AH1. Do you have any of the following types of longstanding health conditions or diseases?

01 - Yes, problems with arms or hands (which includes arthritis or reumatism)
02 - Yes, problems with legs or feet (which includes arthritis or reumatism)
03 - Yes, problems with back or neck (which includes arthritis or reumatism)
04 - Yes, cancer
05 - Yes, skin conditions, including allergic reactions and severe disfigurement
06 - Yes, heart, blood pressure or circulation problems
07 - Yes, chest or breathing problems, including asthma and bronchitis
08 - Yes, stomach, liver, kidney or digestive problems
09 - Yes, diabetes
10 - Yes, epilepsy (include fits)
11 - Yes, severe headache such as migraine
12 - Yes, learning difficulties (reading, spelling or math disability)
13 - Yes, chronic anxiety
14 - Yes, depression
15 - Yes, other mental, nervous or emotional problems
16 - Yes, other progressive illnesses (which include multiple sclerosis, HIV, Alzheimer's disease, Parkinson's disease)
17 - Yes, other longstanding health problems

18 - No

AH3.

AH2. Which of the longstanding health conditions or diseases that you have do you consider as being the most severe? Please indicate maximum 2, starting with the most severe one.

☐ ☐ 1. code of the 1st type of longstanding health condition or disease
☐ ☐ 2. code of the 2nd type of longstanding health condition or disease

AH3. Do you have difficulties with any of the following basic activities?

01 - Yes, seeing, even if wearing glasses
02 - Yes, hearing, even if using a hearing aid
03 - Yes, walking, climbing steps
04 - Yes, sitting or standing
05 - Yes, remembering, concentrating
06 - Yes, communicating, for example understanding or being understood
07 - Yes, reaching or stretching

AH4.
08 - Yes, lifting and carrying
09 - Yes, bending
10 - Yes, holding, gripping, or turning

11 - No

Filter 1:

If AH1 = YES (codes from 01 to 17) and AH3 = NO (code 11) → AH5.

If AH1 = NO (code 18) and AH3 = NO (code 11) → AH14.

AH4. With which activities do you have the most difficulty? Please indicate maximum 2, starting with the most difficult one.

☐ ☐ 1. code of the 1st basic activity
☐ ☐ 2. code of the 2nd basic activity

AH5. Do you, because of the health condition/disease or difficulty in activity have limitations in number of hours that you can work or are working in a week?

1 - Yes, because of the health conditions/diseases
2 - Yes, because of the activity difficulties
3 - Yes, both, because of the health conditions/diseases and activity difficulties
4 - No

AH6. Do you, because of your health condition/disease or difficulty in activity have limitations in the type of work that you can do (for instance, having problems in carrying heavy loads, working outdoors or sitting for a long time)?

1 - Yes, because of the health conditions/diseases
2 - Yes, because of the activity difficulties
3 - Yes, both, because of the health conditions/diseases and activity difficulties
4 - No
AH7. Do you, because of your health condition/disease or difficulty in activity have limitations in getting to and from work?

1 - Yes, because of the health conditions/diseases
2 - Yes, because of the activity difficulties
3 - Yes, both, because of the health conditions/diseases and activity difficulties
4 - No

Filter 2:

If respondent currently does not work -> AH8.

If respondent is currently employed -> AH11.

AH8. Because of your health condition/disease or difficulty in activity would you need any personal assistance to enable you to work?

1 - Yes
2 - No

AH9. Because of your health condition/disease or difficulty in activity would you need special equipment or workplace adaptations to enable you to work?

1 - Yes
2 - No

AH10. Because of your health condition/disease or difficulty in activity would you need any special working arrangements (such as, sedentary jobs, teleworking, flexible hours or less strenuous work) to enable you to work?

1 - Yes
2 - No

AH11. Because of your health condition/disease or difficulty in activity do you have any personal assistance to enable you to work?

1 - Yes
AH12. Because of your health condition/disease or difficulty in activity do you use special equipment or do you have workplace adaptations to enable you to work?

1 - Yes
2 - No

AH13. Because of your health condition/disease or difficulty in activity do you have any special working arrangements (such as, sedentary jobs, teleworking, flexible hours or less strenuous work) to enable you to work?

1 - Yes
2 - No

AH14. Is there any other reason for limitation in work you can do (number of hours, type, getting to and from work) that is not caused by the longstanding health conditions/diseases or difficulties in basic activity?

1 - Yes, lack of qualifications or experience
2 - Yes, lack of appropriate job opportunities
3 - Yes, lack or poor transportation to and from workplace
4 - Yes, employers' lack of flexibility
5 - Yes, affects receipt of benefits
6 - Yes, family/ caring responsibilities
7 - Yes, personal reasons
8 - Yes, other reasons
9 - No