

OCCUPATION - OCQ

BOX 0

CHECK ITEM OCQ.120:
IF SP AGE 12-15, CONTINUE.
OTHERWISE, GO TO BOX 0A.

OCQ.130 The next question is about work at a job or business.

On the average, how many hours per week does {SP} work in a **paid or unpaid** job? Would you say . . .

- 5 or fewer hours, 1
- 6 to 9 hours, 2
- 10 to 14 hours, 3
- 15 to 19 hours, 4
- 20 to 24 hours, or 5
- 25 or more hours? 6
- NONE 7
- REFUSED 77
- DON'T KNOW 99

BOX 0A

CHECK ITEM OCQ.140:
IF SP AGE >= 16, CONTINUE.
OTHERWISE GO TO END OF SECTION.

OCQ.150 In this part of the survey I will ask you questions about {your/SP's} work experience.

Which of the following {were you/was SP} doing **last week** . . .

- working at a job or business, 1 (OCQ.180)
- with a job or business but not at work, 2
- looking for work, or 3
- not working at a job or business? 4 (OCQ.380)
- REFUSED 7
- DON'T KNOW 9

OCQ.160 Did {you/SP} do **any** work at a job or business at all **last week** [include unpaid work in a family farm or business]?

- YES 1 (OCQ.180)
- NO 2 (BOX 0B)
- REFUSED 7 (OCQ.390)
- DON'T KNOW 9 (OCQ.390)

BOX 0B

CHECK ITEM OCQ.170:

IF OCQ.150 IS CODED '2', GO TO OCQ.210.
OTHERWISE, GO TO OCQ.380.

OCQ.180 How many hours did {you/SP} work **last week** at **all** jobs or businesses?

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ENTER NUMBER OF HOURS

REFUSED 777

DON'T KNOW 999

BOX 0C

CHECK ITEM OCQ.190:

IF OCQ.150 IS "LOOKING" (CODE 3), GO TO OCQ.390.
OTHERWISE, CONTINUE WITH BOX 1.

BOX 1

CHECK ITEM OCQ.200:

IF HOURS IN OCQ.180 <= 34, OR REFUSED (CODE 777), OR DON'T KNOW (CODE 999), CONTINUE.
OTHERWISE, GO TO OCQ.220.

OCQ.210 {Do you/Does SP} **usually** work 35 hours or more per week in total at all jobs or businesses?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

OCQ.220 For whom did {you/SP} work at {your/his/her} main job or business? (What is the name of the company, business, organization or employer?)

IF MORE THAN 1 JOB, PROBE FOR **MAIN** JOB.

ENTER NAME OF EMPLOYER

REFUSED 7

DON'T KNOW 9

OCQ.230 What kind of business or industry is this? (For example: TV and radio management, retail shoe store, state labor department, farm.)

ENTER NAME OF BUSINESS, JOB, OR INDUSTRY

REFUSED 7

DON'T KNOW 9

OCQ.240 What kind of work {were you/was SP} doing? (For example: farming, mail clerk, computer specialist.)

ENTER NAME OF OCCUPATION

REFUSED 7
DON'T KNOW 9

OCQ.250 What were {your/SP's} most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

ENTER NAME OF DUTIES

REFUSED 7
DON'T KNOW 9

OCQ.260 Looking at the card, which of these **best** describes this job or work situation?

ASK IF NOT CLEAR.
HAND CARD OCQ1

AN EMPLOYEE OF A **PRIVATE** COMPANY,
BUSINESS, OR INDIVIDUAL FOR WAGES,
SALARY, OR COMMISSION 1
A **FEDERAL** GOVERNMENT EMPLOYEE . 2
A **STATE** GOVERNMENT EMPLOYEE ... 3
A **LOCAL** GOVERNMENT EMPLOYEE ... 4
SELF-EMPLOYED IN **OWN** BUSINESS,
PROFESSIONAL PRACTICE OR FARM . 5
WORKING **WITHOUT PAY** IN FAMILY
BUSINESS OR FARM 6
REFUSED 7
DON'T KNOW 9

OCQ.270 About how long {have you/has SP} worked for {EMPLOYER} as a(n) {OCCUPATION}?

