Beginning the questionnaire:

Program can do the following operation based on the Economic Activity Questionnaire:

1. In the last week you did at least one hour of work for pay or profit (If the answer to Q1 of Economic activity Questionnaire is (1) Yes)

2. You have a job, but in the last week you were temporarily absent from work (If the answer to Q2 of the Economic Activity Questionnaire is (1) Yes and to Q4/B the answer is no (2)

3. You didn’t have a job last week, but in the last 12 months there was one or more period when you worked

4. It was more than 12 months ago that you last had a job

ACCIDENTS AT WORK RESULTING IN INJURIES

1. Have you had any accidents at work or in the course of work in the last 12 months?
   Consider minor accidents too that didn’t cause any absence from work.
   Please consider only those accidents which occurred at work or in the course of work independently of time and place. Include road accidents that occurred in employer's vehicle or rented vehicle during the journey from home to work or from work to home.
   (1) Yes, and the accident resulted in an injury to yourself
   (2) Yes, but the accident did not result in an injury to yourself
   (3) Cannot say

2. How many accidents resulting in injury have you had during the past 12 months?
   (1) One
   (2) Two or more

3. IF YOU HAVE HAD MORE THAN ONE ACCIDENT WHICH RESULTED IN INJURY IN THE LAST 12 MONTHS, FOR THE FOLLOWING QUESTIONS PLEASE GIVE YOUR ANSWERS CONCERNING THE LAST ONE.
   What was the nature/type of the accident in which you got injured?
   (1) A road accident
   (2) Another kind of accident

4. Which was the type of job you were doing when this accident occurred?
   (1) Main job
   (2) Second job
   (3) Last job
   (4) Job one year ago, if other than mentioned above
   (5) Some other (for instance previous) job, namely:...............................................................................................................................

IF YOU WORKED LAST WEEK, GO TO Q8!
IF YOU HAD A JOB, BUT YOU DIDN'T WORK DUE TO ILLNESS (Economic Activity Questionnaire to Q3 the answer is 1), GO TO Q6. IF YOU DIDN'T WORK DUE TO ANOTHER REASON (Economic Activity Questionnaire to Q3 the answer is 2-12), GO TO Q8.

IF YOU DIDN'T HAVE A JOB LAST WEEK, GO TO THE NEXT QUESTION!
5. Is it due to this most recent accident that you have not been working?
   (1) Yes → GO TO Q7!  
   (2) No → GO TO Q8!  

6. Is it due to this most recent accident that you have not been working in the last week?
   (1) Yes  
   (2) No → GO TO Q8!  

7. Do you expect to start working again?
   (1) Yes  
   (2) No  
   (3) Cannot say → GO TO Q9/A!  

8. How long were you off work because of your most recent accident in the last 12 months (including holidays and days off)?
   Please choose the time unit which is the easiest for you to answer the question. Indicate the number of calendar days, weeks or months excluding the day of the accident but including holidays and days off. If you were absent from work only a few hours, or you didn't have any time off at work due to this accident, please write "0" to the number of full days!
   BTAVNAP number of full days  
   BTAVHET number of weeks  
   BTAVHO number of months  

9. A/ During the last 12 months, have you had any health problems apart from the injury of the accident at work?
   (1) Yes → GO TO Q9/C  
   (2) No → IF YOU HAVE A JOB, GO TO Q18, OTHERWISE QUESTIONNAIRE IS OVER.  

   B/ During the last 12 months, have you had any health problems?
   (1) Yes  
   (2) No → IF YOU HAVE A JOB, GO TO Q18, OTHERWISE QUESTIONNAIRE IS OVER.  

   C/ Is any of these health problems caused or made worse by your job or by work you have done in the past?
   (1) Yes  
   (2) No → IF YOU HAVE A JOB, GO TO Q18, OTHERWISE QUESTIONNAIRE IS OVER.  

