

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> a scrape/abrasion? | <input type="checkbox"/> e broken or fracture bone/ crushed/ mangled? | <input type="checkbox"/> i insect bite/ sting/ bitten by animal? |
| <input type="checkbox"/> b bruise/contusion? | <input type="checkbox"/> f dislocation? | |
| <input type="checkbox"/> c amputation/lost of body part? | <input type="checkbox"/> g cut/laceration/puncture/ stab/ jab? | <input type="checkbox"/> j otro?: <input type="text"/> |
| <input type="checkbox"/> d sprain/strain/torn ligament/
traumatic rupture? | <input type="checkbox"/> h burn/blister/scald? | |

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:**

- | | | |
|---|---|---------------------------------|
| 13. COMMUNITY HEALTH CENTER/
HOSPITAL/EMERGENCY ROOM | 6. MIGRANT CLINIC | 9. DENTIST |
| 2. PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE
CLINIC | 7. CHIROPRACTOR/
NATUROPATH'S OFFICE | 10. WENT TO HOME COUNTY |
| 3. HEALER/"CURANDERO"/"SOBADOR" | 8. FIRST AID AT SCENE | 11. OTHER: <input type="text"/> |
| | | 12. NO MEDICAL TREATMENT |

CODES FOR NL14:

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

