****

*** NOTE FOR REVIEWERS ***
ALL CHANGES FOR THE 2022 WAVE INSTRUMENT ARE FLAGGED WITH
#@ LOCATED ON THE RIGHT SIDE OF THE CHANGED ITEM OR SERIES.
THUS, ALL CHANGES CAN BE LOCATED BY SEARCHING FOR #@ IN THE
DESIGN CHANGE COMMENTS COLUMN.

CHANGES IN ITEMS THAT WERE IN THE 2020 INSTRUMENT APPEAR IN RED.

NEW QUESTIONS AND ASSOCIATED NEW BRANCHPOINTS, ETC., APPEAR IN
BLUE SANDWICHED BETWEEN ROWS OF *************** .

****

NOTE ABOUT BRANCHPOINTS:

WHERE THERE IS MORE THAN ONE JUMP WITHIN A BRANCHPOINT BOX,
THE JUMPS ARE TO BE APPLIED IN ORDER FROM THE TOP.

****

NOTE ABOUT BOLD/UNDERLINE TEXT:

ANY QUESTION THAT IS UNDERLINED IN THE B&A WILL APPEAR IN BOLD IN
CAPI AND WILL BE UNDERLINED FOR CAWI.

****

~~NOTE: SECTION M IS A COMBINATION OF THE TWO HRS 2000 DISABILITY SECTIONS, GD (REINTERVIEW Rs) AND GJ (NEW INTERVIEW Rs); THEY WERE AMALGAMATED IN THE 2002 WAVE. MANY SEQUENCES ARE REPEATED IN THE TWO SECTIONS. USUALLY SUCH SEQUENCES DIFFER ONLY BY THE OMISSION OF ONE OR A FEW QUESTIONS. QUESTIONS IN SIMILAR SEQUENCES ARE USUALLY IDENTICAL OR HAVE ONLY MINOR DIFFERENCES IN WORDING.~~

****

NOTE ABOUT NON-RESPONSE FLOW:

ANY QUESTION THAT IS ASKED BUT LEFT WITHOUT A RESPONSE IN CAWI INTERVIEWS WILL FOLLOW THE SAME PATH AS A REFUSAL FOR THAT QUESTION, UNLESS OTHERWISE SPECIFIED.

****

MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES

THIS IS A REINTERVIEW R (Z076=1);
THIS IS A NEW INTERVIEW R (Z076 NOT 1)

THIS IS A PROXY INTERVIEW (A009={2 or 3}) or (A009 NOT 1);
THIS IS A SELF INTERVIEW (A009=1)

R IS MARRIED (X065=1);
R IS PARTNERED (X065=3);
R IS SINGLE (X065=6 or (X065 {NOT 1 and NOT 3}))

R HAS NEVER BEEN MARRIED (B061=6)

R's LAST IW MONTH (per Z092), YEAR (per Z093)

R's AGE (per A019)

R IS WORKING FOR PAY (J020=1);
R IS NOT CURRENTLY WORKING (J020=5 or {J020 NOT 1})

R WAS WORKING FOR PAY AT R's LAST IW (Z123=1)

R IS WORKING FOR SOMEONE ELSE (J021=1);
R IS SELF-EMPLOYED (J021=2);
R WAS SELF-EMPLOYED AT LAST JOB (K007=2)

R NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (K003=5)

R HAS NOT WORKED SINCE {1998 OR EARLIER} (K006 <1999);
R LAST WORKED MORE THAN A YEAR AGO (K005 >1)

R'S CURRENT EMPLOYER [(JW158_1)/(JW158_2)];
R'S LAST-INTERVIEW EMPLOYER (A508) *A508= Job Status is PW JOB
(Z503=1) and Employer Name for that job is not empty (Z141 NOT Empty);

R's LAST EMPLOYER (KW158_3);
R's MOST RECENT EMPLOYER (LW158_4)

R REPORTED IN A PREVIOUS IW HAVING HEALTH CONDITION THAT LIMITS
WORK (Z219=1)

~~R REPORTED AT R's LAST IW IS DISABLED (Z122=1)~~

R RECEIVING BENEFITS AT R's LAST IW ({Z118 or Z099 or Z100 or Z119}=1);

BENEFITS WERE STILL BEING CONSIDERED AT R's LAST IW ({Z118 or Z099 or
Z100 or Z119}=3);
R NOT RECEIVING BENEFITS AT R's LAST IW ({Z118 or Z099 or Z100 or
Z119}=5)
⍰
BENEFITS: SSDI: Z118
SSI: Z099
VETERANS: Z100
WORKERS' COMPENSATION: Z119

*** A variable fieldname and code reference is shown at its first occurrence in
the questionnaire, but in some cases, especially when it is common, is not
shown after that.**

****

M100 BRANCHPOINT: IF THIS IS AN EXIT IW, GO TO SECTION N

IF REINTERVIEW R (Z076=1) and COMPLETELY RETIRED (J578=1) and DIDN'T
WORK IN LAST IW (Z123 NOT 1) and NOT WORKING THIS WAVE (J020 NOT 1),
GO TO M236 BRANCHPOINT

IF R HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS
(K003=5), CONTINUE

OTHERWISE, GO TO M101

M100

According to our records, you said you have never worked for more than a few months. Was that because of a health condition or disability?

1. YES
5. NO
8. DK
9. RF

M101

IF R REPORTS THEY ARE COMPLETELY RETIRED (J578=1):
You said you are not working anymore, but we would like to ask how your health might affect paid work activities you could do.

ELSE:
Now I want to ask how your health affects paid work activities.

ALL:
Do you have any impairment or health problem that limits the kind or amount of paid work you can do?

1. YES
5. NO……………..GO TO M106 BRANCHPOINT
8. DK……………..GO TO M106 BRANCHPOINT
9. RF……………..GO TO M106 BRANCHPOINT

M102

What health conditions or impairments most limit your ability to work now?

[INSTR: IF MORE THAN ONE CONDITION, ASK:] What condition is the main cause of this impairment or problem?

[INSTR: RECORD UP TO 3 MENTIONS AND PLACE AN 'M': BEFORE MAIN CAUSE.]

What health condition causes this impairment or problem?

[INSTR: PLEASE LIST ALL CONDITIONS AND PLACE AN 'M': BEFORE THE MAIN CAUSE.]

_____

#@ JR (10/18/21) revise instruction, and add instruction; #49174

M103

Do you expect that ~~(this impairment or health problem~~/these impairments (s) or health problems (s))~~ will improve enough within the next few years so that it will no longer limit your work?

1. YES
5. NO…………….GO TO ~~M106 BRANCHPOINT~~ M105
6. CONDITION IS PERMANENT……………..GO TO ~~M106 BRANCHPOINT~~ M105
8. DK
9. RF

M104

Do you expect that ~~(this impairment or health problem~~/these impairment(s) or health problem(s))~~ will last for less than three months?

1. YES……………..GO TO M106 BRANCHPOINT
5. NO
8. DK……………..GO TO M106 BRANCHPOINT
9. RF……………..GO TO M106 BRANCHPOINT

M105

What is it about your impairment~~(s)~~ or health problem~~(s)~~ that ~~limit(s)~~ limits the kind or amount of work you can do?

[INSTR: IF R HAS DIFFICULTY ANSWERING, PROBE:
For example, do you have difficulty with concentration, pain, getting around, or what ?]

What is it about your impairment~~(s)~~ or health problem~~(s)~~ that ~~limit(s)~~ limits the kind or amount of work you can do?

For example, do you have difficulty with concentration, pain, getting around, or what ?

_____

LIMITED IN HOUSEWORK - NO WORK LIMIT

M106 BRANCHPOINT: ~~IF R NEVER WORKED MORE THAN A FEW MONTHS BECAUSE OF A DISABILITY (M100=1), GO TO M236 BRANCHPOINT~~

IF R HAS WORK LIMITATION (M101=1), GO TO M116 BRANCHPOINT

M106

Do you have any impairment or health problem that limits the kind or amount of work you can do around the house?

1. YES
5. NO……………..GO TO M111 BRANCHPOINT
8. DK……………..GO TO M111 BRANCHPOINT
9. RF……………..GO TO M111 BRANCHPOINT

M107

What health condition or impairment most limits your ability to work around the house now?

_____

M108

Do you expect that (this impairment or health problem~~/these impairment(s) or health problem(s)~~ will improve enough within the next few years so that it will no longer limit your work around the house?

1. YES
5. NO……………..GO TO M110
6. CONDITION IS PERMANENT……………..GO TO M110
8. DK
9. RF

M109

Do you expect that (this impairment or health problem~~/these impairment(s) or health problem(s)~~ will last for less than three months?

1. YES……………..GO TO M111 BRANCHPOINT
5. NO
8. DK……………..GO TO M111 BRANCHPOINT
9. RF……………..GO TO M111 BRANCHPOINT

M110

What is it about your impairment~~(s)~~ or health problem~~(s)~~ that ~~limit(s)~~ limits the kind or amount of work you can do around the house?

[INSTR: IF R HAS DIFFICULTY ANSWERING, PROBE:
For example, do you have difficulty with concentration, pain, getting around, or what ?]

What is it about your impairment(s) or health problem(s) that limit(s) limits the kind or amount of work you can do around the house?

~~[INSTR: IF R HAS DIFFICULTY ANSWERING, PROBE:~~
~~For example, do you have difficulty with concentration, pain, getting around,~~
~~or what ?]~~

_____

ANY LIMITS - NOT LIMITED IN HOUSEWORK

M111 BRANCHPOINT: IF R HAS HOUSEWORK LIMITATION (M106=1), GO TO M116 BRANCHPOINT

M111

Are you limited in any way in activities because of an impairment or health problem?

1. YES   #@ 9/3/21
5. NO……………..GO TO M116 BRANCHPOINT
8. DK……………..GO TO M116 BRANCHPOINT
9. RF……………..GO TO M116 BRANCHPOINT

M112

What health condition or impairment most limits your activities now?

_____

M113

Do you expect that ~~(~~this impairment or health problem~~/these impairment(s)~~   #@ JR (9/8/21) revise
~~or health problem(s)~~ will improve enough within the next few years so that it   qtext for M113-M115;
will no longer limit your activites?   #48857

1. YES
5. NO……………..GO TO M115
6. CONDITION IS PERMANENT……………..GO TO M115
8. DK
9. RF

M114

Do you expect that (this impairment or health problem/these impairments or health problems) will last for less than three months?

1. YES……………..GO TO M116 BRANCHPOINT
5. NO
8. DK……………..GO TO M116 BRANCHPOINT
9. RF……………..GO TO M116 BRANCHPOINT

M115   #@ SS (10/28/21)
                                                                       Added separate CAWI
                                                                       language to show
                                                                       removal of IWER
                                                                       instruction for CAWI
                                                                       DEV#48963

What is it about your impairment(s) or health problem(s) that limit(s) limits the kind or amount of activities you can do?

[INSTR: IF R HAS DIFFICULTY ANSWERING, PROBE:
For example, do you have difficulty with concentration, pain, getting around, or what ?]

What is it about your impairment(s) or health problem(s) that limit(s) limits the kind or amount of activities you can do?

