

**HOUSEHOLD SURVEY OF OCCUPATIONAL INJURIES AND ILLNESSES
DRAFT cognitive interview protocol**

MATERIALS NEEDED FOR INTERVIEW

- INTERVIEWER PROTOCOL BOOKLET (THIS BOOKLET)
- CONSENT FORM (TWO COPIES)
- \$40 CASH IN ENVELOPE
- PAYMENT RECEIPT
- FULLY CHARGED DIGITAL RECORDER AND EXTRA BATTERIES
- NOTE PAPER, PENS AND PENCILS

STEP 1: INFORMED CONSENT

PROVIDE RESPONDENT WITH A COPY OF THE INFORMED CONSENT FORM. ASK THE RESPONDENT TO READ THE FORM, ANSWER ANY QUESTIONS, AND HAVE THE RESPONDENT SIGN THE FORM. LEAVE A SEPARATE COPY OF THE FORM WITH THE RESPONDENT.

- SIGNED CONSENT FORM COLLECTED
- COPY OF CONSENT FORM GIVEN TO RESPONDENT

- IF THE RESPONDENT HAS CONSENTED TO RECORDING, START THE RECORDER.

STEP 2: COMPLETION OF THE QUESTIONNAIRE

BEGIN QUESTIONNAIRE.

Interviewer probe bank (use as appropriate):

- “How did you come up with that answer?”
- “Can you tell me in your own words what you think the question is asking?”
- “Can you tell me more about that?”

If you pick up on a visual cue that suggests an issue or confusion:

- “Tell me what you are thinking.”
- What does the word [term] in this question mean to you?
- You said [answer]. Can you tell me more about that?

If R is uncertain and asking for confirmation:

- There is not a right or wrong answer for this question. I am interested in hearing your thoughts on what the question is asking.

INTERVIEWER: If this interview is with a proxy respondent, please modify language accordingly. For example, instead of asking “Did you do ANY work for pay or profit?” ask “Did [your husband/wife/brother/he/she] do ANY work for pay or profit?”

Survey Introduction

This survey is about work-related injuries and illnesses that you may have experienced. I would like to ask you questions about your work history and about the injuries and illnesses you may have had that are related to your job. The information that you provide in this survey is confidential. Your name and your answers to the questions will not be shared with anyone outside of NORC, the survey organization conducting this survey. I would be happy to answer any questions you may have about the survey. [ANSWER RESPONDENT QUESTIONS.] Let’s begin.

Screener

1. Since [DATE: ONE YEAR AGO FROM TODAY], did you do ANY work for pay or profit?
 - a. Yes → ELIGIBLE, CONTINUE
 - b. No → NOT ELIGIBLE, END INTERVIEW
 - c. DK
 - d. REF

Any injury

2. Since [DATE: ONE YEAR AGO FROM TODAY], have you experienced any injuries or illnesses related to any job you had?
 - a. Yes → COLLECT BRIEF DESCRIPTION, CONFIRM WORK-RELATED
 - b. No
 - c. DK
 - d. REF
3. Since [DATE: ONE YEAR AGO FROM TODAY], have you experienced an injury or illness, related to any job you had, that caused you to...
 - a. Lose consciousness? 1) YES 2) NO 3)DK 4)REF
 - b. Be unable to work for a day or more? 1) YES 2) NO 3)DK 4)REF
 - c. Restrict your work activities? 1) YES 2) NO 3)DK 4)REF
 - d. Transfer jobs? 1) YES 2) NO 3)DK 4)REF
 - e. Get medical treatment other than first aid? 1) YES 2) NO 3)DK 4)REF

IF YES, COLLECT BRIEF DESCRIPTION AND CONFIRM WORK-RELATED.

4. Since [DATE: ONE YEAR AGO FROM TODAY], have you experienced any of the following injuries related to any job you had? CUES:
 - a. Sprains, strains or tears
 - b. Soreness or pain
 - c. Bruises or contusions
 - d. Cuts, lacerations or punctures
 - e. Broken bones
 - f. Injury to muscles or joints
 - g. Open wounds
 - h. Burns
 - i. Carpal tunnel syndrome

- j. Any other injury?
 - 1) YES → COLLECT BRIEF DESCRIPTION, CONFIRM WORK-RELATED
 - 2) NO
 - 3) DK
 - 4) REF
5. Since [DATE: ONE YEAR AGO FROM TODAY], have you experienced any of the following illnesses, related to any job you had? CUES:
- a. Skin disorders
 - b. Respiratory conditions
 - c. Poisonings,
 - d. Hearing loss
 - e. A disease or infection
 - f. Cancer
 - g. Any other illness?
 - 1) YES → COLLECT BRIEF DESCRIPTION, CONFIRM WORK-RELATED
 - 2) NO
 - 3) DK
 - 4) REF

IF R HAS NOT REPORTED ANY INJURIES OR ILLNESSES ASK ABOUT INJURIES/ILLNESSES EVER EXPERIENCED. ELSE GO TO Q7.]

