LABOUR FORCE SURVEY AD HOC -MODULE 2011: EMPLOYMENT OF DISABLED PEOPLE

QUESTIONNAIRE, DRAFT ENGLISH TRANSLATION 2.11.2010
Inquiries: Anna Pärnänen, Laura Hulkko, Mirja Tiisanoja

nonresponse = cannot say + declined
Target group: Reference persons aged 15–64

If age=15–64

Juonto1 I would next like to ask you about matters relating to your health and working capacity.

TYKY1 In your opinion, is your state of health compared to people your age at present:
(M)
1. very good
2. good
3. average
4. poor
5. or very poor?
nonresponse

TYKY2 How many marks on the scale of 0 to 10 would you give to your present working capacity, if 0 means totally disabled and 10 means working capacity at its best
(M) __ marks

LONGSTANDING HEALTH PROBLEMS

Jos ikä=15–64

Juonto2 I will next ask about your health problems. I am interested in illnesses and health problems that have lasted or will last at least 6 months or are recurrent. They do not need to be diagnosed by a doctor. Take into account also any health problems that are kept under control by medication.
Do you have any of the following illnesses or health problems:

TYKY3a Problems with arms or hands?
1. yes
2. no
nonresponse
E.g. arthritis… (some examples)

TYKY3b Problems with legs or feet?
1. yes
2. no
nonresponse

Examples

TYKY3c Problems with back, neck or shoulders?
  1. yes
  2. no
  nonresponse

TYKY3d Heart or circulation problems?
  1. yes
  2. no
  nonresponse

TYKY3e Diabetes?
  1. yes
  2. no
  nonresponse

TYKY3f Respiratory diseases?
  1. yes
  2. no
  nonresponse

Examples: asthma, bronchitis, allergies etc.

TYKY3g Cancer?
  1. yes
  2. no
  nonresponse

TYKY3h Problems with stomach or digestion?
  1. yes
  2. no
  nonresponse

TYKY3i Migraine or other severe headache?
  1. yes
  2. no
  nonresponse

TYKY3j Skin condition?
  1. yes
2. no
nonresponse

TYKY3k Learning difficulties?
1. yes
2. no
nonresponse

TYKY3l Epilepsy?
1. yes
2. no
nonresponse

TYKY3m Depression?
1. yes
2. no
nonresponse

TYKY3n Chronic anxiety?
1. yes
2. no
nonresponse

TYKY3o Other mental or emotional problem?
1. yes
2. no
nonresponse

TYKY3q Progressive illness like MS, Alzheimer’s disease, Parkinson’s disease?
1. yes
2. no
nonresponse

TYKY3r Some other longstanding illness or health problem that was not mentioned here?
1. yes
2. no
nonresponse

TYKY3s What other health problem do you have?

If TYKY3r=1

TYKY3s What other health problem do you have?
Open answer _________________
nonresponse

If more than one yes-answer in TYKY3a–TYKY3r

TYKY4 Which of the health problems you mentioned affects your daily life the most:
01. Problems with arms or hands?
02. Problems with legs or feet?
03. Problems with neck, back or shoulders?
04. Heart or circulation problems?
05. Diabetes?
06. Respiratory disease?
07. Cancer?
08. Problems with stomach or digestion?
09. Migraine or other severe headache?
10. Skin condition?
11. Learning difficulty?
12. Epilepsy?
13. Depression?
14. Chronic anxiety?
15. Other mental or emotional problem?
16. Progressive illness like MS, Alzheimer’s disease, Parkinson’s disease?
17. Some other longstanding illness or health problem that was not mentioned here?

Only the categories that the respondent has answered yes to are visible.

If more than two yes-answers in TYKY3a–TYKY3r

TYKY5 Which of the health problems you mentioned is the second most severe?
01. Problems with arms or hands?
02. Problems with legs or feet?
03. Problems with neck, back or shoulders?
04. Heart or circulation problems?
05. Diabetes?
06. Respiratory disease?
07. Cancer?
08. Problems with stomach or digestion?
09. Migraine or other severe headache?
10. Skin condition?
11. Learning difficulty?
12. Epilepsy?
13. Depression?
14. Chronic anxiety?
15. Other mental or emotional problem?
16. Progressive illness like MS, Alzheimer’s disease, Parkinson’s disease?
17. Some other longstanding illness or health problem that was not mentioned here?

