These questions must be asked even when the answer to Q103 shows that there is no long-standing disability or last 3. The first question is on health conditions and diseases. These questions are more elaborate than the conditions or other limitations and the extent to which they may hinder employment. These questions are more elaborate than the last 3. The first question is on health conditions and diseases.

O. LONGSTANDING HEALTH CONDITIONS OR DISEASES AND/OR BASIC ACTIVITY DIFFICULTIES

Intro: Finally there are a few additional questions on health conditions or other limitations and the extent to which they may hinder employment. These questions are more elaborate than the last 3. The first question is on health conditions and diseases.

E15: If M_ answered Q103 (Q103 = 1, 2 or 3) .............................................. Intro
If M_ does not wish to answer Q103 (Q103 = 4) ............................... Stop

A0. Start interview: I___I___I u. I___I___I min.
Day: I___I___I Month: I___I___I

106. Do you suffer from one or more of the following longstanding health problems or diseases? Long-standing refers to a period of at least 6 months in which the problem has occurred or will occur.

(INT. Read one answer after the other – multiple answers possible)
- Problems with arms or hands (which includes arthritis or rheumatism) ......................................................... 1
- Problems with legs or feet (which includes arthritis or rheumatism) ................................................................. 2
- Problems with back or neck (which includes arthritis or rheumatism) ............................................................. 3
- Cancer.................................................................................................................................................. 4
- Skin conditions, including allergic reactions and severe disfigurement.......................................................... 5
- Heart, blood pressure or circulation problems........................................................................................................ 6
- Chest or breathing problems, including asthma and bronchitis ....................................................................... 7
- Stomach, liver, kidney or digestive problems........................................................................................................ 8
- Diabetes ..................................................................................................................................................... 9
- Epilepsy .................................................................................................................................................... 10
- Severe headache such as migraine ..................................................................................................................... 11
- Learning difficulties with reading, spelling or mathematics, e.g. dyslexia, dyscalculia,.............................................. 12
- Mental disability: mild, moderate or severe ......................................................................................................... 13

Go to question: Go to question:

¢ Chronic anxiety.......................................................... 14
¢ Depression.................................................................................................................. 15
¢ Other psychic, nervous or emotional problems...................................................... 16
¢ Other progressive illnesses (which include multiple sclerosis, HIV, Alzheimer's disease, Parkinson's disease) ....................................................................................................................................... 17
¢ Other longstanding health problems ..................................................................................................................... 18
1st 1er .................................................................................................................. 19
2nd 1er .................................................................................................................. 20
E16

E16: If multiple codes on Q106 ................................................................. 107
If one code on Q106 from 1-19 ................................................................. 108
If Q106 = 20 .................................................................................................. 109

107. Which is the most important health problem or disease?

(INT. Note down the code, e.g. 6) ......................................................... I___I___I

108. Which is the second most important health problem or disease?

(INT. Note down the code, e.g. 19) ......................................................... I___I___I

109. Do you experience one or more of the following long-standing difficulties in performing basic activities?

Long-standing refers to a period of at least 6 months in which the problem has occurred or will occur.

(INT. Read one answer after the other – Multiple answers possible)
- Seeing, even if wearing glasses ........................................................................................................ 1
- Hearing, even if using a hearing aid ........................................................................................................ 2
- Walking, climbing steps .................................................................................................................... 3
- Sitting or standing ............................................................................................................................ 4
- Remembering, concentrating ........................................................................................................... 5
- Communicating, for example understanding or being understood ...................................................... 6
- Reaching or stretching ....................................................................................................................... 7

Please note: more possibilities on the next page
110. Which is the most important difficulty?
(INT. Note down the code, e.g. 12) .......................... 1 111
111. Which is the second most important difficulty?
(INT. Note down the code, e.g. 10) .......................... 1 115
E17: If multiple codes on Q109 .......................... 1 110
If one code on Q109 from 1-10 .......................... 1 118
If Q109 = 11 .............................................. 1 118

