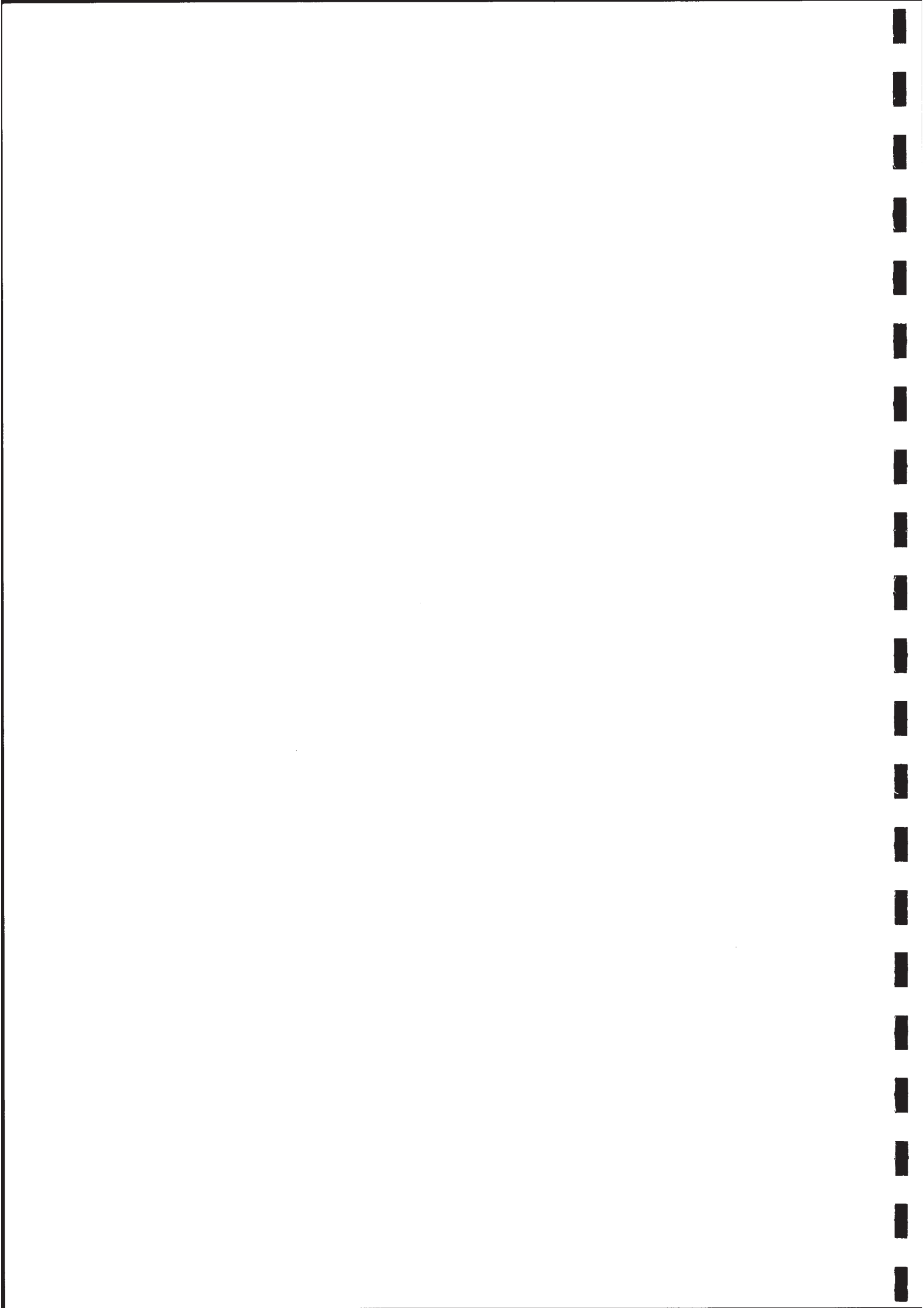
