

**LABOUR FORCE SURVEY AD HOC SURVEY 2013:
OCCUPATIONAL ACCIDENTS AND WORK-RELATED ILLNESSES**

Target group: Employed persons in the fifth rotational group and previously employed persons
(KA1=1 or KA2=1 or KA3=1 or M1=1) i.e. (TYVO=1 or PIPOLO=1)

If the interviewee is at work (WSTATOR=1,2) or has been at work during the past 12 months (WSTATOR=3-5 and EXISTPR=1 and YEARPR and MONTHPR, i.e. the latest week/month when was at work at most one year from the day of the interview)

OR

If the interviewee is at work or has been at work during the past 12 months

TT1intr

I will next ask some questions concerning occupational accidents. An occupational accident refers to a sudden injury during working hours. Included are also accidents not requiring medical treatment or sick leave.

→ TT1

If the interviewee is non-employed, whose last employment relationship ended over 12 months ago → **TT1intr**

OCCUPATIONAL ACCIDENTS DURING THE PAST 12 MONTHS

This section covers all employed persons and those non-employed persons who have been employed during the past 12 months according to questions M2, M2c (time of interview – time of termination of employment <= 12 months)

If the interviewee is employed or has been employed during the past 12 months

TT1

Have you had any occupational accidents in your gainful employment during the past 12 months? (Injuries sustained during travel between home and workplace are not taken into account.)

1. Yes

→ TT2

2. No

→ TT11

Don't know

→ TT11

Included are both accidents at workplace and other accidents occurring in a different place during working hours in which the interviewee was injured.

If TT1=1

TT2

How many occupational accidents have you had during the past 12 months?

1. One → TT3
 2. Two or more → TT3intr
 Don't know → TT3intr

If TT2=2, DNK (injured him/herself in two or more occupational accidents or don't know)

TT3intr The following questions concern the latest of these occupational accidents. → TT3

If TT1 = 1

TT3 Was this occupational accident:

1. A traffic accident
 2. Or some other accident?

Don't know

Occupational accident: sudden injury sustained while doing gainful work, at the workplace or during work-related travel. Injuries sustained during travel between home and workplace are not taken into account.

employed → TT4
 non-employed → TT5

If employed and TT1=1 (has been an occupational accident)

TT4 In which job did the (latest) occupational accident occur? Did it occur:

1. In your current main job → TT6
 2. *If the interviewee has a secondary job:* In your current secondary job → TT6
 3. In the job you had one year ago → TT6
 4. Or in some other job? → TT6
 Don't know → TT6

Select the first appropriate one in numerical order. E.g. if the interviewee's current main job is the same as his/her job one year ago, select code 1.

Jobs mentioned by the interviewee:

T6 (current main job): name of the workplace

S3 (current secondary job): name of the workplace

T31 (job one year ago): name of the workplace

Indicate names of workplaces from questions T6E/T6G, S3E/S3 and T31.

Indicate choice 2 only if T1=2.

If the interviewee is non-employed but has been at work during the past 12 months and TT1=1 (occupational accident occurred during that time)

TT5 In which job did the (latest) occupational accident occur? Did it occur:

1. In your latest job → TT6
 2. In the job you had one year ago → TT6
 3. Or in some other job? → TT6
 Don't know → TT6

Select the first appropriate one in numerical order. E.g. if the interviewee's

latest job is the same as his/her job one year ago, select code 1.

Workplaces mentioned by the interviewee:

M8 (latest job): name of the workplace

E19 (job one year ago): name of the workplace

Indicate names of workplaces from questions M8E/M8 and E19.

If TT1=1 (occupational accident during the past 12 months)

TT6 Were you absent from gainful work because of the (latest) accident?

1. Yes

employed→

TT7a

non-employed

→TT7b

2. No

→ TT11

Don't know

→ TT11

If TT6=1 (absent from work due to accident) and employed

TT7a Have you already returned to work after your accident?

1. Yes

→ TT8

2. No

→ TT9

Don't know

→ TT9

If TT6=1 and the interviewee is non-employed but has been employed during the past 12 months

TT7b Did you return to work after the accident?