[INSTR: IF R HAS DIFFICULTY ANSWERING, PROBE:
For example, do you have difficulty with concentration, pain, getting around, or what ?]

_____

HAD LIMITATION IN PRIOR WAVE, BUT DID NOT REPORT ONE THIS WAVE

M116 BRANCHPOINT: IF R DOES NOT HAVE WORK LIMITATION NOW (M101=5) and REPORTED HEALTH CONDITION IN PREVIOUS IW (Z219=1), CONTINUE

IF NEW R (Z076 NOT 1) and R DOES NOT HAVE WORK LIMITATION (M101=5), GO TO M186 BRANCHPOINT

IF NEW R (Z076 NOT 1), GO TO M118 BRANCHPOINT

IF REINTERVIEW R (Z076=1) and HAS WORK LIMITATION NOW (M101=1), GO TO M117 BRANCHPOINT

IF {R HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (K003=5) and R DOES NOT HAVE WORK LIMITATION NOW (M101=5)} or R IS COMPLETELY RETIRED (J578=1), GO TO M236 BRANCHPOINT
IF R DOES NOT HAVE WORK LIMITATION NOW (M101=5) and {DID NOT REPORT HEALTH CONDITION IN PREVIOUS IW (Z219 NOT 1) or R HAS NEVER WORKED FOR PAY FOR MORE THAN A FEW MONTHS (K003=5)}, GO TO M236 BRANCHPOINT

ELSE, GO TO M117 BRANCHPOINT

M116

In [Z092, Z093—last IW month and year], you mentioned you had impairments or health problems that limited the kind or amount of paid work you could do. Why do those impairments or conditions no longer limit you?

[INSTR: SELECT ALL THAT APPLY.]

1. GOT USED TO MY CONDITION/LEARNED TO LIVE WITH IT
2. CONDITION WAS TEMPORARY
3. CONDITION IMPROVED
4. MY EMPLOYER ACCOMMODATED MY HEALTH LIMITATION/CHANGED MY WORK
5. HOURS/GOT SOMEONE TO HELP ME/GOT ME SPECIAL EQUIPMENT
6. GOT A DIFFERENT TYPE OF WORK/BECAME SELF-EMPLOYED
7. STOPPED WORKING
8. [VOL] DENIES IMPAIRMENT IN PREVIOUS WAVE
97. OTHER
98. DK
99. RF

HAD LIMITATIONS BOTH LAST WAVE AND CURRENT WAVE

M117 BRANCHPOINT: ~~IF REINTERVIEW (Z076=1)~~ IF R HAS A WORK LIMITATION NOW (M101=1) and REPORTED HEALTH CONDITION IN PREVIOUS IW (Z219=1), CONTINUE IF R DOES NOT HAVE WORK LIMITATION NOW (M101=5) and REPORTED HEALTH CONDITION IN PREVIOUS IW (Z219=1), GO TO M236 BRANCHPOINT OTHERWISE, GO TO M118 BRANCHPOINT	#@ JR (10/18/21) add skip; #49050 #@ JR (10/8/21) revise skip; #49050

M117

In [Z092, Z093—last IW month and year], you also mentioned that your impairments or health problems limited the kind or amount of paid work you could do. Would you say that you are more limited in your work activity, less limited, or about the same as you were then?

1. MORE LIMITED
2. LESS LIMITED
3. ABOUT THE SAME
4. [VOL] DENIES IMPAIRMENT IN PREVIOUS WAVE
8. DK
9. RF

1. MORE LIMITED
2. LESS LIMITED
3. ABOUT THE SAME
4. DID NOT HAVE IMPAIRMENT THEN
8. DK
9. RF

ALL LIMITATIONS, LAST WAVE AND THIS WAVE

M118 BRANCHPOINT: IF PROXY INTERVIEW, GO TO M241 BRANCHPOINT IF R HAS WORK LIMITATION (M101=1) and IS WORKING FOR PAY (J020=1), ASSIGN 5 TO M118 AND GO TO M123 BRANCHPOINT IF R REPORTED HEALTH CONDITION IN PREVIOUS IW (Z219=1) or R HAS WORK LIMITATION NOW (M101=1), CONTINUE OTHERWISE, GO TO M125 BRANCHPOINT	#@ JR (8/7/23) DM7 revise assignment and drop PW condition; #50412, 50413

M118

(Does/do) your impairment(s) or health problem(s) keep you from working altogether? Does your impairment or health problem keep you from working altogether?	#@ JR (10/22/21) revise qtext; #49178

    1. YES
    5. NO……………..GO TO M123 BRANCHPOINT
    8. DK……………..GO TO M123 BRANCHPOINT
    9. RF……………..GO TO M123 BRANCHPOINT

M119

When did (it/they) begin to prevent you from working altogether? [INSTR: ENTER '97' IF R SAYS AT BIRTH.] When did (it/they) begin to prevent you from working altogether?	#@ JR (10/22/21) revise qtext; #49179 #@ JR (10/7/21) revise qtext; #49038

    YEAR_____

    [OR]

M120

    AGE_____

    [OR]

M121

    YEARS AGO_____

    997. AT BIRTH
    DK
    RF

M122

If your impairment(s) or health problem(s) improved, would you want to [go back to] work?

1. YES
5. NO
8. DK
9. RF

M123 BRANCHPOINT: ASK IF R HAS A WORK LIMITATION (M101=1) and IMPAIRMENT DOES NOT KEEP R FROM WORKING ALTOGETHER (M118 NOT 1)

ELSE, GO TO M125 BRANCHPOINT

M123

Are you able to work full-time or can you work only part-time?

1. FULL-TIME
2. PART-TIME
3. [VOL] ABLE TO WORK FULL-TIME, BUT ONLY WORK PART-TIME
8. DK
9.RF

1. FULL-TIME
2. PART-TIME
3. ABLE TO WORK FULL-TIME, BUT ONLY WORK PART-TIME
8. DK
9.RF

M124

Are you now able to do the same kind of work you did before your impairment(s) or health problem(s) began?

1. YES
5. NO
8. DK
9. RF

NEWLY REPORTED LIMITATIONS THAT ARE NOT TEMPORARY

M125 BRANCHPOINT: ~~IF R REPORTED HEALTH CONDITION IN PREVIOUS IW (Z219=1), and R HAS WORK LIMITATION (M101=1), GO TO M236 BRANCHPOINT~~

~~IF R HAS WORK LIMITATION (M101=1) and LIMITATION IS TEMPORARY (M106=1), GO TO M236 BRANCHPOINT~~

IF R HAS WORK LIMITATION NOW (M101=1) and LIMITATION IS NOT TEMPORARY (M103=5 or 6 or M104=5) and NO LIMITATION REPORTED LAST WAVE (Z219 NOT 1), CONTINUE

OTHERWISE, GO TO M236 BRANCHPOINT

M125

Thinking about the impairment or health problem that most limits the kind or amount of paid work you can do, when did it begin to affect your ability to work?

[INSTR: ENTER '97' IF R SAYS AT BIRTH.]

Thinking about the impairment or health problem that most limits the kind or amount of paid work you can do, when did it begin to affect your ability to work?

YEAR_____

[OR]

M126

AGE_____

[OR]

M127

YEARS AGO_____

97. AT BIRTH
DK
RF

M128

Was the impairment or health problem you just mentioned the result of an accident or injury?

1. YES
5. NO……………..GO TO M130
8. DK…………….GO TO M130
9. RF…………….GO TO M130

M129

Did the accident or injury occur at work, at home, or somewhere else?

1. WORK
2. HOME
3. SOMEWHERE ELSE
8. DK
9. RF

M130 BRANCHPOINT: IF M129=1, ASSIGN 1 TO M130 AND SKIP TO M131 ELSE, CONTINUE	#@ SS (10/5/21): Added M130 BP with assignment and skip DEV#49010

M130

Were you employed at the time your health began to limit your ability to work?
1. YES
5. NO
8. DK
9. RF

M131

Was this impairment or health problem in any way caused by the nature of your work?

1. YES
5. NO
8. DK
9. RF

M132

Since your health began to limit your ability to work, have you sought assistance from a rehabilitation provider?

1. YES
5. NO……………..GO TO M135 BRANCHPOINT
8. DK…………….GO TO M135 BRANCHPOINT
9. RF…………….GO TO M135 BRANCHPOINT

M133

Did your employer assist you in receiving vocational rehabilitation services?

1. YES
5. NO……………..GO TO M135 BRANCHPOINT
8. DK……………..GO TO M135 BRANCHPOINT
9. RF……………..GO TO M135 BRANCHPOINT

M134

What types of services or supports did you receive?

_____

DISABILITY ONSET IN THE LAST TWO YEARS FOR ALL RS, INCLUDING NEW RS TO ALIGN WITH REINTERVIEWS

M135 BRANCHPOINT: IF LIMITATION HAS STARTED IN THE LAST 2 YEARS
(CURRENT YEAR-M119 M125)< 3 OR
(CURRENT AGE-M120 M126)< 3 OR
M121 M127< 3, CONTINUE

OTHERWISE, GO TO M144 BRANCHPOINT

#@ 9/7

M135

After your health started to affect your ability to work, did anyone in your family living with you (including your [husband/wife/partner] (per X065)) begin to work, stop working, or change their work hours due to your health? After your health started to affect your ability to work, did anyone in your family living with you -- including your spouse or partner -- begin to work, stop working, or change their work hours due to your health?

#@ JR (9/24/21) revise qtext; #48966

1. YES
5. NO…………………GO TO M141
8. DK…………………GO TO M141
9. RF…………………GO TO M141

M136

Who did this?

[INSTR: SELECT ALL THAT APPLY.]

#@ JR (9/24/21) revise code text; #48966

1. [HUSBAND/ WIFE/PARTNER] SPOUSE OR PARTNER
2. PARENTS
3. CHILD(REN)
7. OTHER PERSON
8. DK
9. RF

M137

[BANNER: HUSBAND/WIFESPOUSE/PARTNER]   #@ JR (9/24/21) revise
                                                       qtext; #48966

Did your spouse or partner begin to work, work more, work less, or stop working?

1. BEGIN WORK
2. WORK MORE
3. WORK LESS
4. STOP WORK
8. DK
9. RF

M138

[BANNER: PARENTS]   #@ JR (9/21/21)
Did (he/she/they) your parent(s) begin to work, work more, work less, or   revised qtext; #48966
stop working?

1. BEGIN WORK
2. WORK MORE
3. WORK LESS
4. STOP WORK
8. DK
9. RF

M139

[BANNER: CHILD(REN)]   #@ JR (9/21/21)
Did (he/she/they) your child(ren) begin to work, work more, work less, or   revised qtext; #48966
stop working?

1. BEGIN WORK
2. WORK MORE
3. WORK LESS
4. STOP WORK
8. DK
9. RF

M140

[BANNER: OTHER PERSON]   #@ JR (9/21/21)
Did (he/she/they) this other person begin to work, work more, work less, or   revised qtext; #48966
stop working?

1. BEGIN WORK
2. WORK MORE
3. WORK LESS
4. STOP WORK
8. DK
9. RF

M141

What happened to (your/your family's) your family's income after your   #@ JR (10/6/21)
health started to affect your ability to work? Did it decrease, remain the   revised qtext; #49034
same, or increase?

