**Survey on accidents at work and work-related health problems**

*(AD HOC MODULE ENOTHTA OF LABOUR FORCE SURVEY 2nd QUARTER 2007)*

*Question 96 should be addressed to persons that are working or have worked during last 12 months*

<table>
<thead>
<tr>
<th>A/q</th>
<th>Questions - Answers</th>
<th>Code</th>
<th>Questionnaire flow</th>
<th>Seq. number of household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>During the last 12 months, have you had any accident resulting in injury at your work? (If the respondent had a traffic accident while going of returning from his/her job the answer should be NO, but if the accident happened at the place of job (even if the person was not working at the time) the answer should be YES.)</td>
<td></td>
<td>CODE: 1, 2, 3</td>
<td>1105</td>
</tr>
<tr>
<td></td>
<td>YES………………………………………………………………………………………………………………………</td>
<td>1</td>
<td>97</td>
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</tr>
<tr>
<td></td>
<td>NO…………………………………………………………………………………………………………………………</td>
<td>2</td>
<td>103</td>
<td>U U U U U U U</td>
</tr>
<tr>
<td></td>
<td>DO NOT KNOW/DO NOT ANSWER ……………………………………………………………………………………</td>
<td>3</td>
<td>103</td>
<td>U</td>
</tr>
<tr>
<td>97</td>
<td>How many accidents did you have in your job during the last 12 months;</td>
<td></td>
<td>CODE: 1, 2, 3</td>
<td>1106</td>
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<tr>
<td></td>
<td>One …………………………………………………………………………………………………………………</td>
<td>1</td>
<td>1</td>
<td>U U U U U U U</td>
</tr>
<tr>
<td></td>
<td>Two or more………………………………………………………………………………………………………</td>
<td>2</td>
<td></td>
<td>U U U U U U U</td>
</tr>
<tr>
<td></td>
<td>DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>What was the reason of this accident?</td>
<td>CODE: 1, 2, 3</td>
<td>1107</td>
<td></td>
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<tr>
<td></td>
<td>Traffic accident in work place or in the course of work έργασίας……………………………………………</td>
<td>1</td>
<td></td>
<td>U U U U U U U</td>
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<tr>
<td></td>
<td>Other reason………………………………………………………………………………………………………..</td>
<td>2</td>
<td></td>
<td>U U U U U U U</td>
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<tr>
<td></td>
<td>DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>What was your job when you had that accident?</td>
<td>CODE: 1, 2, 3, 4, 5, 6</td>
<td>1108</td>
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<tr>
<td></td>
<td>Current main job…………………………………………………………………………………………………</td>
<td>1</td>
<td></td>
<td>U U U U U U U</td>
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<tr>
<td></td>
<td>Current second job………………………………………………………………………………………………</td>
<td>2</td>
<td></td>
<td>U U U U U U U</td>
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<tr>
<td></td>
<td>Last job (for person that are not working )…………………………………………………………………</td>
<td>3</td>
<td></td>
<td>U U U U U U U</td>
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<tr>
<td></td>
<td>Job one year ago…………………………………………………………………………………………………</td>
<td>4</td>
<td>U U U U U U U</td>
<td></td>
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<tr>
<td></td>
<td>Some other job……………………………………………………………………………………………………</td>
<td>5</td>
<td></td>
<td>U U U U U U U</td>
</tr>
<tr>
<td></td>
<td>DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………</td>
<td>6</td>
<td></td>
<td></td>
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<tr>
<td>100</td>
<td>Did you have to stop working, even for one day, because of that accident?</td>
<td>CODE: 1, 2, 3</td>
<td>1109</td>
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<tr>
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<td>Yes……………………………………………………………………………………………………………………</td>
<td>1</td>
<td>101</td>
<td>U U U U U U U</td>
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<tr>
<td></td>
<td>No……………………………………………………………………………………………………………………..</td>
<td>2</td>
<td>103</td>
<td>U U U U U U U</td>
</tr>
<tr>
<td></td>
<td>DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………..</td>
<td>3</td>
<td>103</td>
<td>U U U U U U U</td>
</tr>
</tbody>
</table>

