



TRACKING NUMBER

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A. YOUR WORK

A1. Are you currently in any of the following work situations? For each “Yes” response, record how long you have been in this situation (for example, 3 weeks or 5 months or 7 years).

How long have you been in this situation?

	<u>Yes</u>	<u>No</u>	<u>Enter Number</u>	<u>(Circle only one)</u>		
				<u>Weeks</u>	<u>Months</u>	<u>Years</u>
a. Unemployed and looking for work?..	1	2	_____	1	2	3
b. Temporarily laid off?.....	1	2	_____	1	2	3
c. Maternity leave?.....	1	2	_____	1	2	3
d. Short-term sick leave?.....	1	2	_____	1	2	3
e. Extended sick leave or disability?.....	1	2	_____	1	2	3
f. Retired?.....	1	2	_____	1	2	3

A2. Do you do any of the following kinds of work? For each “Yes” response, estimate the number of hours you typically spend doing this kind of work each week. If it varies, estimate the average.

	<u>Yes</u>	<u>No</u>	<u>Average Number of Hours each Week</u>
a. Caregiver for your child(ren)?.....	1	2	_____
b. Working a full-time paying job?.....	1	2	_____
c. Working a part-time paying job?.....	1	2	_____
d. Self-employed?.....	1	2	_____
e. Volunteer work?.....	1	2	_____
f. Full-time student?.....	1	2	_____
g. Part-time student?.....	1	2	_____
h. Housework/home maintenance?.....	1	2	_____

A3. If you currently work for pay or profit or are on sick leave, please choose the category that best describes your main job. If none of the categories fits you exactly, please respond with the closest category. If you are currently not working and not on sick leave, skip to question B1. (Circle only one number.)

1. Executive, administrator, or senior manager
(e.g., CEO, sales VP, plant manager)
2. Professional
(e.g., engineer, accountant, systems analyst)
3. Technical support
(e.g., lab technician, legal assistant, computer programmer)
4. Sales
(e.g., sales representative, stockbroker, retail sales)
5. Clerical and administrative support
(e.g., secretary, billing clerk, office supervisor)
6. Service occupation
(e.g., security officer, food service worker, janitor)
7. Precision production and crafts worker
(e.g., mechanic, carpenter, machinist)
8. Operator or laborer
(e.g., assembly line worker, truck driver, construction worker)

A4. How many people do you personally supervise on your main job?

_____ NUMBER OF PEOPLE

A5. How many hours does your employer expect you to work in a typical 7-day week? If it varies, estimate the average. If you are self-employed, estimate the number of hours you would consider a full work week. If you have more than one job, combine total number of hours for all jobs.

_____ NUMBER OF HOURS

A6. Now please think of your work experiences over the past 7 days. In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past <u>7 days</u>, how many days did you...	<u>NUMBER OF DAYS</u>
a. ...miss an <u>entire</u> work day because of problems with your physical or mental health?	_____
b. ...miss an <u>entire</u> work day for any other reason (including vacation)?	_____
c. ...miss <u>part</u> of a work day because of problems with your physical or mental health?	_____
d. ...miss <u>part</u> of a work day for any other reason (including vacation)?	_____
e. ...come in early, go home late, or work on your day off?	_____

A7. About how many hours altogether did you work in the past 7 days? (See examples below.) If you have more than one job, report the combined total number of hours for all jobs. If you did not work at all in the past 7 days, enter “0” and skip to question B1.

_____ NUMBER OF HOURS

Examples for Calculating Hours Worked in the Past 7 Days
 8 hours per day for 5 days = 40 hours
 7 hours per day for 5 days = 35 hours
 8 hours per day for 4 days plus 4 hours per day for 1 day = 36 hours
 7 hours per day for 3 days plus 4 hours per day for 2 days = 29 hours

A8. Did you have any of the following experiences at work in the past 7 days?

	<u>Yes</u>	<u>No</u>
a. Any special work success or achievement?.....	1	2
b. Any special work failure?.....	1	2
c. An accident that caused either damage, work delay, a near miss, or a safety risk?....	1	2
d. If you answered "Yes" to any of the questions A8a, A8b, or A8c, please describe what happened.		

A9. The next questions are about the time you spent during your hours at work in the past 7 days. Circle the one number from each question that comes closest to your experience.