1. DECREASED
3. REMAINED THE SAME
5. INCREASED
8. DK
9. RF

M142

Did (you/your family living with you) you or your family living with you make   #@ SS (10/28/21)
any financial changes in response to your health affecting your ability to   Revised qtext
work?   DEV#48903
                                                                            #@ JR (10/6/21)
                                                                            revised qtext; #49034

1. YES
5. NO…………………GO TO M144 BRANCHPOINT
8. DK………………….GO TO M144 BRANCHPOINT
9. RF………………….GO TO M144 BRANCHPOINT

M143

What were those?

_____

M144 BRANCHPOINT: IF R WAS WORKING WHEN HEALTH CONDITION STARTED TO INTERFERE WITH WORK (M130=1), CONTINUE

OTHERWISE, GO TO M183 BRANCHPOINT

M144

~~You said that your health began to limit your ability to work in year [fill from Q____], w~~Which company or organization did you work for when your health began to limit your ability to work?

#@ JR (4/19/23) B&A Only: Revise codes 1 and 2 to match Blaise; #50294

1. ~~CURRENT NEW EMPLOYER (JW158_2)~~ R'S LAST-IW EMPLOYER (A508)
2. ~~CURRENT SAME PW EMPLOYER (JW158_1)~~ R'S CURRENT EMPLOYER [(JW158_1)/(JW158_2)]
3. MOST RECENT EMPLOYER (LW158_4)
4. LAST EMPLOYER (KW158_3)
5. LONGEST HELD JOB EMPLOYER (LW158_5)
6. SELF-EMPLOYMENT – NOT ON LIST
7. OTHER (SPECIFY) M145_____
8. DK
9. RF

M146 BRANCHPOINT : IF R WAS SELF EMPLOYED (M144=6), ASSIGN 2 TO M146 AND GO TO M157

IF OTHER COMPANY (M144=7), CONTINUE

OTHERWISE, GO TO M157

M146

Were you working for someone else, were you self-employed, or what?

[INSTR: IF R SAYS 'I RAN MY OWN BUSINESS' SELECT SELF-EMPLOYED.]

1. SOMEONE ELSE
2. SELF-EMPLOYED
8. DK
9. RF

M147

What kind of business or industry did you work in? That is, what did they make or do at the place where you worked?

BUSINESS_____

DK
RF

M148

What sort of work did you do on that job?

[INSTR: PROBE: Tell me a little more about what you did.]

TYPE OF WORK_____

DK
RF

M149

About how many employees work for that company or organization at all locations?

[INSTR: DO NOT PROBE DK/RF.]

NUMBER_____GO TO M151

DK
RF

M150

Is it fewer than 5, 5 to 14, 15 to 24, 25 to 99, 100 to 499, or 500 or more?

1. FEWER THAN 5
2. 5 TO 14
3. 15 TO 24
4. 25 TO 99
5. 100 TO 499
6. 500 OR MORE
8. DK
9. RF

M151

What were you earning, before deductions, when you [left that employer/stopped working for that business]?

[INSTR: IF AMOUNT PER HOUR, ENTER BOTH DOLLARS AND CENTS, OTHERWISE ENTER '0' CENTS.]

$ _____

DK…………………GO TO M154
RF…………………GO TO M154

M152

[INSTR: PROBE IF NECESSARY: Was that per hour, week, month, or year?]

PER:

1. HOUR
2. WEEK
3. EVERY TWO WEEKS/BI-WEEKLY
4. MONTH
6. YEAR
7. OTHER (SPECIFY) M153_____
8. DK
9. RF

M154

How many hours a week did you usually work for that [employer/business]?

HOURS_____

DK
RF

M155

[INSTR: READ SLOWLY:]
Counting paid vacations as weeks of work, how many weeks per year did you
usually work for this [employer/business]?

[INSTR: COUNT PAID SICK TIME AS WORK TIME.]

1-52 WEEKS

WEEKS_____

DK
RF

M156 BRANCHPOINT: IF SELF EMPLOYED, GO TO M157

M156

Were you covered by a union or employee-association contract?

1. YES
5. NO
8. DK
9. RF

M157

Thinking back to when your health began to limit your ability to work, [did you/did your employer] make any special accommodations? This could include things like getting special equipment, getting someone to help ~~them~~ you, varying ~~their~~ your work hours, taking more breaks and rest periods, or learning new job skills.

1. YES
5. NO…………………GO TO M169 BRANCHPOINT
6. [VOL] NO HELP NEEDED…………………GO TO ~~M169~~ M171 BRANCHPOINT
8. DK…………………GO TO M171 BRANCHPOINT
9. RF…………………GO TO M171 BRANCHPOINT

1. YES
5. NO…………………GO TO M169
6. NO HELP NEEDED…………………GO TO M169
8. DK…………………GO TO M171 BRANCHPOINT
9. RF…………………GO TO M171 BRANCHPOINT

M158

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you learn new job skills?

ELSE:
To accommodate your health, did your employer help you learn new job skills?
1. YES
5. NO
8. DK
9. RF

M159

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you change your job to something you could do?

ELSE:
(To accommodate your health), did your employer change your job to something you could do?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you change your job to something you could do?

ELSE:
To accommodate your health, did your employer change your job to something you could do?

1. YES
5. NO
8. DK
9. RF

M160

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you get special equipment to help you do your job?

ELSE:
(To accommodate your health), did your employer get you special equipment to help you do your job?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you get special equipment to help you do your job?

ELSE:
To accommodate your health, did your employer get you special equipment to help you do your job?

1. YES
5. NO
8. DK
9. RF

M161

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you have someone help you with the parts of your job you had difficulty doing because of your health?

ELSE:
(To accommodate your health), did your employer get someone to help you do the parts of your job that you have difficulty doing because of your health?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you have someone help you with the parts of your job you had difficulty doing because of your health?

ELSE:
To accommodate your health, did your employer get someone to help you do the parts of your job that you have difficulty doing because of your health?

1. YES
5. NO
8. DK
9. RF

M162

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you work shorter days?

ELSE:
(To accommodate your health), did your employer shorten your work days?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you work shorter days?

ELSE:
To accommodate your health, did your employer shorten your work days?

1. YES
5. NO
8. DK
9. RF

M163

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you change the time you come to and leave work?

ELSE:
(To accommodate your health), did your employer allow you to change the time you come to and leave work?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you change the time you come to and leave work?

ELSE:
To accommodate your health, did your employer allow you to change the time you come to and leave work?

1. YES
5. NO
8. DK
9. RF

M164

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you have more breaks and rest periods?

ELSE:
(To accommodate your health), did your employer allow you more breaks and rest periods?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you have more breaks and rest periods?

ELSE:
To accommodate your health, did your employer allow you more breaks and rest periods?

1. YES
5. NO
8. DK
9. RF

M165

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you work from home?

ELSE:
(To accommodate your health), did your employer allow you to work from home?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you work from home?

ELSE:
To accommodate your health, did your employer allow you to work from home?
1. YES
5. NO
8. DK
9. RF

M166

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you use special transportation to help you do your job?

ELSE:
(To accommodate your health), did your employer arrange for special transportation to help you do your job?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you use special transportation to help you do your job?

ELSE:
To accommodate your health, did your employer arrange for special transportation to help you do your job?

1. YES
5. NO
8. DK
9. RF

M167

IF SELF-EMPLOYED (M146=2):
(To accommodate your health), did you do any other things to help you out?

ELSE:
(To accommodate your health), did your employer do any other things to help you out?

IF SELF-EMPLOYED (M146=2):
To accommodate your health, did you do any other things to help you out?

ELSE:
To accommodate your health, did your employer do any other things to help you out?

1. YES
5. NO………….GO TO M169
8. DK………….GO TO M169
9. RF………….GO TO M169

M168

What other things?

_____

DK
RF

M169 BRANCHPOINT: IF SELF-EMPLOYED AT TIME OF ONSET (M146=2), GO TO M171 BRANCHPOINT	#@ JR (9/9/21) added skip condition for Rs that have been offered all accommodations; #48896
IF R DID NOT SAY EMPLOYER DID NOT PROVIDE AN ACCOMMODATION (NO M158-M166=5), GO TO M171 BRANCHPOINT	

M169

IF EMPLOYER MADE ACCOMODATIONS (M157=1):
Of the things your employer did not provide [fill from "no" responses in M158-M166 [new job skills, a change in your job to something you could do, special equipment, someone to help you do your job, shorter work days, a change in your work schedule, more breaks and rest periods, work from home,
special transportation to help you do your job]], did you ask your employer about whether they could provide any of those things to you?

OTHERWISE:
Did you ask your employer about whether they could provide any accommodations to you?

1. YES
5. NO…………………GO TO M171 BRANCHPOINT
8. DK…………………GO TO M171 BRANCHPOINT
9. RF…………………GO TO M171 BRANCHPOINT

M170

Which accommodations were those?

[INSTR: SELECT ALL THAT APPLY]

CONDITION FOR DISPLAY: #@ JR (2/24/22) revise
IF EMPLOYER MADE ACCOMODATIONS (M157=1), fill from "no" responses in   code fill condition;
M158-M166   #49612
OTHERWISE, FILL ALL ON LIST:
1. NEW JOB SKILLS
2. CHANGE JOB TO SOMETHING YOU COULD DO
3. SPECIAL EQUIPMENT
4. SOMEONE TO HELP YOU DO YOUR JOB
5. SHORTER WORK DAYS
6. CHANGE YOUR WORK SCHEDULE
7. MORE BREAKS AND REST PERIODS
8. WORK FROM HOME
9. SPECIAL TRANSPORTATION TO HELP YOU DO YOUR JOB
97. SOMETHING ELSE
98. DK
99. RF

WORKING WHEN LIMITATION STARTED - STILL WORKING
M171 BRANCHPOINT: IF R WAS WORKING AT THE TIME OF LIMITATION (M130=1) and STILL WORKING (J020=1), CONTINUE

OTHERWISE, GO TO M177 BRANCHPOINT

M171

After your health began to limit your ability to work, did you change jobs while working for the same employer?

1. YES
5. NO………….GO TO M174
8. DK………….GO TO M174
9. RF………….GO TO M174

M172

Why did you make that change?

1. HEALTH WAS TOO BAD TO KEEP DOING MY JOB
2. NEW JOB LETS ME WORK SHORTER DAYS OR DIFFERENT SCHEDULE
3. NEW JOB WORKS BETTER FOR MY LIMITATIONS/IS LESS STRESSFUL/LESS PHYSICALLY DEMANDING
7. OTHER (SPECIFY) M173_____
8. DK
9. RF

M174

Because of your health limitation, did you change employers after it began to limit your ability to work?

1. YES
5. NO………….GO TO M236 BRANCHPOINT
8. DK
9. RF

M175

Why did you make that change?

