

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
WRKLYR2 any time in the PAST 12 MONTHS?

- | | | |
|---|------------|---|
| 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
MRECLONG the longest-held job you reported earlier?

- | | | |
|---|------------|-----------------------|
| 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] |

ASD.210_00.020 For whom did you work at your most recent job or business?
WHOWRKPY (Name of company, business, organization or employer)

-
- 7 Refused
 - 9 Don't know

ASD.210_00.030 What kind of business or industry was this? (For example: TV and radio
KINDINPY mgt., retail shoe store, State Department of Labor)

-
- 7 Refused
 - 9 Don't know

ASD.210_00.040 What kind of work were you doing? (For example: farming, mail clerk,
KINDWKPY computer specialist)

-
- 7 Refused
 - 9 Don't know

ASD.210_00.050 What were your most important activities on this job or business? (For
IMPACTPY example: sells cars, keeps account books, operates printing press)

-
- 7 Refused
 - 9 Don't know

ASD.210_00.060 (book) A2
WRKCATPY

Looking at the card, which of these best describes the job or business you held most recently?

- 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
- 9 Don't know

ASD.210_00.070 About how long did you work at this job or business?
WRKLGPN

* 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]

ASD.210_00.120
WRKCATLH

(book) A2

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
- 9 Don't know

ASD.210_00.130
WRKLGLHN

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

* Enter number.

-
- 997 Refused
999 Don't know

ASD.210_00.135
WRKLGLHT

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).

ASD.210_00.140 The next few questions refer to [fill: your job as a (**JOB DESCRIPTION**)
WRKARRNG 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.

ASD.210_00.150 Some people are in temporary jobs that last only for a limited time or until
WRKTEMP 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.

ASD.210_00.160 ? [F1]
WRKSCHED

Which of the following best describes the hours you usually
[fill: 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
- 7 Refused
- 9 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.

...It [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.

ASD.210_00.190
HARASSED

Again, think about [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, were you threatened, bullied or harassed by anyone while you were on the job?

- 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. 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
SMOKEXP

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

ASD.210_00.230 ? [F1]
VAPOREXP

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 | |
| 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]
INJWC BEN

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
AASMEV 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
AASMYR 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
AASAGE16 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
AASSTAT 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
AASEMP asthma/your asthma got worse]?

- 1 Yes
- 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...
AASCJOB

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

- 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.

ACN.105_00.045
AASLHJOB

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.

ACN.105_00.050
AASWHOWK

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".

ACN.105_00.060
AASKIND

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.105_00.070
AASKWORK

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
AASIMPAC 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
AASWKREL 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 Did YOU ever discuss with a doctor or other health professional whether
AASDWKRL 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 ? [F1]
AASWCCLM

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 ? [F1]
AASWCBEN

Have you ever received workers' compensation benefits for your asthma?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

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

* Enter '0' for None.

- _____ # days
- 997 Refused
 - 999 Don't know

ACN.105_00.150 DURING THE PAST 12 MONTHS, did you stop working, change jobs,
AASCHJOB 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]
DRMYR

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
DRMTRET condition?

- 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
DRMWKREL condition was probably work-related?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

ACN.220_00.020
DRMCJOB

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.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
DRMLHJOB

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.

ACN.220_00.040
DRMWHOWK

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
DRMKIND

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.220_00.060 What kind of work were you doing? (For example: farming, mail clerk,
DRMKWRK computer specialist)

- 7 Refused
- 9 Don't know

ACN.220_00.070 What were your most important activities on this job or business? (For
DRMIMPAC example: sell cars, keeps account books, operates printing press)

- 7 Refused
- 9 Don't know

ACN.220_00.100 ? [F1]
DRMWCCLM

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]

ACN.220_00.110 ? [F1]
DRMWCBEN

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
DRMWKDAY 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,
DRMCHJOB 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]

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

- 7 Refused
- 9 Don't know

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

- 7 Refused
- 9 Don't know

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

- 7 Refused
- 9 Don't know

ACN.297_00.100 ? [F1]
CTSWCCLM

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 ? [F1]
CTSWCBEN

Have you ever received workers' compensation benefits for your carpal tunnel syndrome?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