*If the respondent had more than one accident, in questions 98 - 102 must answer for the more recent accident*
FILTERS

PERSON IS \( C24 = 1, 2 \) OR \( C24 \)
WORKING OR HAS \( = 3, 5 \) AND \( C84 = \)
WORKED DURING \( 1 \) AND WORK
LAST 12 MONTHS LAST 12 MONTHS

Q96 = 1

Q96 = 1

Q96 = 1

Q96 = 1

Q96 = 1
### 101) After how many days did you return to your job?

- I did not return yet but I will return in the future. ................... 1
- I did not return and I don't think I will never work again because λόγω του ατυχήματος .......................... 2
- One day after the accident.................................................. 3
- Two days after the accident................................................. 4
- Three days after the accident............................................. 5
- Four days after the accident.............................................. 6
- Five days after the accident.............................................. 7
- Six or more days after the accident................................. 8
- DO NOT KNOW/DO NOT ANSWER................................. 9

### 102) Can you tell us, more accurately, how many days after the accident did you return to your job?

- After 6 days, at least, but less than 2 weeks.......................... 1
- After 2 weeks at least but less than one month..................... 2
- After 1 month at least, but less than 3 months .................... 3
- After 3 months at least, but less than 6 months ................. 4
- After 6 months at least, but less than 9 months ................. 5
- 9 months at least or more.................................................. 6
- DO NOT KNOW/DO NOT ANSWER.................................. 7

### 103) Apart any accident we already talk about, did you suffer during the last 12 months from any health problem (illness, disability or other physical or mental problem?)

- Yes once................................................................. 1
- Yes two or more times................................................. 2
- No............................................................................ 3
- DO NOT KNOW/DO NOT ANSWER........................... 4

### 104) Do you think that any of that problems was caused or made worse by your job (current job or a job you had in the past)?

- Yes............................................................................. 1
- No............................................................................. 2
- DO NOT KNOW/DO NOT ANSWER........................... 3

### 105) Can you describe what was that problem that was caused or got worse by your job (you can tell us about 2 problems at maximum)?

- Bone, joint or muscle problem which mainly affects neck, shoulders, arms or hands ................................. 01
- Bone, joint or muscle problem which mainly affects hips, legs, feet .......................................................... 02
- Bone, joint or muscle problem which mainly affects back ........................................................................ 03
- Breathing or lung problem ........................................... 04
- Skin problem.................................................................. 05
- Hearing problem ........................................................ 06
- Stress, depression or anxiety ........................................ 07
- Headache and/or eyestrain .......................................... 08
- Heart disease or attack, or other problems in the circulatory system κυκλοφορικού συστήματος................................. 09
- Infectious disease (virus, bacteria or other type of infection) ................................................................. 10
- Other ........................................................................... 11
- DO NOT KNOW/DO NOT ANSWER........................... 12
Q100 = 1

Q101 = 8

IS WORKING C24 = 1, 2
OR (C24 = 3, 5)
HAS WORKED AND C84 IN THE = 1)

Q103 = 1, 2

Q104 = 1
If the respondent reports only one problem go to Question 107, or else, go to Question 106.

106) Which was the most important of these problems?

- (Write the relevant code from Question 105)...

107) Which was the job that caused or made worse that health problem?

- Current main job: ...
- Current second job: ...
- Last job (for persons that are not working): ...
- Job one year ago: ...
- Some other job: ...
- DO NOT KNOW/DO NOT ANSWER: ...

108) Can you tell us whether that health problem is posing limits to you when you carry out normal daily activities in your work or in your life?

- Not at all: ...
- Yes to some degree: ...
- Yes a lot: ...
- DO NOT KNOW/DO NOT ANSWER: ...

109) During last 12 months, did you have to leave from your job, because of this health problem that you reported?