	<u>All of the time</u>	<u>Most of the time</u>	<u>Some of the time</u>	<u>A little of the time</u>	<u>None of the time</u>
a. How often was your performance higher than most workers on your job?.....	1	2	3	4	5
b. How often was your performance lower than most workers on your job?.....	1	2	3	4	5
c. How often did you do no work at times when you were supposed to be working?..	1	2	3	4	5
d. How often did you find yourself not working as carefully as you should?.....	1	2	3	4	5
e. How often was the quality of your work lower than it should have been?.....	1	2	3	4	5
f. How often did you not concentrate enough on your work?.....	1	2	3	4	5
g. How often did health problems limit the kind or amount of work you could do?.....	1	2	3	4	5

A13. How would you compare your overall job performance on the days you worked during the past 7 days with the performance of most other workers who have a similar type of job? (*Circle the number*)

1. You were **a lot better** than other workers
2. You were **somewhat better** than other workers
3. You were **a little better** than other workers
4. You were about **average**
5. You were **a little worse** than other workers
6. You were **somewhat worse** than other workers
7. You were **a lot worse** than other workers

B. DEMOGRAPHICS

B1. How old are you?

_____ Years Old

B2. Are you male or female? (Circle the letter)

- a. Male
- b. Female

B3. What is your current marital status?

- a. Married or cohabiting
- b. Separated
- c. Divorced
- d. Widowed
- e. Never married

B4. How many children do you have?

- a. None
- b. One
- c. Two
- d. Three
- e. Four or more

B5. What is the highest grade or level of school that you have completed? (Circle the letter)

- a. 8th grade or less
- b. Some high school, but did not graduate
- c. High school graduate or GED
- d. Some college or 2-year degree
- e. 4-year college graduate
- f. More than 4-year college degree

B6. What is your height? (Please record both feet and inches.)

_____ Feet _____ Inches

B7. How much do you weigh?

_____ Pounds

B8. What is your annual income from your job, before taxes? (Circle the letter)

- | | | |
|------------------------|------------------------|---------------------------|
| a. \$1 - \$999 | l. \$11,000 - \$11,999 | w. \$30,000 - \$34,999 |
| b. \$1,000 - \$1,999 | m. \$12,000 - \$12,999 | x. \$35,000 - \$39,999 |
| c. \$2,000 - \$2,999 | n. \$13,000 - \$13,999 | y. \$40,000 - \$44,999 |
| d. \$3,000 - \$3,999 | o. \$14,000 - \$14,999 | z. \$45,000 - \$49,999 |
| e. \$4,000 - \$4,999 | p. \$15,000 - \$15,999 | aa. \$50,000 - \$74,999 |
| f. \$5,000 - \$5,999 | q. \$16,000 - \$16,999 | bb. \$75,000 - \$99,999 |
| g. \$6,000 - \$6,999 | r. \$17,000 - \$17,999 | cc. \$100,000 - \$149,999 |
| h. \$7,000 - \$7,999 | s. \$18,000 - \$18,999 | dd. \$150,000 - \$199,999 |
| i. \$8,000 - \$8,999 | t. \$19,000 - \$19,999 | ee. \$200,000 - \$299,999 |
| j. \$9,000 - \$9,999 | u. \$20,000 - \$24,999 | ff. \$300,000 - \$499,999 |
| k. \$10,000 - \$10,999 | v. \$25,000 - \$29,999 | gg. \$500,000 - \$999,999 |
| | | hh. \$1,000,000 or more |

THANK YOU

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completed survey in the
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INSTRUCTIONS

Most of the following questions have numbered response options. Respond by **CIRCLING THE NUMBER** for your preferred answer. For example, if you consider your health “Fair,” respond as follows:

A1. In general, how would you rate your overall health now?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

If none of the categories fits you exactly, please respond with the closest category to your experience.

If you want to change your response, put an “X” through the incorrect response and circle the correct response. For example, if you want to change your response from “Fair” to “Good,” make the correction as follows:

A1. In general, how would you rate your overall health now?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

A few questions in the booklet require you to fill in numbers or to provide brief written descriptions. Please fill these out legibly.

C1. How old are you?

46 YEARS OLD

There are no right or wrong answers. Your responses are completely confidential. Please answer as honestly and accurately as you can.

C1. Has there been any change in your employment status since your last interview? (Circle all that apply)

1. No change
2. Started a new job
3. Quit a job
4. Fired
5. Laid off
6. Went out on illness/sick leave
7. Any other change in employment status (Please describe below)

DIRECTIONS: If you currently work for pay or profit or are on sick leave, continue with Question 2. If you are currently not working and not on sick leave, this is the end of the questionnaire.