6. Have you EVER experienced any injuries or illnesses related to any job you had?
- a. YES → COLLECT BRIEF DESCRIPTION, CONFIRM WORK-RELATED
 - b. NO → GO TO PROBES AT END OF SCREENER SECTION THEN SKIP TO DEMOGRAPHICS
 - c. DK → GO TO PROBES AT END OF SCREENER SECTION THEN SKIP TO DEMOGRAPHICS
 - d. REF → GO TO PROBES AT END OF SCREENER SECTION THEN SKIP TO DEMOGRAPHICS

7. [IF YES TO ANY INJURIES OR ILLNESSES] How many total times [since [DATE: ONE YEAR AGO FROM TODAY], did you experience/have you ever experienced] an injury or illness related to any job you had? [THIS WILL CREATE THE LOOPS.] _____TIMES

8. [FOR EACH INJURY/ILLNESS] In what month and year did this injury/illness occur?

MONTH/YEAR
 ENTER MM/YYYY
 DK
 REF

INTERVIEWER: CONFIRM NUMBER OF INCIDENTS AND BRIEF DESCRIPTION OF EACH. IF INJURY/ILLNESS EXPERIENCED WITHIN PAST YEAR, RESPONDENT WILL REPORT ON THOSE. OTHERWISE, IF NO INJURY/ILLNESS WITHIN PAST YEAR, RESPONDENT WILL REPORT ON INJURIES/ILLNESSES EVER EXPERIENCED.

Probes:

Screener

- I started off by telling you that this survey is about work-related injuries and illnesses, or injuries and illnesses related to your job. In your own words, what would be a work-related injury or illness? Can you give me some examples of some things that would count as work-related injuries and illnesses? What would not count?
- I asked you this question: “Since [DATE: ONE YEAR AGO FROM TODAY], have you experienced any injuries or illnesses related to any job you had?” In your own words, what is this question asking?
- Tell me about the kind of work you do. Did you ever get hurt or sick because of the work you do? Tell me about that.
- I asked you about whether you ever experienced any injury or illness, related to any job you had, that caused you to get medical treatment other than first aid. What does “first aid” mean to you? What kind of treatment counts as first aid? What kind of treatment doesn’t count?
- Have you *ever* experienced a work-related injury or illness? Tell me about that.
- The questions gave some examples of injuries and illnesses [LIST FROM Q4 AND Q5]. Tell me what you think of this list. Which ones have you heard of? Which ones had you not heard of?
- How easy or hard was it to remember when the injury/illness happened? Can you tell me more about that? How did you figure out when the injury/illness happened?

Notes to interviewer:

The goal of the screener section is to enumerate all instances of work-related injuries and illnesses that occurred during the reference period. What issues do respondents have in reporting these incidents? Do they understand the types of injuries and illnesses to report? Can they accurately report only those that are work-related? How do they determine the boundary of the reference period and determine whether an incident occurred within the RP?

IF NO INCIDENTS OF WORK-RELATED INJURIES AND ILLNESSES, GO TO DEMOGRAPHICS SECTION.

Injury or Illness

[FOR FIRST INJURY/ILLNESS START AT Q10]

[FOR SECOND AND FOLLOWING INJURY/ILLNESS START AT Q9]

9. [FOR SECOND/THIRD/ETC. LOOPS] How is this injury/illness related to the other injury/illness you mentioned? Is this related to [the other/another] injury/illness you already mentioned or is it a different injury/illness?
 - a. RELATED TO THE OTHER/ANOTHER INJURY/ILLNESS [GO TO NEXT LOOP]
 - b. THIS IS A DIFFERENT INJURY/ILLNESS [CONTINUE]
 - c. DK
 - d. REF
10. [FOR EACH LOOP] What happened? How did the injury or illness occur? [For example: “When ladder slipped on wet floor, I fell 20 feet”; “I was sprayed with chlorine when gasket broke during replacement”; “I developed soreness in wrist over time.”] [OPEN ENDED]
11. [FOR EACH LOOP] What were you doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material you were using. Be specific. [Examples:

“climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”]

a. DESCRIBE THE ACTIVITY.

