Survey on accidents at work and work-related health problems
LFS 2007 ad hoc module

Instructions
Orientation and guidance for interviewers

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1. About the survey

1.1 Background and purpose
The purpose with the survey is to give information on accidents at work and work-related health problems, and especially:

- The number of incidents and the reduction of work effort as a consequence of the incidents
- To be able to analyse differences and similarities in the causal connections related to accidents at work and work-related health problems. We are especially interested in examining:
  - factors related to the workers’ characteristics (occupation, full-time/part-time, work hours, etc)
  - factors related to the local unit or establishment (industry, size of the unit, etc)

1.2 Former surveys?
No.

2. Carrying out the survey

2.1 Sample
The sample is the same as for the ordinary LFS (and compulsory participation also for the ad hoc module), with the exception that the survey is only directed to the respondents interviewed for the 1st and the 8th time in 2007. No questions were asked in case of proxy.

2.2. Data collection method
The same as in the LFS.

2.3 Period of data collection
The fieldwork was done in the period from the 8th of January 2007 to the 18th of January 2008.

2.4 Letter to the respondent
There are no letters related to the additional survey. Letters are only sent to the respondents prior to their 1st interview, in accordance with the dispatch plans of the LFS.

3 About the questionnaire
Please use the categories "don’t know" and "refuses" with caution if they are not included in the question. It is important to receive an answer from the respondent, but without pushing him/her in any direction. Some times the respondent may need a few moments to be able to give an answer, and at those cases it is important to be patient. If the respondent answers “don’t know” or refuses to give an answer, please be aware to press the correct key - "F8" for "don’t know" and "F9" for "refuses", or the keys for question mark and exclamation point on the toolbar.
Q 1a. The purpose with this question is to find out whether the respondent has suffered from an injury caused by an accident at work during the last 12 months, and if so, how many accidents at work the respondent has suffered from during this period. Only accidents at work or work-related accidents shall be reported. Accidents occurring on the way to or from work, domestic accidents or traffic accidents occurring in the leisure time are not to be reported.

Work-related health problems are not to be reported here. An accident is defined as an incident, while health problems have evolved over time.

Q 3c. This variable is supposed to identify the number of working days that are lost as a consequence of the accident at work. Every day the respondent was unable to work shall be included – whether it is a normal working day or not, included Sundays and movable feasts.

Qs 5a1 and 5a2. The purpose is to find out whether the respondent has an illness or a health problem that were caused or worsened by work during the last 12 months. It is a criterion that the respondent must have had suffering related to the illness or health problem in the period of reference (last 12 months). All health problems or illnesses the respondent means were caused or worsened by his/her work are to be reported.

Good luck interviewing!
Questionnaire

Ad hoc module on accidents at work and work-related health problems, LFS 2007

→ Extra questions with external payment are written in red

No questions asked in case of proxy interview.

Filter 1: For employed persons and for persons not currently employed, but employed during the last 12 months

Introduction:
To respondents currently employed or employed during the last 12 months:
We have some additional questions on accidents at work and work-related health problems.

To respondents not employed, but who were employed prior to one year before the survey:
We have some additional questions on work-related health problems.

(C209)
Q1. During the past 12 months, have you suffered from any injury caused by one or more accidents at work or in the course of work?
1  YES → Q1b
2  NO → Q4d

Instructions: Accidents that took place on a boat or on an oilrig are included, if this is your place of work. Please also include accidents that took place at a construction site, and accidents when travelling for work purposes.

Q1b. Was it one or more accidents?
1  ONE → Q2a
2  MORE THAN ONE → Q2b

(C210)
Q2a. Was this a road traffic accident?
1  YES → Q3a
2  NO → Q2c

Instructions: To qualify as a road traffic accident, the accident must have taken place at a road, street, or other place open to public traffic, and a moving vehicle must have been involved.

Q2b. Was the last accident a road traffic accident?
1  YES → Q3a
2  NO → Q2d

Instructions: To qualify as a road traffic accident, the accident must have taken place at a road, street, or other place open to public traffic, and a moving vehicle must have been involved.
Q2c. What type of accident was it?
1 FALL
2 SHOCK/HIT BY AN OBJECT
3 CRUSHED, CAUGHT
4 CUT, BITE, STAB WOUND, SHOT
5 FOREIGN OBJECT
6 CHOKING, DROWNING
7 POISONING, ETCHING
8 BURNS, SMOKE POISONING, FROSTBITE
9 ELECTRIC SHOCK, RADIATION INJURY, NOISE DAMAGE, VIBRATION
10 STRAIN INJURY
11 OTHER

Q2d. What type of accident was the last accident?