Only the categories that the respondent has answered yes to are visible.

DIFFICULTIES IN BASIC ACTIVITIES
If age = 15–64

Juonto3  Do you have longstanding or permanent difficulties in the following activities:

TYKY6a  Seeing, even with glasses?
1. yes
2. no
nonresponse

Longstanding difficulties are defined as activity difficulties that are permanent or last at least six months. They do not need to be diagnosed by a doctor.

TYKY6b  Hearing, even if using a hearing aid?
1. yes
2. no
nonresponse

Longstanding difficulties are defined as activity difficulties that are permanent or last at least six months. They do not need to be diagnosed by a doctor.

TYKY6c  Walking and climbing steps?
1. yes
2. no
nonresponse

Longstanding difficulties are defined as activity difficulties that are permanent or last at least six months. They do not need to be diagnosed by a doctor.

TYKY6d  Standing or sitting?
1. yes
2. no
nonresponse

Longstanding difficulties are defined as activity difficulties that are permanent or last at least six months. They do not need to be diagnosed by a doctor.
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Nonresponse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TYKY6e</strong> Remembering or concentrating?</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
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<tr>
<td><strong>TYKY6f</strong> Producing or understanding speech or written text?</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>Language problems are not considered.</td>
<td></td>
<td></td>
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<tr>
<td><strong>TYKY6g</strong> Reaching or stretching?</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
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<td><strong>TYKY6h</strong> Lifting or carrying?</td>
<td>yes</td>
<td>no</td>
<td></td>
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<tr>
<td><strong>TYKY6i</strong> Bending?</td>
<td>yes</td>
<td>no</td>
<td></td>
</tr>
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<tr>
<td><strong>TYKY6j</strong> Holding, gripping or turning?</td>
<td>yes</td>
<td>no</td>
<td></td>
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</tr>
</tbody>
</table>
TYKY7  Which of the activity difficulties you mentioned causes the most problems in daily life:
01. Seeing difficulties
02. Hearing difficulties
03. Problems with walking or climbing steps
04. Difficulties in standing or sitting
05. Problems with remembering or concentrating
06. Problems in producing or understanding speech or written text
07. Difficulties in reaching or stretching
08. Difficulties in lifting or carrying
09. Difficulties in bending
10. Difficulties in holding, gripping or turning?
nonresponse

Only the categories that the respondent has answered yes to are visible.

TYKY8  Which one causes the second most problems:
01. Seeing difficulties
02. Hearing difficulties
03. Problems with walking or climbing steps
04. Difficulties in standing or sitting
05. Problems with remembering or concentrating
06. Problems in producing or understanding speech or written text
07. Difficulties in reaching or stretching
08. Difficulties in lifting or carrying
09. Difficulties in bending
10. Difficulties in holding, gripping or turning?
nonresponse

Only the categories that the respondent has answered yes to are visible.

CONSEQUENCES OF THE HEALTH PROBLEMS AND ACTIVITY DIFFICULTIES

If not employed and at least one yes-answer in TYKY3a–TYKY3r or TYKY6a–TYKY6j

TYKY9  Are your health problems the main reason for not being employed?
1. yes
2. no
TYKY10 Despite of your health problems, would you like to work either full-time or part-time?
1. yes, full-time
2. yes, part-time
3. no
nonresponse

TYKY11 Does your health restrict the type of work you can do?
1. yes
2. no --> TYKY12
nonresponse

TYKY11b Is the restriction caused by your
1. health problem
2. activity difficulty
3. or both?
nonresponse

TYKY12 Does your health restrict the number of hours you can work in a week?
1. yes
2. no --> TYKY13
nonresponse
If TYKY12=1 and yes-answers both in TYKY3a–TYKY3r and TYKY6a–TYKY6j

TYKY12b  **Is the restriction caused by your**
1. health problem
2. activity difficulty
3. or both?
   nonresponse

