

# California Hired Farm Worker Health Survey

**A Project of the California Institute for Rural Studies  
Supported by a grant from The California Endowment**

**Codes for Household Grid**

**Codes for A2:**

- 01=Spouse/common law spouse
- 02=Daughter/Son
- 03=Brother/Sister
- 04=Father/Mother
- 05=Grandchild
- 06=Other relative (cousins, aunts, uncles, nephews, etc.)
- 07=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

**(Country Codes) For A4, A7, & A10:**

- 01=U.S.A.
- 02=Mexico\* [*Note both, Mexico and the corresponding state*]
- 03=Central America
- 04=South America
- 05=Puerto Rico
- 06=Asia
- 07=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

- \*States in Mexico
- 01=Aguascalientes
  - 02=Baja California Norte
  - 03=Baja California Sur
  - 04=Campeche
  - 05=Chiapas
  - 06=Chihuahua
  - 07=Coahuila
  - 08=Colima
  - 09=Distrito Federal
  - 10=Durango
  - 11=Guanajuato
  - 12=Guerrero
  - 13=Hidalgo
  - 14=Jalisco
  - 15=México
  - 16=Michoacán
  - 17=Morelos
  - 18=Nayarit
  - 19=Nuevo León
  - 20=Oaxaca
  - 21=Puebla
  - 22=Querétaro
  - 23=Quintana Roo
  - 24=San Luis Potosí
  - 25=Sinaloa
  - 26=Sonora
  - 27=Tabasco
  - 28=Tamaulipas
  - 29=Tlaxcala
  - 30=Veracruz
  - 31=Yucatán
  - 32=Zacatecas

- 01=Sin Educación formal
- 02=Escuela Preescolar
- 03=Jardín Infantil
- 04=Escuela Primaria, grados 1, 2, o 3
- 05=Escuela Primaria, grados 4, 5, o 6
- 06=Escuela Secundaria, grados 7, 8, o 9
- 07=Escuela Preparatoria, grados 1 o 2
- 08=Escuela Preparatoria, grado 3, sin Diploma
- 09=Graduado de Escuela Preparatoria
- 10=Diploma de Escuela Preparatoria o equivalente
- 11=Estudios Parciales en la universidad
- 12=Título de Associate-programa ocupacional
- 13=Título de Associate-programa académico
- 14=Bachillerato, Título de una universidad de cuatro años
- 15=Título de Maestría, Profesional, o Doctorado
- DK=No sabe
- NA=Sin respuesta

**(Education Codes) A9:**

- 01=No Formal Schooling
- 02=Nursery School
- 03=Kindergarten
- 04=1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> grade
- 05=4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> grade
- 06=7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> grade
- 07=10<sup>th</sup> grade or 11<sup>th</sup> grade
- 08=12<sup>th</sup> grade, No Diploma
- 09=High school graduate
- 10=High school Diploma or equivalent
- 11=Some college but no degree
- 12=Associate degree in college-Occupational Program
- 13=Associate degree in college-Academic Program
- 14=Bachelor's degree (for example, BA, AB, BS)
- 15=Master's degree, professional school degree, or doctorate degree
- DK=Doesn't Know
- NA=Not Answered

**(Education Codes) A11 and A12:**

- 01=No School
- 02=English classes
- 03=Citizenship classes
- 04=Literacy classes
- 05=Job Training
- 06=Preschool
- 07=Kindergarten
- 08=Elementary school
- 09=Middle school
- 10=High school
- 11=GED completion
- 12=Junior College or University classes
- 13=Adult Basic Education
- 14=Migrant Education
- 15=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

**Section A) Household Information**

[Interviewer Introduction:] We would like to know some information about you and your family. By family, we mean those family members that you help to support and who help to support you. This includes members that are not living with you now.

[Interviewer: If it is not clear who belongs in the interviewee’s family, then ask which people depend on the interviewee’s family for 50% or more of their living expenses.]

**Household Grid**

A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14
Name & Household Member #	Relation	Sex	Does he/she live with you now? If not, where?	Marital status	Age/Date of Birth (month/year)	Country & town of Birth	Year Entered U.S.	Highest Grade	Country School	Any U.S. School last 12 Months?	Any School Now?	Current Work	Any U.S. Farm Work Last 12 Months?
#1		M		S						Y	Y		
		F		M						N	N		
#2		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#3		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#4		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#5		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#6		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#7		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#8		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#9		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A
#10		M	Y	S						Y	Y	FW	Y
		F	N	M						N	N	NF	N
				O								NW	N/A

**FW=Farm Work; NF=Non-Farm Work; NW=Not Working**

[Interviewer Introduction:] The following questions are about those people who live with you. These people do not include the family members that you mentioned before.

A15) Besides the people who you already mentioned, **how many other people are living with you now?**

[Total:] \_\_\_\_\_

Of these people _____ How many are. . . ?	A16) # Does FW	A17) # Does NF	A18) # Does NW
[Write the total below.]			
a. Adults: 18 years of age or older			
b. Children: 17 years of age or younger.			
c. Age unknown:			

**Section B) Personal Demographics**

[Selected Person Only]

[Interviewer Introduction:] Now I am going to ask you some questions concerning your personal background.

B1) Which of the following do you consider yourself?

- White
- Black, African-American or Negro
- Indian (American), Eskimo or Aleut
- Asian or Pacific Islander
- Other group: [Specify] \_\_\_\_\_
- Not Answered

B2) Which of the following describes you? [Read the choices. Mark only one.]

- Mexican [If yes, ask about these three options, a, b, c.]
  - a.  Mestizo
  - b.  Indigenous
  - c.  Other: [Specify] \_\_\_\_\_
- Mexican-American
- Chicano
- Puerto Rican
- Other: [Specify] \_\_\_\_\_
- Not Hispanic, Latino, or Spanish
- Not Answered

B3) What do you consider to be your place of permanent residence? [Write the country and state, department, or province, and the town or city. If the person does not have a place of permanent residence, write "none."]

\_\_\_\_\_

B4b) When was the first year that you lived in this location (town/city) for the more than one month?

- Year: \_\_\_\_\_
- Doesn't Know
- Not Answered

B7) Do you speak a language other than Spanish at home? [Read the list. Mark all that apply.]

- English
- Mixtec
- Oaxacan Indigenous
- Other [Print one Language:] \_\_\_\_\_
- No
- Not Answered

B8) How well do you read Spanish?

- Not at all
- A little
- Somewhat
- Well
- Not Answered

B9) How well do you speak English?

- Not at all
- A little
- Somewhat
- Well
- Very Well
- Not Answered

B10) How well do you read English?

- Not at all
- A little
- Somewhat
- Well
- Very Well
- Not Answered

**Section I) Use of Health Services**

[Interviewer: Only ask about those family members from the household grid currently living in California with the participant.]

[Interviewer Introduction:] Now I am going to ask you about you and your household's use of health services.

**Use of Health Services Grid**

I1	I2	I3	I4	I5	I6
Name & Household Member #	Do you have or does anyone in your family have health insurance? <b>If Yes, What type?</b>	[If Yes to I2, ask:] How much do you or does the person in your family pay for this insurance?	Ever refused care? <b>If so, Why?</b>	Do you or anyone in you family ever go to Mexico for care? <b>If so, Where?</b>	[If yes to I5, ask:] Why do you/does he or she go to Mexico for health care?
#1					
#2					
#3					
#4					
#5					
#6					
#7					
#8					
#9					
#10					

**Codes for Use of Health Services Grid**

**I2) Type of Insurance:**

- 01=Personal/Private
- 02=Employer Provided
- 03=Medi-Cal/IEHP
- 04=Medicare/Medicaid
- 05=Healthy Families
- 06=MIA
- 07=CHDP
- 08=Other [Specify]
- 09=None
- DK=Doesn't Know
- NA=Not Answered

- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000
- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**I3) The cost of the health insurance for the person:**

- 01=Free

**I4) Ever/Why Refused Care:**

- 01=Lack of Insurance
- 02=Unable to Pay
- 03=Too long of Wait

- 04=People at the Clinic did not speak my language
- 05=People at Clinic were unfriendly
- 06=People at the Clinic did not understand my problem
- 07=Legal Status
- 08=Other [Specify]
- 09=Never Refused Care
- DK=Doesn't Know
- NA=Not Answered

**I5) State in Mexico for Care:**

- 1-32=See Household grid codes for states
- 33=No
- DK=Doesn't Know
- NA=Not Answered

**I6) Why does this person/family go to Mexico for health care: [Mark all that apply.]**

- 01=Person/Family has Mexican Health Insurance
- 02=Person/Family are more comfortable there
- 03=Health Care is cheaper in Mexico
- 04=The People in Mexico better understand my needs
- 05=Medicines are easier/cheaper in Mexico
- 06=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

[Interviewer Introduction:] Now I am going to ask you some questions about you and your family's most recent visits to the doctor.

**Last Visit to Clinic/Health Center/Doctor Grid**

I7	I7a	I7b	I7h	I7i	I7c	I7d	I7e	I7f	I7g
Household Member #	Last Visit	Where did you go for this care?	How far did you have to travel for this care?	How long did you have to wait before you were seen?	Reason for last visit?	How much did you/he/she pay for the visit?	What was the method of pay? [Mark all that apply.]	How did you/he/she get to the Clinic/Doctor?	Were you ever sick or hurt and did not go to the doctor/clinic? <b>If Yes</b> , why didn't you go?
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									

**Codes for Last Visit to Clinic/Health Center/Doctor Grid**

**I7a) Last Visit:**

- 01=0-5 months
- 02=6-11 months
- 03=1-2 years
- 04=2-5 years
- 05=5+ years
- 06=Never [Skip to I7g]
- DK=Doesn't Know [Skip to I7g]
- NA=Not Answered [Skip to I7g]

**I7b) Place of Care:**

- 01=Local Area [Note name of place]
- 02=Other Area in California [Note name of place]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I7c) Reason for Last Visit:**

- 01=Physical Exam
- 02=Accident/Injury [Explain]

- 03=Illness [Explain]
- 04=Surgery [Explain]
- 05=Tooth Loss, Dental caries, Fillings
- 06=Routine Dental Exam, Cleaning
- 07=Pre-natal Exam
- 08=Gynecology
- 09=Family Planning
- 10=Ethnospecific illness
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I7d) Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000
- 09=\$10,001-\$20,000

- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**I7e) Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP
- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I7f) Transportation**

- 01=Personal Car

- 02=Ride from friend/acquaintance
- 03=Bus
- 04=Taxi
- 05=Ride from Employer
- 06=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I7g) Reason(s) for No Visit:**

- 01=Lack of Transportation
- 02=Lack of Childcare
- 03=Don't speak English
- 04=Don't speak Spanish
- 05=Lack of Convenient Hours
- 06=Lack of funds/insurance
- 07=Lack of Time
- 08=No appointment available
- 09=Cared for by acquaintance
- 10=Other [Specify]
- 11=Never happened
- DK=Doesn't Know
- NA=Not Answered

[Interviewer Introduction:] Now I am going to ask you some questions about your most recent visit to the dentist.