DK
REF

b. DESCRIBE THE TOOLS, EQUIPMENT, OR MATERIAL THAT YOU WERE USING.] [OPEN ENDED]

DK
REF

12. [FOR EACH LOOP] What object or substance directly harmed you? [Examples: “concrete floor”; “chlorine”; “radial arm saw.”]

- a. FLOORS, WALKWAYS, GROUND SURFACES
- b. VEHICLES
- c. WORKER MOTION OR POSITION
- d. CONTAINERS
- e. PARTS AND MATERIALS
- f. OTHER _____
- g. NOT APPLICABLE
- h. DK
- i. REF

Body part/type of injury

13. [FOR EACH LOOP] [INTERVIEWER NOTE: R should be more specific than “hurt,” “pain,” or “sore.” For example: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”]

a. How did this injury or illness happen?

- a. OVEREXERTION AND BODILY REACTION WHILE LIFTING, PULLING, ETC., OR PERFORMING A REPETITIVE MOTION
- b. FALLS, SLIPS OR TRIPS, FALLS ON THE SAME LEVEL
- c. CONTACT WITH OBJECTS OR EQUIPMENT, STRUCK BY OBJECT OR EQUIPMENT
- d. INJURY CAUSED BY ANOTHER PERSON OR AN ANIMAL
- e. INCIDENT RELATED TO A CAR, TRAIN, AIRPLANE OR OTHER FORM OF TRANSPORTATION
- f. EXPOSURE TO SOMETHING HARMFUL, SUCH AS ELECTRICITY, RADIATION, HEAT OR COLD, A NEEDLE OR SHARP OBJECT
- g. OTHER _____
- h. DK
- i. REF

b. What part of your body was affected?

- a. ARM
- b. WRIST
- c. SHOULDER

- d. FINGERS
- e. HANDS
- f. HEAD
- g. KNEE
- h. ANKLE
- i. FOOT
- j. TOE
- k. BACK LOCATIONS (THORACIC, LUMBAR, SACRAL, COCCYGEAL)
- l. ENTIRE BODY
- m. LUNGS
- n. OTHER ORGANS
- o. OTHER _____
- p. DK
- q. REF

c. How was it affected? What type of injury or illness affected your [PART OF BODY]?

- a. SPRAINS, STRAINS, TEARS
- b. SORENESS, PAIN
- c. BRUISES, CONTUSIONS
- d. FRACTURES
- e. CUTS, LACERATIONS, PUNCTURES
- f. BROKEN BONE
- g. INJURY TO MUSCLES OR JOINTS
- h. STRAINS OR SPRAINS
- i. OPEN WOUNDS, CUTS, BRUISES OR BURNS
- j. PAIN
- k. CARPAL TUNNEL SYNDROME
- l. SKIN DISORDERS
- m. RESPIRATORY CONDITIONS
- n. POISONINGS
- o. HEARING LOSS
- p. A DISEASE OR INFECTION
- q. AN ILLNESS SUCH AS CANCER
- r. ANY OTHER INJURY OR ILLNESS?
- s. DK
- t. REF

Probes:

Date of injury/illness

- You said that the injury/illness happened in [Q8 MONTH/YEAR]. Tell me how you remembered the month and year this injury/illness occurred. How sure are you about that date?

Notes to interviewer:

How certain is the R of the month/year of the injury/illness? How did R determine when the incident happened?

Probes:

Characteristics of incident

- Tell me more about what happened.
- [READ QUESTION] Can you tell me in your own words what you think this question is asking?
- [IF R DOES NOT INDICATE HOW INJURY/ILLNESS IS WORK-RELATED] Tell me more about how this injury/illness was related to your job. Where were you when this happened? What were you doing? What caused the injury/illness? Tell me more about the injury/illness.

Notes to interviewer:

Questions 10 through 13 are intended to capture (event or exposure, source of the injury/illness, part of body affected, and nature of the injury/illness). Do the questions elicit the information needed? Are the response options adequate to capture the information Rs give? Use general probing to elicit more information about the incident. (For example, if R says "I cut myself" ask: What part of your body was injured? What did you get cut with? What were you doing at the time?)

Medical attention

14. [FOR EACH LOOP] Was the injury/illness serious enough that a medical professional was consulted?

- Yes → What type of medical professional did you see? (specify)____

- No
- DK
- REF

15. [FOR EACH LOOP] Did you get medical advice, treatment, or follow-up care for this injury/illness from...?

	Yes	No	Not needed	DK/REF
An emergency vehicle, such as an ambulance or fire truck				
An emergency room				
A doctor's office or other health clinic <i>Please include on site offices or clinics at your place of employment</i>				
A phone call to a doctor, nurse, or other health care professional				
Any place else? Specify				

16. [FOR EACH LOOP] Were you in the hospital?

