1. What type of health problem or disability do you have which hindered normal way of living during the past 6 months or will hinder it expectedly during the next at least 6 months?
   (If you have more than one problem, please state the most serious one.)
   - problem with arms or hands (missing) (01)
   - problem with legs or feet (02)
   - problem with back or neck (03)
   - difficulty in seeing that can not be corrected sufficiently with glasses or contact lenses (blindness) (04)
   - difficulty in hearing that can not be corrected sufficiently with hearing aids or grommets (deafness) (05)
   - serious speech impediment (06)
   - deaf-mutism (07)
   - cutaneous disease, allergy (e.g. eczema) (08)
   - respiratory problem, e.g. asthma and bronchitis (09)
   - heart, blood pressure or circulation problem (10)
   - stomach, liver, kidney or digestive problem (11)
   - diabetes (12)
   - epilepsy (13)
   - mental or nervous system problem (14)
   - other permanent disease (including cancer, HIV, Parkinson's disease etc.) (15)
   - other longstanding health problem, permanent disability, namely (1): .................................................................

2. Time since onset of health problem or disability
   - less than 6 months (1)
   - at least 6 months, but less than 1 year (2)
   - at least 1 year, but less than 2 years (3)
   - at least 2 years, but less than 3 years (4)
   - at least 3 years, but less than 5 years (5)
   - at least 5 years, but less than 10 years (6)
   - 10 years or more (7)
   - born with this health problem (8)
   - does not know (9)

3. Cause of health problem or disability
   - congenital or birth injury (1)
   - work-related accident or injury (including accident while commuting to or from work) (2)
   - traffic accident or injury (not work-related) (3)
   - household, leisure and sports accident or injury (not work related) (4)
   - work-related disease (5)
   - not work related disease (6)
   - does not know (7)
4. Do you receive any social support mentioned below?
In case of receiving more kind of support, please state the three most important ones.
- fee for nursing (for caring relative) (01)
- fee of injury (02)
- support for disability (03)
- medicine card (04)
- higher family allowance (05)
- allowance of disabled people (06)
  (including temporary and regular social allowance)
- financial support to transportation of disabled people (07)
  (subsidy to buy or to transform car)
- regular social support (08)
- disability allowance (09)
- disability pension (including accidental disability pension, too) (10)
- other, namely: (11)
- doesn't receive any support (12)

5. Does your health problem or disability hinder you in working?
- yes (1)
- no (2)
- does not know (3)

6. Does your health problem or disability restrict the amount of work you can do or the number of hours or days you can work?
- yes (1)
- no (2)
- does not know (3)

7. Does your health problem or disability hinder you in getting to and from work?
- yes (1)
- no (2)
- does not know (3)

**Q 8-9 REFER ONLY TO PERSONS WITH A PRESENT JOB!**

8. Do you get any type of assistance mentioned below at work?
(Maximum 3 answers are possible to be checked in order of priority.)
- can carry out special work with allowance for the disability (1)
- can work in shornetened working time (2)
- less work than the average is expected to be carried out (3)
- gets help to get to work (4)
- can work at home (5)
- have special equipment(s) at the work place (6)
- gets special attention or help from superiors and from colleagues (7)
- gets other type of help, namely (8)
- not any help is provided (9)
- does not know (10)

9. Do you work in protected or supported employment?
- yes (1)
- no (2)
- does not know (3)
10. **Do you need any type of assistance to carry out work or to take on work?**
   (In case of working person, would you need any further type of assistance which was not checked at Q 8?)
   - yes(1)
   - no(2)
   - does not know (3)

11. **What type of assistance do you need to work?**
    (Maximum 3 answers are possible to be checked in order of priority.)
    - type of work formed with regard to the disability (1)
    - altered or shortened working hours and/or reduced work intensity (2)
    - assistance to get to and from work (3)
    - opportunity to work at home (4)
    - equipments helping mobility at work place (5)
    - support and understanding by superiors and colleagues (6)
    - special, protected or supported work place provided (7)
    - other, namely (8) ……………………………………………………………………………………… …………..

**END OF THE INTERVIEW**