**Last Visit to Dentist**

I8	I8a	I8b	I8h	I8i	I8c	I8d	I8e	I8f	I8g
Household Member #	Last Visit	Where did you go for this care?	How far did you have to travel for this care?	How long did you have to wait before you were seen?	Reason for last visit?	How much did you/he/she pay for the visit?	What was the method of pay? [Mark all that apply.]	How did you/he/she get to the Dentist?	Were you ever in need of and did not go to the dentist? <b>If Yes, Why didn't you go?</b>
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									

**Codes for Last Visit to Dentist**

**I8a) Last Visit:**

01=0-5 months  
 02=6-11 months  
 03=1-2 years  
 04=2-5 years  
 05=5+ years  
 06=Never [Skip to I8g]  
 DK=Doesn't Know [Skip to I8g]  
 NA=Not Answered [Skip to I8g]

**I8b) Place of Care:**

01=Local Area [Note where]  
 02=Other Area in California [Note where]  
 03=Other State in U.S.  
 04=Mexico  
 05=Other [Specify]  
 DK=Doesn't Know  
 NA=Not Answered

**I8c) Reason for Last Visit:**

02=Accident/Injury [Explain]

03=Illness [Explain]  
 04=Surgery [Explain]  
 05=Tooth Loss , Dental caries, Fillings  
 06=Routine Dental Exam, Cleaning  
 11=Other [Specify]  
 DK=Doesn't Know  
 NA=Not Answered  
 14=Cosmetic, braces, caps, etc.

**I8d) Cost of Visit for the person:**

01=Free  
 02=\$1-\$50  
 03=\$51-100  
 04=\$101-\$200  
 05=\$201-\$500  
 06=\$501-\$1000  
 07=\$1,001-\$2,000  
 08=\$2,001-\$10,000  
 09=\$10,001-\$20,000  
 10=\$20,001-\$50,000  
 11=\$50,000+

DK=Doesn't Know  
 NA=Not Answered

**I8e) Method of Payment:**

01=Personal Funds  
 02=Personal Medical Insurance  
 03=Employer provided medical insurance  
 04=Medi-Cal/IEHP  
 05=Medicare/Medicaid  
 06=Workers' Compensation  
 07=Healthy Families  
 08=State Disability Insurance  
 09=MIA  
 10=CHDP  
 11=Other [Specify]  
 DK=Doesn't Know  
 NA=Not Answered  
**I8f) Transportation**  
 01=Personal Car  
 02=Ride from friend/acquaintance  
 03=Bus

04=Taxi  
 05=Ride from Employer  
 06=Other [Specify]  
 DK=Doesn't Know  
 NA=Not Answered

**I8g) Reason(s) for No Visit:**

01=Lack of Transportation  
 02=Lack of Childcare  
 03=Don't speak English  
 04=Don't speak Spanish  
 05=Lack of Convenient Hours  
 06=Lack of funds/insurance  
 07=Lack of Time  
 08=No appointment available  
 09=Cared for by acquaintance  
 10=Other [Specify]  
 11=Never happened  
 DK=Doesn't Know  
 NA=Not Answered

[Interviewer Introduction:] Now I am going to ask you some questions about your most recent eye exam or eye care visit.

**Last Eye Exam/Eye Care Visit**

I9	I9a	I9b	I9h	I9i	I9c	I9d	I9e	I9f	I9g
Household Member #	Last Visit	Where did you go for this care?	How far did you have to travel for this care?	How long did you have to wait before you were seen?	Reason for last visit?	How much did you/he/she pay for the visit?	What was the method of pay? [Mark all that apply.]	How did you/he/she get to the Eye Exam?	Were you ever in need of care and did not go? If Yes, Why didn't you go?
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									

**Codes for Last Visit for Eye Exam/Eye Care**

**I9a) Last Visit:**

- 01=0-5 months
- 02=6-11 months
- 03=1-2 years
- 04=2-5 years
- 05=5+ years
- 06=Never [Skip to I9g]
- DK=Doesn't Know [Skip to I9g]
- NA=Not Answered [Skip to I9g]

**I9b) Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I9c) Reason for Last Visit:**

- 02=Accident/Injury [Explain]

- 03=Illness [Explain]
- 15=Routine Eye Exam
- 16=Eye irritation
- 17=Glasses/Contacts
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I9d) Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000
- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- 12=Doesn't Know
- 13=Not Answered

**I9e) Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP
- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I9f) Transportation**

- 01=Personal Car
- 02=Ride from friend/acquaintance
- 03=Bus
- 04=Taxi

- 05=Ride from Employer
- 06=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I9g) Reason(s) for No Visit:**

- 01=Lack of Transportation
- 02=Lack of Childcare
- 03=Don't speak English
- 04=Don't speak Spanish
- 05=Lack of Convenient Hours
- 06=Lack of funds/insurance
- 07=Lack of Time
- 08=No appointment available
- 09=Cared for by acquaintance
- 10=Other [Specify]
- 11=Never happened
- DK=Doesn't Know
- NA=Not Answered

[Interviewer Introduction:] Now I am going to ask you some questions about your most recent visit to the Chiropractor.

**Last Visit to the Chiropractor**

I10	I10a	I10b	I10h	I10i	I10c	I10d	I10e	I10f	I10g
Household Member #	Last Visit	Where did you go for this care?	How far did you have to travel for this care?	How long did you have to wait before you were seen?	Reason for last visit?	How much did you/he/she pay for the visit?	What was the method of pay? [Mark all that apply.]	How did you/he/she get to the Chiropractor?	Were you ever in need of care and did not go? <b>If Yes,</b> Why didn't you go?
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									

**Codes for Last Visit to a Chiropractor**

**I10a) Last Visit:**

- 01=0-5 months
- 02=6-11 months
- 03=1-2 years
- 04=2-5 years
- 05=5+ years
- 06=Never [Skip to I10g]
- DK=Doesn't Know [Skip to I10g]
- NA=Not Answered [Skip to I10g]

**I10b) Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I10c) Reason for Last Visit:**

- 01=Physical Exam
- 02=Accident/Injury [Explain]
- 03=Illness [Explain]
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I10d) Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000
- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**I10e) Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP
- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I10f) Transportation**

- 01=Personal Car
- 02=Ride from friend/acquaintance
- 03=Bus
- 04=Taxi

- 05=Ride from Employer
- 06=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**I10g) Reason(s) for No Visit:**

- 01=Lack of Transportation
- 02=Lack of Childcare
- 03=Don't speak English
- 04=Don't speak Spanish
- 05=Lack of Convenient Hours
- 06=Lack of funds/insurance
- 07=Lack of Time
- 08=No appointment available
- 09=Cared for by acquaintance
- 10=Other [Specify]
- 11=Never happened
- DK=Doesn't Know
- NA=Not Answered

**Section J) Traditional Cures and Healers:**

[Interviewer Introduction:] Now I am going to ask you about your use and your household’s use of traditional cures and home remedies.

**Traditional Healers Grid**

J1	J1a	J1b	J1c	J1d	J1e	J1f	J1g
Household Member #	When was the last visit to a traditional healer?	Where did you go for this care?	Type of Healer Visited? [Read the list]	Cause of Ailment?	Treatment of Ailment?	Cost of the visit?	Why did you go to a traditional healer instead of going to a doctor?
#1							
#2							
#3							
#4							
#5							
#6							
#7							
#8							
#9							
#10							

**Codes for Traditional Cures and Healers**

**J1a) Last Visit:**

- 01=0-5 months
- 02=6-11 months
- 03=1-2 years
- 04=2-5 years
- 05=5+ years
- 06=Never [Skip to next page]
- DK=Doesn’t Know [Skip to next page]
- NA=Not Answered [Skip to next page]

**J1b) Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]
- 06=Doesn’t Know

07=Not Answered

**J1c) Type of Healer**

- 11=Other [Specify]
- DK=Doesn’t Know
- NA=Not Answered
- 18=Curandero
- 19=Espiritualista
- 20=Hierbero
- 21=Huesero
- 22=Sobador
- 01=Exposed to Cold, then to Hot and vice versa
- 02=Evil Eye
- 03=Ate disagreeable food
- 04=Other [Specify]
- DK=Doesn’t Know
- NA=Not Answered

**J1d) Cause of Ailment:**

**J1e) Treatment of Ailment:**

- 01=Limpia/cleansing ritual
- 02=Sweatbaths
- 03=Herbs [Specify]
- 04=Pharmaceuticals
- 05=Other [Specify]
- DK=Doesn’t Know
- NA=Not Answered

**J1f) Cost of Visit:**

- 01=Free
- 02=\$1-\$10
- 03=\$11-\$25
- 04=\$26-\$40
- 05=\$41-\$65
- 06=\$65-\$85
- 07=\$85-\$100
- 08=\$100+
- 09=Barter
- 10=Other [Specify]

DK=Doesn’t Know  
NA=Not Answered

**J1g) Reason(s) for Not Visiting a Clinic or Doctor**

- 01=Some illnesses cannot be treated by clinical medicine
- 02=Less expensive than clinical medicine
- 03=Have tried clinical care, and it did not work
- 04=Someone advised me to see a traditional healer
- 05=Prefer natural medicines
- 06=Other [Specify]
- DK=Doesn’t Know
- NA=Not Answer

## Home Remedies Grid

J2	J2a	J2b	J2c	J2d
Household Member #	How often do you use home remedies?	For what problems do you or does your family use these remedies?	What kinds of remedies do you or does your family use?	Do you use these remedies instead of going to the doctor/clinic? <b>If Yes, Why?</b>
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
#10				

### Codes for home remedies

**J2a) How Often:**

01=Daily  
 02=Weekly  
 03=Monthly  
 04=A few times a year  
 05= Never used [*Skip to Section K*]  
 DK=Don't Know [*Skip to Section K*]  
 NA=Not Answered [*Skip to Section K*]

**J2b) Reasons for Using Remedies**

01=Exposure to hot then to cold and vice versa  
 02=Mal de Ojo  
 03=Eating disagreeable food/Upset stomach  
 04=Fevers  
 05=Headaches  
 06=Cough/Colds  
 07=Musculoskeletal pains  
 08=Other [*Specify*]  
 DK=Doesn't Know  
 NA=Not Answered

**J2b) Types of Remedies Used:**

01=Ritual cleansing  
 02=Sweatbaths  
 03=Herbs/Plants [*Specify*]  
 04=Food/Nourishments/Special drinks like teas  
 05=Massages  
 06=Other [*Specify*]  
 DK=Doesn't Know  
 NA=Not Answered

**J2d) Reason(s) for using remedies instead of going to the clinic or doctor:**

01=Some illnesses cannot be treated by clinical medicine  
 02=Less expensive than clinical medicine  
 03=Have tried clinic care, and it did not work.  
 05=Prefer natural medicines  
 06=Other [*Specify*]  
 07=Never  
 DK=Doesn't Know  
 NA=Not Answered

**Section K) Health Conditions**

[Interviewer: \*if the participant is a woman and has children living with her presently, ask about her health conditions and those of her children. If the participant is a married man, a single man, or a woman without children, only ask the participant about his or her health conditions.\*]

[Interviewer Introduction:] The health conditions of hired farm worker are not known well. Please tell us about the health conditions you have had during the last 12 months.

[For each health condition, ask the survey participant:] In the last 12 months have you (\*or any of your children\*) had (\_\_\_\_\_)?