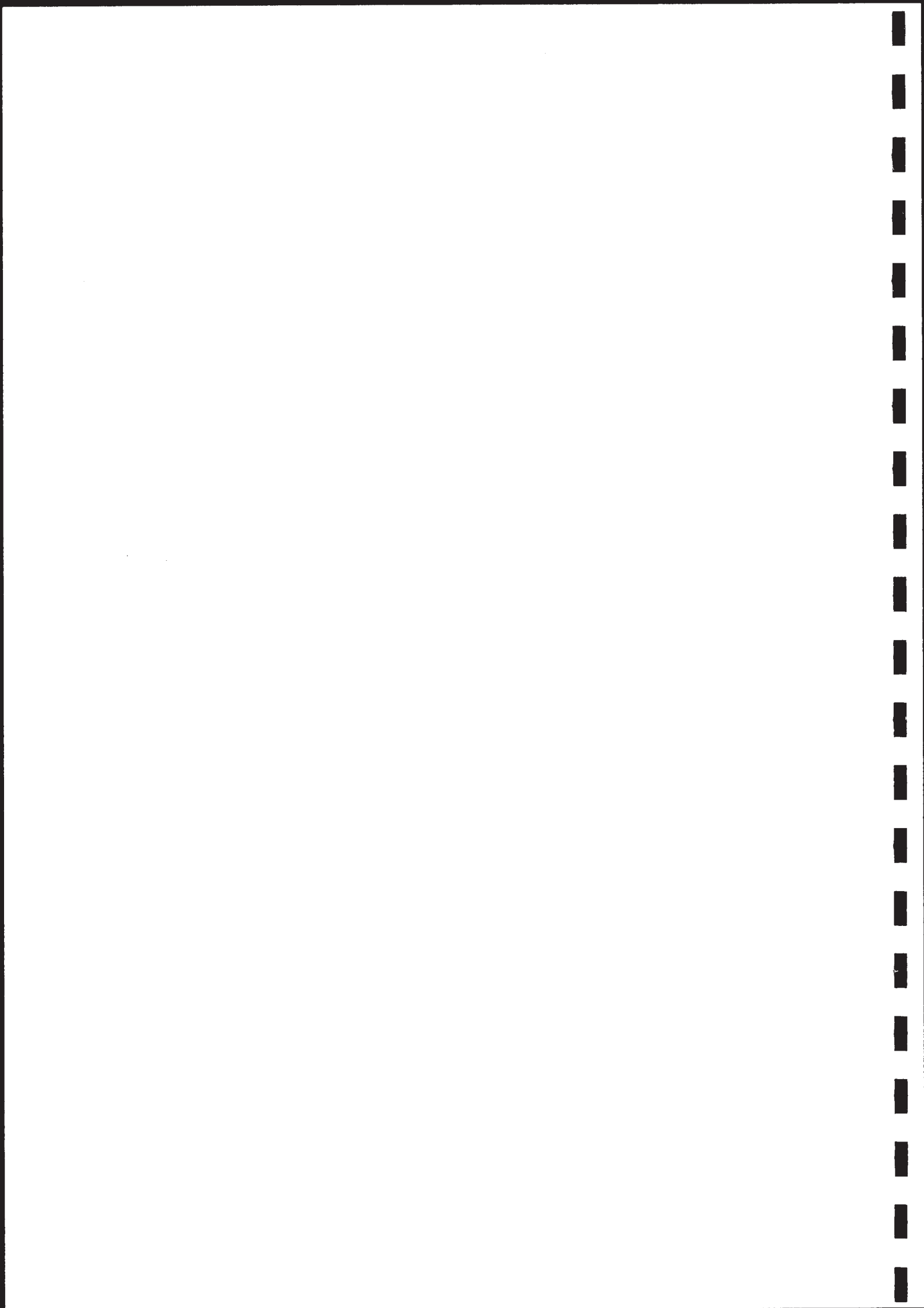