1. Yes

→ TT8

2. No

→ TT9

Don't know

→ TT9

If TT7a=1 or TT7b=1 (returned to work after the accident)

TT8 How many full calendar days were you absent from work or unfit for work because of the accident during the past 12 months?

1. Less than 1 full day

→ TT11

2. 1-3 full days

→ TT11

3. At least 4 days, but less than 2 weeks

→ TT11

4. At least 2 weeks, but less than 4 weeks

→ TT11

5. At least 1 month, but less than 3 months

→ TT11

6. At least 3 months, but less than 6 months

→ TT11

7. At least 6 months, but less than 9 months

→ TT11

8. At least 9 months, but less than 12 months

→ TT11

Don't know

→ TT11

If necessary, read out the alternatives.

If the interviewee has not returned to work immediately after having recovered

from the accident (e.g. part-time work, holidays), mark the time when he/she was unfit for work because of the accident.

If TT7a=2, DNK or TT7b=2, DNK (has not returned to gainful work or DNK)

- TT9a** **Although you have not returned to gainful work, have you already recovered enough to be able to work?**
- 1. Yes → TT9b
 - 2. No → TT10
 - Don't know → TT10

If TT9a=1

- TT9b** **Could you estimate when you had recovered enough to be able to work after the accident you mentioned?**
- 1. On the same day → TT11
 - 2. On the next day → TT11
 - 3. 2-3 days after the accident → TT11
 - 4. At least 4 days, but less than 2 weeks after the accident → TT11
 - 5. At least 2 weeks, but less than 1 month after the accident → TT11
 - 6. At least 1 month, but less than 3 months after the accident → TT11
 - 7. At least 3 months, but less than 6 months after the accident → TT11
 - 8. At least 6 months, but less than 9 months after the accident → TT11
 - 9. 9-12 months after the accident → TT11
 - Don't know → TT11

If necessary, read out the alternatives.

If TT9a=2, DNK

- TT10** **Do you think you will be able to return to gainful work?**
- 1. Yes → TT11
 - 2. No → TT11
 - Don't know → TT11

WORK-RELATED ILLNESSES

WSTATOR=1,2 or (WSTATOR=3-5 and EXISTPR=1)

This section covers all employed persons and those non-employed persons who have previously been employed (employed or M1=1)

If employed or M1=1

- TT11intr** **Next I will ask some questions concerning work-related illnesses.** → **TT11**

- TT11** **During the past 12 months, have you had illnesses or symptoms which you think have been caused by your current or previous gainful work, or**

which are made worse by your work?

1. Yes → TT12

2. No

Don't know

Both physical and mental illnesses and symptoms are taken into account, but not accidents. Also less serious illnesses that have not required medical care or sick leave are taken into consideration.

No doctor's diagnosis is needed for a work-related illness. The respondent's own opinion is sufficient.

If 2 or DNK: employed → TT24
 non-employed, at work during 12 months → END;
 other non-employed → END

If TT11=1

TT12 **During the past 12 months, how many such illnesses or symptoms do you have that are caused by your work, or which are made worse by your work?**

1. One → TT13

2. Two or more → TT13intr

Don't know → TT13intr

Several occurrences of the same illness or symptom are counted as one illness.

In the following, questions (TT14, 16, 18-21) have two versions: one for those with only one illness (TT12=1) and the other for those with several illnesses (TT12=2, DNK). The questions should be programmed so that the words "most serious" in brackets in the paper form appears without brackets to those with TT12=2 or DNK. If TT12=1, the words do not appear.

If TT12=2, DNK

TT13intr **The following questions concern your most serious work-related illness or symptom.** → TT13

Most serious illness or symptom = one that causes most inconvenience or limits a person's functioning ability most. The respondent decides which is the most serious one.

If TT11=1

TT13 **What kind of an illness or symptom do you suffer from?**

1. A problem related to the musculoskeletal system in the neck, shoulders or hands → TT14

2. A problem related to the musculoskeletal system in the lower body area (hips, leg, feet) → TT14

3. A back condition → TT14

4. Breathing or lung problem → TT14

5. A skin disease → TT14

6. A hearing problem → TT14

7. A problem related to mental well-being (stress, depression, anxiety) → TT14

8. Headache or eyestrain → TT14
9. A problem related to the heart or the circulatory system → TT14
10. An inflammatory disease (virus, bacteria or other type of infection) → TT14
11. A problem related to stomach, liver, kidneys or digestion → TT14
12. Other illness or symptom → TT14
- Don't know → TT14

If necessary, read out the alternatives.