**IF YES** [Then, ask the other questions related to that specific health condition.]

**IF NO** [Proceed to next health condition, for each condition, dental, respiratory, etc.]

**K1) Dental**

Household Member #	K1) Dental Problems, such as toothaches, tooth loss, or painful gums				Which dental problem?	How long have you (did you have) this problem	Did you go for treatment? If Yes, Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y	N	DK	NA						
2	Y	N	DK	NA						
3	Y	N	DK	NA						
4	Y	N	DK	NA						
5	Y	N	DK	NA						
6	Y	N	DK	NA						

**Dental Problem:**  
 01=Toothaches  
 02=Tooth Loss  
 03=Painful Gums  
 DK=Don't Know  
 NA=Not Answered

**Provider of Treatment:**  
 01=Clinic  
 02=Hospital  
 03=Emergency Room  
 04=Private Doctor  
 05=Chiropractor  
 06=Dentist

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

07=Healer  
 08=Pharmacy w/ prescription  
 09=Non-prescription Medication  
 10=Herbs  
 11=Other [Specify]  
 12=None  
 DK=Doesn't Know  
 NA=Not Answered

**Place of Care:**  
 01=Local Area [Note where]  
 02=Other Area in California [Note where]

03=Other State in U.S.  
 04=Mexico  
 05=Other [Specify]  
 DK=Doesn't Know  
 NA=Not Answered

**Cost of Visit for the person:**  
 01=Free  
 02=\$1-\$50  
 03=\$51-100  
 04=\$101-\$200  
 05=\$201-\$500  
 06=\$501-\$1000

07=\$1,001-\$2,000  
 08=\$2,001-\$10,000  
 09=\$10,001-\$20,000  
 10=\$20,001-\$50,000  
 11=\$50,000+  
 DK=Doesn't Know  
 NA=Not Answered

**Method of Payment:**  
 01=Personal Funds  
 02=Personal Medical Insurance  
 03=Employer provided medical insurance

04=Medi-Cal/IEHP  
 05=Medicare/Medicaid  
 06=Workers' Compensation  
 07=Healthy Families  
 08=State Disability Insurance  
 09=MIA  
 10=CHDP  
 11=Other [Specify]  
 DK=Doesn't Know  
 NA=Not Answered

### K3) Respiratory

Household Member #	K3a) Persistent Coughing almost everyday for at least 3 months	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? If Yes, Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K3c) Wheezing	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? If Yes, Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered

**Respiratory Continued:**

Household Member #	K3e) Coughing up phlegm almost everyday for at least 3 months				Do you still have it?				How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y	N	DK	NA	Y	N	DK	NA					
2	Y	N	DK	NA	Y	N	DK	NA					
3	Y	N	DK	NA	Y	N	DK	NA					
4	Y	N	DK	NA	Y	N	DK	NA					
5	Y	N	DK	NA	Y	N	DK	NA					
6	Y	N	DK	NA	Y	N	DK	NA					

**K4) Musculoskeletal:** [Interviewer, Ask:] Have you (\*or any of your children\*) had persistent (\_\_\_\_) pain that lasted for more than a week.

Household Member #	K4a) back pain [Show the laminate with the body diagrams.]				K4b) Part of the back [Use laminate]	Do you still have it?				How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y	N	DK	NA		Y	N	DK	NA					
2	Y	N	DK	NA		Y	N	DK	NA					
3	Y	N	DK	NA		Y	N	DK	NA					
4	Y	N	DK	NA		Y	N	DK	NA					
5	Y	N	DK	NA		Y	N	DK	NA					
6	Y	N	DK	NA		Y	N	DK	NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

11=Other [Specify]

- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+

- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

05=Medicare/Medicaid

- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**Musculoskeletal Continued:** Have you (\*or anyone of your children\*) had persistent (\_\_\_\_) pain that lasted for more than a week.

Household Member #	K4c) Neck Pain	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K4d) Knee Pain	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered

**Musculoskeletal Continued:** Have you (\*or anyone of your children\*) had persistent (\_\_\_\_) pain that lasted for more than a week.

Household Member #	K4e) Shoulder Pain	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K4f) Hand Pain	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered

**Musculoskeletal Continued:** Have you (\*or anyone of your children\*) had persistent (\_\_\_\_) pain that lasted for more than a week.

Household Member #	K4g) Feet Pain	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K4h) Other muscular or skeletal pain	K4I) Where? [laminare]	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA		Y N DK NA					
2	Y N DK NA		Y N DK NA					
3	Y N DK NA		Y N DK NA					
4	Y N DK NA		Y N DK NA					
5	Y N DK NA		Y N DK NA					
6	Y N DK NA		Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

11=Other [Specify]

- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+

- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

05=Medicare/Medicaid

- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**K5) Gastrointestinal:** In the last 12 months have you (\*or anyone of your children\*) had (\_\_\_\_)??

Household Member #	K5a) Diarrhea for more than 3 consecutive days	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? If Yes, Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K5b) Stomach Aches for at least three days in one week.	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? If Yes, Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

11=Other [Specify]

- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]

DK=Doesn't Know  
NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**Gastrointestinal Continued:**

Household Member #	K5c) Vomiting for at least three days in one week.	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**K6) Urinary**

Household Member #	K6a) Painful Urination	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [Specify]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**K7) Eye:**

Household Member #	K7b) Itching/Irritated Eyes	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**K9) Ear**

Household Member #	K9a) Ear Aches	Do you still have them?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**Ear Continued:**

Household Member #	K9b) Hearing Problems/auditory problems	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? If Yes, Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**K11) Traumatic Injuries:**

Household Member #	K11a) Broken Bones	Does the injury still affect you?	Did you go for treatment? If Yes, Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA				
2	Y N DK NA	Y N DK NA				
3	Y N DK NA	Y N DK NA				
4	Y N DK NA	Y N DK NA				
5	Y N DK NA	Y N DK NA				
6	Y N DK NA	Y N DK NA				

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

11=Other [Specify]

- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [Note where]
- 02=Other Area in California [Note where]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [Specify]

DK=Doesn't Know  
NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [Specify]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**Traumatic Injuries Continued:**

Household Member #	K11b) Cuts or Lacerations	How many injuries of this type have you had in the last 12 months?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA						
2	Y N DK NA						
3	Y N DK NA						
4	Y N DK NA						
5	Y N DK NA						
6	Y N DK NA						

**K12) Emotional Illnesses:**

Household Member #	K12a) Feelings of Depression almost everyday for 3 weeks or more	Do you still have them?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**K13) Ethnospecific Illnesses**

Household Member #	K13a) Susto/Espantos	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K13b) Empachos	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

11=Other [*Specify*]

- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

DK=Doesn't Know  
NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**Ethnospecific Illnesses Continued:**

Household Member #	K13c) Aires	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes, Who provided it?</b>	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K13d) Mollera Caída	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes, Who provided it?</b>	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered

**Ethospecific Illnesses Continued:**

Household Member #	K13e) Latido	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K13f) Mal de Ojo	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered

**Ethnospecific Illnesses Continued:**

Household Member #	K13g) Embrujado	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

Household Member #	K12b) Corajes	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**  
 01=Clinic  
 02=Hospital  
 03=Emergency Room  
 04=Private Doctor  
 05=Chiropractor  
 06=Dentist  
 07=Healer  
 08=Pharmacy w/ prescription  
 09=Non-prescription Medication  
 10=Herbs  
**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

11=Other [*Specify*]  
 12=None  
 DK=Doesn't Know  
 NA=Not Answered

**Place of Care:**  
 01=Local Area [*Note where*]  
 02=Other Area in California [*Note where*]  
 03=Other State in U.S.  
 04=Mexico  
 05=Other [*Specify*]

**Cost of Visit for the person:**  
 01=Free  
 02=\$1-\$50  
 03=\$51-100  
 04=\$101-\$200  
 05=\$201-\$500  
 06=\$501-\$1000  
 07=\$1,001-\$2,000  
 08=\$2,001-\$10,000

DK=Doesn't Know  
 NA=Not Answered

**Method of Payment:**  
 01=Personal Funds  
 02=Personal Medical Insurance  
 03=Employer provided medical insurance  
 04=Medi-Cal/IEHP

09=\$10,001-\$20,000  
 10=\$20,001-\$50,000  
 11=\$50,000+  
 DK=Doesn't Know  
 NA=Not Answered

05=Medicare/Medicaid  
 06=Workers' Compensation  
 07=Healthy Families  
 08=State Disability Insurance  
 09=MIA  
 10=CHDP  
 11=Other [*Specify*]  
 DK=Doesn't Know  
 NA=Not Answered

**Ethnospecific Illnesses Continued:**

Household Member #	K12c) Nervios	Do you still have it?	How long have you (did you have) this problem	Did you go for treatment? <b>If Yes,</b> Who provided it?	Where did you go for treatment?	How much did the treatment cost you?	How was the service paid for?
1	Y N DK NA	Y N DK NA					
2	Y N DK NA	Y N DK NA					
3	Y N DK NA	Y N DK NA					
4	Y N DK NA	Y N DK NA					
5	Y N DK NA	Y N DK NA					
6	Y N DK NA	Y N DK NA					

**Provider of Treatment:**

- 01=Clinic
- 02=Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Chiropractor
- 06=Dentist
- 07=Healer
- 08=Pharmacy w/ prescription
- 09=Non-prescription Medication
- 10=Herbs

- 11=Other [*Specify*]
- 12=None
- DK=Doesn't Know
- NA=Not Answered

**Place of Care:**

- 01=Local Area [*Note where*]
- 02=Other Area in California [*Note where*]
- 03=Other State in U.S.
- 04=Mexico
- 05=Other [*Specify*]

- DK=Doesn't Know
- NA=Not Answered

**Cost of Visit for the person:**

- 01=Free
- 02=\$1-\$50
- 03=\$51-100
- 04=\$101-\$200
- 05=\$201-\$500
- 06=\$501-\$1000
- 07=\$1,001-\$2,000
- 08=\$2,001-\$10,000

- 09=\$10,001-\$20,000
- 10=\$20,001-\$50,000
- 11=\$50,000+
- DK=Doesn't Know
- NA=Not Answered

**Method of Payment:**

- 01=Personal Funds
- 02=Personal Medical Insurance
- 03=Employer provided medical insurance
- 04=Medi-Cal/IEHP

- 05=Medicare/Medicaid
- 06=Workers' Compensation
- 07=Healthy Families
- 08=State Disability Insurance
- 09=MIA
- 10=CHDP
- 11=Other [*Specify*]
- DK=Doesn't Know
- NA=Not Answered

**Y=Yes; N=No; DK=Doesn't Know; NA=Not Answered**

**Section L) Clinical Illnesses (Identified by a doctor)**

[Interviewer Introduction:] Now I would like to ask you some questions about illnesses which you might have had that were identified by a doctor. If you do not understand the question, please tell me. As before, your answers are confidential.

[Interviewer: \*if the participant is a woman and has children living with her presently, ask about her health conditions and those of her children. If the participant is a married man, a single man, or a woman without children, only ask the participant about his or her health conditions.\*]

[For each clinical illness, ask:] Has a doctor ever told you that you have (\_\_\_\_\_) (\*or any of your children have\*) (\_\_\_\_\_)?

**IF YES** [Ask the person:] Do you/Does he or she still have (\_\_\_\_\_)?

[Then ask the person:] Did you/did he or she receive treatment?