APPENDIX 1
QUESTIONNAIRE



2013 AD HOC MODULE									
"ON ACCIDENTS AT WORK AND WORK-RELATED HEALTH PROBLEMS"									
								S.N. Questionnaire	
S/n	Questions - Answers	Codes	Question Flow	S/n member of the household					
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCIDENTS AT WORK ENCOUNTERED BY PERSONS HAVING WORKED IN THE PAST 12 MONTHS									
Questions M1 - M6 refer to persons who during the reference week worked or had a job from which they were temporarily absent (Question 1, codes 1,2) as well as persons who have worked during the past 12 months.									
M1	During the past 12 months, have you had any accident (serious or not) resulting in injury at work or in the course of work? (Accidents during a journey in the course of work are included Occupational diseases and accidents during the journey from home to work and from work home are excluded)								
		0	→ M7	197	197	197	197	197	197
	No			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes	X	↓						
M2	How many accidents resulting in injury did you have at work during the past 12 months?								
		1	→ M4	197	197	197	197	197	197
	One (Describe)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Two or more (Describe the most recent)	2	↓						
M3	Questions M4, M5 and M6 refer to your <u>most recent</u> accident at work								
M4	Was the injury caused by a road traffic accident? (Accidents in public or private car parks are included)								
		1	↓	198	198	198	198	198	198
	Yes			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No	2							
M5	Which job were you doing when the accident occurred? Interviewer: Read out the answers and code the first one that applies								
		1	↓	199	199	199	199	199	199
	Main current (first) job			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Second current job	2							
	Last job (person not in employment) - Questions 25-31	3							
	Job one year ago precisely - Questions 62-64	4							
	Some other job	5							



S/n	Questions - Answers	Codes	Question Flow	S/n member of the household					
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M6	In the past 12 months, how many days off work did you take because of the accident? (or you went back on the same day)? (weekends and public holidays in between should be included)			200-201	200-201	200-201	200-201	200-201	200-201
	Still off work because has not recovered from the accident, but expects to <u>resume</u> work later	00	↓						
	Still off work and expect <u>never to work again</u> because of the accident	01							
	Less than 1 day or no time off.....	02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	At least 1 day but less than 4 days	03							
	At least 4 days but less than 2 weeks	04							
	At least 2 weeks but less than 1 month	05							
	At least 1 month but less than 3 months	06							
	At least 3 months but less than 6 months	07							
	At least 6 months but less than 9 months	08							
	Between 9 and 12 months	09							