**List of the health problems and activity difficulties the respondent has mentioned**

If at least one yes-answer in TYKY3a–TYKY3r or TYKY6a–TYKY6j

TYKY13  If employed: **Do the health problems or activity difficulties you mentioned restrict your mobility between home and the workplace?**
If not employed: **Would the health problems or activity difficulties you mentioned restrict your mobility between home and a possible workplace?**
1. yes
2. no --> Juonto5
   nonresponse

**Examples**
**List of the health problems and activity difficulties the respondent has mentioned**

If TYKY13=1 and yes-answers both in TYKY3a–TYKY3r and TYKY6a–TYKY6j

TYKY13b  **Is the restriction caused by your**
1. health problem
2. activity difficulty
3. or both?
   nonresponse

**List of the health problems and activity difficulties the respondent has mentioned**

**SPECIAL ARRANGEMENT AT WORK**

If at least one yes-answer in TYKY3a–TYKY3r or TYKY6a–TYKY6j and employed: **I will next ask about possible special arrangements at your workplace due to your health.**

and not employed: **I will next ask about any special arrangements you would need in order to be able to work.**
If at least one yes-answer in TYKY3a–TYKY3r or TYKY6a–TYKY6j

TYKY14  
*and employed:* Do you use special equipment or is the workplace adapted to your needs?
*and not employed:* Should the employer offer any special equipment or adapt the workplace due to your health for you to be able to work?
1. yes
2. no
nonresponse

<table>
<thead>
<tr>
<th>Examples of special equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of workplace adaptations</td>
</tr>
</tbody>
</table>

NOTE: If the person is unable to work despite all possible arrangements, mark cannot say.

If at least one yes-answer in TYKY3a–TYKY3r or TYKY6a–TYKY6j

TYKY15  
*and employed:* Has your work been made easier by special arrangements like lighter work, altering the working times or shortening the working hours?
*and not employed:* Would you need special arrangements due to your health, like lighter work, shorter working hours or possibility to do distance work?
1. yes
2. no
nonresponse

<table>
<thead>
<tr>
<th>Examples of special arrangements</th>
</tr>
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</table>

NOTE: If the person is unable to work despite all possible arrangements, mark cannot say.

If at least one yes-answer in TYKY3a–TYKY3r or TYKY6a–TYKY6j

TYKY16  
*and employed:* Do you use a personal assistant in order to be able to work?
*and not employed:* Would you need personal assistance in order to be able to work?
1. yes
2. no
nonresponse

<table>
<thead>
<tr>
<th>Definition of personal assistance.</th>
</tr>
</thead>
</table>

NOTE: If the person is unable to work despite all possible arrangements, mark cannot say.

OTHER RESTRICTIONS

If age = 15–64

Juonto6  
I will finally ask if any of the following factors limits your working in any way at the moment:
TYKY17a  Lack or qualifications or experience?
   1. yes
   2. no
   nonresponse

TYKY17b  Lack of appropriate job opportunities?
   1. yes
   2. no
   nonresponse

TYKY17c  Poor transportation to and from workplace?
   1. yes
   2. no
   nonresponse

TYKY17d  Employers’ lack of flexibility?
   1. yes
   2. no
   nonresponse

TYKY17e  Effects to the benefits paid?
   1. yes
   2. no
   nonresponse

TYKY17f  Family or care responsibilities?
   1. yes
   2. no
   nonresponse

TYKY17g  Personal reasons?
   1. yes
   2. no
   nonresponse

TYKY17h  Other limitation not mentioned here?
   1. yes
   2. no
   nonresponse

If more than one yes-answer in TYKY17a–TYKY17h

TYKY18  Which of the factors you mentioned limits the most?
   1. Lack or qualifications or experience?
   2. Lack of appropriate job opportunities?
   3. Poor transportation to and from workplace?
   4. Employers’ lack of flexibility?
5. Effects to the benefits paid?
6. Family or care responsibilities?
7. Personal reasons?
8. Other limitation?

nonresponse

Only the categories that the person has answered yes to are visible.

END OF THE AD HOC MODULE