ACCIDENTS AT WORK AND OTHER WORK RELATED HEALTH PROBLEMS STATISTICAL SURVEY QUESTIONNAIRE NAD-02 (ONE-OFF)
(Filled in April–June 2013)

1. Have you had any accident at work in which you have been hurt and (or) have experienced an injury during the last 12 months before the reference week? (the accidents outside working hours, travelling to or from workplace are not included)
   1. Yes............................................. 
   2. No.............................................  

2. How many accidents did you have during the last 12 months?
   1. One............................................. 
   2. Two or more..................................

3. Has it been a road accident at working hours?
   1. Yes............................................. 
   2. No.............................................

4. The accident occurred in:
   1. Main current job.............................................
   2. Second current job......................................
   3. Last job (for persons who did not have a job during the reference week)..........................
   4. Job had one year ago (previous main job).............................
   5. Other job (previous second job)..............................

5. Is the last accident the reason for not working in the reference week?
   1. Yes............................................. 
   2. No.............................................

6. Do you expect to continue working?
   1. Yes............................................. 
   2. No.............................................

7. How long (number of calendar days) were you absent from work due to hurts and (or) injuries sustained during the last accident? (excluding the day of the accident)

   Number of calendar days

8. Have you suffered from any physical or mental health problems during the last 12 months before the reference week?
   1. Yes............................................. 
   2. No.............................................
9. Is any of these health problems caused or made worse by your job you are currently working at (worked before)?
   1. Yes .................................................................................................................................................. 
   2. No ..................................................................................................................................................

10. How many health problems have been caused or made worse by your work during the last 12 months before the reference week?
   1. One ................................................................................................................................................ 
   2. Two or more ................................................................................................................................

11. Please consider the most serious health problem which has been caused or made worse by your work (only one answer may be selected):
   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 eye strain ..............................................................................................................
   7. Heart disease or attack, or other problems of the circulatory system ............................................
   8. Infectious disease (virus, bacteria or other type of infection) .........................................................
   9. Stomach, liver, kidney or digestive problem ....................................................................................
   10. Other type of health problem ........................................................................................................

12. Bone, joint or muscle problems mainly affects your:
   1. Neck, shoulders, arms or hands ........................................................................................................
   2. Hips, knees, legs or feet ......................................................................................................................
   3. Back ................................................................................................................................................

13. Do you find this health problem limiting your ability to carry out day-to-day activities either at work or outside work?
   1. Yes, considerably ............................................................................................................................
   2. Yes, to some extent ...........................................................................................................................
   3. No ..................................................................................................................................................

14. The reason of the health problem is:
   1. Main current job ..............................................................................................................................
   2. Second current job ...........................................................................................................................
   3. Last job (for persons who did not have a job during the reference week) ........................................
   4. Job had one year ago (previous main job) .....................................................................................
   5. Other job (previous second job) .....................................................................................................

For the interviewer: If the respondent have not been working (did not have a job) or had a job but did not work due to illness, injury or temporary disability during the reference week (GU-01 questionnaire, answer 9 to question 6), proceed to question 15.
If the respondent have been working or had a job but did not work not because of illness, injury or temporary disability during the reference week (GU-01 questionnaire, answers 1-8,10 to question 6), proceed to question 17.

15. Is work-related health problem the reason for not working in the reference week?
   1. Yes ..................................................................................................................................................
   2. No ..................................................................................................................................................

16. Do you expect to continue working?
   1. Yes ................................................................................................................................................
   2. No ................................................................................................................................................

17. How long (number of calendar days) were you absent from work because of this work related health problem?
   Number of calendar days ....................................................................................................................

For the interviewer: If the respondent have been working or had a job but did not work during the reference week, proceed to question 18.
If the respondent have not been working (did not have a job), complete the interview.
18. Are you exposed to the following factors at work that could affect your physical health (to be asked about each):

18.1. Difficult working postures or movements
1. Yes
2. No

18.2. Handling heavy loads
1. Yes
2. No

18.3. Noise or strong vibrations
1. Yes
2. No

18.4. Chemicals, dust, fumes, smoke or gases
1. Yes
2. No

18.5. Activities involving strong visual concentration
1. Yes
2. No

18.6. Risk of accidents
1. Yes
2. No

For the interviewer: If more than one ‘yes’ answer to question 18 is given, proceed to question 19. If one or none ‘yes’ answer to question 18 is given, proceed to question 20.

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

1. Difficult working postures or movements
2. Handling heavy loads
3. Noise or strong vibrations
4. Chemicals, dust, fumes, smoke or gases
5. Activities involving visual concentration
6. Risk of accidents

20. Are you exposed to the following factors at work that could affect your mental well-being (to be asked about each):

20.1. Severe time pressure or overload of work
1. Yes
2. No

20.2. Violence or threat of violence
1. Yes
2. No

20.3. Psychological violence (harassment, bullying, ignoring)
1. Yes
2. No

For the interviewer: If more than one ‘yes’ answer to question 20 is given, proceed to question 21. If one or none ‘yes’ answer to question 20 is given, complete the interview.

21. Which of these factors you consider to be the greatest risk to your mental well-being?

1. Severe time pressure or overload of work
2. Violence or threat of violence
3. Psychological violence (harassment, bullying, ignoring)

THANK YOU

Please indicate how long it took you to fill in the statistical survey questionnaire

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For more information please contact Statistics Lithuania; 29 Gedimino Ave., LT-01500, Vilnius; tel.: (+370 5) 236 4958, (+370 5) 236 4706; E-mail: violeta.skamarociene@stat.gov.lt, zana.demjankova@stat.gov.lt.
INFORMATION ON ACCIDENTS AT WORK AND OTHER WORK RELATED HEALTH PROBLEMS STATISTICAL SURVEY
(STATISTICAL QUESTIONNAIRE NAD-02 (ONE-OFF)

LEGAL BASIS OF THE STATISTICAL SURVEY
Law on Statistics of the Republic of Lithuania (Official Gazette, 1993, No. 54-1048; 1999, No. 114-3299);

TYPE, COVERAGE AND OBJECTIVE OF THE STATISTICAL SURVEY
Sample survey.
About 8 thousand households selected by a random sampling method are interviewed. Interviews are carried out by interviewers.
The objective of the survey is to estimate the number of accidents suffered at work and the number of people who experienced these accidents, duration of lost working time, work related diseases and time lost due to these diseases, factors at work that may have a negative impact on health.

TIME AND PLACE OF PUBLICATION OF STATISTICAL INFORMATION
Press release on 8 November 2013.

OBLIGATION OF SUBMISSION OF STATISTICAL DATA
Part 3 of Article 14 of the Law on Statistics of the Republic of Lithuania:
“Natural persons must provide data where this is provided for by laws or the Work Programme of Official Statistics”.

STATISTICAL DATA CONFIDENTIALITY
Part 2 of Article 15 of the Law on Statistics of the Republic of Lithuania:
“Official statistical data shall be considered confidential and protected in accordance with the procedure established by law, if the respondent on whom or on whose activity results the primary information have been collected may be directly or indirectly identified from that official statistical data.”