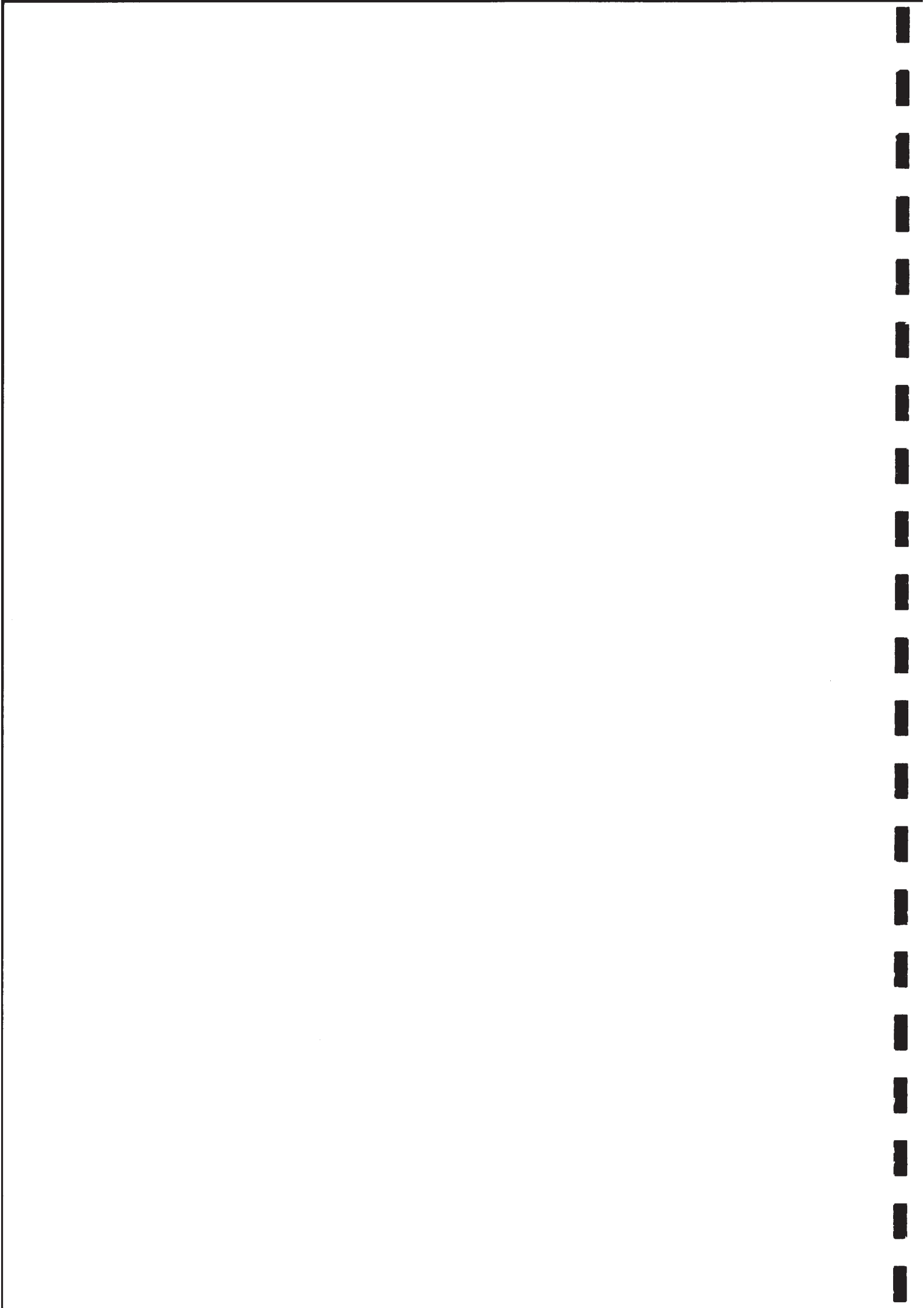
WORK-RELATED HEALTH PROBLEMS SUFFERED DURING THE LAST 12 MONTHS

Questions M7 - M13 refer to persons who during the reference week worked or had a job from which they were temporarily absent (Question 1, codes 1,2) as well as persons who had worked in the past (Question 25, code 1)