If several illnesses, the question concerns the most serious one. Most serious illness or symptom = one that causes most inconvenience or limits a person's functioning ability most. The respondent decides which is the most serious one.

If TT11=1

TT14

If TT12=1: **Does this illness or symptom limit your daily functioning:**

If TT12=2 or DNK: **Does this most serious illness or symptom limit your daily functioning:**

1. To some extent

1. Considerably

3. Or not at all?

Don't know

Both daily functioning at work and outside work are taken into account.

employed → TT15a

If non-employed who has been at work during 8 years → TT15b,
other non-employed → TT20b

If TT11=1 and is employed

TT15a

What work caused your illness or worsened the symptoms? Was it:

1. Your current main job → TT16

2. *If the interviewee has a secondary job:* Your current secondary job → TT16

3. The job you had one year ago → TT16

4. Or some other job? → TT16

Don't know → TT16

Select the first appropriate one in numerical order. E.g. if the interviewee's current main job is the same as his/her job one year ago, select code 1.

Workplaces mentioned by the interviewee:

T6 (current main job): name of the workplace

S3 (current secondary job): name of the workplace

T31 (job one year ago): name of the workplace

Indicate names of workplaces from questions T6E/T6G, S3E/S3 and T31.

Indicate alternative 2 only if T1=2.

If TT11=1 and is non-employed but has work experience within the last 8 years

TT15b **What work caused your illness or worsened the symptoms? Was it:**

1. Your latest job
2. The job you had one year ago
3. Or some other job?

Don't know

Workplaces mentioned by the interviewee:

M8 (previous job): name of the workplace

E19 (job one year ago): name of the workplace

Indicate names of workplaces from questions M8E/M8 and E19.

If the interviewee has been employed less than 12 months ago → TT16

Others → TT20b

If TT11=1 and the interviewee is employed or has been employed less than 12 months ago

TT16 **If TT12=1: During the past 12 months, have you been absent from gainful work because of the work-related illness or symptom you mentioned?**

If TT12=2 or DNK: **During the past 12 months, have you been absent from gainful work because of the most serious work-related illness or symptom you mentioned?**

1. Yes → TT17

2. No

Don't know

If 2 or DNK: employed → TT24, non-employed → END

If TT16=1 and the interviewee is employed

TT17a **Have you already returned to work?**

1. Yes → TT20a

2. No → TT18

Don't know → TT19

If TT6=1 and non-employed but has been employed during the past 12 months:

TT17b **Did you return to work after your illness?**

1. Yes → TT20a

2. No → TT18

Don't know → TT19

If TT17a/b=2

TT18

If TT12=1: **You have not returned to gainful employment. Is this because of the work-related illness you mentioned?**

If TT12=2 or DNK: **You have not returned to gainful employment. Is this because of the most serious work-related illness you mentioned?**

1. Yes

→ TT19

2. No

→ TT20a

Don't know

→ TT20a

No=absence was caused by other reason, not the (most serious) work-related illness.

If TT17=DNK or TT18=1

TT19

If TT12=1: **Do you think you will be able to return to gainful work despite your work-related illness or symptom?**

If TT12=2 or DNK: **Do you think you will be able to return to gainful work despite your most serious work-related illness or symptom?**

1. Yes

→ TT20a

2. No

employed →
TT24intr
non-employed →
END

Don't know

→ TT20a

If TT16=1 and TT19 ≠ 2

TT20a

If TT12=1: **During the past 12 months, for how long have you been absent from work or unfit for work because of this illness or symptom?**

If TT12=2 or DNK: **During the past 12 months, for how long have you been absent from work or unfit for work because of this most serious illness or symptom?**

1. Less than one full day

2. 1-3 days

3. At least 4 days, but less than 2 weeks

4. At least 2 weeks, but less than 1 month

5. At least 1 month, but less than 3 months

6. At least 3 months, but less than 6 months

7. At least 6 months, but less than 9 months

8. 9-12 months

Don't know

If necessary, read out the alternatives.