**IF NO** [Go to next illness]

**IF YES** [Ask the person:] Who provided the treatment for the illness?

**L1) Tuberculosis:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*).. ?				Do you still have. . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#1	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	

**Treatment:**

01=Local Clinic  
02=Local Hospital

03=Emergency Room  
04=Private Doctor  
05=Pharmacy

06=Treatment in Home Country  
07=Other [Specify]:  
-----

DK=Doesn't Know  
NA=Not Answered

**L2) Cancer:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?	What Type of Cancer?	Do you still have this cancer?	Did you or (*your children*) receive treatment?	Provider of Treatment
#1	Y N DK NA		Y N DK NA	Y N DK NA	
#2	Y N DK NA		Y N DK NA	Y N DK NA	
#3	Y N DK NA		Y N DK NA	Y N DK NA	
#4	Y N DK NA		Y N DK NA	Y N DK NA	
#5	Y N DK NA		Y N DK NA	Y N DK NA	
#6	Y N DK NA		Y N DK NA	Y N DK NA	

**Type of Cancer:**

- 01=Breast
- 02=Prostate
- 03=Skin
- 04=Leukemia
- 05=Lung
- 06=Brain

07=Hodgkin's Disease

- 08=Cervical
- 09=Ovarian
- 10=Other [*Specify*]: \_\_\_\_\_
- DK=Doesn't Know
- NA=Not Answered

**Provider of Treatment:**

- 01=Local Clinic
- 02=Local Hospital
- 03=Emergency Room
- 04=Private Doctor
- 05=Pharmacy
- 06=Treatment in Home Country

07=Other [*Specify*]: \_\_\_\_\_

- DK=Doesn't Know
- NA=Not Answered

**L3) Diabetes:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?	Do you still have. . . ?	Did you or (*your children*) receive treatment?	Provider of Treatment
#1	Y N DK NA	Y N DK NA	Y N DK NA	
#2	Y N DK NA	Y N DK NA	Y N DK NA	
#3	Y N DK NA	Y N DK NA	Y N DK NA	
#4	Y N DK NA	Y N DK NA	Y N DK NA	
#5	Y N DK NA	Y N DK NA	Y N DK NA	
#6	Y N DK NA	Y N DK NA	Y N DK NA	

**L4) Hypertension/High Blood Pressure:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?	Do you still have. . . ?	Did you or (*your children*) receive treatment?	Provider of Treatment
#1	Y N DK NA	Y N DK NA	Y N DK NA	
#2	Y N DK NA	Y N DK NA	Y N DK NA	
#3	Y N DK NA	Y N DK NA	Y N DK NA	
#4	Y N DK NA	Y N DK NA	Y N DK NA	
#5	Y N DK NA	Y N DK NA	Y N DK NA	
#6	Y N DK NA	Y N DK NA	Y N DK NA	

**Provider of Treatment:**

- 01=Local Clinic
- 02=Local Hospital

- 03=Emergency Room
- 04=Private Doctor
- 05=Pharmacy

- 06=Treatment in Home Country
- 07=Other [*Specify*]: \_\_\_\_\_

- DK=Doesn't Know
- NA=Not Answered

**L5) Heart Attack:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
#1	Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA	Y	N	DK	NA	

**L6) Anemia:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?				Do you still have. . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
#1	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	

**L7) Arthritis/Rheumatism:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?				Do you still have. . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
#1	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA	Y	N	DK	NA	Y	N	DK	NA	

**Provider of Treatment:**

01=Local Clinic  
02=Local Hospital

03=Emergency Room  
04=Private Doctor  
05=Pharmacy

06=Treatment in Home Country  
07=Other [*Specify*]:  
\_\_\_\_\_

DK=Doesn't Know  
NA=Not Answered

**L8) Stroke/Embolism:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?	Do you still have. . . ?	Did you or (*your children*) receive treatment?	Provider of Treatment
#1	Y N DK NA	Y N DK NA	Y N DK NA	
#2	Y N DK NA	Y N DK NA	Y N DK NA	
#3	Y N DK NA	Y N DK NA	Y N DK NA	
#4	Y N DK NA	Y N DK NA	Y N DK NA	
#5	Y N DK NA	Y N DK NA	Y N DK NA	
#6	Y N DK NA	Y N DK NA	Y N DK NA	

**L9) Asthma:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?	Do you still have. . . ?	Did you or (*your children*) receive treatment?	Provider of Treatment
#1	Y N DK NA	Y N DK NA	Y N DK NA	
#2	Y N DK NA	Y N DK NA	Y N DK NA	
#3	Y N DK NA	Y N DK NA	Y N DK NA	
#4	Y N DK NA	Y N DK NA	Y N DK NA	
#5	Y N DK NA	Y N DK NA	Y N DK NA	
#6	Y N DK NA	Y N DK NA	Y N DK NA	

**Provider of Treatment:**  
 01=Local Clinic  
 02=Local Hospital  
 03=Emergency Room  
 04=Private Doctor  
 05=Pharmacy  
 06=Treatment in Home Country  
 07=Other [*Specify*]: \_\_\_\_\_  
 DK=Doesn't Know  
 NA=Not Answered

**L10) Hepatitis:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?	What type of Hepatitis?	Do you still have. . . ?	Did you or (*your children*) receive treatment?	Provider of Treatment
#1	Y N DK NA		Y N DK NA	Y N DK NA	
#2	Y N DK NA		Y N DK NA	Y N DK NA	
#3	Y N DK NA		Y N DK NA	Y N DK NA	
#4	Y N DK NA		Y N DK NA	Y N DK NA	
#5	Y N DK NA		Y N DK NA	Y N DK NA	
#6	Y N DK NA		Y N DK NA	Y N DK NA	

**Type of Hepatitis:**  
 01=Hepatitis A  
 02=Hepatitis B  
 03=Hepatitis C  
 04=Other [*Specify*]: \_\_\_\_\_  
 DK=Doesn't Know  
 NA=Not Answered  
**Type of Provider:**  
 01=Local Clinic  
 02=Local Hospital  
 03=Emergency Room  
 04=Private Doctor  
 05=Pharmacy  
 06=Treatment in Home Country  
 07=Other [*Specify*]: \_\_\_\_\_  
 DK=Doesn't Know  
 NA=Not Answered

**L11) Allergies:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?				What type of allergy?	Do you still have. . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
#1	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	

**Type of Allergy:**

01=Valley Fever  
 02=Hay Fever  
 03=Food Related  
 04=Animal Related  
 05=Other [*Specify*]: \_\_\_\_\_

DK=Doesn't Know  
 NA=Not Answered

**Type of Provider:**

01=Local Clinic

02=Local Hospital  
 03=Emergency Room  
 04=Private Doctor  
 05=Pharmacy  
 06=Treatment in Home Country

07=Other [*Specify*]: \_\_\_\_\_

DK=Doesn't Know  
 NA=Not Answered

**L12) Skin Condition:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*). . . ?				What type of skin condition?	Do you still have. . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
#1	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	

**Skin Condition:**

01=Eczema  
 02=Hives  
 03=Psoriasis  
 04=Other [*Specify*]: \_\_\_\_\_

DK=Doesn't Know  
 NA=Not Answered

**Type of Provider:**

01=Local Clinic  
 02=Local Hospital

03=Emergency Room  
 04=Private Doctor  
 05=Pharmacy  
 06=Treatment in Home Country  
 07=Other [*Specify*]: \_\_\_\_\_

DK=Doesn't Know  
 NA=Not Answered

**L13) Learning Disabilities:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*).. ?				What type of learning disability?	Do you still have. . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
#1	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	

**Learning Disabilities:**

01=Attention Deficit  
 02=Dyslexia  
 03=Hyperactivity  
 04=Other [*Specify*]: \_\_\_\_\_  
 DK=Doesn't Know

NA=Not Answered

**Type of Provider:**

01=Local Clinic  
 02=Local Hospital

03=Emergency Room  
 04=Private Doctor  
 05=Pharmacy  
 06=Treatment in Home Country  
 07=Other [*Specify*]: \_\_\_\_\_

DK=Doesn't Know  
 NA=Not Answered

**L14) Neurological Disorders/Illnesses related to the nervous system:**

Household Member #	Has a doctor ever told you that you have. . . or (*that any of your children have*).. ?				What type of Neurological disorder?	Do you still have. . . ?				Did you or (*your children*) receive treatment?				Provider of Treatment
#1	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#2	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#3	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#4	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#5	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	
#6	Y	N	DK	NA		Y	N	DK	NA	Y	N	DK	NA	

**Neurological Disorders:**

01=Cerebral Palsy  
 02=Seizures  
 03=Downs Syndrome  
 04=Other [*Specify*]: \_\_\_\_\_

DK=Doesn't Know  
 NA=Not Answered

**Type of Provider:**

01=Local Clinic

02=Local Hospital  
 03=Emergency Room  
 04=Private Doctor  
 05=Pharmacy  
 06=Treatment in Home Country

07=Other [*Specify*]: \_\_\_\_\_  
 DK=Doesn't Know  
 NA=Not Answered



**Section C) Work History**

[Interviewer: Ask the participant about his or her work history during the previous year. Also document the periods of unemployment. Begin with the present time and work backwards in chronological order.]

[Interviewer Introduction:] We would now like to know about your work history during the previous 12 months. If you do not understand a question, please tell me. Your answers are confidential.

Report Only the last 12 months from (\_\_\_\_) 1998 to (\_\_\_\_) 1999

C0 Work Status	C1a Name of Employer (For FW y NF)	C2 Type of Employer	C3 Crop/ Commodity	C4 Activity/Task while doing FW, NF, o *NW	C1 Dates		FW y NF Days per week	C6 City	C7 County	C8 State/Country	C9 **FW y **NF Why left?	C10 Unemployment benefits	C5 C11 Did your spouse and children live with you?
					From:	To:							
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.

FW=Farm Work; NF=Non-Farm Work; NW=Not Working; AB=Abroad

## Codes for Work Grid

### Codes for C2) Type of Employer:

GR=Grower/Rancher  
CO=Contractor  
PS=Packing Service  
PH=Packinghouse  
NF=Non-Farm Related  
DK=Doesn't Know  
NA=Not Answered

### Codes for C3) Crop/Commodity:

02=Tomatoes  
03=Oranges  
05=Lemons  
15=Grapes  
17=Broccoli  
19=Lettuce  
20=Sweet Corn  
21=Melons  
22=Cotton  
23=Milk  
24=Peaches  
28=Garlic  
29=Asparagus  
31=Apples  
32=Nectarines  
50=Other Crop [*Specify*]  
NA=Not Answered

### Codes for C4) FW, NF, and \*NW

FW:  
01=Harvesting  
02=Weeding  
03=Pruning  
04=Seeding  
05=Loading  
06=Packing  
07=Sorting  
08=Operating/driving farm machinery  
09=Driving a tractor  
10=Irrigating  
11=Spraying  
12=Flagging

13=Managing other workers  
14=Shaping (Pescadito)  
15=Unbunching  
16=Removing leaves  
17=Other task [*Specify*]  
NA=Not Answered

### NF:

01=Construction  
02=Landscaping  
03=Cooking/Working in a Restaurant  
04=Childcare  
05=Other Job [*Specify*]  
NA=Not Answered

### \*NW:

01=Looking for Farm Work and Non-Farm Work  
02=Looking for Farm Work  
03=Looking for Non-Farm Work  
04=Waiting for Recall Notice (After Layoff)  
05=Waiting for Start of Season  
06=Family Responsibilities/Work in Home  
07=In School  
08=Laid up due to injury  
09=In-transit between jobs  
10=Vacation  
12=Other [*Specify*]  
NA=Not Answered

### Codes for \*\*C10) Why Left Job:

01=Laid off/End of Season  
02=Fired  
03=Family Responsibilities  
04=School  
05=Moved  
06=Health Reason  
07=Vacation  
08=Retired  
09=Quit  
10=Changed Jobs  
11=Other Reason [*Specify*]  
NA=Not Answered

**Work Grid Continued:**

Report Only The Last 12 Months From (\_\_\_\_) 1998 to (\_\_\_\_) 1999

C0 Work Status	C1a Name of Employer (For FW y NF)	C2 Type of Employer	C3 Crop/ Commodity	C4 Activity/Task while doing FW, NF, o *NW	C4 Dates		C1 FW y NF Days per week	C6 City	C7 County	C8 State/Country	C9 **FW y **NF Why left?	C10 Unemployment benefits	C5 C11 Did your spouse and children live with you?
					From:	To:							
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y N	Spouse Children All No NA Not App.

