

Employment Status Questionnaire

1 Have you ever been employed self-employment?	earning wages or s	alary, either	full-time or part-time, including
		Yes	
		No	
		No answer	
Interviewer: if "No" or "No Answe	er" skip to Current En	nployment Sta	atus (Question 5 onwards)
2 [If yes] Which best describes yo	our employment situ		rior to hospital admission t ONE answer)?
Working - Full T	ime (at least 32 hou	rs per week)	
3	•	- Part Time	
	On leave but stil		☐ (select N/A for question 4)
	Tempora	arily laid off	☐ (select N/A for question 4)
Une	mployed and looki	ng for work	☐ (select N/A for question 4)
Wanting to work, but unemploye	d due to health rela	ated reason	☐ (select N/A for question 4)
		g to school	☐ (select N/A for question 3 and 4)
Keepin	g house or being h		(select N/A for question 3 and 4)
		Retired	(select N/A for question 4)
Receiving/Awaiting ap	proval for disability	y payments	(select N/A for question 4)
Other (specify):		Danit Ima	
		Don't know No Answer	(select N/A for question 3 and 4)
		Unknown	☐ (select N/A for question 3 and 4)☐
3 What is your occupation, or will Survey administrator. Refer to Occupation			Record up to 3)
1)	_ No Answer □	Don't know	□ N/A □ (if question 2 is 6, 7, 11, or 12)
2)	_		
3)	<u> </u>		
4 On average, how many hours pondospitalized?	er week did you wo	rk in the 6 m	onths before being
	_ No Answer □	Don't know	□ N/A □ (If question 2 is 3-9, 11 or 12)





5 \	Which best describes your <u>current</u> employmen	t situation? (Select (DNE answer)	
Re	etired <u>or</u> disability (or awaiting disability) <u>AND</u> this		☐ (Skip to next ins	trument)
		baseline		
	Working - Full Time (at leas	st 32 hours per week)	☐ (select "Yes" for	question 6)
		Working - Part Time	☐ (select "Yes" for	question 6)
	On sick leav	e but still employed		
		Temporarily laid off		
	Unemployed – presently in	_		
		nd Looking for Work		
_	Wanting to work, but unemployed due to h			
	ng to School (If a participant is both "going to scho	•		
time,"	ask how many hours for each one and tick which		_	
	. •	r being home maker		
	New Retirement (i.e. star	•		
	Receiving New/Awaiting New Approval for			
	•	rted after hospital d/c)	_	
	Other (specify):			
		Don't know		
		No Answer		
		Unknown		
6	Have you worked at all since you left the hosp	oital?		
	☐ No → Why have you not worked?		[Skip to nex	t instrument]
	response (see right for options)	☐ On disability ☐ Retired ☐	Looking for work Homemaker No response Other	
	☐ Yes [Proceed below]			
7	How many weeks after hospital discharge did		(record using we	ماره ۱۱۸۸
		vou return to work?	uecom namo we	zks (Jivi Y)
	now many weeks after nospital discharge did	No Answer □	Don't know □	eks ONLY)
8	What is your occupation, or what kind of work Survey administrator. Refer to Occupation List to categorize	No Answer □ k do/did you do?		eks ONL 1)
8	What is your occupation, or what kind of work	No Answer □ k do/did you do?		N/A □
8	What is your occupation, or what kind of work	No Answer □ k do/did you do? e responses below No Answer □	Don't know □	
	What is your occupation, or what kind of work Survey administrator. Refer to Occupation List to categorize	No Answer □ k do/did you do? e responses below No Answer □	Don't know □	





10	During the past FOUR WEEKS, he missed due to your Burn Injury?	ow many cor	nplete wo	ork days or shift	s have you
	No Answer 🗆	Don't know	□ N/A	☐ (Have not worked	d in the last 4 weeks)
11	During the past FOUR WEEKS, ho to your Burn Injury, including leavi	• •	•	•	
	No Answer 🗆	Don't know	□ N/A	. ☐ (Have not worke	d in the last 4 weeks)
12	Thinking about your work experie make a significant change in your				
	(IF REQUIRES PROMPT: Such changes can responsibilities or other changes in job activities	_	e in work prod	cesses, a change in y	our mix of
		¥ Yes □	No □	No Answer □	Don't know □
	[If Yes] Please describe this change:				
	Survey administrator: Categorize response at right:	☐ Decreased hou ☐ Limited physic ☐ Limited cognic	ally		
13	During the past FOUR WEEKS, he after your Burn Injury?	ow would yo	u rate yoเ	ır EFFECTIVEN	ESS on the job
	100% means your Burn Injury di	id not affect y	our job e	ffectiveness	
	0% means you were unable to v	vork at all be	cause of y	our Burn Injury	
	How would you rate your effective	ness as a pei	cent?		
	% No Answer 🗆	Don't know	□ N/A	☐ (Have not worke	d in the last 4 weeks)
14	Are you limited in the kind or amo	ount of work	you can d	do because of y	our Burn Injury
	`	res □ N	0 🗆 N	lo Answer □	Don't know □
15	Have you ever had to change you	r job or occı	ipation be	ecause of your	Burn?
		Yes □ N	1 0	No Answer □	Don't know □
	<u>Interviewer:</u> If the Answer to	o Question 5	was # 2 (p	part-time), ask the	e question below.
	Otherwise, skip	to next surv	ey instrum	ent	
16	[If working part time] Which best describes the reas	-	Related to	to Burn Injury? o other illness? other reason?	
				Don't know No Answer	□ □ 53



Occupation List

Q8 Options (What is your occupation)

	prioris (What is your occupation)
1	Management
2	Business and Financial Operations
3	Computer and Mathematical
4	Architecture and Engineering
5	Life, Physical, and Social Science
6	Community and Social Services
7	Legal
8	Education, Training, and Library
9	Arts, Design, Entertainment, Sports, and Media
10	Healthcare Practitioner and Technical
11	Healthcare Support
12	Protective Service
13	Food Preparation and Serving Related
14	Building and Grounds Cleaning and Maintenance
15	Personal Care and Service
16	Sales and Related
17	Office and Administrative Support
18	Farming, Fishing, and Forestry
19	Construction and Extraction
20	Installation, Maintenance, and Repair
21	Production
22	Transportation and Material Moving