1. HEALTH WAS TOO BAD TO KEEP DOING MY JOB
2. NEW JOB LETS ME WORK SHORTER DAYS OR DIFFERENT SCHEDULE
3. NEW JOB WORKS BETTER FOR MY LIMITATIONS/IS LESS STRESSFUL/LESS PHYSICALLY DEMANDING
4. EMPLOYER COULDN'T ACCOMMODATE MY LIMITATIONS
5. EMPLOYER FIRED ME/LAID ME OFF
7. OTHER (SPECIFY) M176_____
8. DK
9. RF

WORKING WHEN LIMITATION STARTED - NOT CURRENTLY WORKING

M177 BRANCHPOINT: IF R WAS WORKING AT THE TIME OF LIMITATION (M130=1) and NOT WORKING NOW (J020 NOT 1), CONTINUE

OTHERWISE, GO TO M183 BRANCHPOINT

M177

Did you stop working as a result of your health condition or impairment that limited your ability to work?

1. YES
5. NO………….GO TO M180
8. DK………….GO TO M180
9. RF………….GO TO M180

M178

Why did you stop working?

1. HEALTH WAS TOO BAD TO KEEP DOING MY JOB
2. EMPLOYER COULDN'T ACCOMMODATE MY LIMITATIONS
3. EMPLOYER FIRED ME/LAID ME OFF
7. OTHER (SPECIFY) M179_____
8. DK
9. RF

M180

After you left [the employer/that self-employment] where you worked when   #@ JR (10/6/21) make
your health limitation began to limit your work, have you worked at all—for   qtext a fill; #49037
another employer or for yourself?

1. YES………….GO TO M236 BRANCHPOINT
5. NO
8. DK
9. RF

M181

Have you looked for work since leaving [that employer/that self-employment]?
1. YES
5. NO………….GO TO M236 BRANCHPOINT
8. DK
9. RF

M182

Why do you think you couldn't find work?

_____

8. DK
9. RF

NOT WORKING WHEN LIMITATION STARTED - NOT CURRENTLY WORKING

M183

You said earlier that you were not working when your health began to limit the amount or kind of work you can do. Have you worked between then and now?

1. YES………….GO TO M236 BRANCHPOINT
5. NO
8. DK
9. RF

M184

Have you looked for work since your health condition or impairment began to limit the amount or kind of work you can do?

1. YES
5. NO………….GO TO M236 BRANCHPOINT
8. DK
9. RF

M185

Why do you think you couldn't find work?

_____

8. DK
9. RF

NEW Rs WITH NO CURRENT WORK LIMITATIONS

M186

Did any impairment or health problem ever limit the kind or amount of paid work that you could do <u>for three months or more</u>?

1. YES
5. NO…………….GO TO M236 BRANCHPOINT
8. DK…………….GO TO M236 BRANCHPOINT
9. RF…………….GO TO M236 BRANCHPOINT

M187

What health condition or impairment <u>most</u> limited your ability to work?

_____

M188

Thinking about that impairment or health problem, about when did it begin to limit the kind or amount of paid work you could do?

[INSTR: ENTER '97' IF R SAYS AT BIRTH.]

Thinking about that impairment or health problem, about when did it begin to limit the kind or amount of paid work you could do?

YEAR_____

[OR]

M189

AGE_____

[OR]

M190

YEARS AGO_____

97. AT BIRTH
DK
RF

M191

How long did this limitation last?

AMOUNT OF TIME_____

DK
RF

M192

TIME UNIT:

1. WEEKS
2. MONTHS
3. YEARS
8. DK
9. RF

M193

What was it about that impairment or health problem that limited the type or amount of work you ~~can~~ could do?

_____

M194

Did it ever prevent you from working altogether?

1. YES
5. NO
8. DK
9. RF

M195

Was the impairment or health problem you just mentioned the result of an accident or injury?

1. YES
5. NO…………………..GO TO M197
8. DK………………….GO TO M197
9. RF………………….GO TO M197

M196

Did the accident or injury occur at work, at home, or somewhere else?

1. WORK
2. HOME
3. SOMEWHERE ELSE
8. DK
9. RF

M197

Was this impairment or health problem in any way caused by the nature of your work?

1. YES
5. NO
8. DK
9. RF

M198

At the time your health began to limit your ability to work, did you receive assistance from a rehabilitation provider?

1. YES
5. NO
8. DK
9. RF

M199

Were you employed at the time your health began to limit your ability to work?

1. YES
5. NO
8. DK
9. RF

M200

Which company or organization did you work for at that time?

2. CURRENT SAME PW EMPLOYER (JW158_1)
3. MOST RECENT EMPLOYER (LW158_4)
4. LAST EMPLOYER (KW158_3)
5. LONGEST HELD JOB EMPLOYER (LW158_5)
6. SELF-EMPLOYMENT – NOT ON LIST
7. OTHER (SPECIFY) M201_____
8. DK
9. RF

M202

Thinking back to when your health began to limit your ability to work, did [your employer/you] make any special accommodations so you could stay at work? This could include things like getting special equipment, getting someone to help ~~them~~ you, varying ~~their~~ your work hours, taking more breaks and rest periods, or learning new job skills.

#@ JR (10/14/21) revise jump destination; #49114
#@ JR (9/15/21) revised qtext; #48949

1. YES
4. NO HELP NEEDED……………..GO TO ~~M218~~ M221 BRANCHPOINT
5. NO……………..GO TO M218 BRANCHPOINT
6. LEFT IMMEDIATELY……………..GO TO ~~M236~~ M221 BRANCHPOINT
8. DK……………..GO TO ~~M236~~ M221 BRANCHPOINT
9. RF……………..GO TO ~~M236~~ M221 BRANCHPOINT

M203

IF SELF-EMPLOYED (M200=6):
To accommodate your health, did you learn new job skills?

ELSE:
To accommodate your health, did your employer help you learn new job skills?
1. YES
5. NO
8. DK
9. RF

M204

IF SELF-EMPLOYED (M200=6):
(To accommodate your health), did you change your job to something you could do?

ELSE:
(To accommodate your health), did your employer change your job to something you could do?

IF SELF-EMPLOYED (M200=6):
To accommodate your health, did you change your job to something you could do?

ELSE:
To accommodate your health, did your employer change your job to something you could do?

1. YES
5. NO
8. DK
9. RF

M205

IF SELF-EMPLOYED (M200=6):
(To accommodate your health), did you get special equipment to help you do your job?

ELSE:
(To accommodate your health), did your employer get you special equipment to help you do your job?

IF SELF-EMPLOYED (M200=6):
To accommodate your health, did you get special equipment to help you do your job?

ELSE:
To accommodate your health, did your employer get you special equipment to help you do your job?

1. YES
5. NO
8. DK
9. RF

M206

IF SELF-EMPLOYED (M200=6):
(To accommodate your health), did you have someone help you with the parts of your job you had difficulty doing because of your health?

ELSE:
(To accommodate your health), did your employer get someone to help you do the parts of your job that you have difficulty doing because of your health?

IF SELF-EMPLOYED (M200=6):
To accommodate your health, did you have someone help you with the parts of your job you had difficulty doing because of your health?

ELSE:
To accommodate your health, did your employer get someone to help you do the parts of your job that you have difficulty doing because of your health?

1. YES
5. NO
8. DK
9. RF

M207

IF SELF-EMPLOYED (M200=6):
(To accommodate your health problems), did you work shorter days?

ELSE:
(To accommodate your health problems), did your employer shorten your work days?

1. YES
5. NO
8. DK
9. RF

M208

IF SELF-EMPLOYED (M200=6):
(To accommodate your health problems), did you change the time you come to and leave work?

ELSE:
(To accommodate your health problems), did your employer allow you to change the time you come to and leave work?

1. YES
5. NO
8. DK
9. RF

M209

IF SELF-EMPLOYED (M200=6):
(To accommodate your health problems), did you have more breaks and rest periods?

ELSE:
(To accommodate your health problems), did your employer allow you more breaks and rest periods?

IF SELF-EMPLOYED (M200=6):
To accommodate your health problems, did you have more breaks and rest periods?

ELSE:
To accommodate your health problems, did your employer allow you more breaks and rest periods?

1. YES
5. NO
8. DK
9. RF

M210

IF SELF-EMPLOYED (M200=6):
(To accommodate your health), did you work from home?

ELSE:
(To accommodate your health), did your employer allow you to work from home?

IF SELF-EMPLOYED (M200=6):
To accommodate your health, did you work from home?

ELSE:
To accommodate your health, did your employer allow you to work from home?
1. YES
5. NO
8. DK
9. RF

M211

IF SELF-EMPLOYED (M200=6):
(To accommodate your health problems), did you use special transportation to help you do your job?

ELSE:
(To accommodate your health problems), did your employer arrange for special transportation to help you do your job?

IF SELF-EMPLOYED (M200=6):
To accommodate your health problems, did you use special transportation to help you do your job?

ELSE:
To accommodate your health problems, did your employer arrange for special transportation to help you do your job?

1. YES
5. NO
8. DK
9. RF

M212

IF SELF-EMPLOYED (M200=6):
(To accommodate your health problems), did you do any other things to help you out?

ELSE:
(To accommodate your health problems), did your employer do any other things to help you out?

IF SELF-EMPLOYED (M200=6):
To accommodate your health problems, did you do any other things to help you out?

ELSE:
To accommodate your health problems, did your employer do any other things to help you out?

1. YES
5. NO………………….GO TO M214 BRANCHPOINT
8. DK………………….GO TO M214 BRANCHPOINT
9. RF…………………GO TO M214 BRANCHPOINT

M213

What other things?

_____

DK
RF

M214 BRANCHPOINT: IF SELF-EMPLOYED WHEN LIMITATION BEGAN (M200=6), GO TO M221 BRANCHPOINT IF EMPLOYER OFFERED ALL ACCOMMODATIONS (M203-M211 ALL =1), GO TO M216	#@ JR (9/9/21) added skip condition for Rs that have been offered all accommodations; #48899

M214

You said your employer did not provide you with [fill from first "no" response in M203-M211) new job skills, a change in your job to something you could do, special equipment, someone to help you do your job, shorter work days, a change in your work schedule, more breaks and rest periods, work from home,
special transportation to help you do your job].

Did you ask your employer about whether they could provide that to you?

1. YES
5. NO
8. DK
9. RF

M215 BRANCHPOINT: IF THERE IS ONLY ONE ACCOMMODATION EMPLOYER DID NOT PROVIDE (ONLY ONE M203-M211=5), GO TO M216	#@ JR (2/11/22) add BP; #49559

*** LOOP M215 FOR EACH ACCOMODATION EMPLOYER DID NOT PROVIDE.***

M215

What about [fill from next "no" response, looping through M204-M211]?

M215_2 a change in your job to something you could do
M215_3 special equipment
M215_4 someone to help you do your job
M215_5 shorter work days
M215_6 a change in your work schedule
M215_7 more breaks and rest periods
M215_8 work from home
M215_9 special transportation to help you do your job

(Did you ask your employer about whether they could provide that to you?)

What about [fill from next "no" response, looping through M204-M211]?

M215_2 a change in your job to something you could do
M215_3 special equipment
M215_4 someone to help you do your job
M215_5 shorter work days
M215_6 a change in your work schedule
M215_7 more breaks and rest periods
M215_8 work from home
M215_9 special transportation to help you do your job

Did you ask your employer about whether they could provide that to you?

1. YES
5. NO
8. DK
9. RF

M216

Did you ask your employer for anything else to accommodate your health problems that you did not receive?

1. YES
5. NO…………………GO TO M221 BRANCHPOINT
8. DK…………………GO TO M221 BRANCHPOINT
9. RF…………………GO TO M221 BRANCHPOINT

M217

What was that?