- Yes, I had to leave from my job: ...
- No I did not have to leave from my job: ...
- I was not working during last 12 months, but for reasons that were not related with my health problem: ...
- I stopped working because of that health problem and I do not believe I will work again: ...
- DO NOT KNOW/DO NOT ANSWER: ...

110) Can you tell us, how much time off work have you had during the last 12 months because of this illness?

- At least one day but less than four days: ...
- At least 4 days but less than two weeks: ...
- At least two weeks but less than one month: ...
- At least one month but less that 3 months: ...
- At least 3 months but less than 6 months: ...
- At least 6 months but less than 9 months: ...
- At least nine months or more: ...
- DO NOT KNOW/DO NOT ANSWER: ...

FILTER 1: If the respondent works, continue with the Questions 111-118, or else, complete the interview.

111) Are you exposed to harassment or bullying at your workplace that can adversely affect your mental well-being?

- Yes: ...
- No: ...
- DO NOT KNOW/DO NOT ANSWER: ...

FILTER 2: If the respondent works, continue with the Questions 112-118, or else, complete the interview.
Q104 = 1 AND Q105 NE NULL

Q104 = 1

Q104 = 1

Q109 = 1

C24 = 1, 2
### Questionnaire:  

<table>
<thead>
<tr>
<th>Α/α</th>
<th>Ερωτήσεις – Απαντήσεις</th>
<th>Κωδ.</th>
<th>Α/α μέλους του νοικοκυριού</th>
<th>Κωδ. Η/Υ</th>
</tr>
</thead>
</table>

#### Question 112: Are you exposed to violence or threat of violence at your workplace that can adversely affect your mental well-being?
- Yes……………………………………………………………………………………………………………………… ……………………………..  
- No………………………………………………………………………………………………………………………… …………………………..
- DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………………..  

#### Question 113: Are you exposed to time pressure or overload of work at your workplace that can adversely affect your mental well-being?
- Yes…………………………………………………………………………………………………………………………………  
- No………………………………………………………………………………………………………………………………… 
- DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………………..  

If the respondent answers YES to two or more of the Questions 111-113 go to Question 114, or else go to Question 115.

#### Question 114: Which of these problems affects you more?
- Harassment and bullying ........................................  
- Violence or threat of violence ................................  
- Time pressure or overload of work ............................  
- DO NOT KNOW/DO NOT ANSWER..............................

#### Question 115: Are you particularly exposed to chemicals, dusts, fumes, smoke or gases at your workplace that can adversely affect your health?
- Yes…………………………………………………………………………………………………………………………………  
- No………………………………………………………………………………………………………………………………… 
- DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………………..  

#### Question 116: Are you particularly exposed to noise or vibration at your workplace that can adversely affect your health?
- Yes…………………………………………………………………………………………………………………………………  
- No………………………………………………………………………………………………………………………………… 
- DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………………..  

#### Question 117: Are you exposed to difficult work postures, work movements or handling of heavy loads at your workplace that can adversely affect your health?
- Yes…………………………………………………………………………………………………………………………………  
- No………………………………………………………………………………………………………………………………… 
- DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………………..  

#### Question 118: Are you particularly exposed to risk of accidents at your workplace that can adversely affect your health?
- Yes…………………………………………………………………………………………………………………………………  
- No………………………………………………………………………………………………………………………………… 
- DO NOT KNOW/DO NOT ANSWER…………………………………………………………………………………………..  

If the respondent answers YES to two or more of the Questions 115-118, go to Question 119, or else complete the interview.

#### Question 119: Which of these problems do you consider as the most dangerous for your health?
- Chemicals, dusts, fumes, smokes or gases  
- Noise or vibration  
- Difficult work postures, work movements or handling of heavy loads  
- Risk of accidents  
- DO NOT KNOW/DO NOT ANSWER
PERSON HAS ANSWERD YES IN MORE THAN ONE OF QUESTIONS 111, 112, 113

PERSON HAS ANSWERD YES IN MORE THAN ONE OF QUESTIONS 115, 116, 117, 118