HEALTH AT WORK SURVEY

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A. YOUR HEALTH

Survey Instructions

Please be sure to fill the response circle COMPLETELY.
Use only BLACK or BLUE INK or DARK PENCIL
to complete the survey.

Correct

● Yes
○ No

Incorrect

⊗ Yes ○ No ✓ Yes ○ No ● Yes ○ No

	Excellent	Very Good	Good	Fair	Poor
A1. In general, how would you rate your overall health now?	○	○	○	○	○
A2. In general, how would you rate your overall mental health now?	○	○	○	○	○

A3. Do you have any of the following conditions? If your answer is YES, mark whether you never, previously, or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.

	NO, I don't have this condition	YES, but I never received professional treatment	YES, I previously received (but don't currently receive) professional treatment	YES, and I currently receive professional treatment
A3a. Arthritis?	○	○	○	○
A3b. Chronic back/neck pain?	○	○	○	○
A3c. Migraine headaches?	○	○	○	○
A3d. Other frequent or severe headaches?	○	○	○	○
A3e. Any other chronic pain?	○	○	○	○
A3f. High blood pressure or hypertension?	○	○	○	○
A3g. Congestive heart failure?	○	○	○	○
A3h. Coronary heart disease?	○	○	○	○
A3i. High blood cholesterol?	○	○	○	○

CHECKPOINT: If R HAS ARTHRITIS (A3a = ANY OF THE THREE "YES" RESPONSES), GO TO A4. OTHERWISE, GO TO A7.

A4. You mentioned having arthritis. Most people with arthritis have osteoarthritis, which is caused by the cartilage in joints wearing down until bones rub against each other and cause pain. When a doctor tells you that you have "arthritis," he means osteoarthritis unless he explicitly says otherwise. The other kind of arthritis is rheumatoid arthritis. This is a relatively rare auto-immune disease that causes inflammation of the tissues that line joints. Rheumatoid arthritis usually begins in early adulthood. With these definitions in mind, which of the two do you have: osteoarthritis or rheumatoid arthritis?

○ Osteoarthritis
○ Rheumatoid Arthritis

A7. Do you have any of the following conditions? If your answer is YES, mark whether you never, previously, or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.

	NO, I don't have this condition	YES, but never received professional treatment	YES, previously received (but don't currently receive) professional treatment	YES, and I currently receive professional treatment
A7a. An ulcer in your stomach or intestine?	○	○	○	○
A7b. Either frequent diarrhea or frequent constipation?	○	○	○	○
A7c. Frequent nausea, gas, or indigestion?	○	○	○	○
A7d. Chronic heartburn or GERD?	○	○	○	○
A7e. Seasonal allergies or hay fever?	○	○	○	○
A7f. Asthma?	○	○	○	○
A7g. Chronic bronchitis?	○	○	○	○
A7g1. Emphysema?	○	○	○	○
A7h. Chronic Obstructive Pulmonary Disease (COPD)?	○	○	○	○
A7h1. Chronic Obstructive Airways Disease (COAD)?	○	○	○	○
A7h2. Chronic Obstructive Lung Disease (COLD)?	○	○	○	○
A7h3. Alpha one antitrypsin deficiency?	○	○	○	○
A7i. Urinary or bladder problems?	○	○	○	○
A7j. Diabetes?	○	○	○	○
A7k. Chronic sleeping problems?	○	○	○	○
A7l. Chronic fatigue or low energy?	○	○	○	○
A7m. Osteoporosis?	○	○	○	○
A7n. Multiple Sclerosis?	○	○	○	○
A7o. Skin cancer?	○	○	○	○
A7p. Any other kind of cancer?	○	○	○	○
A7q. Anxiety disorder?	○	○	○	○
A7r. Depression?	○	○	○	○
A7s. Any other emotional problem?	○	○	○	○
A7t. Substance problems (drugs or alcohol)?	○	○	○	○

A8. (Women Only) Are you currently pregnant?

- ○ Yes
- ○ No
- ○ Not Sure
- ○ I am male

A9. Do you smoke cigarettes?

- ○ Currently
- ○ Ex-smoker
- ○ Only smoked a few times → **GO TO A10**
- ○ Never → **GO TO A10**

A9.1. Have you ever in your life smoked cigarettes on a daily basis?

