

Group/household/respondent No:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

First name: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ / day:  
time:

Tel.: \_\_\_\_\_ / day :.... time: .....

**CONTINUOUS LABOUR FORCE SURVEY 2013**  
**Special module “accidents at work and work-related health problems”**  
Second quarter 2013

**Questions to be asked to all people aged 15 and older who have a job during the reference week (whether they carried it out or not) or who have ever worked.**

**Questions in this module must be answered by respondents themselves. Proxy answers are not allowed!**

To be completed for all people aged 15 and older  
-who have a job during the reference week (whether they carried it out or not) (all people who have answered question 5)  
or  
-who do not have a job or have taken a full career break or time credit for more than three months (Q3=2 or Q4=1) but who have ever worked (Answer to Q61)

(INT Answer the two following questions based on the answers from the individual questionnaire. Answers can be checked against the filtering mentioned above.)

Answer to Q5 (professional status):  
Yes, has a job   
No, has no job

**Q61 (date in which the previous job ended)**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**During the past 12 months** (no answer to Q5 AND answer to Q61 AND (Q61=2013 OR (Q61=2012 and the month for Q61 > month of the last day of the reference week)))

**More than 12 months ago** (no answer to Q5 AND answer to Q61 AND (Q61<2012 OR (Q61=2012 and the month for Q61 ≤ month of the last day of the reference week)))

Finally there are a few questions on accidents at work and on work-related health problems. These questions refer to the last 12 months prior to the end of the reference week.

**Q16: If M\_ has a job** (whether or not the person worked) during the reference week (answer to Q5) ..... 107

If M\_ does **not** have a job but **has worked before** AND if his/her most recent job ended within the last 12 months (no answer to Q5 AND the 12-month period needs to be determined on the basis of question 61) .... 107

If M\_ does **not** have a job but **has worked before** AND if his/her most recent job ended more than 12 months before the last day of the reference week (no answer to Q5 AND the 12-month period needs to be determined on the basis of question 61 or “00” to Q61)..... 115a

**P. WORK ACCIDENTS**

To be completed for all people who have a job  
OR who do not have a job but who have worked before AND whose most recent job ended within the last 12 months.

Go to question: ↓

**107. Did you have any accident (one or more) at work or in the course of work during the past 12 months? Accidents occurring outside working hours and accidents on the way to/from work are excluded. Accidents occurring while travelling in the course of work are included.**  
(INT. Only 1 possible answer)

Yes ..... 1 108  
No ..... 2 115a

**108. Did some of these accidents result in an injury to yourself? Illness and mental injuries are excluded.**

- Yes ..... 1 109  
- No ..... 2 115a

**109. How many accidents at work or in the course of work, resulting in personal injury, did you have during the past 12 months?**

- One ..... 1 110  
- Two or more ..... 2 110

**110. The following questions only refer to the most recent accident. Was it a road accident, i.e. an accident on public roads? Accidents on the way to/from work are excluded.**

- Yes ..... 1 111  
- No ..... 2 111

**111. What was the job you were doing when this accident occurred?**  
(INT. Select the most suitable answer)

- The main current job ..... 1 E17  
- The second current job ..... 2 E17  
- The last job (if you have no job) ..... 3 E17  
- The job one year ago ..... 4 E17  
- Some other job ..... 5 E17

|   |        |
|---|--------|
| E17: If M_ does not have a job (no answer to Q5).....   | 112a   |
| If M_ has a job AND did not work during the reference week AND reports “illness, accident or temporary disability” as the main reason (answer to Q5 and Q20=0 and Q22=3) .....  | 112b   |
| If M_ has a job AND did not work during the reference week AND gives another reason than “illness, accident or temporary disability” as the main reason (answer to Q5 and Q20=0 and Q22#3) .....  | 114a   |
| If M_ has a job AND worked during the reference week(answer to Q5 and Q20>0) .....  | 114a   |
| 112a. You are currently out of work, is it due to your accident?  |        |
| - Yes .....   | 1 113  |
| - No .....  | 2 114a |
| - Do not know .....   | 3 114a |
| 112b. You did not work during the reference week, is it due to your accident?   |        |
| - Yes .....   | 1 113  |
| - No .....  | 2 114a |
| 113. Do you expect to resume work later?  |        |
| - Yes .....   | 1 115b |
| - No .....  | 2 115b |
| - Do not know .....   | 3 115b |
| 114a. As a result of your most recent accident, how long were you unable to work during the past 12 months? The day of the accident should not be counted. The duration is expressed in calendar days (Saturdays, Sundays and public holidays are thus included). |        |
| - Less than one day or no time off .....  | 1 115b |
| - At least one day but less than four days .....  | 2 115b |
| - At least four days but less than two weeks .....  | 3 115b |
| - At least two weeks but less than one month.....   | 4 115b |
| At least one month but less than two months.....  | 5 115b |
| At least two months .....   | 6 114b |
| 114b. How many months were you unable to work?<br>(INT. Round down from 2 to 12 months - e.g. 4 months and 3 weeks should be counted as 4).<br><br> _ _ _   | 115b   |
| <b>Q. WORK-RELATED HEALTH PROBLEMS</b>  |        |
| To be completed for all people who have a job during the reference week OR who do not have a job but who have ever worked (answer to Q5 or (no answer to Q5 and answer to Q61))   |        |
| People who did not have any accident at work: Q115a   |        |
| People who had an accident at work: Q115b   |        |
| 115a. During the past 12 months, did you suffer from any physical or psychic health problem caused or made worse by work (past or current)?   |        |
| - Yes .....   | 1 116  |
| - No .....  | 2 E20  |

