Accidents at Work and work related health problem
EUROSTAT AD HOC MODULE Q2 2007

OPENING FILTER = [ All Waves where AGE > 14.
AND IF (paidwork = 1 OR [jobabs = 1 AND whyabs = 2..14 ] OR unpaidwk = 1 )
OR (xpaidwork = 1 OR [ xjobabs = 1 AND xwhyabs = 2..14 ] OR xunpaidwk = 1 )
OR (worlq = 1 or Xworlq = 1) ]

*If the respondent is in employment and is aged 15 and over.*

THEN ASK accdnt ELSE ASK workp12m if aged >15

1. **WRKP12M**

Have you worked in the past 12 months?

1. Yes
2. No

*IF WRKP12M=1 or opening filter THEN ASK accdnt

If the respondent has worked within the last 12 months (March 2006 to May 2007)*

2. **ACCDNT**

How many, *if any*, Accidents have you had at work (excluding commuting) in the past 12 months?

_ _ (2 digit)

*IF ACCDNT > 0 THEN ASK INJURY

If respondent has experienced a work-related accident*

3. **INJNO**

How many, *if any*, Injuries did you suffer as a result of this accident/ any of the accidents?

_ _ (2 digit)
If INJNO > 0 then ask AccTyp
If respondent has suffered a work related accidental injury

4.  ACCTYP

Thinking back to the most recent work-related injury you suffered was this caused by a road traffic accident? (Excluding commuting).

1. Yes
2. No

If INJNO > 0 then ask ACCJOB
If respondent has suffered a work related accidental injury

5.  ACCJOB

When you suffered your most recent accidental injury were you working at…..?

1. Your current main job
2. Your current second job
3. Your previous employment/last job (Person not in employment)
4. Your job from one year ago
5. Some other job

Interviewer Note: If respondent has trouble deciding between two categories code to the category that appears on the list first. [ON SCREEN]

If INJNO > 0 and wrkp12m = 1 then ask retwrk
If respondent has suffered a work related injury and has worked in the last 12 months but not recently

6.  RETWRK

Is the reason you have not been at work recently due to your most recent work-related injury?

1. Yes
2. No
If $\text{RETWRK} = 1$ then ask retevr
If respondent has suffered a work related injury and is not at work due to it

7. RETEVR

Do you expect to return to work in the future i.e. when you have recovered from your injury?

1. Yes
2. No

If $\text{INJNO} > 0$ and $\text{RETWRK}$ not equal to 1 then ask injdys
If respondent has suffered an injury and [(is in employment) OR (was in employment in the last 12 months and out of work now but not due to the injury)]

8. INJDYS

How many days after your most recent work related injury were you able to return back to work?

_ _ _ (3 digits)

INTEVIEWER NOTE
Including weekends, bank holidays but not including absences non injury related.
[ON SCREEN]
If respondent took less than 1 day off then code to 0 [ON SCREEN]

If $\text{wkp12m} = 2$ and $\text{EVERWORK}$ not equal to 1 then ask Evrwrk
If the respondent has not worked in the last 12 months and is aged 15 and over.

9. EVRWRK

Have you ever worked?

1. Yes
2. No
IF wrkp12m=1 or opening filter or Evrwrk = 1 or EVERWORK = 1 then ask illno
IF the respondent is in employment, worked in the last 12 months or ever worked and is aged 15 and over.

10. IILNO

How many, if any, illnesses, disabilities or other health complaints have you experienced in the past 12 months, that you believe were caused or made worse by your work (Either the work that you are doing at the moment or work that you have done in the past)?

_ _ (2 digit)

NOTE: Illness, disability or health complaint must have been experienced within the past 12 months, irrespective of when the work that caused the illness was actually done. [On screen]

IF ILLNO > 0 then ask Illtyp
IF respondent has had an illness in the past 12 months and has ever worked

11. ILLTYP

How would you describe your most serious work related illness suffered in the last 12 months?

