Instructions to interviewers

Introductory text to be read out by interviewer:

‘The following few questions are about your health in relation to work. What people can do at work is often dependent on their health. Some people may have physical health problems or disabilities such as heart problems, respiratory problems, or difficulties in walking; others may have sight or hearing problems even wearing glasses or hearing aids, whereas others may have psychological or emotional problems. Health problems also include such illnesses as diabetes, dyslexia, epilepsy, problems with digestion as well as skin complaints’.

Variable 1 - Existence of a longstanding health problem or disability

Applicability: All

The key word is longstanding as it is important to distinguish between long term and short term health problems. As a general rule, longstanding should refer to a physical, sensorial or mental health problem that exists for 6 months or more, considering respondents aged 15 to 64 years old. The six month period should be seen as a guide to understanding the term longstanding, rather than defining an absolute period of time. Therefore, if at the time of interview the problem had been present for less than 6 months but is likely to continue for a time such that it is expected to have a least a 6 month duration, it is a longstanding health problem. The purpose of using the term, longstanding, is to distinguish between chronic conditions such as diabetes, epilepsy, schizophrenia and acute conditions such as a sprained ankle, a broken leg, appendicitis or a respiratory tract infection.

Many people think of health problems as referring solely to physical health problems whereas they cover sensory problems as well, i.e. sight and hearing problems, and mental health problems. Therefore, the list of conditions listed for Variable 2 should be used as an aide memoire at this variable.

Health problems arising from a single event which are continuous in nature should be straightforward to code.

Some conditions are recurrent (e.g. back pain), where there is an acute period followed by remission; other conditions are episodic in nature (e.g. epilepsy). Both of these examples should be coded, “Yes”, as they are continual or continuous problems.

If the respondent is suffering from a terminal illness or if the length of the illness is dependent on the outcome of treatment (e.g. a course of chemotherapy), code “Yes”.

If the respondent does not know how long their health problem is going to last, the interviewer must not make the decision; respondents should be encouraged to estimate how long they think their problem will last for taking account of any information given by doctors or other health professionals.

Interviewer: by longstanding we mean anything that has affected R over the past 6 months, or that is likely to affect R for at least 6 months.

(If no: end module)

Variable 2 - Type of health problem or disability (Code main problem)

Applies to all those who said they had a longstanding health problem or disability
One health problem may be covered by more than one code (e.g. arthritis in arms, legs and back) and some respondents may have multiple problems, a sight problem, a stomach problem and depression. Initially, it is important to find out about all the respondent’s health problems.

If several codes are initially identified as representing the health problems of the respondent, one code needs to be chosen. Although several criteria can be used to establish what is the main problem (e.g. causes most pain, most recent, existed for the longest time), the characteristic most appropriate for the present purposes is the consequences of the problem, its impact on the life of the individual. More specifically, the main problem is the one which respondents think limits their work activities the most.

Interviewer: Probe for more than one problem. If more than one, establish the main problem and code only this one. Question to find out main problem: Which of these limits your work capacity the most?

Inclusions and exclusions for specific codes:

**Codes 1-3:** should include limb or postural deformities  
**Code 4:** difficulties in seeing should only be included if wearing glasses or contact lenses are not sufficiently effective.  
**Code 5:** difficulties in hearing should only be included if grommets or hearing aids are not sufficiently effective.  
**Code 6:** a speech impediment does not include language problems as a result of unfamiliarity with the native language.  
**Code 7:** severe disfigurements include scars, birthmarks, and diseases of the skin; exclude tattooing and body piercing.  
**Code 8:** hay fever (severe allergic rhinitis) should be excluded except where it aggravates the effects of an existing condition.  
**Code 9:** includes stroke.  
**Code 13:** Mental, nervous or emotional problems include severe mental illness: psychosis (e.g. schizophrenia) affective disorders, (e.g. manic depression) and clinically recognised less severe disorders such as anxiety, depressive episodes, panic, phobias etc.). Specific learning difficulties such as dyslexia, dyscalcula are also included here. Severe learning difficulties have, in the past, been termed mental handicap, mental impairment and mental retardation.  
**Code 14:** Progressive illnesses should be recorded if there is some effect on the respondent’s day to day activities, even if it is minor at the time of the interview.  
**Code 15:** Alcohol and drug dependency should be included. Reproductive system problems should be recorded under this category unless appropriate under code 14.

**Variable 3 - Time since onset of health problem or disability**

Applies to all those who said they had a longstanding health problem or disability.

The onset of a health problem may be obvious, for example, if it was caused by an accident or injury. However, some health problems have a gradual onset, are episodic in nature, vary in severity. In such cases two key guides for measuring duration are - going back to the time the respondent first sought medical help or when the condition first had an effect on their day to day activities.

Interviewer: (note: text between [...] to be replaced by name of main health problem/disability)  
“How long have you had [health problem or disability]?” (note: if time of onset uncertain: take the moment R first sought medical help for this problem, or when the problem first had an effect on R’s day to day life)

The duration codes are in fairly broad bands to distinguish between recent problems and more longer-term health problems.
Variable 4 - Cause of health problem or disability

Applies to all those who said they had a longstanding health problem or disability.