|   |        |
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| 115b. The following questions only refer to health problems caused or made worse by work. During the past 12 months, did you suffer from any physical or psychic health problem (not related to this work accident) caused or made worse by work (past or current)? |        |
| - Yes .....   | 1 116  |
| - No .....  | 2 124  |
| 116. How many health problems, caused or made worse by work, did you experience in the past 12 months?  |        |
| - One .....   | 1 117  |
| - Two or more.....  | 2 117  |
| 117. The following questions only refer to the most serious health problem caused or made worse by work.<br>What type of health problem is it?<br>(INT. Read one answer after the other – only 1 answer possible)   |        |
| - Bone, joint or muscle problem .....   | 1      |
| - Breathing or lung problem .....   | 2      |
| - Skin problem .....  | 3      |
| - Hearing problem.....  | 4      |
| - Stress, depression or anxiety .....   | 5      |
| - Headache and/or eyestrain.....  | 6      |
| - Hart disease or attack, or other problems in the circulatory system .....   | 7      |
| - Infectious disease (virus, bacteria or other type of infection) .....   | 8      |
| - Stomach, liver, kidney or digestive problems.....   | 9      |
| - Other type of complaint .....   | 10 E18 |
| E18: If M_ reports “bone, joint or muscle problems” as the most serious problem (Q117=1).....   | 118    |
| Other cases (Q117#1) .....  | 119    |
| 118. These bone, joint or muscle problems mainly affect:<br>(INT. Read one answer after the other – only 1 answer possible)   |        |
| - The neck, shoulders, arms or hands .....  | 1      |
| - The hips, knees, legs or feet .....   | 2      |
| - The back .....  | 3 119  |
| 119. Does this health problem limit your ability to carry out normal daily activities at work or outside of work?   |        |
| - Yes, considerably .....   | 1 120  |
| - Yes, to some extent .....   | 2 120  |
| - Not at all.....   | 3 120  |
| 120. Which job caused or made worse this health problem?<br>(INT. Select the most suitable answer)  |        |
| - The main current job .....  | 1 E19  |
| - The second current job.....   | 2 E19  |
| - The last job (if you have no job).....  | 3 E19  |
| - The job one year ago.....   | 4 E19  |
| - Some other job.....   | 5 E19  |