_____

DK
RF

M218 BRANCHPOINT: IF R WAS WORKING WHEN HEALTH STARTED TO INTERFERE WITH WORK (M199=1) and THERE WERE NO EMPLOYER ACCOMMODATIONS (M202=5), CONTINUE

OTHERWISE, GO TO M221 BRANCHPOINT

M218   #@ SS (10/28/21)
                                                                             Updated qtext
                                                                             DEV#49216

~~You said your employer did not provide you with any special accommodations to help you do your job.~~ Did you ask your employer whether they could provide you with any?

1. YES
5. NO…………………GO TO M221 BRANCHPOINT
8. DK…………………GO TO M221 BRANCHPOINT
9. RF…………………GO TO M221 BRANCHPOINT

M219

What did you ask your employer to provide?   #@ JR (2/13/24)
                                                                             revised codeframe to
[INSTR: SELECT ALL THAT APPLY]   reflect what we had in
                                                                             Blaise; #50726

1. SPECIAL EQUIPMENT

2. SOMEONE TO HELP YOU DO YOUR JOB

3. SHORTEN YOUR WORK DAYS

4. CHANGE YOUR WORK SCHEDULE

5. MORE BREAKS AND REST PERIODS

6. SPECIAL TRANSPORTATION

7. SOMETHING ELSE

8. DK

9. RF

M220 BRANCHPOINT: IF R ASKED EMPLOYER TO PROVIDE SOMETHING ELSE (M219=97), CONTINUE OTHERWISE, GO TO M221 BRANCHPOINT	#@ JR (2/13/24) revised code reference to reflect what we had in Blaise; #50726

M220

What was that?

_____

DK
RF

M221 BRANCHPOINT: IF R WAS WORKING WHEN HEALTH STARTED TO INTERFERE WITH WORK (M199=1) and STILL WORKING (J020=1), CONTINUE OTHERWISE, GO TO M227 BRANCHPOINT

M221

After your health began to limit your ability to work, did you change jobs while working for the same employer?

1. YES
5. NO…………………GO TO M224
8. DK…………………GO TO M224
9. RF…………………GO TO M224

M222

Why did you make that change?

1. HEALTH WAS TOO BAD TO KEEP DOING MY JOB
2. NEW JOB LETS ME WORK SHORTER DAYS OR DIFFERENT SCHEDULE
3. NEW JOB WORKS BETTER FOR MY LIMITATIONS/IS LESS STRESSFUL/LESS PHYSICALLY DEMANDING
7. OTHER (SPECIFY) M223_____
8. DK
9. RF

M224

Because of your health limitation, did you change employers after it began to limit your ability to work?

1. YES
5. NO…………………GO TO M236 BRANCHPOINT
8. DK…………………GO TO M236 BRANCHPOINT
9. RF…………………GO TO M236 BRANCHPOINT

M225

Why did you make that change?

1. HEALTH WAS TOO BAD TO KEEP DOING MY JOB
2. NEW JOB LETS ME WORK SHORTER DAYS OR DIFFERENT SCHEDULE
3. NEW JOB WORKS BETTER FOR MY LIMITATIONS/IS LESS STRESSFUL/LESS PHYSICALLY DEMANDING
4. EMPLOYER COULDN'T ACCOMMODATE MY LIMITATIONS
5. EMPLOYER FIRED ME/LAID ME OFF
7. OTHER (SPECIFY) M226_____
8.DK
9. RF

NEW Rs WITH NO CURRENT WORK LIMITATIONS - NOT WORKING CURRENTLY

M227 BRANCHPOINT: IF R WAS WORKING AT THE TIME OF LIMITATION (M199=1) and NOT WORKING NOW (J020 NOT 1), CONTINUE

OTHERWISE, GO TO M233 BRANCHPOINT

M227

Did you stop working as a result of your health condition or impairment that limited your ability to work?

1. YES
5. NO…………………GO TO M230
8. DK…………………GO TO M230
9. RF…………………GO TO M230

M228

Why did you stop working?

1. HEALTH WAS TOO BAD TO KEEP DOING MY JOB
2. EMPLOYER COULDN'T ACCOMMODATE MY LIMITATIONS
3. EMPLOYER FIRED ME/LAID ME OFF
7. OTHER (SPECIFY) M229_____
8. DK
9. RF

M230

After you left the employer where you worked when your health limitation began to limit your work, ~~have you worked~~ did you work at all—for another employer or for yourself?   #@ JR (10/7/21)revise qtext; #49040

1. YES…………………GO TO M236 BRANCHPOINT
5. NO
8. DK
9. RF

M231

Have you looked for work since leaving (that employer/that self-employment)?
1. YES
5. NO…………………GO TO M236 BRANCHPOINT
8. DK…………………GO TO M236 BRANCHPOINT
9. RF…………………GO TO M236 BRANCHPOINT

M232

Why do you think you haven't been able to find work?

_____

DK
RF

M233

You said earlier that you were not working when your health began to limit the amount or kind of work you can do. Have you worked between then and now?
1. YES…………………GO TO M236 BRANCHPOINT
5. NO
8. DK
9. RF

M234

Have you looked for work since your health condition or impairment began to limit the amount or kind of work you can do?

1. YES
5. NO…………………GO TO M236 BRANCHPOINT
8. DK
9. RF

M235

Why do you think you haven't been able to find work?

_____

DK
RF

M236

IF REINTERVIEW R (Z076=1):
Since R's LAST IW MONTH, YEAR, have you had any injuries at work that required special medical attention or treatment or interfered with your work activities?

ELSE:
During the last 12 months, that is, since CURRENT MONTH of LAST CALENDAR YEAR, have you had any injuries at work that required special medical attention or treatment or interfered with your work activities?

1. YES
5. NO………………….GO TO M241 BRANCHPOINT
8. DK………………….GO TO M241 BRANCHPOINT
9. RF………………….GO TO M241 BRANCHPOINT

M237

IF REINTERVIEW R (Z076=1):
How many times have you been injured on the job since R's LAST IW MONTH, YEAR?

ELSE:
How many times have you been injured on the job during the past 12 months?

OF TIMES_____

M238

On what date did your [most recent] injury happen?

MONTH:

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M239

DAY_____

DK
RF

M240

YEAR_____

DK
RF

*****NOT RECEIVING OR HAD NOT APPLIED FOR SSDI*********

M241 BRANCHPOINT: IF REIW R (Z076=1) and ~~AGE AT LAST IW OVER 66~~ OVER 68 (A019>68), GO TO M263 BRANCHPOINT

#@ JR (10/8/21) revise age skip; #49064

IF REIW R (Z076=1) and SSDI BENEFITS WERE PENDING AT R's LAST IW (Z118=3), GO TO M247

IF REIW R (Z076=1) and R REPORTED RECEIVING SSDI BENEFITS AT R's LAST IW (Z118=1), GO TO M254 BRANCHPOINT

ELSE CONTINUE

M241

If REIW R (Z076=1):
Since LAST IW MONTH (per Z092), YEAR (per Z093), have you applied for disability benefits from the Social Security Disability Insurance program, also called SSDI?

ELSE:
Have you ever applied for disability benefits from the Social Security Disability Insurance program, also called SSDI?
1. YES…………………GO TO M244 BRANCHPOINT
5. NO
8. DK…………………GO TO M263 BRANCHPOINT
9. RF…………………GO TO M263 BRANCHPOINT

M242 BRANCHPOINT: IF R HAS WORK LIMITATION (M101=1), CONTINUE OTHERWISE, GO TO M244 BRANCHPOINT	#@ JR (10/8/21) add BP; #49061

M242

What is the reason you did not apply for disability benefits from this Social Security?

#@ JR (10/11/21) revising skip; #49066

1. DIDN'T KNOW ENOUGH ABOUT PROGRAM
2. NOT DISABLED ENOUGH
3. HADN'T WORKED ENOUGH
4. DIDN'T THINK WAS ELIGIBLE
5. DIDN'T WANT TO APPLY
6. PREFERRED TO WORK
7. [VOL] ALREADY RECEIVING SSDI…………………GO TO ~~M283~~ M263 BRANCHPOINT
97. OTHER (SPECIFY) M243_____
98. DK
99. RF

1. DIDN'T KNOW ENOUGH ABOUT PROGRAM
2. NOT DISABLED ENOUGH
3. HADN'T WORKED ENOUGH
4. DIDN'T THINK WAS ELIGIBLE
5. DIDN'T WANT TO APPLY
6. PREFERRED TO WORK
7. ALREADY RECEIVING SSDI…………………GO TO ~~M283~~ M263 BRANCHPOINT
97. OTHER (SPECIFY) M243_____
98. DK
99. RF

***** APPLIED TO SSDI AND WE DON'T KNOW THE OUTCOME ALREADY-- INCLUDING NEW RS AND REINTERVIEW RS WITH A PENDING APPLICATION LAST WAVE*********

M244 BRANCHPOINT: IF R HAS APPLIED FOR SSDI (M241=1), CONTINUE

OTHERWISE, GO TO M254 BRANCHPOINT

M244

In what year did you first apply for SSDI benefits?

YEAR_____

DK………………..GO TO ~~M247~~ M246
RF………………..GO TO ~~M247~~ M246

#@ SS (10/14/21)
Change DK/RF flow to

M245 BRANCHPOINT: IF YEAR AT M244 WAS MORE THAN 2 YEARS AGO, GO TO ~~M247~~ M246

#@ SS (10/14/21)
Change BP flow to

M245

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M246

Was that application filed concurrently with an application for Supplemental Security Income?

1. YES
5. NO
8. DK
9. RF

M247

According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093) you had a pending application for Social Security Disability Insurance. Was that application accepted, rejected, or is it still being considered?

ELSE, IF R HAS APPLIED FOR SSDI (M241=1):
Was that application accepted, rejected, or is it still being considered?

#@ JR (10/18/21) adding conditional qtext reference; #49098
#@ JR (10/11/21) revising skip; #49066

1. ACCEPTED…………………..GO TO M252
3. STILL BEING CONSIDERED…………………..GO TO M263 BRANCHPOINT
5. REJECTED
7. [VOL] DENIES PREVIOUS APPLICATION…………………..GO TO M263 BRANCHPOINT
8. [VOL] PREVIOUS APPLICATION WAS FOR SSI…………………GO TO ~~M283~~ M263 BRANCHPOINT
98. DK…………………..GO TO M263 BRANCHPOINT
99. RF…………………..GO TO M263 BRANCHPOINT
1. ACCEPTED…………………..GO TO M252
3. STILL BEING CONSIDERED…………………..GO TO M263 BRANCHPOINT
5. REJECTED
7. I DID NOT APPLY FOR BENEFITS…………………..GO TO M263 BRANCHPOINT
8. PREVIOUS APPLICATION WAS FOR SSI…………………GO TO ~~M283~~ M263 BRANCHPOINT
98. DK…………………..GO TO M263 BRANCHPOINT
99. RF…………………..GO TO M263 BRANCHPOINT

*****REJECTED SSDI BENEFICIARIES*********

M248

[BANNER: SSDI - Social Security Disability Insurance]

Did you appeal or apply again after that rejection?