10. From the following list of health problems please mark "yes" (code 1) those which were caused or made worse by your job or by work you have done in the last 12 months:
   yes (1), no (2), cannot say (3)
   
   (01) Bone, joint or muscle problem, concerning the neck, shoulders, arms or hands  BCSOP01 (01)  
   (02) Bone, joint or muscle problem, concerning the hips, knees, legs or feet  BCSOP02 (02)  
   (03) Bone, joint or muscle problem, concerning the back (spine and lower back problems)  BCSOP03 (03)  
   (04) Chest and respiratory disease (asthma, bronchitis, allergy)  BCSOP04 (04)  
   (05) Skin problem  BCSOP05 (05)  
   (06) Hearing problem  BCSOP06 (06)  
   (07) Stress, depression or anxiety  BCSOP07 (07)  
   (08) Headache and/or eyestrain  BCSOP08 (08)  
   (09) Heart disease or attack, or other problems in the circulatory system (blood pressure problem, stroke etc.)  BCSOP09 (09)  
   (10) Virus, bacteria or other type of infection  BCSOP10 (10)  
   (11) Stomach, liver, kidney or digestive problem  BCSOP11 (11)  
   (12) Varicose  BCSOP12 (12)  
   (13) Other types of health problem  BCSOP13 (13)  

   IF YOU MARKED ONLY ONE HEALTH PROBLEM (in only one case the answer is "yes"), GO TO Q12.
Please mark the most serious of mentioned health problems.
12. Would you say this health problem limits your ability to carry out day to day activities either at work or outside work?
   (1) Yes, to some extent
   (2) Yes, considerably
   (3) No

13. Was the job that caused or made worse the health problem one you previously mentioned as...?
   (1) Main job
   (2) Second job
   (3) Last job (please mark in the case of you have no job)
   (4) Job one year ago, if other than mentioned above
   (5) Some other (for instance previous) job, namely:

14. Is it due to the most serious health problem that you did not work?
   (1) Yes [GO TO Q16]
   (2) No [IF YOU WORKED DURING THE LAST 12 MONTHS, GO TO Q17, OTHERWISE QUESTIONNAIRE IS OVER.]

15. Is it due to the most serious health problem that you did not work last week?
   (1) Yes
   (2) No [GO TO Q17]

16. Do you expect to start working again?
   (1) Yes
   (2) No
   (3) Cannot say

17. How long were you off work because of your most serious health problem in the last 12 months (including holidays and days off)?
   Please choose the time unit which is the easiest for you to answer the question. Indicate the number of calendar days, weeks or months excluding the day of the accident but including holidays and days off. If you were absent from work only a few hours, or you didn't have any time off at work due to this accident, please write “0” to the number of full days!

18. Would you say that at work you are considerably exposed to the following factors that could affect your physical health?
   (1) Difficult work postures or work movements
   (2) Handling of heavy loads
   (3) Noise or strong vibrations
   (4) Chemicals, dust, fumes, smoke or gases
   (5) Activities involving strong visual concentration
   (6) Risks of accidents and injuries
   (7) Harms caused by air conditioning
   (8) Harms caused by outdoors working (UV-radiation, heat, cold weather etc.)

   ALL CASE OF FACTORS 1-6 "NO" OR "CANNOT SAY", OR IN CASE ONLY ONE ANSWER IS "YES", GO TO Q21.
19. Which of these factors do you consider to be the greatest risk to your physical health?

IF THE ANSWER IS 7 OR 8, AND YOU ANSWERED “YES” TO AT LEAST TWO OF ANSWERS 1-6 IN Q18, GO TO THE NEXT QUESTION, OTHERWISE GO TO Q21.

LEGEKOK

20. Which of these factors do you consider to be the second greatest risk to your physical health?

(You can not give answer “7” or “8” to this question.)

LEGEKOK2

21. Would you say that at work you are considerably exposed to the following factors that could affect your mental well-being?

FILL IN ALL OF THE ROWS BELOW.

yes (1), no (2), cannot say (3)

(1) Severe time pressure or overload of work
(2) Violence or threat of violence
(3) Bullying
(4) Psychological intimidation
(5) Harassment or molestation

LELK1 (1)
LELK2 (2)
LELK3 (3)
LELK4 (4)
LELK5 (5)

IN CASE ALL OF THE ANSWERS ARE “NO”, OR ONLY ONE ANSWER IS “YES”, QUESTIONNAIRE IS OVER.

22. Please mark the factors which you are the most exposed to at work.

LEGLELK1

End of fullfilling the questionnaire: KIVEGORA KIVEGPER __ __ hours __ __ minutes