CAP I INSTRUCTIONS:
DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.
DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.

|_|_|_|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 777
DON'T KNOW 999

ENTER UNIT

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
REFUSED 7
DON'T KNOW 9

OCQ.280 Was health insurance offered to {you/SP} through this job or business?

CAPI INSTRUCTIONS:

DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.

DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

OCQ.290 The next questions are about conditions {you/SP} may experience and equipment {you/he/she} may use at {EMPLOYER} as a(n) {OCCUPATION}.

At this job or business, how many hours per day can {you/SP} smell the smoke from other people's cigarettes, cigars, and/or pipes?

CAPI INSTRUCTIONS:

DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.

DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.

ENTER NUMBER OF HOURS

- NEVER 66
- REFUSED 77
- DON'T KNOW 99

OCQ.300 In this job, {do you/does SP} **ever** wear protective equipment?

CAPI INSTRUCTIONS:

DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.

- YES 1
- NO 2 (OCQ.340)
- REFUSED 7 (OCQ.340)
- DON'T KNOW 9 (OCQ.340)

OCQ.310 {Do you/Does SP} **ever** wear . . .

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- a. **a respirator?** _____
- b. **protective hearing devices?** _____
- c. **protective gloves other than those for cold weather (protective gloves include special gloves to protect your hands against chemicals, cuts, tears, punctures, heat, flame, subzero cold, biological or body fluids)?** _____

BOX 2

CHECK ITEM OCQ.320:

IF YES (CODE 1) TO OCQ.310c (GLOVES), CONTINUE.
OTHERWISE, GO TO OCQ.340.

OCQ.330 Are these gloves made of . . .

READ OPTIONS
CODE ALL THAT APPLY

- latex rubber, 1
- leather, 2
- vinyl, 3
- cloth, or 4
- something else? 5
- REFUSED 7
- DON'T KNOW 9

OCQ.340 Thinking of all the jobs {you have/SP has} **ever** had, {have you/has s/he} **ever** been exposed to loud noise at work for at least **three months**? By loud noise I mean noise so loud that {you/s/he} had to speak in a raised voice to be heard?

- YES 1
- NO 2 (OCQ.390)
- REFUSED 7 (OCQ.390)
- DON'T KNOW 9 (OCQ.390)

OCQ.350 At {your/SP's} job as a(n) {OCCUPATION} for {EMPLOYER}, {are you/is s/he} **currently** exposed to loud noise? [By loud noise I mean noise so loud that {you/s/he} {have/has} to speak in a raised voice to be heard?]

CAPI INSTRUCTIONS:
DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.
DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.

- YES 1
- NO 2 (OCQ.390)
- REFUSED 7 (OCQ.390)
- DON'T KNOW 9 (OCQ.390)

OCQ.360 On average, for how many hours **per day** {are you/is SP} **currently** exposed to this loud noise?

IF LESS THAN 1 HOUR, ENTER 1

ENTER NUMBER OF HOURS

- REFUSED 77
- DON'T KNOW 99

BOX 3

CHECK ITEM OCQ.370:

GO TO OCQ.390.

OCQ.380 What is the **main** reason {you/SP} did not work **last week**?

- TAKING CARE OF HOUSE OR FAMILY . . . 1
- GOING TO SCHOOL 2
- RETIRED 3
- UNABLE TO WORK FOR HEALTH REASONS 4
- ON LAYOFF 5
- DISABLED 6
- OTHER 7
- REFUSED 77
- DON'T KNOW 99

OCQ.390 Thinking of all the **paid** jobs or businesses {you/SP} **ever** had, what kind of work {were you/was s/he} doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.)

CAPI INSTRUCTION:

IF CURRENT OCCUPATION HAS BEEN ENTERED IN OCQ.240, DISPLAY AS LEFT HEADER "CURRENT OCCUPATION: {OCQ.240}".

ENTER OCCUPATION

or

- SAME AS CURRENT OCCUPATION 2 (BOX 5)
- ARMED FORCES 3
- NEVER WORKED 4 (END OF SECTION)
- REFUSED 7
- DON'T KNOW 9

OCQ.395 About how long did {you/SP} work at that job or business?

