
7 Refused
9 Don’t know

Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill. For adults who worked last week, use present tense; otherwise, use past tense.

ASD.210_00.180 WORKWFAM
READ IF NECESSARY: Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each of these statements.

…I [fill: is/was] easy for me to combine work with family responsibilities.

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
7 Refused
9 Don’t know

Fill Instructions: For adults who worked last week, use present tense; otherwise, use past tense.
Again, think about [fill: your job as a \( \textit{JOB DESCRIPTION} \) with \( \textit{EMPLOYER NAME} \)/your current, MAIN job/the job you held most recently].

DURING THE PAST 12 MONTHS, were you threatened, bullied or harassed by anyone while you were on the job?

1. Yes
2. No
7. Refused
9. Don’t know

\textit{Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill. For adults who worked last week, use present tense; otherwise, use past tense.}
General Exposures

GLOBAL UNIVERSE: The following four questions would be asked of adults who are currently employed or were employed at some time in the past 12 months. For the first three questions, the focal job will be their current job (main job worked last week) or most recent job (not working last week but worked in past 12 months). For the fourth question on vapor exposures, the focal job is the longest-held job (if different from the current or most recent job).

ASD.210_00.200 CHEMEXP The next few questions ask about possible exposures to hazards at [fill: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/your current, MAIN job/the job you held most recently].

DURING THE PAST 12 MONTHS, did you regularly handle or were you in skin contact with chemical products or substances at work twice a week or more?

* READ IF NECESSARY: Chemical products may include cleaning agents, bleach, solvents, formaldehyde, oils or cutting fluids, paints or coatings, sealants, glues or adhesives, etc.

1 Yes
2 No
7 Refused
9 Don’t know

* Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill.

ASD.210_00.210 SMOKEEXP DURING THE PAST 12 MONTHS, were you regularly exposed to tobacco smoke from other people at work twice a week or more?

1 Yes
2 No
7 Refused
9 Don’t know

ASD.210_00.220 WRKOUTDR DURING THE PAST 12 MONTHS, did you regularly work outdoors twice a week or more?

1 Yes
2 No
7 Refused
9 Don’t know
This next question refers to [fill 1: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/your current, MAIN job/the job you held most recently/the job you held the longest].

Please tell me if you [fill 2: are/were] regularly exposed to vapors, gas, dust, or fumes at work twice a week or more?

1. Yes
2. No
7. Refused
9. Don’t know

Fill Instructions: If the longest-held job is not the current/most recent job, then fill longest-held job information or appropriate generic fill. Otherwise, if current job/most recent job also the longest-held job, then fill the current/most recent job information or appropriate generic fill. For adults who worked last week and their longest-held job is the same as their current job, use present tense; otherwise, use past tense.
Injuries Sustained at Work

GLOBAL UNIVERSE: The following questions would be asked of adults for whom a work-related injury was reported in the past 90 days (based on data collected in the injuries and poisoning section of the family core).

ASD.210_00.240  ? [F1]
INJWCCLM

Now I’m going to ask about on-the-job injuries and poisonings. Earlier I recorded that you were [fill: injured/poisoned] in the past three months while working at a paid job. Did you file a workers’ compensation claim for [fill: your injury/any of your injuries/your poisoning/any of your poisonings/your injury or poisoning/any of your injuries or poisonings]?

1  Yes  [GOTO ACN.HYPEV]
2  No  [GOTO ACN.HYPEV]
3  No injuries/poisonings on the job  [GOTO ACN.HYPEV]
7  Refused  [GOTO ACN.HYPEV]
9  Don’t know  [GOTO ACN.HYPEV]

ASD.210_00.250  ? [F1]
INJWCBEN

Did you receive workers’ compensation benefits for [fill: your injury/any of your injuries/your poisoning/any of your poisonings/your injury or poisoning/any of your injuries or poisonings]?

1  Yes  [GOTO ACN.HYPEV]
2  No  [GOTO ACN.HYPEV]
7  Refused  [GOTO ACN.HYPEV]
9  Don’t know  [GOTO ACN.HYPEV]
Section 3. Conditions
Subsection 3C. Asthma

ACN.080 Have you EVER been told by a doctor or other health professional that you had asthma?

