OCCUPATION - OCQ

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

BOX 0

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

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

BOX 0A

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)
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?

ENTER NUMBER OF HOURS

REFUSED ......................... 777
DON'T KNOW ...................... 999

CHECK ITEM OCQ.190:
IF OCQ.150 IS "LOOKING" (CODE 3), GO TO OCQ.390.
OTHERWISE, CONTINUE WITH 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/his/her) 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
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)?

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 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)?
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

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.

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.420

OCQ.430

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?]

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?]

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.
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.

<table>
<thead>
<tr>
<th>ENTER OCCUPATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SAME AS CURRENT OCCUPATION</td>
<td>2 (END OF SECTION)</td>
</tr>
<tr>
<td>SAME AS LONGEST OCCUPATION</td>
<td>3</td>
</tr>
<tr>
<td>NOT WORKING AT THAT TIME</td>
<td>4 (END OF SECTION)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (END OF SECTION)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (END OF SECTION)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ENTER NAME OF BUSINESS, JOB, OR INDUSTRY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>ENTER NAME OF DUTIES</th>
<th></th>
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<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</table>