CAPI INSTRUCTION:

DISPLAY "LONGEST OCCUPATION: {OCQ.390}" AS LEFT HEADER.

|_|_|_|

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

- REFUSED 777
- DON'T KNOW 999

ENTER UNIT

- DAYS 1
- WEEKS 2
- MONTHS 3
- YEARS 4
- REFUSED 7
- DON'T KNOW 9

BOX 4

CHECK ITEM OCQ.400:

IF SP CURRENTLY WORKING (CODE 1 OR CODE 2 IN OCQ.150), CONTINUE WITH BOX 4A.

IF SP NOT CURRENTLY WORKING (CODE 3, 4, 7, OR 9 IN OCQ.150), GO TO OCQ.420.

BOX 4A

CHECK ITEM OCQ.410:

IF 'YES' (CODE 1) IN OCQ.340, GO TO OCQ.430.
OTHERWISE, GO TO BOX 5.

OCQ.420 Thinking of all the previous jobs {you have/SP has} **ever** had, {have you/has s/he} **ever** been exposed to loud noise at work for at least **three months**? [By loud noise I mean noise so loud that {you/s/he} had to speak in a raised voice to be heard?]

- YES 1
- NO 2 (BOX 5)
- REFUSED 7 (BOX 5)
- DON'T KNOW 9 (BOX 5)

OCQ.430 Remembering the kind of work {you/SP} did the longest, that is, as a(n) {KIND OF WORK DOING THE LONGEST}, {were you/was s/he} **ever** exposed to loud noise in that job for at least **three months**? [By loud noise I mean noise so loud that {you/s/he} had to speak in a raised voice to be heard?]

CAPI INSTRUCTIONS:

DISPLAY AS LEFT HEADER "LONGEST OCCUPATION:" AND NAME OF OCCUPATION FROM OCQ.390.

- YES 1
- NO 2 (BOX 5)
- REFUSED 7 (BOX 5)
- DON'T KNOW 9 (BOX 5)

OCQ.440 On average, for how many hours **per day** {were you/was SP} exposed to loud noise in that job?

IF LESS THAN 1 HOUR, ENTER 1

|_|_|
ENTER NUMBER OF HOURS

- REFUSED 77
- DON'T KNOW 99

OCQ.450 Did {you/SP} **ever** wear protective hearing devices while {you were/s/he was} exposed to loud noise in that job?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

BOX 5

CHECK ITEM OCQ.460:

IF SP AGE <= 59 AND ASTHMA REPORTED AS CONDITION (CODE 1 IN MCQ.010,
CONTINUE.
OTHERWISE, GO TO END OF SECTION.

OCQ.470 Earlier I recorded that {you have/SP has} been told by a doctor that {you/s/he} had asthma.

When {you/SP} first developed symptoms of asthma, what kind of work {were you/was s/he} doing? (For example, electrical engineer, stock clerk, typist, farmer.)

CAPI INSTRUCTIONS:

DISPLAY AS LEFT HEADER "CURRENT OCCUPATION:" AND CURRENT OCCUPATION FROM OCQ.240.
DISPLAY AS LEFT HEADER "LONGEST OCCUPATION:" AND OCCUPATION SP HAD LONGEST FROM OCQ.390 IF DIFFERENT FROM CURRENT OCCUPATION.

ENTER OCCUPATION

or

- SAME AS CURRENT OCCUPATION 2 (END OF SECTION)
- SAME AS LONGEST OCCUPATION 3
- NOT WORKING AT THAT TIME 4 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW 9 (END OF SECTION)

OCQ.480 What kind of business or industry was that? (For example, TV and radio manufacturing, retail shoe store, farm.)

ENTER NAME OF BUSINESS, JOB, OR INDUSTRY

- REFUSED 7
- DON'T KNOW 9

OCQ.490 What were {your/SP's} most important activities or duties in this job? (For example, sells cars, keeps account books, operates printing press.)

ENTER NAME OF DUTIES

- REFUSED 7
- DON'T KNOW 9