SUPPLEMENT ONLY FOR WORKERS WHO SAID "YES" TO ANY OF NL QUESTIONS (NAWS page 18)
– SECTION NL - INJURIES/ACCIDENTS -

[NL3 CODES FOR "INJURY LIST"] IN THE LAST 12 MONTHS, HAVE YOU HAD ANY: ...

☐ a   scrape/abrasion?

☐ b   bruise/contusion?

☐ c   amputation/loss of body part?

☐ d   sprain/strain/torn ligament/ traumatic rupture?

☐ e   broken or fractured bone/ crushed/ mangled?

☐ f   dislocation?

☐ g   cut/laceration/puncture/ stab/ jab?

☐ h   burn/blister/scald?

☐ i   insect bite/ sting/ bitten by animal?

☐ j   otro?: [   ]

Please describe, how did you get injured? What happened when you where injured?

[INTERVIEWER: If there is more than one injury, write first the number corresponding to the incident (i.e., for the first incident write number 1) in the "Injury Grid" (next page). Use the following grids for the other incidents and number each one of them. If you need more grids, use "extras" from other unused supplements. In each grid, ask and write answers for questions NL3 to NL20]

IN THE NEXT GRIDS, WRITE IN DETAIL ALL NARRATIVE RESPONSES TO PROMPT QUESTIONS FROM NL3 TO NL20. AS YOU ASK EACH QUESTION, MARK RESPONSES; AND WHERE REQUIRED, MARK ITS CORRESPONDING BOX TO ENSURE THAT ALL QUESTIONS ARE ASKED (i.e., What happened?; What were you doing?; Where did it happen?; What caused the injury/accident?; What tools or machineries were you using when it happened?; etc.)
[USE A SEPARATE GRID FOR EACH INJURY/ACCIDENT]

CODES FOR NL13:

1. COMMUNITY HEALTH CENTER
2. PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC
3. HOSPITAL
4. EMERGENCY ROOM
5. MIGRANT HEALTH CLINIC
6. CHIROPRACTOR OR NATUROPATH
7. DENTIST
8. FIRST AID ON SITE
9. WENT TO HOME (ANOTHER) COUNTRY
10. NO MEDICAL TREATMENT
88. OTHER: [   ]

CODES FOR NL14:

1 PAID OUT OF MY OWN POCKET
2 MEDICAID/MEDICARE
3 NO CHARGE
4 EMPLOYER PROVIDED HEALTH-PLAN
5 SELF OR FAMILY INSURANCE HEALTH PLAN
8 BILLED, BUT DID NOT PAY
9 "WORKER'S COMPENSATION"
10 EMPLOYER PAID "OUT-OF-POCKET"
11 DO NOT REMEMBER WHO PAID FOR IT
6 OTHER: [   ]
7 COMBINATION OF: [   ]

INJURIES/ACCIDENTS

INCIDENT # = FW?: [ ] NF?: [ ]	*[INTW: THIS GRID IS FOR THE FIRST INJURY/ACCIDENT MENTIONED BY THE RESPONDENT]*

NL3 The following questions are about this injury/accident incident. What part(s) of your body was (were) injured and what type(s) of injury(-ies) did you have in this incident? *[INTW: ASK FOR BODY-PARTS INJURIES, FROM THIS INCIDENT, FOR EACH BODY PART, WRITE ANSWER(S) AND CHECK ALL CODES THAT APPLY (SEE CODES - FIRST PAGE NL3).*

[BODY PARTS: CODES FOR TYPE OF INJURY LISTED ON PREVIOUS PAGE (IN NL3). READ AND MARK ALL THAT APPLY]:

PART 1 [_____]   a. ☐   b. ☐   c. ☐   d. ☐   e. ☐   f. ☐   g. ☐   h. ☐   i. ☐   j. ☐

PART 2 [_____]   a. ☐   b. ☐   c. ☐   d. ☐   e. ☐   f. ☐   g. ☐   h. ☐   i. ☐   j. ☐

PART 3 [_____]   a. ☐   b. ☐   c. ☐   d. ☐   e. ☐   f. ☐   g. ☐   h. ☐   i. ☐   j. ☐

[NARRATIVE SECTION (IF YOU NEED MORE SPACE, USE BACK PAGE). AFTER ASKING EACH PROMPT-QUESTION, MARK CORRESPONDING BOX]:
☐ WHAT HAPPENED?   ☐ WHAT WERE YOU DOING?   ☐ WHERE DID IT HAPPEN?   ☐ WHAT CAUSED IT?   ☐ DETAILS?   ☐ NAMES OF MACHINES AND/OR TOOLS?

