**LFS 2002 AD HOC MODULE ON EMPLOYMENT OF DISABLED PEOPLE**

**GUS - 01**

<table>
<thead>
<tr>
<th>Territory code</th>
<th>Reference period: second quarter of 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of a town, district, village</td>
<td></td>
</tr>
<tr>
<td>Household No.</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>male</td>
</tr>
<tr>
<td>Birthday date (day month, year)</td>
<td></td>
</tr>
<tr>
<td>Personal code</td>
<td></td>
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</tbody>
</table>

**Supply till the 25th of June**

Surveying everybody aged 16 to 64

Confidentiality is guaranteed

Questionnaire form to notice in internet: [http://www.std.lt](http://www.std.lt)

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**95** **Do you have any longstanding health problem or disability? (it’s continued at least over 6 past months)**

1. Yes. ........................................................................................................

2. No. ........................................................................................................

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**96** **Do you have a statutory disability group?**

1. First group ............................................................................................

2. Second group ..........................................................................................

3. Third group ............................................................................................

4. No. ..........................................................................................................  

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**97** **What type of health problem or disability do you have? (check only one main problem)**

1. Problems with arms or hands (which including arthritis or rheumatism) ................................

2. Problems with legs or feet (which including arthritis or rheumatism) ..........................

3. Problems with back or neck (which including arthritis or rheumatism) ..........................

4. Difficulty in seeing (with glasses or contact lenses if worn)..........................................

5. Difficulties in hearing ..................................................................................

6. Speech impediment ...................................................................................

7. Skin conditions, including severe disfigurement, allergies ........................................

8. Chest or breathing problems, including asthma and bronchitis ..........................

9. Heart, blood, pressure or circulation problems ............................................

10. Stomach, liver, kidney or digestive problems ...............................................

11. Diabetes ..................................................................................................

12. Epilepsy .................................................................................................

13. Mental, nervous or emotional problems ....................................................

14. Other progressive illnesses (including cancer NOS, MS, HIV, Parkinson’s disease) ....

15. Other longstanding health problems ..........................................................
98 How long have you had health problem or disability?
1 Less than 6 months
2 At least 6 months but less than a year
3 At least a year but less than 2 years
4 At least 2 years but less than 3 years
5 At least 3 years but less than 5 years
6 At least 5 years but less than 10 years
7 10 years or more
8 Don’t know
99 What was the cause of health problem or disability:
1 Born with it or birth injury
2 Work-related accident or injury including traffic accidents on the way to work or back from it
3 Traffic accident or injury (not work related)
4 Household, leisure and sports accident or injury (not work related)
5 Work-related diseases
6 Non-work related diseases
7 Don’t know
100 Are you working at the moment?
1 Yes
2 No
101 Do you work in sheltered or supported employment?
1 Yes
2 No
3 Don’t know
102 Does your health problem or disability restrict kind of work that you can do?  
(for example, you can do light work or while sitting, or only indoors, etc.)
1 Yes, considerably
2 Yes, to some extent
3 No
4 Don’t know
103 Does your health problem or disability restrict the amount of work that you can be done?  
(for example, the number of hours or days you work or when you can work.)
1 Yes, considerably
2 Yes, to some extent
3 No
4 Don’t know
104 Does your health problem restrict mobility to and from work?
1 Yes, considerably
2 Yes, to some extent
3 No
4 Don’t know
<table>
<thead>
<tr>
<th>105</th>
<th>Would you need any personal help or other type of assistance to do your work? <em>(for example, special equipment or work arrangements in order to work)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes ..................................................................................................................</td>
</tr>
<tr>
<td>2</td>
<td>No ....................................................................................................................</td>
</tr>
<tr>
<td>3</td>
<td>Don’t know .....................................................................................................</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>106</th>
<th>Would you need any personal form of assistance at work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes ..................................................................................................................</td>
</tr>
<tr>
<td>2</td>
<td>No ....................................................................................................................</td>
</tr>
<tr>
<td>3</td>
<td>Don’t know .....................................................................................................</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>107</th>
<th>In order you could work you need assistance related to <em>(mark one main code)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assistance with kind of work ........................................................................</td>
</tr>
<tr>
<td>2</td>
<td>Assistance with amount of work ....................................................................</td>
</tr>
<tr>
<td>3</td>
<td>Assistance with mobility to get to and from work .......................................</td>
</tr>
<tr>
<td>4</td>
<td>Assistance with mobility at work ...................................................................</td>
</tr>
<tr>
<td>5</td>
<td>Support and understanding by superiors and colleagues .............................</td>
</tr>
<tr>
<td>6</td>
<td>Other .............................................................................................................</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know .....................................................................................................</td>
</tr>
</tbody>
</table>

THANK YOU FOR PARTICIPATING IN THE SURVEY

Interviewer

Name

Date of the interview ____

Signature