

Fragebogen für das Modul 2011

	The following questions aim at identifying the extent to which people are limited in their work and the nature or type of this limitation. Let's start with health.
V01	<p>I will now read out a number of possible long-term (i.e. continuing for at least six months) health problems and chronic illnesses. Please say whether you suffer from one or more of the following illnesses:</p> <p><i>Interviewer instructions:</i></p> <p><i>Limitations are long term when they continue or are likely to continue for at least six months. Temporary illnesses are not relevant. Illnesses that are episodic may also be long term (e.g. epilepsy for a period of ten years).</i></p> <p><i>Respondents must answer the question themselves; a diagnosis must not be made based on pain or specific complaints cited by the respondent.</i></p> <p><i>Please do not read out the illnesses in brackets. They are to be used for explanatory purposes if the respondent does not understand the medical term.</i></p>
	1 Problems with the arms or hands (including arthritis and rheumatism)
	2 Problems with the legs or feet (including arthritis and rheumatism)
	3 Problems with the back or neck (including arthritis and rheumatism)
	4 Skin conditions, including allergic reactions and severe disfigurement
	5 Problems with the heart, blood pressure or circulation
	6 Problems with the chest or breathing (including asthma and bronchitis)
	7 Problems with the stomach, liver, kidneys or digestion
	8 Diabetes
	9 Cancer
	10 Epilepsy (including epileptic fits)
	11 Severe headaches, e.g. migraine
	12 Learning disabilities affecting reading, writing or arithmetic
	13 Chronic anxiety disorders (e.g. panic attacks)
	14 Depression
	15 Other nervous or mental problems (e.g. schizophrenia, affective disorders, anorexia, burn-out)
	16 Other ongoing illnesses (including multiple sclerosis, HIV, Alzheimer's disease, Parkinson's disease)
	17 Other long-term health problems (including obesity, alcohol or drug addiction)
	1 Yes
	2 No
F2	

V02_1	Which of your illnesses/problems do you consider is the most serious?
HEALTHMA <input type="checkbox"/>	Code of the most serious illness
V02_2	Which of your illnesses/problems do you consider is the second-most serious?
HEALTHSE <input type="checkbox"/>	Code of the second-most serious illness
V03	<p>I will now read out a number of activities. Please say whether you have long-term limitations in being able to carry out one or more of these activities.</p> <p><i>Interview instructions:</i></p> <p><i>Limitations are long term when they continue or are likely to continue for at least six months.</i></p> <ol style="list-style-type: none"> 1 Seeing (even if aids such as glasses or contact lenses are worn) 2 Hearing (even if a hearing aid is worn) 3 Walking or climbing stairs 4 Sitting or standing 5 Remembering, concentrating 6 Conversing with other people (e.g. understanding or being understood) 7 Stretching to reach something (e.g. to reach an object) 8 Lifting and carrying things (e.g. a heavy shopping bag) 9 Bending down 10 Holding, grasping or turning something (e.g. turning on a tap) <p>1 Yes 2 No</p>
F3	
V04_1	Which of these activities do you find the most difficult?
DIFFICMA <input type="checkbox"/>	Code of the most severe limitation

V04_2	Which of these activities do you find the second-most difficult?
DIFFICSE <input type="checkbox"/>	Code of the second-most severe limitation
V05	
an alle erwerbstätigen Personen (Block D=befüllt):	Please think about your job. On account of your health, are you limited in the number of hours that you can work per week?
an alle nicht erwerbstätigen Personen (Block D=leer):	Please think about a possible job. On account of your health, would you be limited in the number of hours that you could work per week?
LIMHOURS	
	1 Yes, owing to illness/es (stated in V01)
	2 Yes, owing to limitation/s in carrying out specific activities (stated in V03)
	3 Yes, owing to both (illness/es AND limitation/s in carrying out specific activities; stated in V01 and V03)
	4 No
V06	
an alle erwerbstätigen Personen (Block D=befüllt):	Owing to your health, are you limited in the type of work that you can do? For example, as a result of problems when carrying heavy loads, working outdoors or when sitting for a long time.
an alle nicht erwerbstätigen Personen (Block D=leer):	Owing to your health, would you be limited in the type of work that you could do? For example, as a result of problems when carrying heavy loads, working outdoors or when sitting for a long time.
LIMTYPEW	
	1 Yes, owing to illness/es (stated in V01)
	2 Yes, owing to limitation/s in carrying out specific activities (stated in V03)
	3 Yes, owing to both (illness/es AND limitation/s in carrying out specific activities; stated in V01 and V03)
	4 No