1. YES
5. NO…………………GO TO M263 BRANCHPOINT
8. DK…………………GO TO M263 BRANCHPOINT
9. RF…………………GO TO M263 BRANCHPOINT

M249

[BANNER: SSDI - Social Security Disability Insurance]

In what year did you <u>last</u> appeal or apply for benefits?

YEAR_____

DK……………..GO TO M251
RF……………..GO TO M251

M250 BRANCHPOINT: IF YEAR AT M249 WAS MORE THAN 2 YEARS AGO, GO TO M251

M250

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M251

[BANNER: SSDI - Social Security Disability Insurance]   #@ JR (10/18/21)
                                                                revised qtext; #49120

Was ~~your~~ that application eventually accepted, rejected, or is it still being considered?

1. ACCEPTED
3. STILL BEING CONSIDERED……………….GO TO M263 BRANCHPOINT
5. REJECTED……………….GO TO M263 BRANCHPOINT
8. DK……………..GO TO M263 BRANCHPOINT
9. RF………………..GO TO M263 BRANCHPOINT

M252

[BANNER: SSDI - Social Security Disability Insurance]

In what year did you start receiving Social Security Disability Insurance benefits?

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

[BANNER: SSDI - Social Security Disability Insurance]

In what year did you start receiving Social Security Disability Insurance benefits?

YEAR_____

9997 NOT YET RECEIVING BENEFITS……………….GO TO M263 BRANCHPOINT
DK………………….GO TO M254
RF………………….GO TO M254

M253 BRANCHPOINT: IF YEAR AT M252 WAS MORE THAN 2 YEARS AGO, GO TO M254

M253

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

***** SSDI BENEFICIARIES (NEW BENEFICIARIES SINCE LAST IW AND EXISTING FROM LAST IW)*********

M254 BRANCHPOINT: IF R REPORTED RECEIVING SSDI BENEFITS AT R's LAST IW (Z118=1) or SSDI APPLICATION WAS ACCEPTED (M247 or M251=1), CONTINUE

OTHERWISE, GO TO M263 BRANCHPOINT

M254

IF R REPORTED RECEIVING SSDI BENEFITS AT R's LAST IW (Z118=1):   #@ JR (10/13/21)
According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093)   revising qtext; #49083
you were receiving benefits from the Social Security Disability Insurance   #@ JR (10/11/21)
program.   revising skip; #49066

All:
Are you still receiving these benefits from Social Security Disability Insurance?

1. YES…………………GO TO M259
2. [VOL] CONVERTED TO SOCIAL SECURITY RETIREMENT
5. NO
6. [VOL] DENY EVER RECEIVING…………………GO TO M263 BRANCHPOINT
7. [VOL] REALLY WAS RECEIVING SSI…………………GO TO M283 M263 BRANCHPOINT
8. DK…………………GO TO M263 BRANCHPOINT
9. RF…………………GO TO M263 BRANCHPOINT

2. CONVERTED TO SOCIAL SECURITY RETIREMENT
5. NO

M255

In what year did the benefits stop?

YEAR_____

M256 BRANCHPOINT: IF YEAR AT M255 WAS MORE THAN 2 YEARS AGO, GO TO M257

M256

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M257

Why did you stop receiving Social Security Disability Insurance benefits?

[INSTR: If R says Social Security determined they are no longer eligible for benefits, READ the options below.]

Why did you stop receiving Social Security Disability Insurance benefits?

1. EARNINGS WERE TOO HIGH OR RETURNED TO WORK
2. HEALTH IMPROVED OR SOCIAL SECURITY DETERMINED MEDICAL IMPROVEMENT
3. BENEFITS CONVERTED TO SOCIAL SECURITY RETIREMENT
7. OTHER (Specify) M258_____
8. DK
9. RF

M259

IF STILL RECEIVING SSDI (M254=1):
How much did you receive from the Social Security Disability Insurance program last month?

OTHERWISE:
How much did you receive from the Social Security Disability Insurance program the last month you received this benefit?

ALL:
(Do not count benefits paid to your spouse or children.)

[INSTR: DO NOT PROBE DK/RF.]

IF STILL RECEIVING SSDI (M254=1):
How much did you receive from the Social Security Disability Insurance program last month?

OTHERWISE:
How much did you receive from the Social Security Disability Insurance program the last month you received this benefit?

ALL:
(Do not count benefits paid to your spouse or children.)

$ _____ .00 GO TO M263 BRANCHPOINT

DK
RF

M260-
M262

Question text: (Thinking about the amount you received from the Social
Security Disability program [last month/the last month you received this
benefit]:)

Did it amount to a total of less than $____ per month, more than $____ per
month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $400, $650, $900, $1,100
ENTRY POINT: $650

Question text: Thinking about the amount you received from the Social
Security Disability program [last month/the last month you received this
benefit]:

Did it amount to a total of less than $____ per month, more than $____ per
month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $400, $650, $900, $1,100
ENTRY POINT: $650

*****NOT PREVIOUSLY RECEIVING OR APPLYING FOR SSI*********
M263 BRANCHPOINT: IF REIW R (Z076=1) and SSI BENEFITS WERE PENDING
AT R's LAST IW (Z099=3), GO TO M267

IF REIW R (Z076=1) and R REPORTED RECEIVING SSI BENEFITS AT R's LAST IW
(Z099=1), GO TO M274 BRANCHPOINT

OTHERWISE, CONTINUE

M263

IF REIW R (Z076=1) ~~and R HAS APPLIED FOR SSDI (M241=1)~~:
Since LAST IW MONTH (per Z092), YEAR (per Z093), have you applied for disability benefits from the Supplemental Security Income program, also called SSI?

~~IF REIW R (Z076=1) and R HAS NOT APPLIED FOR SSDI (M241=5):~~
~~Since then, have you applied for disability benefits from the Supplemental Security Income program, also called SSI?~~

ELSE:
Have you ever applied for disability benefits from the Supplemental Security Income program, also called SSI?
1. YES
5. NO…………………GO TO ~~M294~~ M283 BRANCHPOINT
8. DK…………………GO TO ~~M294~~ M283 BRANCHPOINT
9. RF…………………GO TO ~~M294~~ M283 BRANCHPOINT

M264 BRANCHPOINT: IF ~~REIW R (Z076=1) and~~ R APPLIED FOR SSDI AND SSI CONCURRENTLY (M246 and M263=1), CONTINUE

OTHERWISE, GO TO M265 BRANCHPOINT

M264

Was this application filed at the same time as the SSDI application you just told me about?

1. YES…………………GO TO M267
5. NO
8. DK
9. RF

*****APPLIED TO SSI AND WE DON'T KNOW THE OUTCOME ALREADY--INCLUDING NEW RS AND REINTERVIEW RS WITH A PENDING APPLICATION LAST WAVE*********

3

M265 BRANCHPOINT: IF R APPLIED FOR SSI (M263=1), CONTINUE

OTHERWISE, GO TO M274 BRANCHPOINT

M265

In what year did you first apply for SSI benefits?

YEAR_____

DK……………..GO TO M267
RF……………..GO TO M267

M266

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M267

#@ JR (10/18/21) adding conditional qtext reference;

IF SSI BENEFITS WERE PENDING AT R's LAST IW (Z099=3):
According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093) you had a pending application for Supplemental Security Income. Was that application accepted, rejected, or is it still being considered?

ELSE, IF R APPLIED FOR SSI (M263=1):
Was that application accepted, rejected, or is it still being considered?

1. ACCEPTED…………………GO TO M272
3. STILL BEING CONSIDERED…………………GO TO ~~M294~~ M283 BRANCHPOINT
5. REJECTED
7. [VOL] DENY PREVIOUS APPLICATION…………………GO TO ~~M294~~ M283 BRANCHPOINT
8. [VOL] APPLICATION WAS REALLY FOR SSDI…………………GO TO M283 BRANCHPOINT
98. DK…………………GO TO M294 BRANCHPOINT
99. RF…………………GO TO M294 BRANCHPOINT

1. ACCEPTED…………………GO TO M272
3. STILL BEING CONSIDERED…………………GO TO ~~M294~~ M283 BRANCHPOINT
5. REJECTED
7. I DID NOT APPLY FOR BENEFITS …………………GO TO ~~M294~~ M283 BRANCHPOINT
8. APPLICATION WAS REALLY FOR SSDI…………………GO TO M283 BRANCHPOINT
98. DK…………………GO TO M294 BRANCHPOINT
99. RF…………………GO TO M294 BRANCHPOINT

*****REJECTED SSI BENEFICIARIES*********

M268

[BANNER: SSI - Supplemental Security Income]

#@ JR (10/11/21) revising skip; #49066

Did you appeal or apply again after that rejection?

1. YES
5. NO…………………GO TO ~~M294~~ M283 BRANCHPOINT
8. DK…………………GO TO ~~M294~~ M283 BRANCHPOINT
9. RF…………………GO TO ~~M294~~ M283 BRANCHPOINT

M269

[BANNER: SSI - Supplemental Security Income]

In what year did you last appeal or apply for benefits?

YEAR_____

DK……………..GO TO M271
RF……………..GO TO M271

M270 BRANCHPOINT: IF YEAR AT M269 WAS MORE THAN 2 YEARS AGO, GO TO M271

M270

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M271

[BANNER: SSI - Supplemental Security Income]   #@ JR (10/11/21)
                                                                 revising skip; #49066

Was that application accepted, rejected, or is it still being considered?

1. ACCEPTED
3. STILL BEING CONSIDERED………………..GO TO M294 M283 BRANCHPOINT
5. REJECTED………………..GO TO M294 M283 BRANCHPOINT
8. DK………………..GO TO M294 M283 BRANCHPOINT
9. RF………………..GO TO M294 M283 BRANCHPOINT

M272

[BANNER: SSI - Supplemental Security Income]   #@ JR (10/11/21)
                                                                 revising skip; #49066

In what year did you start receiving Supplemental Security Income?

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

[BANNER: SSI - Supplemental Security Income]

In what year did you start receiving Supplemental Security Income?

YEAR_____

9997 NOT YET RECEIVING BENEFITS………………GO TO ~~M294~~ M283
BRANCHPOINT
DK……………….GO TO M274
RF……………….GO TO M274

M273

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

*****SSI RECIPIENTS (NEW RECIPIENTS SINCE LAST IW AND EXISTING FROM LAST IW)*********

M274 BRANCHPOINT: IF SSI APPLICATION ACCEPTED (M267 or M271=1), CONTINUE

IF REIW R (Z076=1) and R REPORTED RECEIVING SSI LAST IW (Z099=1), CONTINUE

OTHERWISE, GO TO ~~M294~~ M283 BRANCHPOINT

#@ JR (10/11/21)
revising skip; #49066

M274

IF R REPORTED RECEIVING SSI LAST IW (Z099=1):

According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093) you were receiving benefits from the Supplemental Security Income program.

All:

Are you still receiving these benefits from Supplemental Security Income?