C2. How many hours does your employer expect you to work in a typical 7-day week?

If it varies, estimate the average. If you are self-employed, estimate the number of hours you would consider a full work week. If you have more than one job, combine total number of hours for all jobs.

_____ NUMBER OF HOURS

C3. Now please think of your work experiences in the past 7 days. In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past 7 days, how many days did you...

**NUMBER
OF DAYS**

a. ...miss an **entire** work day because of problems with your physical or mental health?

b. ...miss an **entire** work day for any other reason (including vacation)?

c. ...miss **part** of a work day because of problems with your physical or mental health?

d. ...miss **part** of a work day for any other reason (including vacation)?

e. ...come in early, go home late, or work on your day off?

C4. About how many hours altogether did you work in the past 7 days? (See examples below.) If you have more than one job, report the combined total number of hours for all jobs. If you did not work at all in the past 7 days, enter "0" and skip to the end of the questionnaire.

_____ NUMBER OF HOURS

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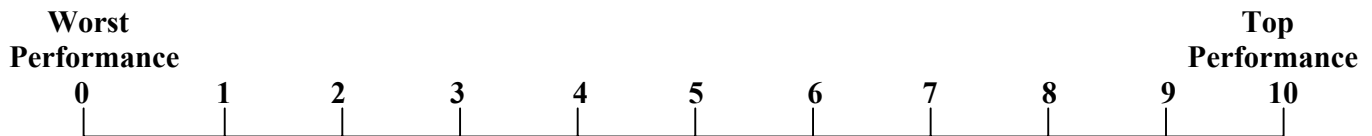
C5. Did you have any of the following experiences at work in the past 7 days?

	<u>Yes</u>	<u>No</u>
a. Any special work success or achievement?.....	1	2
b. Any special work failure?.....	1	2
c. An accident that caused either damage, work delay, a near miss, or a safety risk?....	1	2
d. If you answered "Yes" to any of the questions C5a, C5b, or C5c, please describe what happened.		

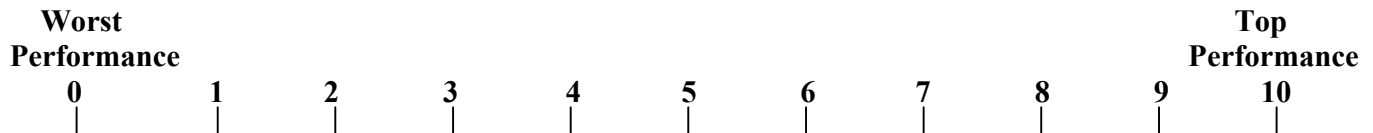
C6. The next questions are about the time you spent during your hours at work in the past 7 days. Circle the one number from each question that comes closest to your experience.

	<u>All of the time</u>	<u>Most of the time</u>	<u>Some of the time</u>	<u>A little of the time</u>	<u>None of the time</u>
a. How often was your performance higher than most workers on your job?.....	1	2	3	4	5
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g. How often did health problems limit the kind or amount of work you could do?.....	1	2	3	4	5

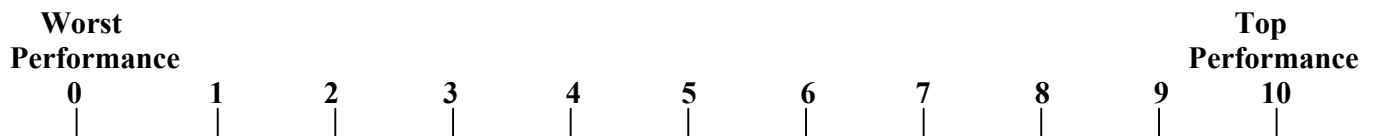
C7. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours? (Circle the number)



C8. Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two? (Circle the number)



C9. Using the same 0-to-10 scale, how would you rate your overall performance on the days you worked in the past 7 days? (Circle the number)



C10. How would you compare your overall job performance on the days you worked in the past 7 days with the performance of most other workers who have a similar type of job? (Circle the number)

1. You were a lot better than other workers
2. You were somewhat better than other workers
3. You were a little better than other workers
4. You were about average
5. You were a little worse than other workers
6. You were somewhat worse than other workers
7. You were a lot worse than other workers

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