**Interviewer:** "what was the cause of [health problem or disability]?" (note: if answer does not fit into given codes, probe to establish the correct code)

Inclusions and exclusions for specific codes:

*Code 1:* “Born with it” includes congenital abnormalities and perinatal conditions.
*Code 2:* Vehicle accidents which occurred during the course of work should be included here as should industrial poisoning.

Variable 5 - Whether works in sheltered or supported employment

Applies to all those who said they had a longstanding health problem or disability and are working. (Those not working go to Variable 6)

Sheltered employment for disabled people is that performed under special conditions. There can be numerous schemes under this broad category. For example, there is a scheme where disabled persons are able to work but can not easily secure employment in open competition. The person is employed by a sponsor organisation, is placed with a host firm and receives the same wages, terms and conditions as their non-disabled colleagues. The person is paid partly by the sponsor and partly by the host firm.

Even with a definition, respondents may not know if they work in supported or sheltered employment. In these instances, code 3 should be used. Code 3 should also be used for proxy information who may not have the knowledge to answer the question.

**Interviewer:** "May I just check, do you work in sheltered or supported employment?"

Variable 6 - Whether health problem restricts kind of work that can be done.

Applies to all those who said they had a longstanding health problem or disability. The choice of wording allows the question to be asked of those who are working and those who are not working, both unemployed and economically inactive.

The kind of work covers, for example, the quality of work, heavy compared with light work, being able to work outdoors as well as indoors, needing to sit down etc.

Looking at the restriction in activity related to a health problem takes into account the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (a lot, somewhat, a little). It is the respondent who decides if they are restricted or not, and if so, considerably or to some extent.

**Interviewer:** “Does your [health problem or disability] restrict the type of work you can do, for example, needing to do light work, or to sit down or to work indoors? “

*(note: if answer is yes, probe for extent of restriction)*

As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.
Variable 7 - Whether health problem restricts amount of work that can be done

Applies to all those who said they had a longstanding health problem or disability. The choice of wording allows the question to be asked of those who are working and those who are not working, both unemployed and economically inactive.

The term, amount of work, includes number of hours, amount that is/can be earned, and attendance at work.

Looking at the restriction in activity related to a health problem takes into account the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (a lot, somewhat, a little). It is the respondent who decides if they are restricted or not, and if so, considerably or to some extent.

Interviewer: “Does your [health problem or disability] restrict the amount of work you can do, for example, the number of hours or days you can work or when you can work?” (note: if answer is yes, probe for extent of restriction)

As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

Variable 8 - Whether health problem restricts mobility to and from work that can be done

Applies to all those who said they had a longstanding health problem or disability. The choice of wording allows the question to be asked of those who are working and those who are not working, both unemployed and economically inactive.

Looking at the restriction in activity related to a health problem takes into account the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (a lot, somewhat, a little). It is the respondent who decides if they are restricted or not, and if so, considerably or to some extent.

Interviewer: “Does your [health problem or disability] restrict your ability to get to and from a place of work?” (note: if answer is yes, probe for extent of restriction)

As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

Variable 9 - Whether some form of assistance is provided to work.

Applies to all those who are working who said they had a longstanding health problem or disability which restricts their kind or amount of work or mobility in relation to work.

The use of the term, assistance, refers to familial, organisational and environmental changes which help a person carrying out work activities.

Interviewer: “Would you need any personal help or other type of assistance, for example special equipment or work arrangements in order to work?”

As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.
Variable 10 - Whether some form of assistance is needed to work.

Applies to all those who are not working and who said they had a longstanding health problem or disability which restricts their kind or amount of work or mobility in relation to work.

The use of the term, assistance, refers to familial, organisational and environmental changes which help a person carrying out work activities.

**Interviewer:** "Would you need any personal help or other type of assistance, for example special equipment or work arrangements in order to work?" (if no or don’t know: end module)

As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

Variable 11 - Type of assistance needed/provided to work (Code main type)

Applies to all those coded 1 at Variables 9 or 10.

There are far too many specific types of help or assistance for particular disabilities for various types of work for each to be included as separate codes. (e.g. Braille, sign language interpretation, teleworking, wheelchair ramps etc.). More than one code may be appropriate. Initially, it is important to find out about all of them and then code main type of assistance, i.e. that which reduces or would reduce activity restriction the most.

**Interviewer:** “Which type or types of assistance do you get/need?” (note: if more than one, code the main type). Question to find out main type: Which one is (would be) most helpful?

As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

Inclusions and exclusions for specific codes:

Code 1: The kind of work covers, for example, the quality of work, having lighter loads to carry, being able to work outdoors as well as indoors, being able to sit down more. Assistance could refer to specially designed tasks or the use disability equipment or adaptations to the workplace.

Code 2: The term, amount of work, includes number of hours, amount that is/can be earned, and attendance at work.