

# *Labour Force Survey ad hoc 2002: Employment of disabled people*

## *Questionnaire*

**Target group: All aged 16 to 64**

I would next like to ask you about matters relating to your health and working capacity.

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**VK1. In your opinion, is your state of health at present:**

1. good
  2. fairly good
  3. average
  4. fairly poor
  5. or poor?
- Cannot say
- 

**VK2. How many marks on the scale of 1 to 10 would you give to your present working capacity?  
(1 = totally disabled ..... 10 = working capacity at its best)**

\_\_ marks  
Cannot say

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Employed persons

**VK3. How many full days have you been absent from work due to your state of health during the last 12 months?**

1. None at all
  2. 1 – 9 days
  3. 10 – 24 days
  4. 25 – 99 days
  5. 100 – 365 days
- Cannot say

State of health also comprises treatment and examination of illness or health  
Read out the alternatives where necessary

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All aged 16 to 64

**VK4. Do you have some long-term illness, disorder, disability or ailment?**  
(220)

1. Yes, one
  2. Yes, several
  3. No
- Cannot say

Long-term = lasting at least 6 months

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**VK5. Do you take regular medication intended for treatment of some illness?**

1. Yes
  2. No
- Cannot say
- 

If has one long-term illness or disability or on regular medication, i.e. VK4 = 1 or  
(VK4 = 3, Cannot say and VK5 = 1)

**VK6a. What kind of illness or disability do you have?**

\_\_\_\_\_

Cannot say

Write the name of the illness or disability as exactly as possible

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If has several long-term illnesses or disabilities, i.e. VK4 = 2

**VK6b. Which of your illnesses restricts your activity most?**

\_\_\_\_\_

Cannot say

Record only one illness or disability

Write the name of the illness or disability as exactly as possible

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**VK7. I would like to make sure that I chose the correct group for your illness.**  
(221/222) (name of illness from VK6)

1. Rheumatic and locomotory diseases in upper limbs
  2. Rheumatic and locomotory diseases in lower limbs
  3. Back diseases
  4. Neck and shoulder conditions
  5. Heart and circulatory diseases
  6. Rheumatic diseases
  7. Difficulties in seeing
  8. Difficulties in hearing
  9. Speech impediments
  10. Skin conditions
  11. Respiratory diseases
  12. Digestive disorders
  13. Kidney or other urinary diseases
  14. Diabetes, type 1 (youth diabetes)
  15. Diabetes, type 2 (adult diabetes)
  16. Epilepsy
  17. Mental problems
  18. Neurological diseases (e.g. migraine, Parkinson's disease, MS, dementia)
  19. Disabilities
  20. Other diseases
- Cannot say

Check code if not found it out in the previous questions.

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If VK4 = 1, 2 or VK5 = 1

**VK8. Was it established by a doctor?**  
(name of illness from VK6)

1. Yes
  2. No
- Cannot say
- 

**VK9. What caused this illness/disability? (name of illness from VK6) Is it:**  
(224)

1. congenital or birth injury
  2. caused by a work-related accident (incl. traffic accidents while at work)
  3. caused by a traffic accident (not at work)
  4. other injury from accident
  5. occupational or work-related disease
  6. or other illness?
- Cannot say

Hereditary disease that has broken out later in life → code 6

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If VK9 ≠ 1

**VK10. How long ago was this illness/disability established?**  
**(223)** (name of illness from VK6)

1. Less than 6 months ago
  2. At least 6 months but less than 1 year ago
  3. At least 1 year but less than 2 years ago
  4. At least 2 years but less than 3 years ago
  5. At least 3 years but less than 5 years ago
  6. At least 5 years but less than 10 years ago
  7. At least 10 years ago
- Cannot say
- 

If VK4 = 1, 2 or VK5 = 1

**VK11. Does the illness/disability restrict the type of work you can do?**  
**(226)** (name of illness from VK6)

1. Yes, considerably
  2. Yes, to some extent
  3. No
- Cannot say

E.g. light work, sedentary work, indoor work

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If VK4 = 1, 2 or VK5 = 1

**VK12. Does the illness/disability restrict the amount of work you can do?**  
**(227)** (name of illness from VK6)

1. Yes, considerably
  2. Yes, to some extent
  3. No
- Cannot say

E.g. how many hours per day or days per week can work

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If VK4 = 1, 2 or VK5 = 1

**VK13. Does the illness/disability restrict your mobility outside home?**  
**(228)** (name of illness from VK6)

4. Yes, considerably
  1. Yes, to some extent
  2. No
- Cannot say
-

Employed persons with some disability or illness restricting the type or amount of work or mobility, i.e. (VK4 = 1, 2 or VK5 = 1) and (VK11, VK12 or VK13 = 1,2)

**VK14. Have some kind of assistance or support or special work arrangements been organised for you to help you in your work?**  
(229)

1. Yes → VK14b  
2. No → END  
Cannot say → END

E.g. auxiliary aids, work arrangements, support of co-workers, personal assistant, and assistance with mobility to get to and from work and at workplace

If VK14 = 1

**VK14b. What kind of assistance or support do you receive? Do you receive:**  
(231)

	MULTIPLE CHOICE	
	Yes	No
1. assistance with the amount of work? (e.g. the possibility to work a shorter day)	1	2
2. assistance with work arrangements? (e.g. the possibility to do lighter work, sedentary or indoor work or use auxiliary aids)	1	2
3. assistance with mobility between home and work?	1	2
4. assistance with mobility at work?	1	2
5. support and understanding by superiors and co-workers?	1	2
6. other assistance or support?	1	2

Choose all that apply

If more than one Yes answer in sections 1 to 6

**VK14c. Which of these [list of selections] helps you most?**

Most helps: \_\_\_\_\_

Non-employed persons with some disability or illness restricting the type or amount of work or mobility, i.e. (VK4 = 1, 2 or VK5 = 1) and (VK11, VK12 or VK13 = 1, 2)

**VK15. Would working require some assistance or support or special work arrangements?**  
(230)

1. Yes, working would be possible if some assistance or support was available → VK15b  
2. No, working would be possible without any special arrangements → END  
3. The illness or disability prevents going to work despite supporting measures → END  
Cannot say → END

E.g. auxiliary aids, work arrangements, support of co-workers, personal assistant, assistance with mobility to get to and from work and at work

Read out the alternatives where necessary

*NB Alternative 3 added in May due to confusion among respondents on disability pension etc.*

If VK15=1

**VK15b. What kind of assistance or support would your working require? Would it require:**  
(231)

MULTIPLE CHOICE

Yes No

- |   |   |   |
|---|---|---|
| 1. assistance with the amount of work? (e.g. the possibility to work a shorter day)   | 1 | 2 |
| 2. assistance with work arrangements? (e.g. the possibility to do lighter work, sedentary or indoor work or use auxiliary aids) | 1 | 2 |
| 3. assistance with mobility between home and work?  | 1 | 2 |
| 4. assistance with mobility at work?  | 1 | 2 |
| 5. support and understanding by superiors and co-workers?   | 1 | 2 |
| 6. other assistance or support?   | 1 | 2 |

Choose all that apply

If more than one Yes answer in sections 1 to 6

**VK15c. Which of these [list of selections] would help you most?**

Most would help: \_\_\_\_

Employed persons who have VK4 = 1, 2 or VK5 = 1

**VK22. I would just like to check if you are in some kind of special employment, such as sheltered or supported employment?**  
(225)

1. Yes
  2. No
- Cannot say

END