Q3a. When did the accident take place?
_ _ / _ _ (MM/YY)

(C211/212)

Q3b. Were you absent from work because of this accident?
1 YES → Q3c
2 NO → Q3ea/3eb

Q3c. When were you back at work?
1 THE SAME DAY → Filter 2
2 THE DAY AFTER THE ACCIDENT → Filter 2
3 2 TO 4 DAYS AFTER → Filter 2
4 AT LEAST 5 DAYS, BUT LESS THAN 2 WEEKS → Filter 2
5 2 TO 4 WEEKS → Filter 2
6 AT LEAST 1 MONTH, BUT LESS THAN 3 MONTHS → Filter 2
7 AT LEAST 3 MONTHS, BUT LESS THAN 6 MONTHS → Filter 2
8 AT LEAST 6 MONTHS, BUT LESS THAN 9 MONTHS → Filter 2
9 9 MONTHS OR MORE → Filter 2
10 NOT YET BACK AT WORK → Q3f

Filter2: Respondent is employed → Q3ea
Respondent not currently employed, but employed during last 12 months → Q3eb

Q3ea. Have you been given other job duties because of this accident? → Q4a/b/c
1 YES
2 NO

Q3eb. Did you get other job duties because of the accident? → Q4a/b/c
1 YES
2 NO
Q3f. Do you expect to go back to work at a later stage? → Q4a/b/c
1 YES
2 NO
3 DON'T KNOW

(C213)
Filter3: Respondent with one job → Q4a
Respondent with more than one job → Q4b
Respondent not currently employed, but employed during last 12 months → Q4c

Q4a. In which of your jobs did the accident occur? → Q4ea
1 Current main job
2 A different job I held one year ago
3 Another job

Q4b. In which of your jobs did the accident occur? → Q4ea
1 Current main job
2 Current second job
3 A different job I held one year ago
4 Another job

Q4c. In which of your jobs did the accident occur? → Q4ea
1 Last job
2 A different job I held one year ago
3 Another job

Q4ea. To what extent is your ability to work affected by this accident?
1 To a large extent
2 To some extent
3 Not at all

Q4eb. To what extent are your other daily activities affected?
1 To a large extent
2 To some extent
3 Not at all

4f-1. Has your employer taken your injury into consideration and made adjustments so that you are able to continue your work?
01 YES → Q 4f-2.
02 NO → Q 4f-3.
03 NO NEED FOR ADJUSTMENTS → Q 4h.
4f-2. Has the adjustments eased your problems?

01 YES
02 NO

→ Q 4g.

4f-3. Why hasn’t it been made any adjustments?

01 Employer is unfamiliar with my injuries
02 It is too expensive or difficult to make adjustments
03 No need for adjustments
04 Other reason

4g. Has your enterprise’s health service arrangement been consulted in relation with the adjustments?

01 YES
02 NO
03 THE ENTERPRISE HAS NO HEALTH SERVICE ARRANGEMENT

4h. During the past 12 months, have you suffered from any injury caused by a traffic accident on your way to or from work?

01 YES
02 NO

(C214)

Introduction: Next, we will ask some questions about work-related health problems. When answering these questions, please do not include injuries caused by accidents.

Filter 4: For employed persons and for persons not currently employed, but employed during the last 12 months

Q5a1. During the past 12 months, have you had any physical or psychic health problems or disabilities which were caused or made worse by your work?

1 YES → Q5b
2 NO → End
3 UNCERTAIN → Q6a

Q5b. Were there one or more cases of such problems?