1 Yes [GOTO ACN.085]
2 No [GOTO ACN.110]
7 Refused [GOTO ACN.110 (ULCEV)]
9 Don’t know [GOTO ACN.110 (ULCEV)]

ACN.085 Do you still have asthma?

AASSTILL

1 Yes [GOTO ACN.090]
2 No [GOTO ACN.090]
7 Refused [GOTO ACN.090]
9 Don’t know [GOTO ACN.090]

ACN.090 DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

1 Yes
2 No
7 Refused
9 Don’t know

GLOBAL UNIVERSE: The following questions would be asked of adults who are currently employed or were employed at some time in the past 12 months, and who also reported still having asthma (AASSTILL=1).

ACN.105_00.010 How old were you when you were first told you had asthma?

AASAGE

______ years [if 001-015, GOTO ACN.105_00.020; else if 016-120, GOTO ACN.105_00.030]
997 Refused [GO TO ACN.105_00.015]
999 Don’t know [GO TO ACN.105_00.015]
ACN.105_00.015  Were you less than 16 or 16 or older when you were first told you had asthma?

1  Less than 16
2  16 or older  [GO TO ACN.105_00.030]
7  Refused  [GO TO ACN.105_00.030]
9  Don’t know  [GO TO ACN.105_00.030]

ACN.105_00.020  Compared to when you were first told you had asthma, would you say your asthma has been better, worse, or about the same as an adult?

1  Better  [GO TO ACN.105_00.100]
2  Worse
3  About the same  [GO TO ACN.105_00.100]
7  Refused  [GO TO ACN.105_00.100]
9  Don’t know  [GO TO ACN.105_00.100]

ACN.105_00.030  Were you employed when [fill: you first developed symptoms of asthma/your asthma got worse]?

1  Yes  [GO TO ACN.105_00.100]
2  No  [GO TO ACN.105_00.100]
7  Refused  [GO TO ACN.105_00.100]
9  Don’t know  [GO TO ACN.105_00.100]

Fill Instructions: if (AASAGE < 16 or AASAGE16=1) then fill “your asthma got worse”; else fill “you first developed symptoms of asthma”.

ACN.105_00.040  Was this…

1  Yes  [GO TO ACN.105_00.100]
2  No  [if WRKLONGH=2 or MRECLONG=2, GOTO ACN.105_00.045; else if WRKLONG=1,D,R or MRECLONG=1,D,R, GOTO ACN.105_00.050]
7  Refused  [GOTO ACN.105_00.100]
9  Don’t know  [GOTO ACN.105_00.100]

Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill.
Was this…
[fill: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the job you held the longest)?

1 Yes [GOTO ACN.220_00.100]
2 No
7 Refused [GOTO ACN.220_00.100]
9 Don’t know [GOTO ACN.220_00.100]

Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill.

For whom did you work when [fill: you first developed symptoms of asthma/your asthma got worse]? (Name of company, business, organization or employer)

7 Refused
9 Don’t know

Fill Instructions: if (AASAGE < 16 or AASAGE16=1) then fill “your asthma got worse”; else fill “you first developed symptoms of asthma”.

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

7 Refused
9 Don’t know

What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

7 Refused
9 Don’t know
ACN.105_00.080  What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press)

7  Refused
9  Don’t know

ACN.105_00.100  Have you been told by a doctor or other health professional that your asthma [fill: was probably caused by your work/was probably made worse by your work/was ever made worse by any job you have ever had]?

1  Yes  [GOTO ACN.105_00.120]
2  No
7  Refused
9  Don’t know

Fill Instructions: if (AASAGE >= 16 or AASAGE16=2,D,R) and AASEMP=1 then fill “was probably caused by your work”; else if (AASAGE < 16 or AASAGE16=1) and AASSTAT=2 and AASEMP=1 then fill “was probably made worse by your work”; else fill “was ever made worse by any job you have ever had”
ACN.105_00.110  AASDWKRL
Did YOU ever discuss with a doctor or other health professional whether your asthma [fill: was probably caused by your work/was probably made worse by your work/was ever made worse by any job you have ever had]?