- ○ Yes
- ○ No **GO TO A9a IF CURRENT SMOKER (SEE A9) AND IF EX-SMOKER GO TO A10**

A9.2. How many years, in total, did you smoke cigarettes on a daily basis?

_____ YEARS SMOKING

A9.3. How many cigarettes did you smoke on an average day during the time in your life when you smoked most often?

(PLEASE ANSWER IN NUMBER OF CIGARETTES RATHER THAN NUMBER OF PACKS. A PACK WOULD BE CONSIDERED 20 CIGARETTES.)

_____ NUMBER OF CIGARETTES PER DAY

A9a. How many cigarettes do you currently smoke a day?

- ○ 10 or less
- ○ 11 – 20
- ○ 21 – 30
- ○ 31 or more

A9b. How soon after you wake do you smoke your first cigarette?

- ○ Within 5 minutes
- ○ 6 – 30 minutes
- ○ 31 – 60 minutes
- ○ After 60 minutes

A9c. Which cigarette would you hate most to give up?

- ○ The first one in the morning
- ○ All others

A9d. Do you find it difficult to refrain from smoking in places where it is forbidden, such as the library, theater, or doctor's office?

- ○ Yes
- ○ No

A9e. Do you smoke more frequently during the first hours after waking than the rest of the day?

- ○ Yes
- ○ No

A9f. Do you smoke when you are so ill that you are in bed most of the day?

- ○ Yes
- ○ No

A10. How often do you usually have at least one drink of alcohol?

- ○ Nearly everyday
- ○ Several days per week
- ○ 1 – 2 days a week
- ○ 1 – 3 days a month
- ○ Less than once a month
- ○ Never → **GO TO A11**

A10a. On the days you drink, about how many drinks do you usually have per day?

- ○ 1 – 2 drinks
- ○ 3 – 4 drinks
- ○ 5 – 10 drinks
- ○ 10+ drinks

A10b. How often do you drink <u>5 or more</u> drinks per day?

- ○ Nearly everyday
- ○ Several days a week
- ○ 1 – 2 days a week
- ○ 1 – 3 days a month
- ○ Less than once a month
- ○ Never

A11. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still or need very little sleep. They sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever in your life had a time like this lasting several days or longer?

- ○ Yes ➔ **GO TO A13**
- ○ No

A12. Have you ever had a time lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people, or hit people?

- ○ Yes
- ○ No ➔ **GO TO A15**

A13. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being (IF A11=YES: excited and full of energy/IF A12=YES: very irritable or grouchy)?

- ○ Yes
- ○ No ➔ **GO TO A15**

A14. Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

	Yes	No
A14a. Were you so irritable that you either started arguments, shouted at people, or hit people?	○	○
A14b. Did you become so restless or fidgety that you paced up and down or couldn't stand still?	○	○
A14c. Did you do anything else that wasn't usual for you – like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?	○	○
A14d. Did you try to do thing that were impossible to do, like taking on large amounts of work?	○	○
A14e. Did you constantly keep changing your plans or activities?	○	○
A14f. Did you find it hard to keep your mind on what you were doing?	○	○
A14g. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?	○	○
A14h. Did you sleep far less than usual and still not get tired or sleepy?	○	○
A14i. Did you spend so much more money than usual that it caused you to have financial trouble?	○	○

CHECKPOINT: IF 0-1 OF A14a- A14i = YES GO TO A15

CHECKPOINT: IF A11 = YES GO TO A14.1. IF A12 = YES GOTO A14.2

A14.1. About how many weeks out of 52 in the past year did you have an episode of feeling much more excited, full of energy, or hyper than usual with some of the other problems that we just reviewed? You can use any number between 0 and 52 to answer.

☐☐ NUMBER OF WEEKS (00-52)

CHECKPOINT: GO TO A15

A14.2. About how many weeks out of 52 in the past year did you have an episode of being much more irritable than usual with some of the other problems that we just reviewed? You can use any number between 0 and 52 to answer.

☐☐ NUMBER OF WEEKS (00-52)

A15. The next questions are about problems you may have with attention or concentration.

	Never	Rarely	Sometimes	Often	Very Often
A15a. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	○	○	○	○	○
A15b. How often do you have difficulty getting things in order when you have to do a task that requires organization?	○	○	○	○	○
A15c. How often do you have problems remembering appointments or obligations?	○	○	○	○	○
A15d. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	○	○	○	○	○
A15e. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	○	○	○	○	○
A15f. How often do you feel overly active and compelled to do things, like you were driven by a motor?	○	○	○	○	○

A16. The next questions are about how often you got tired over the past twelve months. How often did you become very tired, weak, or exhausted while performing each of the following kinds of activities?