|  |        |
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| E19: If M_ does <u>not</u> have a job <u>due to the most recent accident</u> (Q112a=1) .....   | 123a   |
| If M_ does <u>not</u> have a job for <u>another reason</u> than the <u>most recent accident</u> (Q112a=2 or 3 or missing) .....  | 121a   |
| If M_ has <u>a job</u> and <u>worked</u> (answer to Q5 and Q20>0) ...  | 123a   |
| If M_ has <u>a job</u> AND <u>did not work</u> AND reports " <u>illness, accident or temporary disability</u> " as the main reason AND due to " <u>the most recent accident</u> " (Q112b=1) .....                              | 123a   |
| If M_ has <u>a job</u> AND <u>did not work</u> AND reports " <u>illness, accident or temporary disability</u> " as the main reason BUT not due to " <u>the most recent accident</u> " (Q112b=2) ..                             | 121b   |
| If M_ <u>has a job</u> AND <u>did not</u> work during the reference week AND gives <u>another reason</u> than " <u>illness, accident or temporary disability</u> " as the main reason (answer to Q5 and Q20=0 and Q22#3) ..... | 123a   |
| <b>121a. At the moment you have no job, is it due to this health problem?</b>  |        |
| - Yes .....  | 1 122  |
| - No .....   | 2 123a |
| - Do not know .....  | 3 123a |
| <b>121b. You have not worked during the reference week, is it due to this health problem?</b>  |        |
| - Yes .....  | 1 122  |
| - No .....   | 2 123a |
| <b>122. Do you expect to resume work later?</b>  |        |
| - Yes .....  | 1 E20  |
| - No .....   | 2 E20  |
| - Do not know .....  | 3 E20  |
| <b>123a. As a result of this health problem, how long were you <u>unable to work during the past 12 months</u>? The duration is expressed in calendar days (Saturdays, Sundays and public holidays are thus included).</b>     |        |
| - Less than one day or no time off .....   | 1 E20  |
| - At least one day but less than four days .....   | 2 E20  |
| - At least four days but less than two weeks .....   | 3 E20  |
| - At least two weeks but less than one month .....   | 4 E20  |
| - At least one month but less than two months .....  | 5 E20  |
| - At least two months .....  | 6 123b |
| <b>123b. How many months were you unable to work?</b>  |        |
| (INT. Round down from 2 to 12 months (e.g. 4 months and 3 weeks should be counted as 4).<br><br> _ _ _   | E20    |
| <b>E20: If M_ has a job (answer to Q5).....</b>  | 124    |
| <b>Other cases (no answer to Q5) .....</b>   | STOP   |

| R. FACTORS AT WORK THAT CAN ADVERSELY AFFECT MENTAL WELL-BEING OR PHYSICAL HEALTH                                      |                          |                          |      |
|--|--------------------------|--------------------------|------|
| <b>124. At work, are you exposed to the following factors that can adversely affect your <u>physical health</u>?</b>   |                          |                          |      |
| (INT. Read one answer after the other - One answer per line)   |                          |                          |      |
|  | Yes                      | No                       |      |
| a. Difficult work postures or work movements   | <input type="checkbox"/> | <input type="checkbox"/> |      |
| b. Handling of heavy loads   | <input type="checkbox"/> | <input type="checkbox"/> | ↔    |
| c. Noise or vibration  | <input type="checkbox"/> | <input type="checkbox"/> | ↔    |
| d. Chemicals, dusts, fumes, smoke or gases   | <input type="checkbox"/> | <input type="checkbox"/> | ↔    |
| e. Activities demanding high visual concentration (contributing to eyestrain)  | <input type="checkbox"/> | <input type="checkbox"/> | ↔    |
| f. Risk of accident  | <input type="checkbox"/> | <input type="checkbox"/> | E21  |
| <b>E21: If more than one "Yes" to Q124 .....</b>   |                          |                          | 125  |
| <b>Other cases .....</b>   |                          |                          | 126  |
| <b>125. Which factor do you think poses <u>the highest risk</u> for your <u>physical health</u>?</b>                   |                          |                          |      |
| (INT. Only 1 answer possible)  |                          |                          |      |
| - Difficult work postures or work movements .....  | 1                        | 126                      |      |
| - Handling of heavy loads .....  | 2                        | 126                      |      |
| - Noise or vibration .....   | 3                        | 126                      |      |
| - Chemicals, dusts, fumes, smoke or gases .....  | 4                        | 126                      |      |
| - Activities demanding high visual concentration (contributing to eyestrain) .....                                     | 5                        | 126                      |      |
| - Risk of accident.....  | 6                        | 126                      |      |
| <b>126. At work, are you exposed to the following factors that can adversely affect your <u>mental well-being</u>?</b> |                          |                          |      |
| (INT. Read one answer after the other - One answer per line)   |                          |                          |      |
|  | Yes                      | No                       |      |
| a. Time pressure or overload of work   | <input type="checkbox"/> | <input type="checkbox"/> |      |
| b. Violence or threat of violence  | <input type="checkbox"/> | <input type="checkbox"/> | ↔    |
| c. Harassment or bullying  | <input type="checkbox"/> | <input type="checkbox"/> | E22  |
| <b>E22: If more than one "Yes" to Q126 .....</b>   |                          |                          | 127  |
| <b>Other cases .....</b>   |                          |                          | STOP |
| <b>127. Which factor do you think poses <u>the highest risk</u> for your <u>mental well-being</u>?</b>                 |                          |                          |      |
| (INT. Only 1 answer possible)  |                          |                          |      |
| - Time pressure or overload of work .....  | 1                        | STOP                     |      |
| - Violence or threat of violence .....   | 2                        | STOP                     |      |
| - Harassment or bullying.....  | 3                        | STOP                     |      |