- YES → How many nights were you in the hospital? _____ nights
- NO
- DK
- REF

17. Did you receive a medical diagnosis from your healthcare professional?

- YES → What was your medical diagnosis?
- NO
- DK
- REF

Effect on work

18. [FOR EACH LOOP] Did you report this injury/illness to your employer?

- a. YES [SKIP TO Q20]
- b. NO
- c. DK
- d. REF

19. [FOR EACH LOOP] IF NO TO REPORTING TO EMPLOYER: Why did you not report this injury/illness to your employer?

a. Avoid being laid off	YES	NO	DK	REF
b. Avoid loss of wages	YES	NO	DK	REF
c. Avoid loss of promotion or advancement	YES	NO	DK	REF
d. Avoid job transfer or restriction	YES	NO	DK	REF
e. Employer would not recognize the injury/illness as work-related	YES	NO	DK	REF
f. Employer wants to keep injury and illness rates low	YES	NO	DK	REF
g. Realized the injury/illness was work-related after leaving the job	YES	NO	DK	REF
h. Other (specify)	YES	NO	DK	REF

20. [FOR EACH LOOP] Did the injury/illness cause you to...?

	YES	NO	NOT NEEDED	DK/REF
a. Be unable to work the next day, whether or not you were actually scheduled to work? [ASK FOLLOW-UP QUESTION]				
b. Work at your regular job less than your usual number of hours?				
c. Work at your regular job, but be unable to perform all of the normal duties of the job?				
d. Be assigned to another job on a temporary basis?				
e. Be transferred?				
f. Receive temporary disability benefits?				
g. Quit your job?				
h. Be laid off?				
i. Be fired?				
j. Change occupations?				
k. Lose any wages?				
l. OTHER (SPECIFY)				

IF NO WORK DAYS MISSED, GO THROUGH PROBES THEN SKIP TO INTRO TO Q23.

Probes:

Medical attention (tailor probes based on whether R reported receiving medical attention)

- Can you tell me in your own words what you think this question is asking?
- Who do you think of as a medical professional? Who would you include or not include? [IF NEEDED ASK IF THESE WOULD COUNT: medical doctor, nurse, physician's assistant, chiropractor, paramedic]
- Did you go to a doctor, nurse, or other health care provider after [INCIDENT]? Did you go to the hospital or did paramedics come?
- Is/Was there a medical clinic at your place of employment? Did you see anyone at that clinic?

- Did you speak to a doctor, nurse, or another health care provider by phone after the incident?
- Tell me more about the medical care you received after the injury/illness happened.
- I asked you about whether you received a medical diagnosis. What does the term “medical diagnosis” mean to you? How do you get a medical diagnosis? Who gives you a medical diagnosis? Does a medical diagnosis have to come from a doctor or other health care professional?

Temporary disability

- I asked about whether you received temporary disability benefits. Have you heard of temporary disability benefits? Can you tell me what this term means?

Notes to interviewer:

Does the R consider all potential sources of medical attention? Does R provide a complete report of medical care received, including both immediate and follow-up care?

Probes:

Effect on work

- [IF YES TO MORE THAN ONE ITEM IN Q19] Tell me more about the reasons why you did not tell your employer about this injury/illness. Which was the main reason for not telling your employer?
- IF YES TO ANY ITEM IN Q20: Tell me more about [TEXT FILL]. [E.g., Tell me more about your normal job duties. What duties were you unable to perform? OR Tell me more about why you quit your job? When did you quit? How was that related to your injury/illness?]
- What does the term [TEXT FILL] mean to you? Can you give me an example? [E.g., What does it mean to you to be assigned to another job on a temporary basis? What does it mean to you to be transferred?]
- What kind of effect did the injury/illness have on your work schedule? Job duties? Ability to work? Ability to keep your job? The pay you received?

Notes to interviewer:

Observe for signs of acquiescence bias in Q19. Are Rs saying “yes” because a reason sounds plausible or because it was a reason why R did not report an injury/illness? Ask for more detail and main reasons. How did R determine an answer to each item in Q19? Probe to explore understanding of terms, ability to accurately report on consequences of the injury/illness.

21. [FOR EACH LOOP] IF YES ON MISSING DAYS OF WORK: How many calendar days, or days in a row, were you not able to work? *This may include both the days you were scheduled to work and days you were not scheduled.*

____DAYS

DK

REF

22. [FOR EACH LOOP] How many days after the injury/illness were you able to start work again?