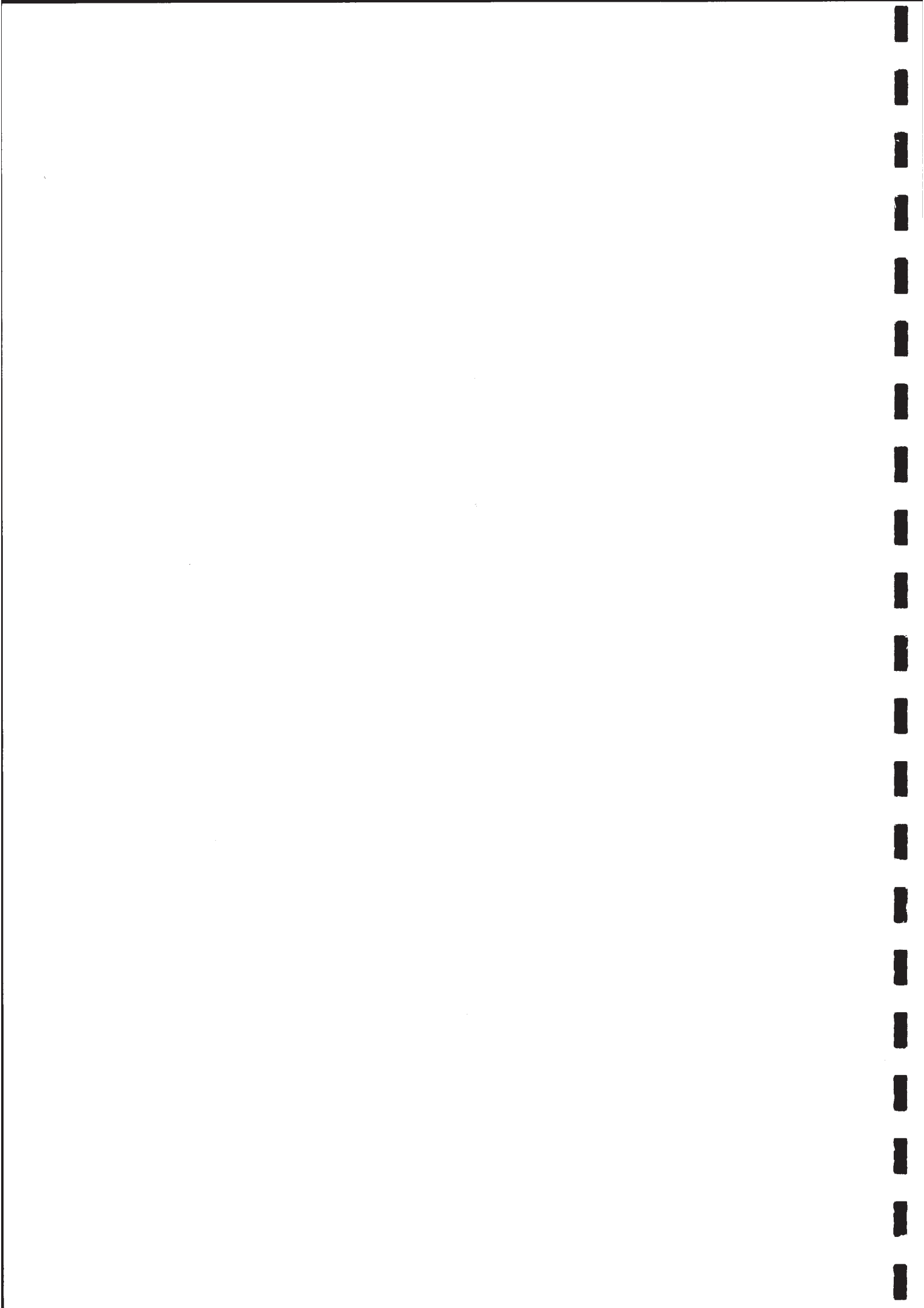
M7	During the past 12 months have you suffered from any illness (serious or not), disability or other physical or mental problem? (Any accidental injuries should be excluded)			202	202	202	202	202	202
	No	0	→ M14a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes	X	↓						

M7a	Do you believe that any of these was caused or made worse by your job or by work you have done in the past?			202	202	202	202	202	202
	No	0	→ M14a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes	X	↓						

M8	So, how many different illnesses/health problems have you had in the past 12 months due to your job?			202	202	202	202	202	202
	One (Describe).....	1	→ M10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Two or more (Describe the most serious).....	2	↓						