1. YES…………………GO TO M279
5. NO
6. [VOL] DENY EVER RECEIVING…………………GO TO M294 M283 BRANCHPOINT
7. [VOL] REALLY WAS RECEIVING SSDI…………………GO TO M283 BRANCHPOINT
8. DK…………………GO TO M294 M283 BRANCHPOINT
9. RF…………………GO TO M294 M283 BRANCHPOINT

1. YES…………………GO TO M279
5. NO
6. I DID NOT RECEIVE BENEFITS …………………GO TO M294 M283 BRANCHPOINT
7. REALLY WAS RECEIVING SSDI…………………GO TO M283 BRANCHPOINT
8. DK…………………GO TO M294 M283 BRANCHPOINT
9. RF…………………GO TO M294 M283 BRANCHPOINT

M275

In what year did the benefits stop?

YEAR_____

DK…………….GO TO M277
RF…………….GO TO M277

M276 BRANCHPOINT: IF YEAR AT M275 WAS MORE THAN 2 YEARS AGO, GO TO M277

M276

What month was that?

MONTH

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M277

Why did you stop receiving Supplemental Security Income benefits?

[INSTR: If R says Social Security determined they are no longer eligible for benefits, READ the options below.]

Why did you stop receiving Supplemental Security Income benefits?

1. EARNINGS WERE TOO HIGH OR RETURNED TO WORK
2. HEALTH IMPROVED OR SOCIAL SECURITY DETERMINED MEDICAL IMPROVEMENT
3. HOUSEHOLD INCOME OR ASSETS TOO HIGH
4. BENEFITS CONVERTED TO SOCIAL SECURITY DISABILITY INSURANCE (SSDI)
7. OTHER [SPECIFY] M278_____
8. DK
9. RF

M279

IF STILL RECEIVING SSI (M274=1):
How much did you receive from Supplemental Security Income last month?

OTHERWISE:
How much did you receive from Supplemental Security Income in the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

[INSTR: DO NOT PROBE DK/RF.]

IF STILL RECEIVING SSI (M274=1):
How much did you receive from Supplemental Security Income last month?

OTHERWISE:
How much did you receive from Supplemental Security Income in the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

$ _____ .00 GO TO ~~M276~~ M283 BRANCHPOINT

DK
RF

M280-
M282

Question text: (Thinking about the amount you received from Supplemental Security Income [last month/the last month you received this benefit]:)

Did it amount to a total of less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $150, $400, $500, $600
ENTRY POINT: $400

Question text: Thinking about the amount you received from Supplemental Security Income [last month/the last month you received this benefit]:

Did it amount to a total of less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $150, $400, $500, $600
ENTRY POINT: $400

*********Rs WHO REPORTED DIFFERENT SSDI/SSI STATUS FROM WHAT WE HAVE PRELOADED*************

M283 BRANCHPOINT: IF R DENIED RECORD OF SSDI OR SSI APPLICATION ((M247=7 or 8) or (M254=6 or 7) or (M267=7 or 8) or (M274=6 or 7)), CONTINUE

OTHERWISE, GO TO M294 BRANCHPOINT

#@ JR (10/11/21) adding ask condition; #49066

M283

Based on the information you shared with us, it seems that we may have had incorrect information about whether you have applied for or received disability benefits from the Social Security Administration. We'd like to update our records.

Have you ever applied for disability benefits from the Social Security Disability Insurance (SSDI) program, the Supplemental Security Income (SSI) program, both, or neither?
 1. SSDI
 2. SSI…………………GO TO M289
 3. BOTH
 4. NEITHER…………………GO TO M294 BRANCHPOINT
 8. DK…………………GO TO M294 BRANCHPOINT
 9. RF…………………GO TO M294 BRANCHPOINT

M284

Are you currently receiving Social Security Disability Insurance benefits?

 1. YES
 5. NO…………………GO TO M289 BRANCHPOINT
 8. DK…………………GO TO M289 BRANCHPOINT
 9. RF…………………GO TO M289 BRANCHPOINT

M285

How much did you receive from that last month?

$ _____ .00 GO TO M289 BRANCHPOINT

DK

RF

M286-
M288

Question text: (Thinking about the amount you received from the Social
Security Disability program last month:)

Did it amount to a total of less than $_____ per month, more than $_____ per
month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $400, $650, $900, $1,100
ENTRY POINT: $650

Question text: Thinking about the amount you received from the Social
Security Disability program last month:

Did it amount to a total of less than $_____ per month, more than $_____ per
month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $400, $650, $900, $1,100
ENTRY POINT: $650

M289 BRANCHPOINT: IF R APPLIED TO SSI (M283= 2 or 3), CONTINUE

OTHERWISE, GO TO M294 BRANCHPOINT

M289

Are you currently receiving Supplemental Security Income benefits?

1. YES
5. NO………………….GO TO M294 BRANCHPOINT
8. DK………………….GO TO M294 BRANCHPOINT
9. RF………………….GO TO M294 BRANCHPOINT

M290

How much did you receive from that last month?

$ _____ .00 GO TO M294 BRANCHPOINT

DK

RF

M291-
M293

Question text: (Thinking about the amount you received from the Supplemental Security Income program last month:)

Did it amount to a total of less than $____ per month, more than $____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $150, $400, $500, $600
ENTRY POINT: $400

Question text: Thinking about the amount you received from the Supplemental Security Income program last month:

Did it amount to a total of less than $____ per month, more than $____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $150, $400, $500, $600
ENTRY POINT: $400

*****NOT PREVIOUSLY RECEIVING OR APPLYING FOR VA DISABILITY BENEFITS*********

M294 BRANCHPOINT: IF REINTERVIEW R (Z076=1) and VA APPLICATION WAS PENDING LAST IW (Z100=3), GO TO M297

IF REINTERVIEW R (Z076=1) and R WAS RECEIVING VA BENEFITS PW (Z100=1), GO TO M305

OTHERWISE, CONTINUE

M294

#@ JR (2/14/22) drop version of qtext and conditions for reiw version; #49566

IF REIW R (Z076=1) ~~and R HAS APPLIED FOR SSDI OR SSI (M241 or M263=1)~~:
(Since LAST IW MONTH (per Z092), YEAR (per Z093),) have you applied for disability benefits from the Veterans Administration?

~~IF REIW R (Z076=1) and R HAS NOT APPLIED FOR SSDI OR SSI (M241 and M263=5):~~
~~Have you applied for disability benefits from the Veterans Administration since that time?~~

ELSE:
Have you ever applied for disability benefits from the Veterans Administration?

1. YES
5. NO……………….GO TO M313 BRANCHPOINT
8. DK……………….GO TO M313 BRANCHPOINT
9. RF……………….GO TO M313 BRANCHPOINT

*****APPLIED TO VA AND WE DON'T KNOW THE OUTCOME ALREADY--INCLUDING NEW RS AND REINTERVIEW RS WITH A PENDING APPLICATION LAST WAVE*********

M295

In what year did you first apply for disability benefits from the VA?

YEAR_____

DK…………...GO TO M297
RF…………....GO TO M297

M296 BRANCHPOINT: IF YEAR AT M295 WAS MORE THAN 2 YEARS AGO, GO TO M297

M296

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M297

[BANNER: Veterans Administration Benefits]

IF VA APPLICATION WAS PENDING LAST IW (Z100=3):
According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093) you had a pending application for VA Veterans Administration disability benefits. Was that application accepted, rejected, or is it still being considered?

IF NEW R (Z076 NOT 1) and R APPLIED FOR VA BENEFITS (M294=1):
Was your that application accepted, rejected, or is it still being considered?

#@ JR (10/18/21) adding conditional qtext reference; #49098
#@ JR (10/18/21) revised qtext; #49120
#@ JR (10/15/21) revise qtext condition; #49098
#@ JR (10/13/21) revising qtext; #49084

1. ACCEPTED………….…..GO TO M302
3. STILL BEING CONSIDERED……………..GO TO M313 BRANCHPOINT
5. REJECTED
7. [VOL]: DENY PREVIOUS APPLICATION……………..GO TO M313 BRANCHPOINT
8. DK……………..GO TO M313 BRANCHPOINT
9. RF……………..GO TO M313 BRANCHPOINT

1. ACCEPTED……………..GO TO M302
3. STILL BEING CONSIDERED……………..GO TO M313 BRANCHPOINT
5. REJECTED
7. I DID NOT APPLY FOR BENEFITS……………..GO TO M313 BRANCHPOINT
8. DK……………..GO TO M313 BRANCHPOINT
9. RF……………..GO TO M313 BRANCHPOINT

*****REJECTED VA BENEFICIARIES*********

M298

[BANNER: Veterans Administration Benefits]

Did you appeal or apply again later?

1. YES
5. NO……………GO TO M313 BRANCHPOINT
8. DK…………….GO TO M313 BRANCHPOINT
9. RF…………….GO TO M313 BRANCHPOINT

M299

[BANNER: Veterans Administration Benefits]

In what year did you last appeal or apply for benefits?

YEAR_____

DK…………….GO TO M301
RF…………….GO TO M301

M300 BRANCHPOINT: IF YEAR AT M299 WAS MORE THAN 2 YEARS AGO, GO
TO M301

M300

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M301

[BANNER: Veterans Administration Benefits]

Was ~~your~~ that application eventually accepted, rejected, or is it still being considered?

1. ACCEPTED
3. STILL BEING CONSIDERED………….…..GO TO M313 BRANCHPOINT
5. REJECTED……………....GO TO M313 BRANCHPOINT
8. DK……………....GO TO M313 BRANCHPOINT
9. RF……………....GO TO M313 BRANCHPOINT

M302

[BANNER: Veterans Administration Benefits]

In what year did you start receiving VA disability benefits?

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

[BANNER: Veterans Administration Benefits]

In what year did you start receiving VA disability benefits?

YEAR_____

9997 NOT YET RECEIVING BENEFITS……………….GO TO M304
DK……………….GO TO M304
RF……………….GO TO M304

M303 BRANCHPOINT: IF YEAR AT M302 WAS MORE THAN 2 YEARS AGO, GO TO M304

M303

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M304

[BANNER: Veterans Administration Benefits]

What disability rating did you receive?

[INSTR: 100% MEANS FULL DISABILITY.]

_____%

DK
RF

*****VA DISABILITY RECIPIENTS (NEW RECIPIENTS SINCE LAST IW AND EXISTING FROM LAST IW)*********

M305 BRANCHPOINT: IF VA APPLICATION ACCEPTED (M297 or M301=1), CONTINUE

IF REINTERVIEW R (Z076=1) and R WAS RECEIVING VA BENEFITS PW (Z100=1), CONTINUE

OTHERWISE, GO TO M313 BRANCHPOINT

M305

[BANNER: Veterans Administration Benefits]   #@ JR (10/13/21)
IF R WAS RECEIVING VA BENEFITS PW (Z100=1):   revising qtext; #49083
According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093)   #@ JR (10/11/21)
you were receiving Veterans Administration disability benefits.   revising skip; #49066

All:
Are you still receiving these ~~Veterans Administration disability~~ benefits?

1. YES………………GO TO M308
5. NO
6. [VOL] DENY EVER RECEIVING………………GO TO M313 BRANCHPOINT
8. DK………………GO TO M313 BRANCHPOINT
9. RF………………GO TO M313 BRANCHPOINT

1. YES………………GO TO M308
5. NO
6. I DID NOT RECEIVE BENEFITS………………GO TO M313 BRANCHPOINT
8. DK………………GO TO M313 BRANCHPOINT
9. RF………………GO TO M313 BRANCHPOINT

M306

[BANNER: Veterans Administration Benefits]

In what year did the benefits stop?

