108 Did you work during the past 12 month?

1. Yes……………………………………………………………………………………………………………………
2. No……………………………………………………………………………………………………………………

I. FACTORS AT WORK THAT CAN ADVERSELY AFFECT MENTAL WELL-BEING OR PHYSICAL HEALTH

At your workplace, are you exposed to the following factors that can adversely affect your mental well-being?

0 No…………………………………………………………………………………………………………………………
1 Yes, mainly to harassment or bullying………………………………………………………………………………
2 Yes, mainly to violence or threat of violence………………………………………………………………………
3 Yes, mainly to time pressure or overload of work……………………………………………………………………

At your workplace, are you directly exposed to the following factors that can adversely affect your physical health?

0 No…………………………………………………………………………………………………………………………
1 Yes, mainly to chemicals, dust, fumes, smoke or gases……………………………………………………………
2 Yes, mainly to noise or vibration…………………………………………………………………………………………
3 Yes, mainly to difficult work postures, work movements or handling of heavy loads……………………………
4 Yes, mainly to risk of accident…………………………………………………………………………………………

111 Did you work previously?

1 Yes (The 1st answer to question 60 of the questionnaire GU-01)………………………………………………
2 No (The 2nd answer to question 60 of the questionnaire GU-01)………………………………………………

End

112 Did you work during the past 12 month (full date of the interview minus one year)?

1 Yes…………………………………………………………………………………………………………………………
2 No…………………………………………………………………………………………………………………………

II. ACCIDENTS AT WORK ENCOUNTERED BY PERSONS HAVING WORKED IN THE PAST 12 MONTHS

113 Did you have any accident resulting in injury at work or in the course of work during the past 12 months? (accidents on the way to / from work / home are excluded)

1 Yes…………………………………………………………………………………………………………………………
2 No…………………………………………………………………………………………………………………………

114 How many accidents at work did you have during the past 12 months?

1 One…………………………………………………………………………………………………………………………
2 Two or more………………………………………………………………………………………………………………
115 Where did the most recent accidental injury occur?

1 Road traffic accident ........................................................................................................... 116
2 Accident at the workplace .................................................................................................

116 Was the job you were doing when the accidental occurred the one you previously mentioned as (code the first one that applies)

1 Main current (first) job ....................................................................................................... 117
2 Second current job ............................................................................................................
3 Last job (person not in employment) ................................................................................
4 Job one year ago ................................................................................................................
5 Some other job ...................................................................................................................

117 When did you return to work after the most recent accident? (calendar days; weekends and bank holidays are included)

0 Still off work because has not yet recovered from the accident, but expects to resume work later
1 Expects never to work again because of the accident........................................................
2 No time off or the same day as the accident...................................................................
3 The day after the accident............................................................................................... 118
4 From the second but before the fifth day after the accident............................................
5 From the fifth day but before two weeks after the accident..............................................
6 From two weeks but before one month after the accident............................................... 119
7 From one month but before three months after the accident.............................................
8 From three months but before six months after the accident............................................
9 From six months but before nine months after the accident............................................
10 Nine months or later after the accident........................................................................

III. WORK-RELATED HEALTH PROBLEMS SUFFERED DURING THE PAST 12 MONTHS (apart from accidental injuries)

Everybody aged 15 and older and who is working or has not worked less than 8 years

118 Within the past 12 month, have you suffered from any illness, disability or other physical or mental problem?

1 Yes.................................................................................................................................. 119
2 No....................................................................................................................................

119 Has any of these been caused or made worse by your job or by work you had done in the past?

1 Yes.................................................................................................................................. 120
2 No....................................................................................................................................

120 How many illnesses have you had (in the past 12 months) that have been caused or been made worse by your work?

1 One.................................................................................................................................. 121
2 Two or more....................................................................................................................

121 How would you describe this illness?

0 Bone, joint or muscle problem which mainly affects neck, shoulders, arms or hands........
1 Bone, joint or muscle problem which mainly affects hips, legs or feet............................
2 Bone, joint or muscle problem which mainly affects back..............................................
3 Breathing or lung problem..............................................................................................
4 Skin problem....................................................................................................................
5 Hearing problem.............................................................................................................
6 Stress, depression or anxiety.........................................................................................
7 Headache and/or eyestrain...............................................................................................

2
8 Heart disease or attack, or other problems in the circulatory system
9 Infectious disease (virus, bacteria or other type of infection)
10 Other types of complaint

122 Does this illness limit your ability to carry out normal day-to-day activities either at work or outside work?

1 Not at all
2 Yes, to some extent
3 Yes, considerably

123 Number of calendar days off work (weekends and bank holidays are included) during the past 12 months due to the most serious complaint caused or made worse by work

0 The person was not working during the past 12 month, but for reasons not related to a complaint caused or made worse by work (e.g. normal retirement)
1 I expect never to work again due to this illness
2 Less than one day or no time off
3 At least one but less than four days
4 At least four days but less than two weeks
5 At least two weeks but less than one months
6 At least one month but less than three months
7 At least three months but less than six months
8 At least six months but less than nine months
9 At least nine months

124 Indicate the job that has caused or made worse the most serious complaint (code first that applies)

1 Main current (first) job
2 Second current job
3 Last job (person not in employment)
4 Job one year ago
5 Some other job

THANK YOU FOR THE PARTICIPATION IN THE SURVEY