- ____DAYS AFTER THE INJURY/ILLNESS
- STILL OFF PAID WORK
- EXPECTS NEVER TO DO PAID WORK AGAIN
- BACK TO WORK SAME DAY
- DK
- REF

Probes:

Calendar days missed

- How did you figure out the number of days you were not able to work?
- Walk me through the timeline of when you were injured and when you got back to work.
- I asked you [REPEAT QUESTION AND ITALICIZED INSTRUCTION ON CALENDAR DAYS NOT ABLE TO WORK]. Can you tell me in your own words what you think this question is asking? Can you think of a simpler way to ask this question? What does the term “calendar day” mean to you?
- You said you missed XX calendar days of work. How did you figure that out?
- Did your doctor or another medical professional recommend that you take days off from work? How many days off did they recommend?

Notes to interviewer:

Is R able to distinguish between work shifts vs. calendar days of work missed? Does R correctly report calendar days missed? How does R determine the days missed?

If reported no days missed in Q20, confirm that R is thinking of calendar days, not work shifts.

Workers’ compensation

Workers’ compensation is insurance that provides you with your lost wages and medical care when you become injured or ill due to your job. The next questions are about income you may have received from workers’ compensation.

23. [FOR EACH LOOP] Has anyone filed a workers’ compensation claim for this injury/illness?

- YES
- NO [SKIP TO Q25]
- DK
- REF

24. Who filed the workers’ compensation claim?

- EMPLOYER
- EMPLOYEE
- FAMILY MEMBER OF EMPLOYEE
- OTHER SPECIFY
- DK
- REF

GO TO SKIP INSTRUCTION BEFORE Q26.

25. [FOR EACH LOOP] IF NO ON QUESTION ABOUT WORKERS’ COMPENSATION: What was the main reason you or your employer did not file a workers’ compensation claim for this injury/illness?

- Not eligible (did not meet waiting period)
- Employer refused
- Did not inform employer
- Worker unaware of workers’ compensation coverage
- Other reason, please specify
- DK
- REF

SKIP INSTRUCTION: IF YES TO Q20—MISSED DAYS OF WORK, GO TO Q26. ELSE IF WORKERS' COMPENSATION CLAIM FILED (i.e., Q23=YES) SKIP TO Q27. ELSE GO TO PROBES AT END OF SECTION THEN SKIP TO Q28.

26. IF R MISSED DAYS OF WORK FOLLOWING THE INJURY/ILLNESS: MARK YES OR NO FOR EACH QUESTION

	YES	NO	NOT NEEDED	DK/REF
<u>Workers compensation</u> is insurance that provides you with your lost wages and medical care when you become injured or ill due to your job. Did you receive workers' compensation?				
Being <u>kept on salary</u> means that, after an injury or illness, your employer continued to pay the wages and other compensation you were receiving when the injury or illness occurred. Were you kept on salary?				
<u>Short-term or temporary disability</u> benefits provide you with a portion of your income if you are temporarily unable to work due to a medical condition. Did you receive short term (temporary) disability?				
Did you use sick leave, annual leave, or personal time off?				
Did you take leave without pay?				
Other-specify _____				

Definitions:

Workers compensation is insurance that provides you with your lost wages and medical care when you become injured or ill due to your job.

Being kept on salary means that, after an injury or illness, your employer continued to pay the wages and other compensation you were receiving when the injury or illness occurred.

Short-term or temporary disability benefits provide you with a portion of your income if you are temporarily unable to work due to a medical condition.

SKIP INSTRUCTION: IF WORKERS' COMPENSATION CLAIM FILED (i.e., Q23=YES), GO TO Q27. ELSE GO TO PROBES AT END OF SECTION AND THEN SKIP TO Q28.

27. [FOR EACH LOOP] IF FILED A WORKERS' COMPENSATION CLAIM: Is there an open claim pending for this injury/illness?

- a. YES
- b. NO
- c. DK
- d. REF

Probes:

Workers' compensation

- ASK PROBES TAILORED TO THE REASONS R REPORTS ON WHY NO WC CLAIM WAS FILED BY EMPLOYER. EXAMPLES: Tell me more about the reasons why your employer did not file a workers' compensation claim for this injury/illness? What did your employer say? Why did the employer refuse? How sure are you about whether or not your employer filed a claim?
- Can you tell me what it means to file a workers' compensation claim? Tell me what you know about that process.
- Have you heard of [TEXT FILL]? Please tell me in your own words what you think [TEXT FILL]

means: workers' compensation, kept on salary, short-term or temporary disability, sick leave/annual leave/personal time off, leave without pay.