S/n	Questions - Answers	Codes	Question Flow	S/n member of the household					
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M9	Questions M10-M13 refer to your most serious health problem								
M10	Description/ Type of health problem								
				203-204	203-204	203-204	203-204	203-204	203-204
	Bone, joint or muscle problem which mainly affects neck, shoulders, arms or hands.....	00							
	Bone, joint or muscle problem which mainly affects hips, knees, legs or feet.....	01							
	Bone, joint or muscle problem which mainly affects back	02							
	Breathing or lung problem (incl. lung cancer)	03							
	Skin problem (incl. skin cancer).....	04	↓	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hearing problem	05							
	Stress, dipression or anxiety.....	06							
	Headache and/or eyestrain.....	07							
	Heart disease or attack, or other problems in the circulatory system	08							
	Infectious disease (virus, bacteria or other type of infection)	09							
	Stomach, liver, kidney or digestive problem	10							
	Other health problems (e.g. cancers of the intestinal organs)	11							
M11	Does this health problem limit your ability to carry out normal day to day activities either at work or outside work considerably, to some extent or not at all?								
				205	205	205	205	205	205
	No, not at all.....	0							
	Yes, to some extent	1	↓	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes, considerably	2							
M12	Which job were you doing that caused or made worse this health problem?								
	Interviewer: Read out the answers and code the first one that applies								
				206	206	206	206	206	206
	Main current (first) job	1							
	Second current job	2							
	Last job (person not in employment) - Questions 25-31.....	3	↓	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Job one year ago precisely - Questions 62-64	4							
	Some other job	5							
M13	In the past 12 months, how much time off work have you had because of this health problem? (or you haven't had any time off)? - public holidays and weekends in between should be included								
				207-208	207-208	207-208	207-208	207-208	207-208
	Still off work because has not yet recovered from the health problem, but expects to resume work later	00							
	Expects never to work again due to this problem.....	01							
	Less than one day or no time off or expects never to work again due to other reasons	02							
	At least 1 day but less than 4 days	03							
	At least 4 days but less than 2 weeks.....	04	↓	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	At least 2 weeks but less than 1 month.....	05							
	At least 1 month but less than 3 months.....	06							
	At least 3 months but less than 6 months.....	07							
	At least 6 months but less than 9 months.....	08							
	Between 9 and 12 months	09							



S/n	Questions - Answers	Codes	Question Flow	S/n member of the household					
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**FACTORS AT WORK THAT CAN ADVERSELY AFFECT MENTAL WELL-BEING
OR PHYSICAL HEALTH**

