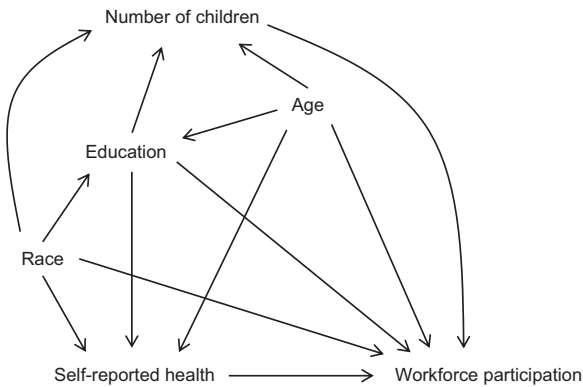


**Fig. A1.** Directed acyclic graphs illustrating assumed structures of healthy worker biases in the study population. We assume that self-reported health affects both the likelihood of workforce participation (and subsequently, the likelihood of occupational exposure) and the risk for the outcome. In panel A, variables are time invariant; in panel B, they are time varying (two time points are illustrated), with occupational exposures at both time points of interest as causes of the outcome.



**Fig. A2.** Directed acyclic graph illustrating assumed relationships between the five variables of interest. For the association between self-reported health and workforce participation, open backdoor paths can be closed by conditioning on age, education, and race.

**Table A1**  
Unweighted sample size for the analyses and weighted frequencies of workforce nonparticipation among women and men, by number of children aged less than 18 years in the home—Gallup-Healthways Well-Being Index, 2013–2015

Self-reported health	0 Children		1 Child		2 Children		3 Children		4 Children	
	No.	% Out of workforce	No.	% Out of workforce	No.	% Out of workforce	No.	% Out of workforce	No.	% Out of workforce
Women	19,104		11,209		13,248		6303		3657	
Excellent	4499	10	2436	15	3181	20	1506	26	834	37
Very good	6742	10	3630	15	4467	20	1977	25	1096	30
Good	5224	15	3346	21	3702	25	1860	32	1082	38
Fair	2025	29	1452	31	1556	34	795	41	541	46
Poor	614	58	345	63	342	54	165	51	104	50
Men	32,640		11,483		13,674		6178		3432	
Excellent	8032	8	2556	5	3036	4	1372	5	765	5
Very good	10,838	8	3759	5	4774	4	2014	4	1000	5
Good	9392	10	3658	7	4251	7	1903	7	1029	8
Fair	3620	19	1272	13	1374	13	744	15	525	11
Poor	758	41	238	33	239	33	145	39	113	31