Only absences due to the (most serious) work-related illness or symptom concerned are taken into account. If there are several absences due to the same reason, their durations are added up.

If employed → TT24intr

If non-employed → END

If TT11=1 and (non-employed, whose employment relationship ended over 12 months ago)

TT20b

If TT12=1: **You have not been gainfully employed during the past 12 months. Is this because of the work-related illness or symptom you mentioned?**

If TT12=2 or DNK: **You have not been gainfully employed during the past 12 months. Is this because of the most serious work-related illness or symptom you mentioned?**

1. Yes → TT21

2. No → END

Don't know → END

If TT20b=1

TT21

If TT12=1: **Do you think you will be able to return to gainful work despite your work-related illness or symptom?**

If TT12=2 or DNK: **Do you think you will be able to return to gainful work despite your most serious work-related illness or symptom?**

1. Yes → END

2. No → END

Don't know → END

If TT11=1 and the interviewee is non-employed, but has been working during the past 8 years

THREATS TO WELL-BEING AT THE WORKPLACE

This section covers all employed interviewees

TT24intr

The following questions relate to factors at your workplace which threaten your health and well-being. The questions concern your current main job.

<p>If the interviewee has been absent from work for a long time, advise him/her to answer based on the situation at the workplace at the time when he/she was still working there</p>

TT24

Are you required to work in uncomfortable positions or make strenuous movements to an extent that it can cause harm to your health?

M 1. Yes → TT24b
 2. No → TT24b
 Don't know → TT24b

All employed

TT24b **Are you required to lift heavy loads to an extent that it can cause harm to your health?**

M 1. Yes → TT25
 2. No → TT25
 Don't know → TT25

All employed

TT25 **In your work, are you exposed to noise or vibration to an extent that it can cause harm to your health?**

M 1. Yes → TT26
 2. No → TT26
 Don't know → TT6

All employed

TT26 **In your work, are you exposed to chemicals, dust, steam, smoke or gas to an extent that it can cause harm to your health?**

M 1. Yes → TT27
 2. No → TT27
 Don't know → TT27

All employed

→ **TT27** **Are you required to work in tasks that strain your eyes to an extent that it can cause harm to your health?**

M 1. Yes → TT27b
 2. No → TT27b
 Don't know → TT27b

All employed

→ **TT27b** **Does your work involve risks for accidents?**

M 1. Yes
 2. No
 Don't know

more than 1 yes answer to questions TT24 - TT27b → TT28
 otherwise → TT29

If more than 1 yes answer to questions TT28–TT31

TT28	Which of them is the biggest risk for your health. Is it:	
M	1. Uncomfortable working positions, or strenuous movements	→ TT29
	2. Handling of heavy loads	→ TT29
	3. Noise or vibration	→ TT29
	4. Chemicals, dust, steam, smoke or gas	→ TT29
	5. Eyestrain	→ TT29
	6. Or risk of accidents?	→ TT29
	Don't know	→ TT29
	Read out the alternatives, the respondent chooses one of them (avoid the DNK alternative!)	
	<i>Indicate only the alternatives the interviewee has selected in questions TT24–TT27b1.</i>	

All employed

TT29	In your work, do you experience such time or work pressure which affects your mental well-being?	
M	1. Yes	→ TT30
	2. No	→ TT30
	Don't know	→ TT30

All employed

TT30	Are you subjected to violence or threat of violence in your work?	
M	1. Yes	→ TT31
	2. No	→ TT31
	Don't know	→ TT31

All employed

→ TT31	In your work, are you subjected to harassment or bullying which affects your mental well-being?	
M	1. Yes	
	2. No	
	Don't know	
	more than 1 yes answer to questions TT29 - TT31 → TT32 otherwise → END	

If more than 1 yes answer to questions TT29–TT31

TT32 **In your opinion, which of the factors you have mentioned affects your mental well-being most? Is it:**

- M**
- 1. Time or work pressure → END
 - 2. Violence or threat of violence → END
 - 3. Or harassment or bullying? → END
 - Don't know → END

Read out the alternatives, the respondent chooses one of them (avoid the DNK alternative!)

Indicate the alternatives the interviewee has selected in questions TT29–TT31.

END OF AD HOC PART, introduction to the household section follows next.