1 ONE → Q6a
2 TWO OR MORE → Q6b
Q6a. What type of health problem did you have? → Q7a
Q6b. Which of these do you consider the most serious? → Q7a
00 NECK OR SHOULDER PAINS
01 ELBOWS, FOREARMS OR HANDS
02 KNEES
03 HIPS, LEGS OR FEET
04 BACK
05 HEADACHE OR MIGRAINE
06 BREATHING OR LUNG PROBLEM
07 ECZEMA, ITCHES OR RASHES
08 REDUCED HEARING, TINNITUS
09 NERVOUSNESS, ANXIETY OR RESTLESSNESS
10 DEPRESSION
11 SLEEP DISORDER
12 EYE PROBLEMS WITH EYESTRAIN, SORE EYES OR RUNNING EYES
13 HEART DISEASE OR ATTACK, OR OTHER PROBLEMS IN THE CIRCULATORY SYSTEM
14 INFECTIOUS DISEASE
15 OTHER TYPES OF COMPLAINT

Q7a. To what extent is your ability to work affected by this complaint? → Q8a
1 To a large extent
2 To some extent
3 Not at all

Q7b. To what extent are your daily activities affected? → Q8a
1 To a large extent
2 To some extent
3 Not at all

Q8a. During the past 12 months, have you been absent from work because of this complaint?
1 YES → Q8b
2 NO → Q8f
Q8b. For how many days have you been absent from work during the last 12 months because of this complaint? Please state the time of absence in days, weeks or months.

1  LESS THAN ONE DAY
2  1 TO 3 DAYS
3  AT LEAST 4 DAYS, LESS THAN 2 WEEKS
4  2 TO 4 WEEKS
5  AT LEAST 1 MONTH, BUT LESS THAN 3 MONTHS
6  AT LEAST 3 MONTHS, BUT LESS THAN 6 MONTHS
7  AT LEAST 6 MONTHS, BUT LESS THAN 9 MONTHS
8  9 MONTHS OR MORE

Filter 6: Respondents temporarily absent from work:
Q8c. Are you still absent from work because of the health problem we have now been talking about?

1  YES  →  Q8e
2  NO  →  Q8d

Q8d. Have you been given other job duties because of this injury?  →  Q9a/9b

1  YES
2  NO

Q8e. Do you expect to return to work after this absence?  →  Q9a/9b

1  YES
2  NO
3  DON'T KNOW

Q8f. How likely do you think it is that you will be able to return to work in the future?

1  Very likely or almost certain
2  Not very likely
3  Never

For respondents not employed, but who were employed prior to one year before the survey: End

(C220)
Filter 7: Respondent with one job  →  Q9a
Respondent with more than one job  →  Q9b
Respondent not currently employed, but employed during last 12 months  →  Q9c

Q9a. Which of your jobs did most to cause or make worse the health problem we have been talking about?  →  Q9d-1

1  Current main job
2  A different job I held one year ago
3  Another job
Q9b. Which of your jobs did most to cause or make worse the health problem we have been talking about? → Q9d-1

- 1  Current main job
- 2  Current second job
- 3  A different job I held one year ago
- 4  Another job

Q9c. Which of your jobs did most to cause or make worse the health problem we have been talking about? → End

- 1  Last job
- 2  A different job I held one year ago
- 3  Another job

Instructions: Only one answer.

9d-1. Has your employer taken your health problem into consideration and made adjustments so that you are able to continue your work?

- 01  YES → Q 9d-2.
- 02  NO → Q 9d-3.
- 03  NO NEED FOR ADJUSTMENTS → Q 10a.

9d-2. Has the adjustments eased your problems?

- 01  YES
- 02  NO → Q 9e.

9d-3. Why hasn’t it been made any adjustments?

- 01  Employer is unfamiliar with my injuries
- 02  It is too expensive or difficult to make adjustments
- 03  No need for adjustments
- 04  Other reason

→ Spm 10a.

9e. Has your enterprise’s health service arrangement been consulted in relation with the adjustments?

- 01  YES
- 02  NO
- 03  THE ENTERPRISE HAS NO HEALTH SERVICE ARRANGEMENT
Filter 8: Respondent currently employed

Introduction: Finally, we have some questions about factors at your workplace that can adversely affect your health.

Q10a. Are there factors at your workplace that can adversely affect your mental health?
1. YES → Q10b
2. NO → Q11a

Q10b. Are you particularly exposed to?
1. Mainly to bullying or harassment
2. Mainly to violence or threat of violence
3. Mainly to time pressure or overload of work
4. OTHER
Instructions: Only one answer.

Q11a. Are there factors at your workplace that can adversely affect your physical health?
1. YES → Q11b
2. NO → End

Q11b. Are you particularly exposed to?
1. Mainly chemicals, dusts, fumes, smoke or gases
2. Mainly noise
3. Mainly vibration
4. Mainly difficult work postures, work movements or handling of heavy loads
5. Mainly risk of accidents
6. OTHER
Instructions: Only one answer.