FW=Farm Work; NF=Non-Farm Work; NW=Not Working; AB=Abroad

## Codes for Work Grid

### Codes for C2) Type of Employer:

GR=Grower/Rancher  
CO=Contractor  
PS=Packing Service  
PH=Packinghouse  
NF=Non-Farm Related  
DK=Doesn't Know  
NA=Not Answered

### Codes for C3) Crop/Commodity:

02=Tomatoes  
03=Oranges  
05=Lemons  
15=Grapes  
17=Broccoli  
19=Lettuce  
20=Sweet Corn  
21=Melons  
22=Cotton  
23=Milk  
24=Peaches  
28=Garlic  
29=Asparagus  
31=Apples  
32=Nectarines  
50=Other Crop [*Specify*]  
NA=Not Answered

### Codes for C4) FW, NF, and \*NW

FW:  
01=Harvesting  
02=Weeding  
03=Pruning  
04=Seeding  
05=Loading  
06=Packing  
07=Sorting  
08=Operating/driving farm machinery  
09=Driving a tractor  
10=Irrigating  
11=Spraying  
12=Flagging

13=Managing other workers  
14=Shaping (Pescadito)  
15=Unbunching  
16=Removing leaves  
17=Other task [*Specify*]  
NA=Not Answered

### NF:

01=Construction  
02=Landscaping  
03=Cooking/Working in a Restaurant  
04=Childcare  
05=Other Job [*Specify*]  
NA=Not Answered

### \*NW:

01=Looking for Farm Work and Non-Farm Work  
02=Looking for Farm Work  
03=Looking for Non-Farm Work  
04=Waiting for Recall Notice (After Layoff)  
05=Waiting for Start of Season  
06=Family Responsibilities/Work in Home  
07=In School  
08=Laid up due to injury  
09=In-transit between jobs  
10=Vacation  
12=Other [*Specify*]  
NA=Not Answered

### Codes for \*\*C10) Why Left Job:

01=Laid off/End of Season  
02=Fired  
03=Family Responsibilities  
04=School  
05=Moved  
06=Health Reason  
07=Vacation  
08=Retired  
09=Quit  
10=Changed Jobs  
11=Other Reason [*Specify*]  
NA=Not Answered

**Work Grid Continued:**

Report Only The Last 12 Months From (\_\_\_\_) 1998 to (\_\_\_\_) 1999

C0 Work Status	C1a Name of Employer (For FW y NF)	C2 Type of Employer	C3 Crop/ Commodity	C4 Activity/Task while doing FW, NF, o *NW	C1 Dates		C6 FW y NF Days per week	C7 City	C8 County	C9 State/Country	C10 **FW y **NF Why left?	C5 Unemployment benefits	C11 Did your spouse and children live with you?
					From:	To:							
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.
FW NF NW AB		GR CO PS PH NF DK NA Not App.										Y  N	Spouse Children All No NA Not App.

FW=Farm Work; NF=Non-Farm Work; NW=Not Working; AB=Abroad

## Work Grid Codes

### Codes for C2) Type of Employer:

GR=Grower/Rancher

CO=Contractor

PS=Packing Service

PH=Packinghouse

NF=Non-Farm Related

DK=Doesn't Know

NA=Not Answered

### Codes for C3) Crop/Commodity:

02=Tomatoes

03=Oranges

05=Lemons

15=Grapes

17=Broccoli

19=Lettuce

20=Sweet Corn

21=Melons

22=Cotton

23=Milk

24=Peaches

28=Garlic

29=Asparagus

31=Apples

32=Nectarines

50=Other Crop [*Specify*]

NA=Not Answered

### Codes for C4) FW, NF, and \*NW

FW:

01=Harvesting

02=Weeding

03=Pruning

04=Seeding

05>Loading

06=Packing

07=Sorting

08=Operating/driving farm machinery

09=Driving a tractor

10=Irrigating

11=Spraying

12=Flagging

13=Managing other workers

14=Shaping (Pescadito)

15=Unbunching

16=Removing leaves

17=Other task [*Specify*]

NA=Not Answered

NF:

01=Construction

02=Landscaping

03=Cooking/Working in a Restaurant

04=Childcare

05=Other Job [*Specify*]

NA=Not Answered

\*NW:

01=Looking for Farm Work and Non-Farm Work

02=Looking for Farm Work

03=Looking for Non-Farm Work

04=Waiting for Recall Notice (After Layoff)

05=Waiting for Start of Season

06=Family Responsibilities/Work in Home

07=In School

08=Laid up due to injury

09=In-transit between jobs

10=Vacation

12=Other [*Specify*]

NA=Not Answered

### Codes for \*\*C10) Why Left Job:

01=Laid off/End of Season

02=Fired

03=Family Responsibilities

04=School

05=Moved

06=Health Reason

07=Vacation

08=Retired

09=Quit

10=Changed Jobs

11=Other Reason [*Specify*]

NA=Not Answered

### Section C) Personal Work History

[Interviewer Introduction:] We are interested in learning about the relationship between hired farm work and the health of people who do this work. Now I am going to ask you about your personal work history and most specifically, about your current or last farm job.

C13) In what year did you first do any farm work in the U.S.?

Year \_\_\_\_\_

Not Answered

C14) Approximately how many years have you done farm work in the U.S.?

[Count any year in which 15 days or more were worked]

Number of Years \_\_\_\_\_

Not Answered

#### **IF PARTICIPANT IS FOREIGN BORN**

C15) When you live(d) in your country outside of the U.S., what kind of work did you do?

Type of work \_\_\_\_\_

Not answered

C16) In order to do farm work in the U.S., do you cross the border daily, weekly, or monthly?

Yes, daily

Yes, weekly

Yes, monthly

No

Not Answered

### Current Hired Farm Work or Most Recent Hired Farm Work

[Interviewer: If the person is not currently doing hired farm work, ask about his or her last farm job.]

C19) Generally, when do you begin work, what hour?

Hour \_\_\_\_\_

Doesn't Know

Not Answered

C20) Typically, when do you leave work to go home?

Hour \_\_\_\_\_

Doesn't Know

Not Answered

C21) At your current job do operate or drive machinery? [Read choices. Check all that apply]

Tractor

Pickup truck

Truck

Conveyor Belt

Harvester

Tractor and disc harrow

Seeder

Combine

Other Machine [Specify]: \_\_\_\_\_

No

Doesn't Know

Not Answered

C22) At your current job do you use tools? [Read choices. Check all that apply.]

- Shears
- Lettuce knife
- Pruning knife
- Ladder
- Hoe
- Short-handled hoe
- Rake
- Pruning saw
- Long-handled pruning shears/loppers
- Shovels
- Spading forks
- Other Tools [Specify]: \_\_\_\_\_
- No [Skip to C26]
- Doesn't Know [Skip to C26]
- Not Answered [Skip to C26]

C23) In your current job (FW) who provides you with your tools?

- Farmer
- Labor contractor
- Supervisor
- Another person [Specify]: \_\_\_\_\_
- Bring my own [Skip to C25]
- Doesn't Know [Skip to C25]
- Not Answered [Skip to C25]

C24) Does this person charge you for the use of these tools?

- Yes
- No [Skip to C26]
- Only When They Are Damaged [Skip to C26]
- Doesn't Know [Skip to C26]
- Not Answered [Skip to C26]

**IF YES**

C25) How much are you charged for these tools?

- Per day: \_\_\_\_\_
- Per month: \_\_\_\_\_
- Doesn't Know
- Not Answered

C26) In your current job, how do you generally go to work?

- Personal car [Skip to C30]
- Walk [Skip to C30]
- Travel/Ride with others [Skip to C28]
- Public Transit, bus or train [Skip to C30]
- Employer's bus, truck, or van [Skip to C27]
- Other [Specify]: \_\_\_\_\_ [Skip to C30]
- Doesn't Know
- Not Answered

**IF USES EMPLOYER'S BUS, TRUCK, OR VAN**

C27) Are you obligated to use your employer's transportation?

- Yes
- No
- Doesn't Know
- Not Answered

C28) Do you pay your employer/labor contractor or raiteros for your rides to work?

- Yes
- No [Skip to C30]
- Doesn't Know [Skip to C30]
- Not Answered [Skip to C30]

**IF YES**

C29) How much do you per day or per month?

- Per day: \_\_\_\_\_
- Per month: \_\_\_\_\_
- Doesn't Know
- Not Answered

**Income from Current Farm Job**

[Interviewer Introduction:] We are interested in learning about the income of hired farm workers and their access to health care. Now I am going to ask some questions about your income from your current farm job.

C30) On your last payday, how much did you receive before taxes?

- Amount \_\_\_\_\_
- Doesn't Know
- Not Answered

C31) On your last payday, how much did you receive after taxes?

- Amount \_\_\_\_\_
- Doesn't Know
- Not Answered

C32) For what time-period were you paid?

- One Day
- One week
- Two weeks
- One month
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

C33) How were you paid? [Read the options.]

- Personal Check
- Payroll Check
- Cash and check
- Other Check
- Cash
- In exchange for services
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

C34) How many hours did you work during that time-period?

- 10 to 20
- 20 to 30
- 30 to 40
- 40 to 50
- 50 to 60
- More than 60
- Doesn't Know
- Not Answered

C35) Are you paid:

- By the hour? [Go to C36]
- By the piece? [Skip to C37]
- Combination hourly/piece rate? [Skip to C38]
- A Salary? [Skip to C39]
- Other [explain]: \_\_\_\_\_

[Skip to C41a]

- Doesn't Know [Skip to C41a]
- Not Answered [Skip to C41a]

**IF BY THE HOUR**

C36) How many dollars per hour?

- Amount: \_\_\_\_\_ [Skip to C41a]
- Doesn't Know [Skip to C41a]
- Not Answered [Skip to C41a]

**IF BY THE PIECE**

C37a) Are paid individually or by the crew or group?

- Individually [Skip to C37]
- By the crew or group
- Doesn't Know [Skip to C37]
- Not Answered [Skip to C37]

C37b) How many people are in your crew? [One is not an acceptable answer.]

- Number of people: \_\_\_\_\_
- Doesn't Know
- Not Answered

C37) On average, how much do you or does your crew receive for each bucket, tray, bin, etc.?

- Amount: \_\_\_\_\_ [Skip to C40]
- Doesn't Know [Skip to C40]
- Not Answered [Skip to C40]

C40) What is the average number of buckets, trays, bins, etc. that you or your does each day?

- Average: \_\_\_\_\_ [Skip to C41a]
- Doesn't Know [Skip to C41a]
- Not Answered [Skip to C41a]

**IF BY COMBINATION**

C38) Explain exactly how you are paid?

- Dollars per hour: \_\_\_\_\_ Piece Rate: \_\_\_\_\_ [Skip to C41a]
- Doesn't Know [Skip to C41a]
- Not Answered [Skip to C41a]

**IF BY SALARY**

C39) How much is your salary?

- Salary: \_\_\_\_\_ [Skip to C41a]
- Doesn't Know [Skip to C41a]
- Not Answered [Skip to C41a]

C41a) If you ever become sick or have an accident **while working**, do you receive any payment while you are recovering, for example "compensation" for any injury or illness that occurred while you were working?

- Yes
- No
- Doesn't Know
- Not Answered

C41) In your current farm job (or in your last farm job) does/did your employer offer health insurance?

- Yes
- No [Skip to C47]
- Doesn't Know [Skip to C47]
- Not Answered [Skip to C47]

**IF YES**

C42) Do you have or use this health insurance?

