CONTINUOUS LABOUR FORCE SURVEY
Special module 'accidents at work and work-related health problems'
Second quarter 2007 (reference weeks 14 to 26)

M. WORK-RELATED HEALTH PROBLEMS
To be filled in for everyone who has a job or who is out of work but has ever worked.

94. During the last 12 months has M_ had one or several illnesses, disabilities or other psychic or physical health problems (apart from accidental injuries) caused or made worse by work ?
   - No, no health problem .............................................. 0 E13
   - Yes : - one health problem ......................................... 1 95
   - two or more health problems .................................... 2 95

95. What is the nature of the most serious complaint caused or made worse by work ?
   - Bone, joint or muscle problems which mainly affects neck, shoulders, arms or hands .................................... 0 96
   - Bone, joint or muscle problems which mainly affects hips, legs or feet ......................................................... 1 96
   - Bone, joint or muscle problems which mainly affects back ............................................................................... 2 96
   - Breathing or lung problem ........................................... 3 96
   - Skin problem .................................................................... 4 96
   - Hearing problem ........................................................... 5 96
   - Stress, depression or anxiety ........................................... 6 96
   - Head ache and / or eyestrain .......................................... 7 96
   - Hart disease or attack or other problem in the circulatory system .............................................................. 8 96
   - Infectious disease (viral, bacterial or other type of infection) ................................................................. 9 96
   - Other type of complaint .................................................... 10 96

96. Is M_ limited in his / her ability to carry out his / her normal day-to-day activities at his / her work or outside his / her work because of the most serious complaint caused or made worse by work ?
   - No ........................................................................ 0 97
   - Yes : - to some extent ............................................ 1 97
   - considerably ...................................................... 2 97
N. ACCIDENTS AT WORK
To be filled in for everyone who has a job during the reference week or who is out of work but has been working during the last 12 months.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Code</th>
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<tbody>
<tr>
<td>99. Has M_ had one or several accidental injuries (apart from illnesses) at work or in the course of work during the last 12 months?</td>
<td>- No, none</td>
<td>0 E14</td>
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<td>- Yes : - one injury</td>
<td>1 100</td>
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<td></td>
<td>- two or more injuries</td>
<td>2 100</td>
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100. What type of injury has M_ had because of the most recent accident at work or in the course of work?
- An injury caused by a road traffic accident | 1 101 |
- An injury caused by an accident other than a road traffic accident | 2 101 |

101. When was M_ / will M_ be able to start to work again after the most recent accidental injury?
- M_ hasn't recovered yet from the accident but expects he / she will be able to resume to work later | 0 102 |
- M_ expects never to work again because of this accident | 1 102 |
- No time off or the same day as the accident | 2 102 |
- The day after the accident | 3 102 |
- Between the second and the fourth day after the accident | 4 102 |
- Between the fifth and the fourteenth day after the accident | 5 102 |
- Between two weeks and one month after the accident | 6 102 |
- Between one and three months after the accident | 7 102 |
- Three and six months after the accident | 8 102 |
- Between six and nine months after the accident | 9 102 |
- Nine months or later after the accident | 10 102 |

102. Which job was done when the most recent accidental injury occurred? (Code first that applies.)
- The main current job | 1 E14 |
- The second current job | 2 E14 |
- The last job (person not in employment) | 3 X |
- The job one year ago | 4 E14 |
- Some other job | 5 E14 |

O. FACTORS AT WORK THAT CAN ADVERSELY AFFECT MENTAL WELL-BEING OR PHYSICAL HEALTH
To be filled in for everyone who has a job.

103. Has M_ more than normal exposure to the following selected factors which can adversely affect his / her mental well-being?
- No | 0 104 |
- Yes : - mainly to harassment or bullying | 1 104 |
| - mainly to violence or threats to violence | 2 104 |
| - mainly to time pressure and overload of work | 3 104 |

104. Has M_ more than normal exposure to the following selected factors that can adversely affect his / her physical health?
- No | 0 X |
- Yes : - mainly to chemicals, dusts, fumes, smoke or gases | 1 X |
| - mainly to noise or vibration | 2 X |
| - mainly to difficult work postures or movements or handling of heavy loads | 3 X |
| - mainly to risks of accidents | 4 X |