	Never	Rarely	Sometimes	Often	Very Often
A16a. ...minor everyday physical tasks like working, shopping, housekeeping, and walking?	○	○	○	○	○
A16b. …minor everyday mental tasks like reading, writing, and doing paperwork?	○	○	○	○	○

CHECKPOINT: IF R checked "SOMETIMES," "OFTEN," or "VERY OFTEN" TO ONE OR BOTH OF A16a or A16b, GO TO A17. OTHERWISE, GO TO A18.

A17. During the times you became very tired while performing minor everyday tasks, what would happen when you tried to rest or relax? Would you…

- ○ …fully regain your energy and strength? → **GO TO A18**
- ○ …still feel tired or weak?

A17a. When this problem was most severe over the past 12 months, how often did you get tired?

- ○ Nearly everyday
- ○ Several days a week
- ○ 1 – 2 days a week
- ○ 1 – 3 days a month
- ○ Less than once a month

A17b. How often were you too tired to carry out your daily activities?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Very often

A18. During the past twelve months, have you had at least one week each month when you had frequent pain or discomfort in your stomach or lower abdomen that was relieved when you had a bowel movement?

- ○ No
- ○ Yes, but I never received any professional treatment
- ○ Yes, I previously received (but don't currently receive) professional treatment
- ○ Yes, and I currently receive professional treatment

A19. The next few questions are about problems with your sleep. During the past twelve months, how many weeks did you have problems …

	0 Weeks	1-2 Weeks	3-4 Weeks	5-8 Weeks	9-12 Weeks	12-26 Weeks	27-51 Weeks	52 Weeks
A19a. …getting to sleep, when nearly every night it took you two hours or longer before you could fall asleep?	○	○	○	○	○	○	○	○
A19b. …staying asleep, when you woke up nearly every night and took an hour or more to get back to sleep?	○	○	○	○	○	○	○	○
A19c. …waking too early, when you woke up nearly every morning at least two hours earlier than you wanted to?	○	○	○	○	○	○	○	○
A19d. …feeling sleepy during the day?	○	○	○	○	○	○	○	○

A20. Have you been repeatedly short of breath over the past 12 months?

- ○ Yes
- ○ No → **GO TO 23**

A21. For how many months out of 12 in the past year have you had bronchitis or chronic coughing with phlegm/sputum from your chest?

_____ NUMBER OF MONTHS (0-12)

A22. How many years in your life have you had bronchitis or chronic coughing with phlegm/sputum from the chest that lasted three months or longer?

_____ NUMBER OF YEARS

A23. About how many times in the past twelve months did you have an attack of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?

☐☐☐ NUMBER OF TIMES (000-999)

A24. About how many times in the past twelve months did you have an attack of anger when all of a sudden you lost control and threatened, hit, or hurt someone?

☐☐☐ NUMBER OF TIMES (000-999)

A25. In the <u>past 12 months</u>, how many accidents, injuries, or poisonings did you have that required medical attention?

☐☐☐ NUMBER OF ACCIDENTS (000-999)

<u>CHECKPOINT:</u> IF NO ACCIDENTS IN A25, GO TO A26. OTHERWISE, GO TO A25a

A25a. About how many days of work did you miss in the <u>past 12 months</u> because of a work related accident, injury, or poisoning? (If less than 1 day, enter 000.)

☐☐☐ NUMBER OF DAYS (000-365)

A25b. Which of the conditions on this list resulted from your <u>most recent</u> accident, injury, or poisoning? Please check all that apply.

- ○ Broken or dislocated bones
- ○ Sprain, strain, or pulled muscle
- ○ Cuts, scrapes, or puncture wounds
- ○ Head injury, concussion
- ○ Bruise, contusion, or internal bleeding
- ○ Burn, scald
- ○ Poisoning from chemicals, medicines, or drugs
- ○ Other, please describe: _____

_____

A25c. What caused that most recent accident, injury, or poisoning? Briefly describe what you were doing and what happened. (For example, fell down while playing basketball and sprained ankle.)

_____

_____

_____

A25d. In what month did the most recent accident, injury, or poisoning occur?