1  Yes
2  No
7  Refused
9  Don’t know

* Fill Instructions: if (AASAGE >= 16 or AASAGE16=2,D,R) and AASEMP=1 then fill “was probably caused by your work”; else if (AASAGE < 16 or AASAGE16=1) and AASSTAT=2 and AASEMP=1 then fill “was probably made worse by your work”; else fill “was ever made worse by any job you have ever had”

ACN.105_00.120  AASWCCLM
? [F1]
Have you ever filed a workers’ compensation claim for your asthma?

1  Yes
2  No [GO TO ACN.105_00.140]
7  Refused [GO TO ACN.105_00.140]
9  Don’t know [GO TO ACN.105_00.140]

ACN.105_00.130  AASWCBEN
? [F1]
Have you ever received workers’ compensation benefits for your asthma?

1  Yes
2  No
7  Refused
9  Don’t know

ACN.105_00.140  AASWKDAY
DURING THE PAST 12 MONTHS, how many full days did you miss from work because of your asthma?

* Enter ‘0’ for None.

____________ # days
997  Refused
999  Don’t know
DURING THE PAST 12 MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your asthma?

1 Yes
2 No
7 Refused
9 Don’t know
**Dermatitis**

ACN.210_00.010  ? [F1]  
**DURING THE PAST 12 MONTHS, have you had dermatitis, eczema, or any other red, inflamed skin rash?**

1  Yes  
2  No  [GOTO ACN.250]  
7  Refused  [GOTO ACN.250]  
9  Don’t know  [GOTO ACN.250]

ACN.215_00.010  What parts of your body were affected by this skin condition?  
**DRMBODY**

* Enter all that apply, separate with commas.

1  Hands  
2  Arms  
3  Head, face or neck  
4  Other  
7  Refused  
9  Don’t know

**GLOBAL UNIVERSE: The following questions would be asked of adults who are currently employed or were employed at some time in the past 12 months, and who also reported having dermatitis, eczema, or any other red, inflamed skin rash in the past 12 months.**

ACN.217_00.010  Have you ever seen a doctor or other health professional for your skin condition?  
**DRMTRET**

1  Yes  
2  No  [GOTO ACN.217_00.020]  
7  Refused  [GOTO ACN.217_00.020]  
9  Don’t know  [GOTO ACN.217_00.020]

ACN.217_00.020  Have you been told by a doctor or other health professional that your skin condition was probably work-related?  
**DRMWKREL**

1  Yes  
2  No  
7  Refused  
9  Don’t know
ACN.220_00.020  Was this…

DRMCJOB

[fill: your job as a **JOB DESCRIPTION** with **EMPLOYER NAME**/your current, MAIN job/the job you held most recently]?

1  Yes  [GOTO ACN.220_00.100]
2  No  [if WRKLONGH=2 or MRECLONG=2, GOTO ACN.220_00.030; else if WRKLONG=1,D,R or MRECLONG=1,D,R, GOTO ACN.220_00.040]
7  Refused  [GOTO ACN.220_00.100]
9  Don’t know  [GOTO ACN.220_00.100]

*Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill.*

ACN.220_00.030  Was this…

DRMLHJOB

[fill: your job as a **JOB DESCRIPTION** with **EMPLOYER NAME**/the job you held the longest]?

1  Yes  [GOTO ACN.220_00.100]
2  No  [GOTO ACN.220_00.100]
7  Refused  [GOTO ACN.220_00.100]
9  Don’t know  [GOTO ACN.220_00.100]

*Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill.*

ACN.220_00.040  For whom did you work when you developed your skin condition? (Name of company, business, organization or employer)

____________________________________________________________

7  Refused
9  Don’t know

ACN.220_00.050  What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

____________________________________________________________

7  Refused
9  Don’t know
What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

7  Refused
9  Don’t know

What were your most important activities on this job or business? (For example: sell cars, keeps account books, operates printing press)

7  Refused
9  Don’t know

Have you ever filed a workers’ compensation claim for your skin condition?

1  Yes
2  No  [GOTO ACN.220_00.120]
7  Refused  [GOTO ACN.220_00.120]
9  Don’t know  [GOTO ACN.220_00.120]

Have you ever received workers’ compensation benefits for your skin condition?

1  Yes
2  No
7  Refused
9  Don’t know
ACN.220_00.120  DURING THE PAST 12 MONTHS, how many full days did you miss from work because of your skin condition?  

* Enter ‘0’ for None.  