E18: If M_ suffers from a long-standing health problem or
disease or experiences a difficulty in performing basic
activities (if there is a code from 1 - 19 on Q106 or a
code from 1 – 10 on Q109) .......................... 1 118
Otherwise (code 20 on Q106 AND code 11 on Q109) .......................... 1 124

P. WORK-RELATED LIMITATIONS AND ASSISTANCE NEED
OR USE

E19: If M_ has an occupation (answer to Q5) .......................... 1 118
If M_ does not have an occupation (no answer to Q5) .......................... 1 112

P1. UNEMPLOYED PEOPLE

112. Are you limited in the number of hours that you could
work in a week?
- yes, because of a health condition or disease .......................... 1 113
- yes, because of a basic activity difficulty .......................... 2 113
- yes, because of both .......................... 3 113
- no .............................................. 4 113

113. Are there certain tasks you cannot carry out such as
carrying heavy loads, working outdoors, sitting for a long
time?
- yes, because of a health condition or disease .......................... 1 114
- yes, because of a basic activity difficulty .......................... 2 114
- yes, because of both .......................... 3 114
- no .............................................. 4 114

114. Are you limited in getting to and from work?
- yes, because of a health condition or disease .......................... 1 115
- yes, because of a basic activity difficulty .......................... 2 115
- yes, because of both .......................... 3 115
- no .............................................. 4 115

115. Do you require personal assistance to be able to work?
- yes .............................................. 1 116
- no .............................................. 2 116

116. Do you require special equipment or an adapted
workplace to be able to work?
- yes .............................................. 1 117
- no .............................................. 2 117

117. Do you require special working arrangements to be able
to work, such as sedentary jobs, teleworking, flexible
hours or less strenuous work?
- yes .............................................. 1 124
- no .............................................. 2 124

P2 EMPLOYED PEOPLE

118. Are you limited in the number of hours that you can work
in a week?
- yes, because of a health condition or disease .......................... 1 119
- yes, because of a basic activity difficulty .......................... 2 119
- yes, because of both .......................... 3 119
- no .............................................. 4 119

119. Are there certain tasks you cannot carry out such as
carrying heavy loads, working outdoors, sitting for a long
time?
- yes, because of a health condition or disease .......................... 1 120
- yes, because of a basic activity difficulty .......................... 2 120
- yes, because of both .......................... 3 120
- no .............................................. 4 120

120. Are you limited in getting to or from work?
- yes .............................................. 1 121
- no .............................................. 2 121

121. Do you use personal assistance to be able to work?
- yes .............................................. 1 122
- no .............................................. 2 122

122. Do you use special equipment or an adapted workplace to
work?
- yes .............................................. 1 123
- no .............................................. 2 123

123. Do you have special working arrangements to be able to
work, such as sedentary jobs, teleworking, flexible
hours or less strenuous work?
- yes .............................................. 1 124
- no .............................................. 2 124

Q. WORK-RELATED LIMITATIONS FOR OTHER REASONS

124. Are there any other reasons, not related to health
conditions or difficulties, that limit you in your
employment? These refer to limitations related to the
number of hours that can be worked, the kind of work
and the way you get to and from work.
(INT. Read one answer after the other – Multiple answers
possible)

- Lack of qualifications/experience .............................................. 1
- Lack of appropriate job opportunities .............................................. 2
- Lack or poor transportation to and from workplace .............................................. 3
- Employers’ lack of flexibility .............................................. 4
- Employment influences social allowance .............................................. 5
- Family/caring responsibilities .............................................. 6
- Personal reasons .............................................. 7
- Other reason (INT. please indicate) .............................................. 8

125. Which is the most important reason for the limitation?
(INT. Note down the code, e.g. 6) .............................................. 1 118

E20: If multiple codes on Q124 .............................................. 1 125
If one code on Q124 from 1-9 .............................................. 1 125

AT. End time of the interview: I__I__l u. I__I__l