_____ (MONTH)

A26. In the past 12 months, how many work-related accidents did you have that either damaged company property, led to a work delay, or otherwise had a financial cost to your company?

☐☐☐ NUMBER OF ACCIDENTS (000-999)

<u>CHECKPOINT:</u> IF NO ACCIDENTS IN A26, GO TO A27. OTHERWISE, GO TO A26a

A26a. What is your best estimate of the financial loss to your company caused by your accident(s) over the past 12 months?

$_____ (DOLLAR AMOUNT)

A27. During the <u>past 4 weeks</u> (28 days), how much were you bothered by each of the following conditions?

	Not at all	A little	Some	A lot
A27a. Feeling dizzy	○	○	○	○
A27b. Feeling tired or having low energy	○	○	○	○
A27c. Trouble sleeping	○	○	○	○
A27d. Headaches	○	○	○	○
A27e. Back or neck pain	○	○	○	○
A27f. Pain in your arms, legs, or joints (knees, hips, etc.)	○	○	○	○
A27g. Muscle soreness	○	○	○	○
A27h. Watery eyes, runny nose, or stuffy head	○	○	○	○
A27i. Cough or sore throat	○	○	○	○
A27j. Fever, chills, or other cold/flu symptoms	○	○	○	○
A27k. Constipation, loose bowels, or diarrhea	○	○	○	○
A27l. Nausea, gas, or indigestion	○	○	○	○

A28. During the <u>past 4 weeks</u> (28 days), how much of the time did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
A28a. ...so sad nothing could cheer you up?	○	○	○	○	○
A28b. ...nervous?	○	○	○	○	○
A28c. ...restless or fidgety?	○	○	○	○	○
A28d. ...hopeless?	○	○	○	○	○
A28e. ...that everything was an effort?	○	○	○	○	○
A28f. ...worthless?	○	○	○	○	○
A28g. …unable to relax?	○	○	○	○	○
A28h. …impatient or irritable?	○	○	○	○	○

A29.How many times did you see each of the following types of professionals in the <u>past 12 months</u>? Include only visits regarding your <u>own</u> health, not visits when you took someone else to be examined.

Example: If you visited a dentist 2 times in the past year and an optician once, your answer to **A29c** would be 003.

	Number of times (000-365)
A29a. A doctor, hospital, or clinic for a routine physical check-up or gynecological exam (not counting pregnancy related care)	
A29b. (Women Only) A doctor, hospital, or clinic for pregnancy related care (If male, enter 000.)	
A29c. A dentist or optician for a routine check-up or exam	
A29d. A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident, or something else unexpected)	
A29e. A doctor, hospital, clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery	
A29f. A psychiatrist, psychologist, or other mental health professional	

A30. How many nights did you stay in a hospital during the <u>past 12 months</u> (not including nights associated with childbirth)?

☐☐☐ NUMBER OF NIGHTS (000-365)

A30a. (Women Only) How many nights did you stay in a hospital during the <u>past 12 months</u> for nights associated with childbirth? (If male, enter 000.)

☐☐☐ NUMBER OF NIGHTS (000-365)

A31. What is the name of your health plan(s)? (*Please refer to your Health Plan Card. Check all that apply.)*

- ○ Local List #1
- ○ Local List #2
- ○ Local List #3
- ○ Local List #4
- ○ Local List #5
- ○ Local List #6
- ○ Local List #7
- ○ Local List #8
- ○ Local List #9
- ○ Some other plan *(Please print the name of the plan)*

_____

_____

B. YOUR WORK

B1. Please choose the category that best describes your main job. If none of the categories fits you exactly, please respond with the closest category to your experience. (Select only one.)

- ○ Executive, administrator, or senior manager
  (e.g., CEO, sales VP, plant manager)
- ○ Professional
  (e.g., engineer, accountant, systems analyst)
- ○ Technical support
  (e.g., lab technician, legal assistant, computer programmer)
- ○ Sales
  (e.g., sales representative, stockbroker, retail sales)
- ○ Clerical and administrative support
  (e.g., secretary, billing clerk, office supervisor)
- ○ Service occupation
  (e.g., security officer, food service worker, janitor)
- ○ Precision production and crafts worker
  (e.g., mechanic, carpenter, machinist)
- ○ Chemical/Production Operator
  (e.g., shift supervisors and hourly employees)
- ○ Laborer
  (e.g., truck driver, construction worker)

B2. Is your work schedule best described as a regular schedule (roughly the same hours every day), a rotating schedule (e.g., working a day shift some days and a night shift other days), or an irregular schedule (e.g., unpredictable hours controlled by situations or workload)?