- Yes [Skip to C44]
- No
- Doesn't Know [Skip to C44]
- Not Answered [Skip to C44]

**IF NO**

C43) Why do you not have it or do not use it?

- Reason [Explain] \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Doesn't Know
- Not Answered

C44) How much does it cost/would it cost you this health insurance?

- Cost: \_\_\_\_\_
- Doesn't Know
- Not Answered

C45) Does this medical insurance that is offered by your employer cover the worker and his/her family or only the worker?

- Only the worker
- The worker and his/her family
- Doesn't Know
- Not Answered

C47) What is the distance between your place of work (farm job) and the place where you are living now?

- Distance: \_\_\_\_\_
- None, person lives where he or she works
- Doesn't Know
- Not Answered

C48) How long does it take to travel from the place where you are living to the place where you are working (farm job)?

- Time: \_\_\_\_\_
- Doesn't Know
- Not Answered

## Section H) Income and Living conditions

[Interviewer Introduction:] Now I am going to ask you some questions about your income and your living conditions.

H1) What was your total income last year in U.S. dollars?

- Under \$1,000
- 1,000 to 2,499
- 2,500 to 4,999
- 5,000 to 7,499
- 7,500 to 9,999
- 10,000 to 12,499
- 12,500 to 14,999
- 15,000 to 17,499
- 17,500 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 34,999
- Over 35,000
- Doesn't Know
- Not Answered

H2) How much of that income came from doing hired farm work in the U.S.?

- Under \$1,000
- 1,000 to 2,499
- 2,500 to 4,999
- 5,000 to 7,499
- 7,500 to 9,999
- 10,000 to 12,499
- 12,500 to 14,999
- 15,000 to 17,499
- 17,500 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 34,999
- Over 35,000
- Doesn't Know
- Not Answered

H3) What was your family's total income, including yours, last year in U.S. dollars?

- Under \$1,000
- 1,000 to 2,499
- 2,500 to 4,999
- 5,000 to 7,499
- 7,500 to 9,999
- 10,000 to 12,499
- 12,500 to 14,999
- 15,000 to 17,499
- 17,500 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 34,999
- Over 35,000
- Doesn't Know
- Not Answered

H4) Did you have any income from any other type of employment in the U.S. last year, such as working in a cannery, restaurant, or in construction?

- Yes
- No [*Skip to H6*]
- Doesn't Know [*Skip to H6*]
- Not Answered [*Skip to H6*]

**IF YES**

H5) How much income did you earn from this other employment last year?

- Under \$1,000
- 1,000 to 2,499
- 2,500 to 4,999
- 5,000 to 7,499
- 7,500 to 9,999
- 10,000 to 12,499
- 12,500 to 14,999
- 15,000 to 17,499
- 17,500 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 34,999
- 35,000 to 39,999
- Over 40,000
- Doesn't Know
- Not Answered

## Living Conditions

H6) Which best describes this place in which you live?

[Read the options. Include all apartments, flats, etc., even if vacant]

- A mobile home or trailer
- A one-family house detached from any other house, single private home
- A one-family house attached to one or more houses, duplex or triplex
- A building with more than two apartments
- A room in a hotel or motel, etc.
- Room/bed in rooming/dormitory/boarding house
- Recreational vehicle-RV/Camper
- Car
- Tent, lean-to or elsewhere without fixed shelter
- Other

[Describe]: \_\_\_\_\_

Not Answered

H7) Who is the owner of this dwelling/house?

[Read the options]

- you or someone in this household with a mortgage or loan? [Skip to H8]
- you or someone in this household free and clear (without a mortgage)? [Skip to H9]
- your employer? [Skip to H9]
- another individual from whom you rent? [Skip to H9]
- you, but your employer rents you the land/space? [Skip to H9]
- you, but another individual rents you the land/space? [Skip to H9]
- Doesn't Know [Skip to H17]
- Not Answered [Skip to H17]

## IF A MORTGAGE OR A LOAN

H8) What is your monthly payment?

- Less than \$100
- \$100 to \$149
- \$150 to \$199
- \$200 to \$250
- \$250 to \$299
- \$300 to \$349
- \$350 to \$399
- \$400 to \$449
- \$450 to \$499
- \$500 to \$549
- \$550 to \$599
- \$600 to \$649
- \$650 to \$699
- \$700 to \$749
- \$750 or more
- Doesn't Know
- Not Answered

[Skip to H17]

## IF PERSON PAYS RENT

H9) Do you pay by the day, the week, or the month?

- Day
- Week [Skip to H11]
- Month [Skip to H12]
- No, Free Housing [Skip to H14]
- Doesn't Know [Skip to H13]
- Not Answered [Skip to H13]

## IF BY THE DAY

H10) How much is the rent per day?

- Rent Per Day: \_\_\_\_\_
- Doesn't Know, taken out of my paycheck
- Doesn't Know, but not taken out of my paycheck
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

[Skip to H13]

**IF BY THE WEEK**

- H11) How much is the rent per week?  
 Rent Per Week: \_\_\_\_\_  
 Doesn't Know  
 Not Answered

**IF BY THE MONTH**

- H12) What is the monthly rent you pay?  
 Less than \$100  
 \$100 to \$149  
 \$150 to \$199  
 \$200 to \$250  
 \$250 to \$299  
 \$300 to \$349  
 \$350 to \$399  
 \$400 to \$449  
 \$450 to \$499  
 \$500 to \$549  
 \$550 to \$599  
 \$600 to \$649  
 \$650 to \$699  
 \$700 to \$749  
 \$750 or more  
 Doesn't Know  
 Not Answered

- H13a) How much is the rent in total, including what you pay (how much does everyone in the dwelling pay altogether)?  
 Rent Total: \_\_\_\_\_  
 Doesn't Know  
 Not Answered

- H14) Do you have to pay for utilities like electricity, gas, and water?  
 Yes  
 No [*Skip to H17*]  
 Doesn't Know [*Skip to H17*]  
 Not Answered [*Skip to H17*]

**IF YES**

H15) How much do you pay each month for utilities?

- Utilities: \_\_\_\_\_  
 Doesn't Know  
 Not Answered

H16) To whom do you pay for utilities?

- Landlord  
 Directly to utility company  
 Other [*Specify*]: \_\_\_\_\_  
 Doesn't Know  
 Not Answered

H17) How many rooms are in this dwelling unit?

[*Do not count bathrooms, porches, balconies, foyers, hallways, or half-rooms.*]

- One room  
 Two rooms  
 Three rooms  
 Four rooms  
 Five rooms  
 Six rooms  
 Seven rooms  
 Eight rooms  
 Nine rooms  
 Doesn't Know  
 Not Answered

H18) How many of those rooms are used for sleeping?

- [*Specify Number:*] \_\_\_\_\_  
 Doesn't Know  
 Not Answered

H19) How many people sleep in this house?

- [*Specify Number:*] \_\_\_\_\_  
 Doesn't Know  
 Not Answered

H20) Do you have Complete plumbing facilities in this place; that is 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?

- Yes, have all three facilities  
 No  
 Doesn't Know  
 Not Answered

H21) Do you have Complete kitchen facilities; that is 1) a sink with piped water, 2) a range or cookstove, and 3) a refrigerator?

- Yes, have all three facilities
- No
- Doesn't Know
- Not Answered

H22) Do you have a telephone in this place?

- Yes
- No
- Doesn't Know
- Not Answered

### Use of Social Services

[Interviewer Introduction:] Now I am going to ask you some questions about your use of social services.

H23) In the last 2 Years, has anyone in your household used the services of any of the following social programs? [Read choices. Mark all that apply]

- TANF (Temporary Assistance for needy families)
- Food Stamps
- Disability insurance
- Unemployment Insurance
- Social Security
- Veteran's Pay
- AFDC/Welfare
- Low income housing
- Public health clinic
- Medicaid/Medi-cal
- WIC
- Disaster relief
- Legal Services
- CHDP
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

H25) Do you own or are you buying any of the following items in the U.S.? [Read choices. Mark all that apply.]

- A plot of land
- A house
- A mobile home
- A car/truck
- A business
- Other [Specify]: \_\_\_\_\_
- None
- Doesn't Know
- Not Answered

H26) Do you own or are you buying any of the following items in your home country? [Read choices. Mark all that apply.]

- A plot of land
- A house
- A mobile home
- A car/truck
- A business
- Other [Specify]: \_\_\_\_\_
- None
- Doesn't Know
- Not Answered



**Section D) Protective Equipment and Job Training**

[Interviewer Introduction:] The following questions concern personal protective equipment and job safety training.

D1) In the last 12 months, while doing hired farm work (FW), have you used any of the following protective equipment? [Read list. Show laminated sheet. Check all that apply]

- None
- Gloves type 1 (cloth)
- Gloves type 2 (thin/light rubber)
- Gloves type 3 (thick/heavy rubber)
- Sleeves
- Suit
- Boots
- Respirator
- Hard Hat
- Goggles
- Paper Mask
- Bandana/Handkerchief
- Hat/cap
- Apron
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

**Training or Instructions**

D2) Has anyone given you training or instructions in the safe use of pesticides through: video, audio cassette, classroom lecture, written material, informal talks or by any other means?

- Yes
- No [Skip to D7]
- Doesn't Know [Skip to D7]
- Not Answered [Skip to D7]

D3) How was the training or instructions delivered? [Read options and check all that apply]

- By Video
- By Audio-Cassette
- Through a formal class/lecture
- Through written information/materials
- Informal instructions out in the field
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

D4) Who trained or instructed you? [Check all that apply.]

- Grower/foreman/crew leader
- Contractor or staff
- Government agency
- Insurance agency
- Union
- Community organization
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

D5) In what language were the instructions or training given? [Mark all that apply.]

- Spanish
- English
- Both Spanish and English
- Other language [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

[Read questions. Mark one response per question.]

D6) Did the training or instructions cover. . .

a. . . how soon you could enter a field treated with pesticides?

- Yes
- No
- Doesn't Know
- Not Answered

b. . . illnesses or injuries due to pesticides?

- Yes
- No
- Doesn't Know
- Not Answered

c. . . where to or who to contact for emergency?

- Yes
- No
- Doesn't Know
- Not Answered

D7) Have you ever received a certification card for training or instructions in the safe use of pesticides?

- Yes
- No [Skip to D9]
- Doesn't Know [Skip to D9]
- Not Answered [Skip to D9]

**IF YES**

D8) When did you receive this card?

\_\_\_\_\_/\_\_\_\_\_  
Month    Year

D9) In the last 12 months, while doing hired farm work (FW), how did you find out the appropriate time to return to the field after it had been sprayed with pesticides? [Check all that apply]

- Signs are removed
- Another worker informs me
- Employer/supervisor informs me
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

D11) In the last 12 months, w while doing hired farm work (FW), has a supervisor ever told you to enter into a field sprayed by pesticides before it was time?

- Yes
- No [Go to Section E]
- Doesn't Know [Go to Section E]
- Not Answered [Go to Section E]

**IF YES**

D12) Were you given special protective equipment? [Read the list. Show the laminated sheet. Mark all that apply.]

- None
- Gloves type 1 (cloth)
- Gloves type 2 (thin/light rubber)
- Gloves type 3 (thick/heavy rubber)
- Sleeves
- Suit
- Boots
- Respirator
- Hard Hat
- Goggles
- Paper Mask
- Bandana/Handkerchief
- Hat/cap
- Apron
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

**Section E) Working with Pesticides in the U.S.A**

[Interviewer Introduction:] The next questions are about working with pesticides. If a question is unclear, please tell me. All of yours are confidential.