YEAR_____

DK……………..GO TO M309
RF……………GO TO M309

M307 BRANCHPOINT: IF YEAR AT M306 WAS MORE THAN 2 YEARS AGO, GO TO M309

M307

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M308 BRANCHPOINT: GO TO M309   #@ JR (10/21/21)

M308

Are you required to fill out an annual income questionnaire in order to receive benefit payments from the Department of Veteran Affairs?

1. YES
5. NO
8. DK
9. RF

M309

IF R IS STILL RECEIVING VETERANS BENEFITS (M305=1):
How much did you receive from VA disability last month?

OTHERWISE:
How much did you receive from VA disability the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

[INSTR: DO NOT PROBE DK/RF.]

IF R IS STILL RECEIVING VETERANS BENEFITS (M305=1):
How much did you receive from VA disability last month?

OTHERWISE:
How much did you receive from VA disability the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

$ _____ .00 GO TO M313 BRANCHPOINT

DK
RF

M310-
M312

Question text: (Thinking about the amount you received from Veterans Administration disability [last month/the last month you received this benefit]:)

Did it amount to a total of less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 1Up1Down
BREAKPOINTS: $500, $1,000, $1,500
ENTRY POINT: $1,000

Question text: Thinking about the amount you received from Veterans Administration disability [last month/the last month you received this benefit]:

Did it amount to a total of less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 1Up1Down
BREAKPOINTS: $500, $1,000, $1,500
ENTRY POINT: $1,000

*****NOT PREVIOUSLY RECEIVING OR APPLYING FOR WORKERS' COMPENSATION BENEFITS*********

M313 BRANCHPOINT: IF REINTERVIEW R (Z076=1) and WC APPLICATION WAS PENDING LAST IW (Z119=3), GO TO M316

IF REINTERVIEW R (Z076=1) and R WAS RECEIVING WC BENEFITS PW (Z119=1), GO TO M327

OTHERWISE, CONTINUE

M313

#@ JR (2/14/22) drop version of qtext and conditions for reiw version; #49566

IF REIW R (Z076=1) and R HAS APPLIED FOR SSDI, SSI, OR VA (M241 or M263 or M294=1):
(Since LAST IW MONTH (per Z092), YEAR (per Z093),) have you applied for Workers' Compensation benefits?

IF REIW R (Z076=1) and R HAS NOT APPLIED FOR SSDI, SSI, OR VA (M241 and M263 and M294=5):
What about any applications for Workers' Compensation benefits?

ELSE:
Have you ever applied for Workers' Compensation benefits?

1. YES
5. NO……………GO TO M334
8. DK……………GO TO M334
9. RF……………GO TO M334

M314

[BANNER: Workers' Compensation]

In what year did you first apply for Workers' Compensation benefits?

YEAR_____

DK…………….GO TO M316
RF…………….GO TO M316

M315 BRANCHPOINT: IF YEAR AT M314 WAS MORE THAN 2 YEARS AGO, GO TO M316

M315

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M316

[BANNER: Workers' Compensation]   #@ JR (10/18/21)
                                                                   adding conditional
IF WC APPLICATION WAS PENDING LAST IW (Z119=3):   qtext reference;
According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093)   #49098
you had a pending application for Workers' Compensation benefits. Was that   #@ JR (10/15/21)
application accepted, rejected, or is it still being considered?   revise qtext condition;
                                                                   #49098

ELSE, IF NEW R (Z076 NOT 1) and R APPLIED FOR WORKERS' COMPENSATION
(M313=1):
Was that application accepted, rejected, or is it still being considered?

1. ACCEPTED……………….GO TO M321
3. STILL BEING CONSIDERED………………….GO TO M334
5. REJECTED
7. [VOL] DENY PREVIOUS APPLICATION…………………GO TO M334
8. DK…………………GO TO M334
9. RF…………………GO TO M334

1. ACCEPTED……………….GO TO M321
3. STILL BEING CONSIDERED………………….GO TO M334
5. REJECTED
7. I DID NOT APPLY FOR BENEFITS…………………GO TO M334
8. DK…………………GO TO M334
9. RF…………………GO TO M334

*****REJECTED WORKERS' COMPENSATION RECIPIENTS*********

M317

Did you appeal or apply again later?

1. YES
5. NO………………GO TO M334
8. DK………………GO TO M334
9. RF………………GO TO M334

M318

[BANNER: Workers' Compensation]

In what year did you <u>last</u> appeal or apply for benefits?

YEAR_____

DK……………..GO TO M320
RF……………..GO TO M320

M319 BRANCHPOINT: IF YEAR AT M318 WAS MORE THAN 2 YEARS AGO, GO TO M320

M319

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M320

[BANNER: Workers' Compensation]   #@ JR (10/18/21)
                                                    revised qtext; #49120

Was ~~your~~ that application eventually accepted, rejected, or is it still being considered?

1. ACCEPTED
3. STILL BEING CONSIDERED………………GO TO M334
5. REJECTED………………GO TO M334
8. DK………………GO TO M334
9. RF………………GO TO M334

M321

[BANNER: Workers' Compensation]

In what year did you start receiving Workers' Compensation benefits?

[INSTR: ENTER '9997' IF NOT YET RECEIVING BENEFITS.]

[BANNER: Workers' Compensation]

In what year did you start receiving Workers' Compensation benefits?

YEAR_____

9997 NOT YET RECEIVING BENEFITS………………GO TO M323
DK………………GO TO M323
RF………………GO TO M323

M322 BRANCHPOINT: IF YEAR AT M321 WAS MORE THAN 2 YEARS AGO, GO TO M323

M322

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M323

[BANNER: Workers' Compensation]

What disability rating did you receive?

1. 100% PERMANENT……………….GO TO M327 BRANCHPOINT
2. PARTIAL PERMANENT
3. 100% TEMPORARY……………...GO TO M326
4. PARTIAL TEMPORARY
7. OTHER (SPECIFY) M324_____GO TO M327 BRANCHPOINT
8. DK…………...GO TO M327 BRANCHPOINT
9. RF…………...GO TO M327 BRANCHPOINT

M325

[INSTR: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION: What percentage did you receive?]

[BANNER: Workers' Compensation]

What percentage did you receive?

[INSTR: ENTER WHOLE NUMBERS ONLY, 1-100.]

_____%

DK
RF

M326

[INSTR: PROBE IF NECESSARY REFERRING TO WORKERS' COMPENSATION: For how many years?]

0-50 YEARS

For how many years?

[INSTR: ENTER WHOLE NUMBERS ONLY, 0-50 YEARS.]

YEARS_____

DK
RF

*****WORKERS' COMPENSATION RECIPIENTS (NEW RECIPIENTS SINCE LAST IW AND EXISTING FROM LAST IW)*********

M327 BRANCHPOINT: IF WC APPLICATION ACCEPTED (M316 or M320=1), CONTINUE

IF REIW R (Z076=1) and RECEIVING WC LAST IW (Z119=1), CONTINUE

OTHERWISE, GO TO M334

M327

[BANNER: Workers' Compensation]   #@ JR (10/13/21)
IF R WAS RECEIVING WC LAST IW (Z119=1):   revising qtext; #49083
According to our records, in R's LAST IW MONTH (per Z092), YEAR (per Z093) #@ JR (10/11/21)
you were receiving Workers' Compensation benefits.   revising skip; #49066

All:
Are you still receiving these ~~Workers' Compensation~~ benefits?

1. YES………………GO TO M330
5. NO
6. [VOL] DENY EVER RECEIVING………………GO TO M334
8. DK………………GO TO M334
9. RF………………GO TO M334

1. YES………………GO TO M330
5. NO
6. I DID NOT RECEIVE BENEFITS………………GO TO M334
8. DK………………GO TO M334
9. RF………………GO TO M334

M328

[BANNER: Workers' Compensation]

In what year did the benefits stop?

YEAR_____

DK………………GO TO M330
RF………………GO TO M330

M329

What month was that?

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF

M330

IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (M320 M327=1):
How much did you receive from Workers' Compensation last month?

#@ JR (10/15/21)
revise qtext condition;
#49094

OTHERWISE:
How much did you receive from Workers' Compensation in the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

[INSTR: DO NOT PROBE DK/RF.]

IF R IS STILL RECEIVING WORKERS' COMPENSATION BENEFITS (M320-M327=1):
How much did you receive from Workers' Compensation last month?

OTHERWISE:
How much did you receive from Workers' Compensation in the last month you received this benefit?

(Do not count benefits paid to your spouse or children.)

$_____ .00 GO TO M334

DK
RF

M331-
M333

Question text: (Thinking about the amount you received from Workers' Compensation [last month/the last month you received this benefit]:)

Did it amount to less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $500, $1,000, $1,500, $2,200
ENTRY POINT: $1,000

Question text: Thinking about the amount you received from Workers' Compensation [last month/the last month you received this benefit]:

Did it amount to less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $500, $1,000, $1,500, $2,200
ENTRY POINT: $1,000

*****OTHER DISABILITY BENEFITS*********

M334

IF REIW R (Z076=1) ~~and R HAS APPLIED FOR SSDI, SSI, VA, OR WC (M241 or M263 or M294 or M313=1)~~:
(Since LAST IW MONTH (per Z092), YEAR (per Z093),) have you applied for disability benefits from any other program, such as a public welfare disability program?

~~IF REIW R (Z076=1) and R HAS NOT APPLIED FOR SSDI, SSI, VA, OR WC (M241 and M263 and M294 and M313=5):~~
~~Since that time, have you applied for disability benefits from any other program, such as a public welfare disability program?~~

ELSE:
Have you ever applied for disability benefits from any other program, such as a public welfare disability program?
1. YES
5. NO………………GO TO SECTION N
8. DK……………….GO TO SECTION N
9. RF……………….GO TO SECTION N

M335

Which program is that?

_____

M336

[BANNER: OTHER PROGRAM]

Are you currently receiving benefits from (that/those) program(s)?

1. YES
5. NO………………GO TO SECTION N
8. DK……………….GO TO SECTION N
9. RF……………….GO TO SECTION N

M337

[BANNER: OTHER PROGRAM]

How much did you receive from (that/those programs altogether) last month?

(Do not count benefits paid to your spouse or children.)

[INSTR: DO NOT PROBE DK/RF.]

How much did you receive from (that/those programs altogether) last month?

(Do not count benefits paid to your spouse or children.)

$ _____ .00 ....GO TO SECTION N

DK
RF

M338-M340

Question text: (Thinking about the amount you received from the public welfare and other government program last month:)

Did it amount to less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $150, $400, $500, $600
ENTRY POINT: $400

Question text: Thinking about the amount you received from the public welfare and other government program last month:

Did it amount to less than $_____ per month, more than $_____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $150, $400, $500, $600
ENTRY POINT: $400

M341 BRANCHPOINT: IF CAPI, CONTINUE

ELSE, GO TO SECTION N

	#@ SS (10/27/21) Added BP to skip out CAWI interviews

M341

M ASSIST
INSTR: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION M -- DISABILITY?

1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER

GO TO SECTION N