Notes to interviewer:

Do Rs know what workers' compensation is? Do they know whether a WC form was filed? Are the terms in Q26 familiar to Rs and are the definitions helpful?

Occupation and Industry at Time of Injury or Illness

[FOR EACH LOOP] Thinking about the time of the injury/illness [TEXT FILL DESCRIPTION].

28. Were you employed full-time or part-time?

- a. Full-time
- b. Part-time
- c. DK
- d. REF

29. In a typical week, how many hours did you work? _____ hours

IF NECESSARY: Was it greater than or equal to 35 hours per week?

- DK
- REF

Probes:

Hours worked

- Do you work the same number of hours per week, or not? How did you determine how many hours per week you typically work?

Notes to interviewer:

Does R have any difficulty recalling FT vs. PT work? How do Rs with irregular work schedules, seasonal employment, etc., answer the question? Does the number of hours per week typically worked accord with report of FT/PT status?

30. At the time of the injury/illness, were you ...?

- a. An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions?
- b. An employee of a private not-for-profit, tax-exempt, or charitable organization?
- c. A local government employee (city, county, etc.)?
- d. A state government employee?
- e. A federal government employee?
- f. Self-employed in own not incorporated business, professional practice, or farm?
- g. Self-employed in own incorporated business, professional practice, or farm?
- h. Working without pay in family business or farm?
- i. DK
- REF

31. For whom did you work? [OPEN ENDED]

DK
REF

32. What kind of business or industry was this? [OPEN ENDED]

DK
REF

33. Was this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?

- a. Manufacturing
- b. Retail trade
- c. Wholesale trade
- d. Something else
- e. DK
- f. REF

34. What did they make or do where you worked? [OPEN ENDED]

DK
REF

35. In what state were you employed at this job?

DK
REF

36. What kind of work did you do? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) [OPEN ENDED]

DK
REF

37. What were your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) [OPEN ENDED]

DK
REF

38. At this job, were you a member of a union or covered by a collective bargaining agreement?

- a. YES
- b. NO
- c. DK
- REF

39. About how many workers were employed by [TEXT FILL EMPLOYER NAME]?

- a. 1 to 10 workers
- b. 11 to 49 workers
- c. 50 to 249 workers
- d. 250 to 999 workers
- e. 1000 or more workers
- f. DK
- g. REF

Probes:

Employment characteristics for job at time of injury/illness

- Q38 (union): Have you heard of unions? Have you heard of a collective bargaining agreement? Tell me what those words mean to you.
- Q38: Tell me how you decided on your answer. Tell me about the collective bargaining agreement. What union do/did you belong to?
- Q39 ON HOW MANY WORKERS: Tell me how you figured out your answer to this question. Walk me through how you figured out that answer. How certain are you of your answer?

Notes to interviewer:

Observe respondent ability to understand and respond to questions about employment at time of the injury/illness. Probe as needed to explore an issues with response. Are respondents able to accurately report answers for Q38 and Q39?

IF R HAS ADDITIONAL INJURIES/ILLNESSES TO REPORT, GO BACK TO Q9. ELSE GO TO Q40.

Demographic Characteristics

Race/ethnicity

40. Are you Spanish, Hispanic, or Latino?

- a. YES
- b. NO
- c. DK
- d. REF

41. [I am going to read you a list of five race categories.] Please choose one or more races that you consider yourself to be:

- a. White
- b. Black or African American
- c. American Indian or Alaska Native
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. Other _____
- g. DK
- h. REF

Age

42. What is your date of birth? Enter MM/DD/YYYY

- DK
- REF

43. As of last week, that would make you approximately (AGE) years old. Is that correct?

[IF NECCESARY] Even though you don't know your exact birthdate, what is your best guess as to how old you were on your last birthday?

_____ years

- DK
- REF

Marital Type

44. Are you now married, widowed, divorced, separated or never married?
- MARRIED - SPOUSE PRESENT
 - MARRIED - SPOUSE ABSENT
 - WIDOWED
 - DIVORCED
 - SEPARATED
 - NEVER MARRIED
 - DK
 - REF

Gender

45. Are you male or female?
- MALE
 - FEMALE

Education

46. What is the highest level of school you have completed or the highest degree you have received?
- Less than 1st grade
 - 1st, 2nd, 3rd or 4th grade
 - 5th or 6th grade
 - 7th or 8th grade
 - 9th grade or 10th grade
 - 11th grade
 - 12th grade NO DIPLOMA
 - High school graduate - high school diploma or the equivalent (For example: GED)
 - Some college but no degree
 - Associate degree in college - Occupational/vocational program
 - Associate degree in college -- Academic program
 - Bachelor's degree (For example: BA, AB, BS)
 - Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
 - Professional School Degree (For example: MD, DDS, DVM, LLB, JD)
 - Doctorate degree (For example: PhD, EdD)