E1) Working in the U.S. (in FW), have you loaded, mixed, or applied pesticides. . .

- Yes
- No
- Doesn't Know
- Not Answered

**IF NO, DOESN'T KNOW, OR NOT ANSWERED  
TO ALL 3, SKIP TO E6**

E2) The last time you did this work did you use any of the following? [Read list. Show laminated sheet.

Check all that apply]

- None
- Gloves type 1 (cloth)
- Gloves type 2 (thin/light rubber)
- Gloves type 3 (thick/heavy rubber)
- Sleeves
- Suit
- Boots
- Respirator
- Hard Hat
- Goggles
- Paper Mask
- Bandana/Handkerchief
- Hat/cap
- Apron
- Other [Specify]:: \_\_\_\_\_
- Doesn't Know
- Not Answered

E3) Did you become sick or have any reaction because of this work?

- Yes
- No [Skip to E6]
- Doesn't Know [Skip to E6]
- Not Answered [Skip to E6]

E4) What reactions did you have? How did it make you sick? [Check all that apply.]

- Skin problems
- Eye problems
- Nausea/vomiting
- Headache
- Numbness/Tingling
- Dehydration
- Dizziness
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

E5) Were you sick enough to miss 4 hours or more of work?

- Yes
- No
- Doesn't Know
- Not Answered

E6) In the last 12 months, have you ever come in contact with pesticides by having/being. . .

a. . . sprayed or blown by the wind on you?

- Yes
- No
- Doesn't Know
- Not Answered

b. . . spilled on you?

- Yes
- No
- Doesn't Know
- Not Answered

c. . . cleaning or repairing containers or equipment used for applying or storing pesticides?

- Yes
- No
- Doesn't Know
- Not Answered

**IF NO, DOESN'T KNOW, OR NOT ANSWERED  
TO ALL 3, SKIP TO E10**

E7) Did you become sick or have any reaction because of this incident? [Check which incident(s), if answer is Yes]

- Yes
  - incident a.
  - incident b.
  - incident c.
- No [Skip to E10]
- Doesn't Know [Skip to E10]
- Not Answered [Skip to E10]

E8) What reactions did you have? How did it make you sick? [Check all that apply.]

- Skin problems
- Eye problems
- Nausea/vomiting
- Headache
- Numbness/Tingling
- Dehydration
- Dizziness
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

E9) Were you sick enough to miss 4 hours or more of work?

- Yes
- No
- Doesn't Know
- Not Answered

**ASK E10 & E11 ONLY IF THE PERSON WORKS WITH FRUIT.**

E10) Do they ask you to try the fruit before picking it in order to see that it is ripe?

- Yes
- No [Skip to E16]
- Doesn't Know [Skip to E16]
- Not Answered [Skip to E16]

E11) When you have to repack, do they ask you to try the fruit in order to see if it is ripe?

- Yes
- No [Skip to E16]
- Doesn't Know [Skip to E16]
- Not Answered [Skip to E16]

**IF YES TO E10 OR E11**

E12) Who asks you to try the fruit before picking it or packing it?

- The farmer or his supervisor
- The labor contractor or his supervisor
- Other person [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

E13) As a result of these incidents, did you become sick or have any kind of reaction? [Mark the type of incident that corresponds with those above, if the person became sick or had a reaction.]

- Yes
  - E10
  - E11
  - E10 & E11
- No [Skip to E16]
- Doesn't Know [Skip to E16]
- Not Answered [Skip to E16]

**IF YES**

E14) What reactions did you have?

- Skin
- Eye problems
- Nausea/vomiting
- Headache
- Numbness/Tingling
- Dehydration
- Dizziness
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

E15) As a result of these reactions/problems, were you sick enough to miss 4 hours or more of work?

- Yes
- No
- Doesn't Know
- Not Answered

E16) In the last 12 months, while doing hired farm work, have you entered a field that was wet with pesticides?

- Yes
- No [*Skip to E18*]
- Doesn't Know [*Skip to E18*]
- Not Answered [*Skip to E18*]

**IF YES**

E17) In the last 12 months, how many times have you entered a field that was wet with pesticides?

- Number: \_\_\_\_\_
- Doesn't Know
- Not Answered

E18) In the last 12 months, since [*Month*] of 1998 until now, [*Month*] of 1999, have you received any medical attention by a doctor or nurse due to pesticide exposure?

- Yes MO YR
  - a. When?: \_\_\_\_/\_\_\_\_
  - b. Crop?: \_\_\_\_\_
  - c. Task?: \_\_\_\_\_
  - d. What physical problem?:
    - a. Skin problems
    - b. Eye problems
    - c. Nausea/vomiting
    - d. Headache
    - e. Numbness/Tingling
    - f. Dehydration
    - g. Dizziness
    - h. Other [*Specify*]: \_\_\_\_\_
    - i. Doesn't Know
    - j. Not Answered
- No
- Doesn't Know
- Not Answered

## Section F) Field Sanitation

[Interviewer Introduction:] The following questions refer to sanitation at your job with your **CURRENT OR MOST RECENT (FW) EMPLOYER.**

F1) Does your employer provide clean drinking water and disposable drinking cups **EVERDAY?**

- Yes, water and disposable cups
- Yes, water only
- No water, no cups [Skip to F4]
- Doesn't Know [Skip to F4]
- Not Answered [Skip to F4]

### IF YES

F2) Do you drink it?

- Yes [Skip to F4]
- No
- Doesn't Know [Skip to F4]
- Not Answered [Skip to F4]

### IF NO

F3) Why don't you drink it? [If Answer Is "I bring my own," ask why? And enter response in "Other"]

- Too far away
- Dirty
- Bad taste
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

F4) Does your employer provide a toilet **EVERYDAY?**

- Yes
- No [Skip to F9]
- Doesn't Know [Skip to F9]
- Not Answered [Skip to F9]

### IF YES

F5) Do you use it?

- Yes [Skip to F7]
- No
- Doesn't Know [Skip to F7]
- Not Answered [Skip to F7]

### IF NO

F6) Why don't you use it?

- Too far away
- Too dirty
- Not permitted
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

F7) How many times per week is the toilet cleaned?

- Times per week [average]: \_\_\_\_\_
- Never
- Doesn't Know
- Not Answered

F8) Does your employer provide toilet paper **EVERY DAY?**

- Yes
- Yes, but insufficient supply for the day
- No
- Doesn't Know
- Not Answered

F9) Does your employer provide water to wash hands **EVERY DAY?**

- Yes
- No [Skip to F16]
- Doesn't Know [Skip to F16]
- Not Answered [Skip to F16]

**IF YES**

F10) Do you use it?

- Yes [*Skip to F12*]
- No
- Doesn't Know [*Skip to F12*]
- Not Answered [*Skip to F12*]

**IF NO**

F11) Why don't you use it?

- Too far away
- Don't like it
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

**IF YES**

F12) When do you use it? [*Check all that apply*]

- Before using toilet
- After using toilet
- Before eating
- Before Smoking
- Before beginning work
- Before leaving work
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

**ASK ONLY IF THERE IS A TOILET AND A PLACE TO WASH HANDS.**

**IF NOT, SKIP TO F16.**

F13) Is the place to wash your hands close or far from the toilet?

- Close
- Far
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

F14) Does your employer provide soap to wash your hands **EVERY DAY**?

- Yes
- No
- Doesn't Know
- Not Answered

F15) Does your employer provide towels to dry your hands **EVERY DAY**?

- Yes
- No
- Doesn't Know
- Not Answered

F16) With your current employer, have you ever had to "go to"/ "use the bathroom" in the field/ "open air"?

- Yes
- No [*Skip to Section G*]
- Doesn't Know [*Skip to Section G*]
- Not Answered [*Skip to Section G*]

F17) Why did you have "to do it" in the field/ "open air"?

- Bathroom was too far away
- There was no bathroom
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered



G2) What was the diagnosis? [*Read the list if necessary to prompt*]

- Scrape/Abrasion
- Bruise/Contusion
- Amputation/Lost Body Part
- Sprain/Strain/Torn Ligament/Traumatic

Rupture

- Broken Bone/Fracture/Crushed/Mangled
- Dislocation
- Cut/Laceration/Puncture/Stab/Jab
- Burn/Blister/Scald
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G3) What object caused the injury? [*Read list if necessary to prompt*]

- A Knife
- A Tractor
- The Ground
- Conveyor Belt
- A Ladder
- An Animal
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G4) What part(s) of the body was injured? [*Show laminated body chart, record the Code for Each Body Part Injured*]

- Body Part(s): \_\_\_\_\_
- Doesn't Know
- Not Answered

G5) What task or job were you doing?

- Harvesting
- Weeding
- Pruning
- Seeding
- Loading
- Packing
- Sorting
- Operating/driving farm machinery
- Driving a tractor
- Irrigating
- Spraying
- Flagging
- Managing other workers
- Shaping (Pescadito)
- Unbunching
- Removing leaves
- Other task [*Specify*]: \_\_\_\_\_
- Not Answered

G6) Is doing this task a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

G7) What crop or commodity were you working with?

- Cucumbers
- Tomatoes
- Oranges
- Grapefruit
- Lemons
- Avocados
- Tangerines/Tangelos
- Mushrooms
- Oriental/Asian Vegetables
- Ornamental Trees and Shrubs
- Turf and Bedding Plants
- Decorative Interior Plants
- Cut Flowers
- Herbs
- Other Crop [*Specify*]: \_\_\_\_\_
- Not Answered

G8) At the time of the injury, did you have much experience doing this task in this commodity?

- Yes in this commodity
- No, never done this task
- Yes in another commodity
- Doesn't Know
- Not Answered

G9) On what date did this injury occur?  
[Interviewer: If the person cannot recall the exact date get at least the month and the year.]

- \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year
- Doesn't Know
- Not Answered

G10) Did this injury happen: [Read the list.]

- While you were at work?
- While you were going to work?
- While you were going home from work?
- Doesn't Know
- Not Answered

G11) Did you receive medical attention for the injury?

- Yes
- No [Skip To G15]
- Doesn't Know [Skip To G15]
- Not Answered [Skip To G15]

**IF YES**

G12) Where did you go for medical attention?

- Local Clinic
- Local Hospital
- Emergency Room
- Private Doctor
- Chiropractor
- Healer
- Pharmacy
- Doesn't Know
- Not Answered

G13) How did you get there?

- Employer
- Supervisor
- Co-Worker
- Family Member
- Friend
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G14) How was the medical care paid for?

- Personal funds
- Personal medical insurance
- Employer provided medical insurance
- Medi-Cal/IEHP
- Medicare/Medicaid
- Workers' Compensation
- Healthy Families
- State Disability Insurance
- MIA
- CHDP
- Other [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G15) Has the injury resulted in a continuing disability?

- Yes [Note how]:

---



---



---

- No
- Doesn't Know
- Not Answered

G16) Had you received any instruction on how to do the job safely before the injury occurred?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
Language Form:			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? _____			

[If the injury involved a vehicle, **Continue Below,**

**G17]**

[If the injury involved farm machinery (not vehicles): **Go To Page 62, G23.**]

[If the injury involved a hand-held tool: **Go To Page 62, G26.**]

[If the injury involved an animal: Go To Page 63, G29.]

[If the injury did not involve any of the options above, go to the next injury module. If the person only had one injury, then go to **Section N, Page 70.**]

## Injury Involving A Vehicle

G17) What kind of vehicle was involved? [*Read the choices, if necessary.*]

- Car
- Van
- Truck
- Other Type of Truck
- Bus
- Motorcycle
- Three Wheeler ATV
- Four Wheeler ATV
- Bicycle
- Tractor
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know [*Go to G22*]
- Not Answered [*Go to G22*]

G18) Did the vehicle have seat belts?

