

OCCUPATION - OCQ\_C

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 (OCQ.210)
- looking for work, or ..... 3 (OCQ.390)
- not working at a job or business? ..... 4 (OCQ.380)
- REFUSED ..... 7 (OCQ.390)
- DON'T KNOW ..... 9 (OCQ.390)

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

**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}?

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.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.

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ENTER NUMBER OF HOURS

NEVER ..... 66

REFUSED ..... 77

DON'T KNOW ..... 99

OCQ.295 In this job, {do you/does SP} **ever** wear protective hearing devices?

CAPI INSTRUCTIONS:

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

- YES ..... 1
- NO ..... 2
- 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.393 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.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

<b>BOX 4</b>
<b>CHECK ITEM OCQ.400:</b>

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