Current Industry and Occupation

The next questions are about your **current job**. *If you have more than one job, please tell me about the job at which you usually work the most hours. If you work the same number of hours at two jobs, please tell me about the job where you were employed the longest.*

47. What is your current employment status? Are you currently employed full-time, part-time, or are you not employed?
- FULL-TIME
 - PART-TIME
 - NOT CURRENTLY EMPLOYED [SKIP TO END OF SURVEY]
 - DK
 - REF
48. [IF CURRENTLY EMPLOYED] Is this job the same job with the same employer that you have already told me about?

- a. Same job with same employer [FOLLOW SKIP BELOW]
 - b. Different job, same employer [SKIP TO Q49]
 - c. Different employer [SKIP TO Q49]
 - d. DK
 - e. REF
49. [IF YES AND ONLY ONE LOOP FOR INJURY/ILLNESS THEN SKIP TO END OF SURVEY. ELSE IF YES AND MORE THAN ONE REPORTED INJURY/ILLNESS AND EMPLOYER ASK:] Which job and employer is that?
50. Currently, in a typical week, how many hours do you work? _____hours
IF NECESSARY: Was it greater than or equal to 35 hours per week?
DK
REF
51. Are you ...?
- a. An employee of a private for-profit company or business, or of an individual, for wages, salary, or commissions?
 - b. An employee of a private not-for-profit, tax-exempt, or charitable organization?
 - c. A local government employee (city, county, etc.)?
 - d. A state government employee?
 - e. A federal government employee?
 - f. Self-employed in own not incorporated business, professional practice, or farm?
 - g. Self-employed in own incorporated business, professional practice, or farm?
 - h. Working without pay in family business or farm?
 - i. DK
 - j. REF
52. For whom do you work? [OPEN ENDED]
DK
REF
53. What kind of business or industry is this? [OPEN ENDED]
DK
REF
54. Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?
- a. Manufacturing
 - b. Retail trade
 - c. Wholesale trade
 - d. Something else, specify:
 - e. DK
 - f. REF
55. What do they make or do where you work? [OPEN ENDED]
DK
REF
56. What kind of work do you do? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) [OPEN ENDED]

DK
REF

57. What are your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) [OPEN ENDED]

DK
REF

Probes:

Employment characteristics for current job

- Use general probes as needed to investigate issues with these questions.
- Is the job you reported your only job or do you have more than one job?
- [REREAD THE ITALICIZED INSTRUCTION ON WHICH JOB TO REPORT ON]. In your own words, what do you think this instruction means?

Notes to interviewer:

These questions are the same as for the job at time of the incident. Continue to observe for issues to explore. Does R notice that this set of questions is about the current job? If R has more than one job, did R report on the correct one?

How do Q47 and Q48 function for determining that the current and former job are the same?

Debriefing questions for self-interview:

Recall and reference period

- How easy or difficult was it for you to answer questions about injuries/illnesses that occurred over the last year?
- How sure are you that the injury/illness you told me about happened in the last year?
- Were there any questions that were particularly difficult to answer? Tell me more about that?
- If I asked you about injuries/illnesses that happened during the past year, how easy or hard would it be to answer the questions I asked you?
- When you signed up to do the survey, you may have seen a flyer or someone from NORC ask you about injuries and illnesses related to work that you may have had. Did you think about those injuries/illnesses you had, or did you do anything to get ready for the interview before you came? Tell me about that.
- Imagine that you didn't know ahead of time that this survey was going to be about work-related injuries and illnesses. If someone called you or came to your door, and asked you whether you had ever had a work-related injury or illness, do you think you would have remembered? How hard would these questions in the survey be, if you didn't know in advance what the survey was about?

Sensitivity

- Were you worried/Would you be worried about telling your employer about an injury/illness? Was it/Would it be hard for you to tell your employer? Tell me more about that.
- Were you worried/Would you be worried about telling the government about an injury/illness? Why? Tell me more about that.
- Were you worried/Would you be worried about telling anyone else about a work-related injury/illness? Tell me more about that.

Review of selected items

- I'd like to ask you a little more about [QUESTION]. You said [FILL]. In your own words, what do you think that question was asking? How did you decide on your answer?

General debriefing

- What are your suggestions on how to improve the survey?