- ○ Regular schedule → **GO TO B4**
- ○ Rotating schedule
- ○ Irregular schedule

B3. What percent of your total work hours in an average week are in each of the following times of day? (The sum should add up to 100%)

	%
Morning (6:00AM-12:00PM)	___
Afternoon (12:00PM-6:00PM)	___
Evening (6:00PM-12:00AM)	___
Nights (12:00AM-6:00AM)	___
Total	100

CHECKPOINT: GO TO B6 IF RESPONDENT ANSWERED B3

B4. What time do you usually begin work?

☐☐:☐☐ AM/PM (CIRCLE ONE)

B5. What time do you usually end work?

☐☐:☐☐ AM/PM (CIRCLE ONE)

B6. How many people do you personally supervise on your job?
(If more than 97, enter 97.)

☐☐ NUMBER OF PEOPLE (00-97)

B7. About how many hours altogether did you work in the past 7 days?
(If more than 97, enter 97.)

☐☐ NUMBER OF HOURS (00-97)

B8. How many hours does your employer expect you to work in a typical 7-day week?
(If it varies, estimate the average. If more than 97, enter 97.)

☐☐ NUMBER OF HOURS (00-97)

B9. **Now please think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations.**

In the past 4 weeks (28 days), how many days did you...

		Number of days (00-28)
B9a.	**...miss an entire work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's health.)**	
B9b.	**...miss an entire work day for any other reason (including vacation)?**	
B9c.	**...miss part of a work day because of problems with your physical or mental health? (Please do not include entire work days missed. Please include only days missed for your own health, not someone else's health.)**	
B9d.	**...miss part of a work day for any other reason (including vacation)? (Please do not include entire work days missed.)**	
B9e.	**...come in early, go home late, or work on your day off?**	

CHECKPOINT: IF R HAS NOT MISSED AN ENTIRE DAY OR A PARTIAL DAY (R ANSWERED "00" FOR ALL QUESTIONS IN B9 SERIES) GO TO B10. OTHERWISE GO TO B9f.

B9. **Think of (all) the (insert exact number if possible) days in the past four weeks (28 days) when you missed either a full day of work or a partial day of work. Count partial days as whole days.**

How many of these (insert exact number if possible) days did you …

	Number of days (00-28)
B9f. …not receive pay?	
B9g. …get paid as part of regular salary?	
B9h. …use earned sick leave (while receiving regular pay)?	
B9i. …use earned vacation time (while receiving regular pay)?	
B9j. …get paid as short-term or long-term disability?	
B9k. …get paid as a result of an injury at work?	

B10. About how many hours altogether did you work in the <u>past 4 weeks</u> (28 days)? (See examples below.)

☐☐☐ NUMBER OF HOURS IN THE PAST 4 WEEKS (28 DAYS)

Examples for Calculating Hours Worked in the Past 4 Weeks

40 hours per week for 4 weeks = 160 hours
35 hours per week for 4 weeks = 140 hours
40 hours per week for 4 weeks with 28-hour days missed = 144 hours
40 hours per week for 4 weeks with 34-hour partial days missed = 148 hours
35 hours per week for 4 weeks with 28-hour days missed and 34-hour partial days missed = 112 hours

B10a. In the past 4 weeks (28 days), did you have any special work success or achievement?

○ Yes
○ No ➔ **GO TO B11a**

B10b. If you answered YES to the above question, please describe what happened.

_____

_____

B11a. In the past 4 weeks (28 days), did you have any special work failure?

○ Yes
○ No ➔ **GO TO B12**

B11b. If you answered YES to the above question, please describe what happened.

_____

_____

B12.The next questions are about the time you spent during your hours at work in the <u>past 4 weeks</u> (28 days). Select the one response for each question that comes closest to your experience.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
B12a. How often was your performance <u>higher</u> than most workers on your job?	○	○	○	○	○
B12b. How often was your performance <u>lower</u> than most workers on your job?	○	○	○	○	○
B12c. How often did you do no work at times when you were supposed to be working?	○	○	○	○	○
B12d. How often did you find yourself not working as <u>carefully</u> as you should?	○	○	○	○	○
B12e. How often was the <u>quality</u> of your work lower than it should have been?	○	○	○	○	○
B12f. How often did you not concentrate enough on your work?	○	○	○	○	○
B12g. How often did health problems limit the kind or amount of work you could do?	○	○	○	○	○

B13. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of <u>most</u> workers in a job similar to yours?