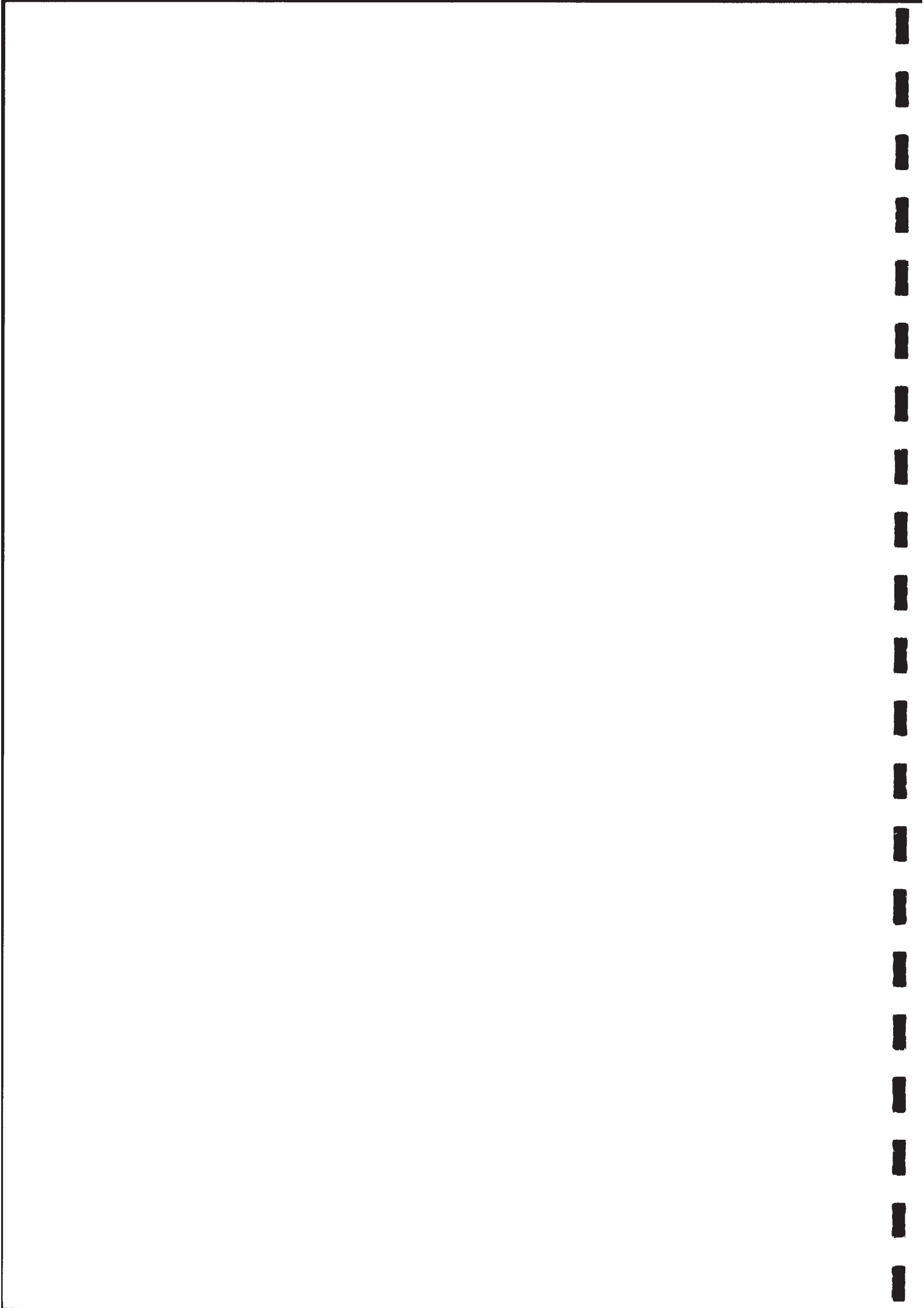
Questions M14 - M17 refer to persons who during the reference week worked or had a job from which they were temporarily absent (Question 1, codes 1,2)

M14	I will read out a list of risk factors at work that can adversely affect your physical health and I would like you to tell me if any of them is or are applicable to you. Would you say that at your workplace:				209	209	209	209	209	209
	None of the factors below.....	0								
	You have particular exposure to difficult work postures or work movements?	1								
	You have particular exposure to handling of heavy loads?	2	↓							
	You have particular exposure to noise or strong vibration?.....	3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	You have particular exposure to chemicals, dusts, fumes, smoke or gases?	4								
	You have particular exposure to activities involving strong visual concentration?	5								
	You have particular exposure to risk of accidents?	6								

Question M15 refers to persons who gave at least 2 positive answers in question M14

M15	Which of the risk factors you mentioned do you consider the most risky?				209	209	209	209	209	209
	None of the factors below.....	0								
	Difficult work postures or work movements	1								
	Handling of heavy loads	2	↓							
	Noise or strong vibration	3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Chemicals, dust, fumes, smoke or gases	4								
	Activities involving strong visual concentration	5								
Risk of accidents	6									

M16	I will read out a list of risk factors at work that can adversely affect your mental well-being and I would like you to tell me if any of them is or are applicable to you. Would you say that at your workplace:				210	210	210	210	210	210
	None of the factors below.....	0								
	You have particular exposure to severe time pressure or overload of work?	1	↓							
	You have particular exposure to violence or threat of violence?	2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	You have particular exposure to harassment or bullying?	3								



S/n	Questions - Answers	Codes	Question Flow	S/n member of the household					
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question M17 refers to persons who gave at least 2 positive answers in question M16									
M17	Which of the risk factors you mentioned do you consider the most risky?			210	210	210	210	210	210
	None of the factors below.....	0	↓						
	Severe time pressure or overload of work	1							
	Violence or threat of violence	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Harassment or bullying	3							
END OF THE QUESTIONNAIRE									