- What questions were the most difficult for you to answer?
- What questions were the easiest to answer?

Notes to interviewer:

Is reporting work-related injuries and illnesses to the employer a sensitive issue? Why or why not? Is telling others outside the workplace about these incidents sensitive? Why or why not?

What questions are the most and least difficult for Rs to answer? What answers are they uncertain about? Do they have suggestions for improving the survey?

Return to any questions that need further exploration.

Debriefing questions for proxy respondents:

Proxy

- What is your relationship to [RESPONDENT NAME]?
- How much would you say you know about R's job?
- How familiar would you say you are with R's work-related injury/illness? Are you aware of the medical treatment he/she received when the injury/illness occurred? Are you aware of how this affected R's job? How did you learn about R's injury/illness? Who in your household besides R would be the best person to answer the kinds of questions I asked?
- What questions were the hardest for you to answer for R? Why? How much would you say you know about [QUESTION TOPIC]? How easy/hard is it to remember the information the question asked about? Tell me more.
- What questions were the easiest for you to answer for R? Why? How much would you say you know about [QUESTION TOPIC]? How easy/hard is it to remember the information the question asked about? Tell me more.

Sensitivity

- Were you worried/Would you be worried about telling anyone else about R's work-related injury/illness? Tell me more about that.

Review of selected items

- I'd like to ask you a little more about [QUESTION]. You said [FILL]. In your own words, what do you think that question was asking? How did you decide on your answer?

General debriefing

- What are your suggestions on how to improve the survey?
- What questions were the most difficult for you to answer?
- What questions were the easiest to answer?

Notes to interviewer:

Is proxy reporting of work-related injuries and illnesses a sensitive issue? Why or why not?

What questions are the most and least difficult for Rs to answer? What answers are they uncertain about? Do they have suggestions for improving the survey?

Return to any questions that need further exploration.

Debriefing questions for those with no injury/illness to report:

Terms

How familiar are you with the following terms? Please tell in your own words what these terms mean to you?

Workers' compensation, etc.

- Worker's compensation
- Temporary disability
- Short-term disability
- Being kept on salary
- Sick leave
- Annual leave
- Personal time off

Medical professional/calendar days/work shifts

ASK R: In the last year, have you had any injury or illness that was serious enough that a medical professional was consulted? Please include any injury whether or not it was work-related.

- Who do you think of as a medical professional? Who would you include or not include? [IF NEEDED ASK IF THESE WOULD COUNT: medical doctor, nurse, physician's assistant, chiropractor, paramedic]
- When you became injured or ill, how many calendar days were you unable to do your usual activities?
- Did you miss any work shifts? How many?
- You said you were not able to do your usual activities for XX calendar days. How did you figure that out?
- You said you missed XX work shifts. How did you figure that out?

Unions/collective bargaining agreement

- Have you heard of unions? Have you heard of a collective bargaining agreement? Tell me what those words mean to you.
- Q39 (how many workers): Tell me how you figured out your answer to this question. Walk me through how you figured out that answer. How certain are you of your answer?

Understanding of terms

- Have you heard of the term "calendar days"? What does that term mean to you? What about the term "work shift"? What does that term mean to you? How are these terms the same? Different?
- Who do you think of as a medical professional? Who would you include or not include? [IF NEEDED ASK IF THESE WOULD COUNT: medical doctor, nurse, physician's assistant, chiropractor, paramedic]
- Now I'd like to ask you about the term "medical diagnosis." What does the term "medical diagnosis" mean to you? How do you get a medical diagnosis? Who gives you a medical diagnosis? Does a medical diagnosis have to come from a doctor or other health care professional?

STEP 3: END OF INTERVIEW

Thank you for taking part in this survey.

STOP THE RECORDER.

RECRUITMENT QUESTION:

We are looking for additional respondents like you who would be interested in helping with the study. Do you know anyone who had a work-related injury or illness who might be interested in participating? If yes, would you mind if we gave you a flyer about the study and send you an email about the study that you could forward to them?

INTERVIEWER: ANSWER ANY RESPONDENT QUESTIONS.

This concludes the interview. I would be happy to answer any questions that you have. Thank you for your help with this study.

PAY THE RESPONDENT AND OBTAIN SIGNATURE ON RECEIPT.

MATERIALS TO TAKE AWAY FROM INTERVIEW

- INTERVIEWER PROTOCOL BOOKLET (THIS BOOKLET)
- SIGNED CONSENT FORM
- SIGNED PAYMENT RECEIPT
- DIGITAL RECORDER AND BATTERIES
- NOTE PAPER, PENS, PENCILS