Worst Performance										Top Performance
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

B14. Using the same 0-to-10 scale, how would you rate your <u>usual</u> job performance over the <u>past year or two</u>?

Worst Performance										Top Performance
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

B15. Using the same 0-to-10 scale, how would you rate your <u>overall</u> job performance on the days you worked during the <u>past 4 weeks</u> (28 days)?

Worst Performance										Top Performance
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

B16. How would you compare your overall job performance on the days you worked during the <u>past 4 weeks</u> (28 days) with the performance of most other workers who have a similar type of job? (Select only <u>one</u>.)

- ○ You were **<u>a lot better</u>** than other workers
- ○ You were **<u>somewhat better</u>** than other workers
- ○ You were **<u>a little better</u>** than other workers

- ○ You were about **<u>average</u>**

- ○ You were **<u>a little worse</u>** than other workers
- ○ You were **<u>somewhat worse</u>** than other workers
- ○ You were **<u>a lot worse</u>** than other workers

C. DEMOGRAPHICS

C1. How old are you?

☐☐ YEARS OLD (00-99)

C2. Are you male or female?

- ○ Male
- ○ Female

C3. What is your current marital status?

- ○ Married or Cohabiting
- ○ Separated
- ○ Divorced
- ○ Widowed
- ○ Never Married

C4. How many children do you have?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four or more

C5. What is the highest grade or level of school that you have <u>completed</u>?

- ○ 8th grade or less
- ○ Some high school, but did not graduate
- ○ High school graduate or GED
- ○ Some college or 2-year degree
- ○ 4-year college graduate
- ○ More than 4-year college degree

C6. What is your height?

☐☐ FEET (0-9) ☐☐ INCHES (00-11) (PLEASE ROUND TO THE NEAREST INCH)

C7. How much do you weigh?

☐☐☐ POUNDS (PLEASE ROUND TO THE POUND 000-999)

C8. Are you salaried or are you paid hourly? ("Salaried" means that you're paid the same amount each week or month no matter how many hours you work. "Hourly" means that you're paid a different amount each week or month depending on how many hours you work.)

O Salaried → GO TO C8.1
O Paid hourly → GO TO C8.2

C8.1. What is your annual income from your job, before taxes?

O $1 - $999	O $11,000 - $11,999	O $30,000 - $34,999
O $1,000 - $1,999	O $12,000 - $12,999	O $29,000 - $39,999
O $2,000 - $2,999	O $12,000 - $12,999	O $40,000 - $44,999
O $3,000 - $3,999	O $14,000 - $14,999	O $45,000 - $49,999
O $4,000 - $4,999	O $15,000 - $15,999	O $50,000 - $74,999
O $5,000 - $5,999	O $16,000 - $16,999	O $75,000 - $99,999
O $6,000 - $6,999	O $17,000 - $17,999	O $100,000 - $149,999
O $7,000 - $7,999	O $18,000 - $18,999	O $150,000 - $199,999
O $8,000 - $8,999	O $19,000 - $19,999	O $200,000 - $299,999
O $9,000 - $9,999	O $20,000 - $24,999	O $300,000 - $499,999
O $10,000 - $10,999	O $25,000 - $29,999	O $500,000 - $999,999
		O $1,000,000 or more

C8.2. How much are you paid per hour, before taxes?

O $5.00 - $8.00	O $18.01 - $20.00	O $32.01 - $35.00	O $55.01 - $60.00
O $8.01 - $10.00	O $20.01 - $22.00	O $35.01 - $38.00	O $60.01 - $70.00
O $10.01 - $12.00	O $22.01 - $24.00	O $38.01 - $41.00	O $70.01 - $80.00
O $12.01 - $14.00	O $24.01 - $26.00	O $41.01 - $45.00	O $80.01 - $90.00
O $14.01 - $16.00	O $26.01 - $29.00	O $45.01 - $50.00	O $90.01 - $100.00
O $16.01 - $18.00	O $29.01 - $32.00	O $50.01 - $55.00	O More than $100

That completes the survey. Thanks very much for your participation.