V07	Think about the <u>journey from your home to your place of work</u> . Owing to your health, do you have problems in <u>reaching your place of work</u> ?
an alle erwerbstätigen Personen (Block D=bevollt):	
an alle nicht erwerbstätigen Personen (Block D=leer):	
LIMTRANS	
1	Yes, owing to illness/es (stated in V01)
2	Yes, owing to limitation/s in carrying out specific activities (stated in V03)
3	Yes, owing to both (illness/es AND limitation/s in carrying out specific activities; stated in V01 and V03)
4	No
V08	
NEEDADAP	
an alle erwerbstätigen Personen (Block D=bevollt):	Owing to your health, does your place of work have any <u>special equipment</u> (e.g. a speech processor) or any <u>structural modifications</u> (e.g. a ramp)?
an alle nicht erwerbstätigen Personen (Block D=leer):	Think about a possible job. Owing to your health, would your place of work require any <u>special equipment</u> (e.g. a speech processor) or <u>structural modifications</u> (e.g. a ramp)?
1	Yes
2	No
V09	
NEEDORGA	
an alle erwerbstätigen Personen (Block D=bevollt):	Owing to your health, are there any <u>special working arrangements</u> in place for you (e.g. a job where you can sit down, special working hours, teleworking, flexi-time or less strenuous work)?
an alle nicht erwerbstätigen Personen (Block D=leer):	Think about a possible job. Owing to your health, would you require any <u>special working arrangements</u> (e.g. a job where you can sit down, special working hours, teleworking, flexi-time or less strenuous work)?
1	Yes
2	No
V10	
NEEDHELP	
an alle erwerbstätigen Personen (Block D=bevollt):	Owing to your health problems, do you receive any <u>personal assistance</u> to enable you to carry out your job?
an alle nicht erwerbstätigen Personen (Block D=leer):	Owing to your health problems, would you require any <u>personal assistance</u> to enable you to carry out your job?
1	Yes
2	No

V11	
an alle erwerbstätigen Personen (Block D=befüllt):	Who provides you with personal assistance?
an alle nicht erwerbstätigen Personen (Block D=leer):	From whom would you require personal assistance?
	<i>Interview instructions: Multiple answers allowed</i>
1	From colleagues, superiors
2	From my partner/family/relatives
3	From friends/acquaintances/neighbours
4	From social services/societies etc.
5	Other
V12	In Austria there are institutions such as the <i>Bundessozialamt</i> (Office of Social Welfare), the <i>Pensionsversicherungsanstalt</i> (Old-age Insurance Office) and the <i>AUVA</i> (Austrian Workers' Compensation Board) that can provide confirmation of a disability. Have you ever had a disability confirmed by one of these institutions?
1	Yes
2	No
V13	From where did you obtain the confirmation/s?
1	Bundessozialamt
2	Pensionsversicherungsanstalt
3	AUVA
4	Other

V14	
LIMREAS	
an alle erwerbstätigen Personen (Block D=befüllt):	In addition to your health, are there other factors that may limit your ability to work? I will now read out a number of possible reasons. Please say which of the following reasons limits your ability to work to the <u>greatest extent</u> .
an alle nicht erwerbstätigen Personen (Block D=leer):	In addition to your health, are there other factors that could limit your ability to work? I will now read out a number of possible reasons. Please say which of the following reasons would limit your ability to work to the <u>greatest extent</u> .
	<i>Interview instructions:</i> Only one answer allowed – the question relates to the main reason why the respondent is/would be limited in their ability to work
	1 Insufficient qualifications, insufficient experience
	2 No suitable job opportunities
	3 Options for getting to and from work are non-existent or limited
	4 Lack of flexibility of employer
	5 Discontinuation or reduction of state benefits
	6 Family obligations, care obligations
	7 Personal reasons
	8 Other reasons
	9 No limitations to the ability to work
	Thank you for answering the questions.
Ende	