

HEALTH AND RETIREMENT SURVEY— WAVE I

For Office Use Only

Project 103 (466308)
Study Phase Code: 5
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The University of Michigan
Survey Research Center
Institute for Social Research
Ann Arbor, MI 48106

1. Interviewer's Label

2. SAMPLE ID:

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3. RELEASE #:

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4. HOUSEHOLD ID#:

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5. This Iw No.:

MODULE H

Release 2 Module H: Occupational Injuries

H0. EXACT TIME NOW:

H1. INTERVIEWER CHECKPOINT

SEE QUESTIONNAIRE: F2, P. 66

1. R IS WORKING NOW ("YES" TO F2)

2. ALL OTHERS—>TURN TO P. 3, H11

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Although we have finished the interview, we would like to ask you a few additional experimental questions. [They are very similar to questions we have already asked, but researchers are interested in how people respond when the questions are changed just a little.]

H2. Does your job require you to do repeated strenuous physical activities, such as lifting, pushing, or pulling heavy objects?

1. YES 5. NO—>GO TO H3

↓

H2a. During a typical work day, how many minutes or hours altogether do you spend doing strenuous physical activities?

_____ MINUTES OR _____ HOURS

H3. Does your job require you to lift loads weighing more than 30 pounds?

1. YES 5. NO—>GO TO H4

↓

H3a. During a typical work day, how many minutes or hours altogether do you spend lifting loads weighing more than 30 pounds?

_____ MINUTES OR _____ HOURS

H4. Does your job require you to do repeated bending, twisting, or reaching?

1. YES 5. NO—>NEXT PAGE, H5

↓

H4a. During a typical work day, how many minutes or hours altogether do you spend bending, twisting, or reaching?

_____ MINUTES OR _____ HOURS

2

H5. On this job, do you work with knives or other sharp cutting utensils?

1. YES

5. NO →GO TO H6

↓
V

H5a. During a typical work day, how many minutes or hours altogether do you spend working with knives or other sharp cutting utensils?

_____ MINUTES **OR** _____ HOURS

H6. On this job, do you drive a motor vehicle?

1. YES

5. NO →GO TO H7

↓
V

H6a. Is this vehicle a sedan, a truck, a tractor-trailer, or something else?

1. SEDAN

2. TRUCK

3. TRACTOR-TRAILER

4. SOMETHING ELSE (SPECIFY:) _____

H6b. During a typical workday, how many minutes or hours do you drive?

_____ MINUTES **OR** _____ HOURS

H7. At this job, are there any labor unions in your facility?

1. YES

5. NO →NEXT PAGE, H8

↓
V

H7a. Are you represented by a labor union?

1. YES

5. NO →NEXT PAGE, H8

↓
V

H7b. Is the union actively concerned about worker safety?

1. YES

5. NO

H8. At this job, has your work place been inspected by the Occupational Safety and Health Administration (OSHA) within the last year?

1. YES

5. NO

8. DON'T KNOW

H9. Have you changed jobs within the last year because of fear of injury?

1. YES

5. NO

H10. Have you ever changed jobs because of fear of injury?

1. YES

5. NO

H11. EXACT TIME NOW:

TURN TO COVERSHEET, P. 4