

**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 rheumatism)
- 02 - Yes, problems with legs or feet (which includes arthritis or rheumatism)
- 03 - Yes, problems with back or neck (which includes arthritis or rheumatism)
- 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 1<sup>st</sup> type of longstanding health condition or disease
- 2. code of the 2<sup>nd</sup> 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 1<sup>st</sup> basic activity

2. code of the 2<sup>nd</sup> 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

**AH14.**

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

- 1 - Yes

2 - No

**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