___________ # days  
997  Refused  
999  Don’t know  

ACN.220_00.130  DURING THE PAST 12 MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your skin condition?  

1  Yes  [GOTO ACN.250]  
2  No  [GOTO ACN.250]  
7  Refused  [GOTO ACN.250]  
9  Don’t know  [GOTO ACN.250]
Hand Problems (Carpal Tunnel Syndrome)

ACN.296_00.010  CTSEVER  Have you EVER been told by a doctor or other health professional that you have a condition affecting the wrist and hand called carpal tunnel syndrome?

1  Yes
2  No  [SKIP TO ACN.300]
7  Refused  [SKIP TO ACN.300]
9  Don’t know  [SKIP TO ACN.300]

ACN.296_00.020  CTSYR  DURING THE PAST 12 MONTHS have you had carpal tunnel syndrome?

1  Yes
2  No  [SKIP TO ACN.300]
7  Refused  [SKIP TO ACN.300]
9  Don’t know  [SKIP TO ACN.300]

GLOBAL UNIVERSE: The following questions would be asked of adults who are currently employed or were employed at some time in the past 12 months, and who also reported having carpal tunnel syndrome in the past 12 months.

ACN.297_00.010  CTSAGE  How old were you when you were first told you had carpal tunnel syndrome?

______ years  [001-014 GOTO ACN.300; 015-120 GOTO ACN.297_00.015]

997  Refused  [GOTO ACN.297_00.015]
999  Don’t know  [GOTO ACN.297_00.015]

ACN.297_00.015  CTSWKREL  Have you been told by a doctor or other health professional that your carpal tunnel syndrome was probably work-related?

1  Yes
2  No
7  Refused
9  Don’t know
ACN.297_00.030
CTSCJOB

Was this…

[fill: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/your current, MAIN job/the job you held most recently]?

1  Yes  [GOTO ACN.297_00.100]
2  No  [if WRKLONGH=2 or MRECLONG=2, GOTO ACN.297_00.040; else if WRKLONG=1,D,R or MRECLONG=1,D,R, GOTO ACN.297_00.050]
7  Refused  [GOTO ACN.297_00.100]
9  Don’t know  [GOTO ACN.297_00.100]

Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill.

ACN.297_00.040
CTSLHJOB

Was this…

[fill: your job as a (JOB DESCRIPTION) with (EMPLOYER NAME)/the job you held the longest]?

1  Yes  [GOTO ACN.297_00.100]
2  No
7  Refused  [GOTO ACN.297_00.100]
9  Don’t know  [GOTO ACN.297_00.100]

Fill Instructions: If job description and employer name reported, fill in the question text; otherwise, fill the appropriate generic fill.

ACN.297_00.050
CTSWHOWK

For whom did you work when you developed carpal tunnel syndrome?
(Name of company, business, organization or employer)

____________________________________________________________

7  Refused
9  Don’t know
ACN.297_00.060  CTSKIND
What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

7    Refused
9    Don’t know

ACN.297_00.070  CTSKWRK
What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

7    Refused
9    Don’t know

ACN.297_00.080  CTSIMPAC
What were your most important activities on this job or business? (For example: sell cars, keeps account books, operates printing press)

7    Refused
9    Don’t know

ACN.297_00.100  CTSWCCLM
? [F1]
Have you ever filed a workers’ compensation claim for your carpal tunnel syndrome?

1    Yes
2    No    [GOTO ACN.297_00.120]
7    Refused    [GOTO ACN.297_00.120]
9    Don’t know    [GOTO ACN.297_00.120]

ACN.297_00.110  CTSWCBEN
? [F1]
Have you ever received workers’ compensation benefits for your carpal tunnel syndrome?

1    Yes
2    No
7    Refused
9    Don’t know
ACN.297_00.120
CTSWKDAY

DURING THE PAST 12 MONTHS, how many full days did you miss from work because of your carpal tunnel syndrome?

* Enter ‘0’ for None.

_________ # days
97     Refused
99     Don’t know

ACN.297_00.130
CTSCHJOB

DURING THE PAST 12 MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your carpal tunnel syndrome?

1     Yes       [GOTO ACN.300]
2     No        [GOTO ACN.300]
7     Refused   [GOTO ACN.300]
9     Don’t know [GOTO ACN.300]