- Yes
- No
- Doesn't Know
- Not Answered

**IF YES**

G19) Were you using the seat belt?

- Yes
- No
- Don't
- Not Answered

**IF VEHICLE WAS TRACTOR, ASK G20 & G21.**

G20) Did it have rollover protection?

- Yes
- No
- Doesn't Know
- Not Answered

G21) Did it have power take off?

- Yes
- No
- Doesn't Know
- Not Answered

G22) Had you received any instruction on how to safely operate the vehicle before injury?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm: _____			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? ____ ____			

G25) Had you received any instruction on how to safely work with or near the machine before the injury?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm: _____			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? ____ ____			

### Injury Involving Farm Machinery (Not Vehicles)

G23) What type of machinery was involved? [*Read choices.*]

- Conveyor Belt
- Harvester
- Tractor and disc harrow
- Seeder
- Combine
- Other Machine [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G24) The machine that was involved when you were injured, is working with or around it a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

### Injury Involving a Hand-held Tool

G26) What tool were you using when you became injured? [*Read choices*]

- Shears
- Lettuce knife
- Pruning knife
- Ladders
- Hoe
- Short-handled hoe
- Rakes
- Pruning saw
- Long-handled pruning shears/loppers
- Shovels
- Spading forks
- Other Tools [*Specify*]: \_\_\_\_\_
- No
- Doesn't Know
- Not Answered

G27) The tool that you were using when you were injured, is using it a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

G28) Had you received any instruction on how to safely use the tool before the injury occurred?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm:			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
_____			
How many hours? ____ ____			

**Injury Involving an Animal**

G29) What type of animal caused or was involved in causing your injury?

- Cow/Calf
- Steer
- Horse
- Hog
- Sheep
- Turkey
- Chicken
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G30) How many animals were involved in the incident?

- Number of Animals: \_\_\_\_\_
- Doesn't Know
- Not Answered

G31) What were you doing at the time of incident?

- Feeding
- Herding
- Branding
- Milking
- Breeding
- Cleaning Pen
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G32) Which part of the animal's body caused the injury?

- Head or A Part of the Head
- Torso/Body
- The extremities/The feet
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G33) Was the animal properly secured?

- Yes, adequately secured
- No, Inadequately secured
- Not secured at all
- Doesn't Know
- Not Answered

G34) Was working with or close to the animal that caused the injury a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

G35) Had you received any instruction on how to work with or close to this (these) animal(s) before the injury occurred?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm:			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
_____			
How many hours? ____ ____			

[Interviewer: For each farm work related injury, repeat the module. Continue in order from the most recent injury.]



G5) What task or job were you doing?

- Weeding
- Pruning
- Seeding
- Loading
- Packing
- Sorting
- Operating/driving farm machinery
- Driving a tractor
- Irrigating
- Spraying
- Flagging
- Managing other workers
- Shaping (Pescadito)
- Unbunching
- Removing leaves
- Other task [*Specify*]: \_\_\_\_\_
- Not Answered

G6) Is doing this task a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

G7) What crop or commodity were you working with?

- Cucumbers
- Tomatoes
- Oranges
- Grapefruit
- Lemons
- Avocados
- Tangerines/Tangelos
- Mushrooms
- Oriental/Asian Vegetables
- Ornamental Trees and Shrubs
- Turf and Bedding Plants
- Decorative Interior Plants
- Cut Flowers
- Herbs
- Other Crop [*Specify*]: \_\_\_\_\_
- Not Answered

G8) At the time of the injury, did you have much experience doing this task in this commodity?

- Yes in this commodity
- No, never done this task
- Yes in another commodity
- Doesn't Know
- Not Answered

G9) On what date did this injury occur?

[*Interviewer: If The Person Cannot Recall The Exact Date Get At Least the Month And Year*]

- \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year
- Doesn't Know
- Not Answered

G10) Did this injury happen: [*Read The List*]

- While you were at work?
- While you were going to work?
- While you were going home from work?
- Doesn't Know
- Not Answered

G11) Did you receive medical attention for the injury?

- Yes
- No [*Skip To G15*]
- Doesn't Know [*Skip To G15*]
- Not Answered [*Skip To G15*]

**IF YES**

G12) Where did you go for medical attention?

- Local Clinic
- Local Hospital
- Emergency Room
- Private Doctor
- Chiropractor
- Healer
- Pharmacy
- Doesn't Know
- Not Answered

G13) How did you get there?

- Employer
- Supervisor
- Co-Worker
- Family Member
- Friend
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G14) How was the medical care paid for?

- Personal funds
- Personal medical insurance
- Employer provided medical insurance
- Medi-Cal/IEHP
- Medicare/Medicaid
- Workers' Compensation
- Healthy Families
- State Disability Insurance
- MIA
- CHDP
- Other [*Specify*]: \_\_\_\_\_
- Did not pay
- Doesn't Know
- Not Answered

G15) Has the injury resulted in a continuing disability?

- Yes [*Note how*]:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No

Doesn't Know  
Not Answered

G16) Had you received any instruction on how to do the job safely before the injury occurred?

Yes [*Complete the square*]

No

Doesn't Know

Not Answered

Main Topic: _____			
Language Form:			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? ____			

[*If the injury involved a vehicle, Continue Below, Page 67, G17*]

[*If the injury involved farm machinery (not vehicles): Go To Page 67, G23.*]

[*If the injury involved a hand-held tool: Go To Page 68, G26.*]

[*If the injury involved an animal: Go To Page 68, G29.*]

[*If the injury did not involve any of these options, go to Section N, Page 70.*]

**Injury Involving A Vehicle**

G17) What kind of vehicle was involved? [Read the choices]

- Car
- Van
- Truck
- Other Type of Truck
- Bus
- Motorcycle
- Three Wheeler ATV
- Four Wheeler ATV
- Bicycle
- Tractor
- Other [Specify]: \_\_\_\_\_
- Doesn't Know [Go to G22]
- Not Answered [Go to G22]

G18) Did the vehicle have seat belts?

- Yes
- No
- Doesn't Know
- Not Answered

**IF YES**

G19) Were you using the seat belt?

- Yes
- No
- Don't
- Not Answered

**IF VEHICLE WAS TRACTOR, ASK G20 & G21.**

G20) Did it have rollover protection?

- Yes
- No
- Doesn't Know
- Not Answered

G21) Did it have power take off?

- Yes
- No
- Doesn't Know
- Not Answered

G22) Had you received any instruction on how to safely operate the vehicle before injury?

- Yes [Complete the square]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm: _____			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? ____ ____			

**Injury Involving Farm Machinery (Not Vehicles)**

G23) What type of machinery was involved? [Read choices.]

- Conveyor Belt
- Harvester
- Tractor and disc harrow
- Seeder
- Combine
- Other Machine [Specify]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G24) The machine that was involved when you were injured, is working with or around it a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

G25) Had you received any instruction on how to safely work with or near the machine before the injury?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm: _____			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? ____ ____			

### Injury Involving a Hand-held Tool

G26) What tool were you using when you became injured? [*Read choices*]

- Shears
- Lettuce knife
- Pruning knife
- Ladders
- Hoe
- Short-handled hoe
- Rakes
- Pruning saw
- Long-handled pruning shears/loppers
- Shovels
- Spading forks
- Other Tools[*Specify*]: \_\_\_\_\_
- No
- Doesn't Know
- Not Answered

G27) The tool that you were using when you were injured, is using it a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

G28) Had you received any instruction on how to safely use the tool before the injury occurred?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm: _____			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? ____ ____			

### Injury Involving an Animal

G29) What type of animal caused or was involved in causing your injury?

- Cow/Calf
- Steer
- Horse
- Hog
- Sheep
- Turkey
- Chicken
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G30) How many animals were involved in the incident?

- Number of Animals: \_\_\_\_\_
- Doesn't Know
- Not Answered

G31) What were you doing at the time of incident?

- Feeding
- Herding
- Branding
- Milking
- Breeding
- Cleaning Pen
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G32) Which part of the animal's body caused the injury?

- Head or A Part of the Head
- Torso/Body
- The extremities/The feet
- Other [*Specify*]: \_\_\_\_\_
- Doesn't Know
- Not Answered

G33) Was the animal properly secured?

- Yes, adequately secured
- No, Inadequately secured
- Not secured at all
- Doesn't Know
- Not Answered

G34) Was working with or close to the animal that caused the injury a normal work activity?

- Yes
- No
- Doesn't Know
- Not Answered

G35) Had you received any instruction on how to work with or close to this (these) animal(s) before the injury occurred?

- Yes [*Complete the square*]
- No
- Doesn't Know
- Not Answered

Main Topic: _____			
LanguageForm: _____			
	SP	ENG	OTH
VIDEO	1	2	3
DEMO	1	2	3
READ	1	2	3
OTH:	1	2	3
How many hours? ____ ____			

**Section N) Legal Status**

[Interviewer Introduction:] Now I am going to ask you some questions about your legal status. If you do not understand a question, please tell me. All of your answers are confidential

N1) What is your current resident status?

- I am a U.S. citizen by birth [End interview]
- I am a naturalized U.S. citizen [Go to N2]
- Permanent Resident [Go to N2]
- I have a border-crossing card, right to cross border and work in U.S. [Go to N2]
- Pending Status, applied, awaiting for approval [Go to N2]
- Undocumented [Skip to N4]
- Temporary Resident—Non-Immigrant Visa [Go to N2]
- Other [Specify]: \_\_\_\_\_ [Go to N2]
- Doesn't Know [Skip to N4]
- Not Answered [Skip to N4]

N2) Under what program?

- Amnesty under 5 year program
- Amnesty under SAW (90 day) program
- Cuban/Haitian entrant
- Spousal Petition Program/Family Unity
- Labor certification program
- Registry program
- Political asylum
- Refugee
- Protective status (temporary)
- Guestworker (H2A) program
- Student
- Tourist
- Border crossing card/ "passport"
- Other [Specify]: \_\_\_\_\_
- Doesn't Know [Skip to N4]
- Not Answered [Skip to N4]

N3) Date that your status became effective:

1. When did you apply for the program?

\_\_\_\_\_/\_\_\_\_\_  
Month                      Year

2. When did you obtain your legal status?

\_\_\_\_\_/\_\_\_\_\_  
Month                      Year

3. When did you obtain your naturalization/become a citizen?

\_\_\_\_\_/\_\_\_\_\_  
Month                      Year

N4) Do you have a Social Security Card?

- Yes
- No
- Doesn't Know
- Not Answered

N5) Have you ever used another Social Security Card Number?

- Yes
- No
- Doesn't Know
- Not Answered

C46) Did your employer (current or last) ask to see your social security card before beginning work?

- Yes
- No
- Doesn't Know
- Not Answered

**End of Survey**

*[Interviewer Farewell:] Thank you for your important participation in this part of the survey. The next part of the survey in which we would like to have your participation is the physical exam. With your permission, I would like to set up a time when you could come to the clinic. [Explain about the situation with the van and how we have someone that will provide transportation to and from the clinic. If the person wants to continue, note the time and day for him or her.]*

Day and time of the physical exam: \_\_\_\_\_

*[For Interviewer Only: Were There Any Sections Of The Questionnaire That You Feel The Survey Participant Was Not Able To Answer Or Might Not Have Provide Reliable Information?] [Note Below]*

---

---

---

---

*[Additional Notes, If Needed]*

---

---

---

---