[IF IT IS "NF": ASK "OCCUPATION AND INDUSTRY":]

NL4   Where?:   ☐ 1 "field"   ☐ 2 "labor camp"   ☐ 3 farm building   ☐ 4 ranch roadway   ☐ 5 public street   ☐ 8 other:

NL5 When? [MONTH AND YEAR]: [ ][ ] / [ ][ ]	NL6 With current employer?: ☐ 0 NO ☐ 1 YES	NL8 Crop? [_____]	NL9a Task / Activity?: [_____]	NL7a During working hours?: ☐ 0 NO ☐ 1 YES

NL11 Not able to work normally >4 hours?: ☐ 0 No ☐ 1 Yes	NL12 # of days not able to work normally?: [ ][ ]	NL21 # of days DID NOT WORK because of injury?: [ ][ ]	NL13 Where treated? [ENTER ALL, USE Codes]: [ ][ ][ ][ ]	NL14 How was it paid for? [Codes]: [ ][ ]	NL20 Did you receive first aid? ☐ 0 NO ☐ 1 Yes

INCIDENT # = FW?: ☐   NF?: ☐   *[INTW: THIS GRID IS FOR THE SECOND INCIDENT (INJURY/ACCIDENT) MENTIONED BY THE INTERVIEWER. IF HE MENTIONS MORE THAN TWO INCIDENTES (INJURIES/ACCIDENTS), USE BLANK FORMS FROM OTHER SUPPLEMENTS]*

NL3 The following questions are about this injury/accident incident. What part(s) of your body was (were) injured and what type(s) of injury(-ies) did you have in this incident? *[INTW: ASK FOR BODY-PARTS INJURIES, FROM THIS INCIDENT, FOR EACH BODY PART, WRITE ANSWER(S) AND CHECK ALL CODES THAT APPLY (SEE CODES - FIRST PAGE NL3).*
[BODY PARTS: CODES FOR TYPE OF INJURY LISTED ON PREVIOUS PAGE (IN NL1). READ AND MARK ALL THAT APPLY]:

PART 1 [_____] a. ☐ b. ☐ c. ☐ d. ☐ e. ☐ f. ☐ g. ☐ h. ☐ i. ☐ j. ☐

PART 2 [_____] a. ☐ b. ☐ c. ☐ d. ☐ e. ☐ f. ☐ g. ☐ h. ☐ i. ☐ j. ☐

PART 3 [_____] a. ☐ b. ☐ c. ☐ d. ☐ e. ☐ f. ☐ g. ☐ h. ☐ i. ☐ j. ☐

[NARRATIVE SECTION (IF YOU NEED MORE SPACE, USE BACK PAGE). AFTER ASKING EACH PROMPT-QUESTION, MARK CORRESPONDING BOX]:
☐ WHAT HAPPENED?   ☐ WHAT WERE YOU DOING?   ☐ WHERE DID IT HAPPEN?   ☐ WHAT CAUSED IT?   ☐ DETAILS?   ☐ NAMES OF MACHINES AND/OR TOOLS?

[IF IT IS "NF": ASK "OCCUPATION AND INDUSTRY":]

NL4 Where?   ☐ 1 "field"   ☐ 2 "labor camp"   ☐ 3 farm building   ☐ 4 ranch roadway   ☐ 5 public street   ☐ 8 other:

NL5 When?: [MONTH/YEAR]	NL6 With current employer?:	NL8 Crop?	NL9a Task / Activity?:	NL7a During working hours?:
[__][__] / [__][__]	☐ 0 NO ☐ 1 YES	[_____]	[_____]	☐ 0 NO ☐ 1 YES

NL11 Not able to work normally >4 hours?:	NL12 # of days not able to work normally?:	NL21 # of days DID NOT WORK because of injury?:	NL13 Where treated? [ENTER ALL, USE Codes]:	NL14 How was it paid for? [Codes]:	NL20 Did you receive first aid?
☐ 0 No ☐ 1 Yes	[__][__]	[__][__]	[__][__][__][__]	[__][__]	☐ 0 NO ☐ 1 Yes