1. Bone, joint or muscle problem
2. Breathing or lung problem
3. Skin problem
4. Hearing problem
5. Stress, depression or anxiety
6. Headache and/or eyestrain
7. Heart disease or attack, or other problems in the circulatory system
8. Infectious disease (virus, bacteria or other type of infection)
9. Other types of complaint
If ILLTYP = 1 then ask illbjm
If Respondent has/ had a bone, joint or muscle problem

12. ILLBJM

Would you describe your bone, joint or muscle problem as mainly affecting your …?

1. Neck, shoulders, arms or hands
2. Hips, legs or feet
3. Back

If ILLNO > 0 then ask illmt
If respondents suffered a work related illness in the previous 12 months

13. ILLMT

Does this illness (most serious work-related past 12 months) limit your ability to carry out normal daily activities either at work or in your personal life?

1. Yes
2. No

If ILLMT =1 then ask illext
If respondent is limited in their daily activities by their most serious work related illness

14. ILLMT

To what extent (are you limited by your most serious work related illness in carrying out your daily activities)?

1. some
2. considerably
If ILLNO > 0 and opening filter or wrkp12m = 1 then ask illjob

If respondent has suffered a work related health complaint and has worked in the previous 12 months

15. ILLJOB

Was the job that caused this illness………….? (your most serious work related illness in the last 12 months)

1. Your current main job
2. Your current second job
3. Your previous employment/last job (Person not in employment)
4. Your job from one year ago
5. Some other job

Interviewer Note: If respondent has trouble deciding between two categories code to the category that appears on the list first. [ON SCREEN]

If ILLNO > 0 and EVRWRK = 1 then ask illjob2

If respondent has suffered a work related illness and has not worked in the previous 12 months but has worked in their lifetime

16. ILLJOB2

Was the job that caused this illness………….? (your most serious work related illness in the last 12 months)

1. Your previous employment/last job (Person not in employment)
2. Your job from one year ago (Person not in employment)
3. Some other job

Interviewer Note: If respondent has trouble deciding between two categories code to the category that appears on the list first. [ON SCREEN]
If ILLNO > 0 and (EVRWRK = 1 or EVERWORK = 1) then ask wrkwhy
If respondents have worked in their lifetime but not in the last 12 months and suffered a work related illness

17. WRKWHY

Is the most serious work related illness suffered by you over the last 12 months the reason you have not worked in the past 12 months?

1. Yes
2. No

If WORKWHY = 1 then ask evillwrk
If respondent has suffered a work related illness and has not worked in the last 12 months due to it

18. EVILLWRK

Do you expect to return to work some time in the future?

1. Yes
2. No

If ILLNO > 0 and EVILLWRK not equal to 2 then ask illdys
If respondent has suffered an illness and has worked in the last 12 months or was off work in the last 12 months due to illness

19. ILLDYS

How many days, if any, did you take off from work due to your most serious work related illness in the past 12 months?

_ _ _ (3 digits)

INTEVIEWER NOTE
Including weekends bank holidays but not including other absences not due to the illness. (ON SCREEEN)
If respondent took less than 1 day off then code to 0
If opening filter ask pwell
If respondent is aged 15 and in Employment

20. PWELL

Would you say that, at your workplace you have particular exposure to the following factors that could adversely affect your physical health?
- Chemicals, dust, fumes, smoke or gases,
- Noise or vibration
- Difficult work postures, work movements or handling of heavy loads
- Risk of an accident

1. Yes
2. No

If PWELL = 1 then ask pwwht
If respondent feels that at work they are exposed to factors that could affect their physical health.

21. PWWHT

What in your opinion is the main factor at your workplace that could affect your physical health?

1. Chemicals, dust, fumes, smoke or gases
2. Noise or vibration
3. Difficult work postures, work movements or handling of heavy loads
4. Risk of an accident

If opening filter ask mwell
If respondent is aged 15 and in Employment

22. MWELL

Would you say that, at your workplace you have particular exposure to the following factors that could adversely affect your mental well being?
- Harassment or bullying
- Violence or threat of violence
- Time pressure or overload of work

1. Yes
2. No
If $MWELL = 1$ then ask $mwwht$

*If respondent feels that at work they are exposed to factors that could affect their physical health.*

23. **MWWHT**

What in your opinion is the main factor in your workplace that could affect your mental well being?

1. Harassment or bullying
2. Violence or threat of violence
3. Time pressure or overload of work