National questionnaire

15 ≤ age ≤ 64

I. **Do you have any longstanding health problem or disability?**

(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 two scenarios which are acceptable are (a) at the time of interview the problem had already existed for 6 months or more, and (b) 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.)

1. Yes ................................................................. □ > II
2. No ................................................................. □ > end
3. Don’t know .......................................................... □ > end
4. Refusal ................................................................. □ > end

II. **What type of health problem or disability do you have?**

1. Problems with arms or hands (which includes arthritis or rheumatism) ............ □ > III
2. Problems with legs or feet (which includes arthritis or rheumatism) ............ □ > III
3. Problems with back or neck (which includes arthritis or rheumatism) ............ □ > III
4. Difficulty in seeing (with glasses or contact lenses if worn) .................. □ > III
5. Difficulties in hearing (with hearing aids or grommets, if used) .................. □ > III
6. Speech impediment .......................................................... □ > III
7. Skin conditions, including severe disfigurement, allergies .................. □ > III
8. Chest or breathing problems, includes asthma and bronchitis ............ □ > III
9. Heart, blood pressure or circulation problems ................................ □ > III
10. Stomach, liver, kidney or digestive problems ................................ □ > III
11. Diabetes ................................................................. □ > III
12. Epilepsy (include fits) ........................................................ □ > III
13. Mental, nervous or emotional problems .................................................. □ > III

14. Other progressive illnesses (which include cancers NOS, MS, HIV, Parkinson’s disease) ........................................................................................................ □ > III

15. Other longstanding health problems ........................................................ □ > III

16. Don’t know ................................................................................................ □ > III

17. Refusal ........................................................................................................ □ > III

III. How long have you had health problem or disability?

1. 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.) ................................................................. □ > IV

2. At least 6 months but less than a year ...................................................... □ > IV

3. At least a year but less than 2 years........................................................... □ > IV

4. At least 2 years but less than 3 years ....................................................... □ > IV

5. At least 3 years but less than 5 years ....................................................... □ > IV

6. At least 5 years but less than 10 years....................................................... □ > IV

7. 10 years or more ........................................................................................ □ > IV

8. Don’t know ................................................................................................ □ > IV

9. Refusal ........................................................................................................ □ > IV

IV. What was the cause of health problem or disability?

1. Born with it or birth injury .......................................................................... □ > V

2. Work-related accident or injury including traffic accidents at work ............. □ > V

3. Traffic accident or injury (not work related) .............................................. □ > V

4. Household, leisure and sports accident or injury (non-work related) .......... □ > V

5. Work-related diseases ............................................................................... □ > V
6. Non-work related diseases .......................................................... □ > V

7. Don’t know ................................................................................. □ > V

8. Refusal ....................................................................................... □ > V

V. May I just check, do you work in sheltered or supported employment?

1. Yes ............................................................................................... □ > VI

2. No ................................................................................................ □ > VI

3. Don’t know .................................................................................. □ > VI

4. Refusal ......................................................................................... □ > VI

5. Not applicable (Q14, Q15 e Q16 ≠ 1 [LFS]) ................................. □ > VI

VI. 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?

1. Yes, considerably ......................................................................... □ > VII

2. Yes, to some extent ....................................................................... □ > VII

3. No ................................................................................................ □ > VII

4. Don’t know .................................................................................. □ > VII

5. Refusal ......................................................................................... □ > VII

VII. 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?

1. Yes, considerably ......................................................................... □ > VIII

2. Yes, to some extent ....................................................................... □ > VIII

3. No ................................................................................................ □ > VIII
4. Don’t know .................................................................  □  > VIII

5. Refusal .................................................................  □  > VIII

VIII. Does your health problem or disability restrict your ability to get to and from a place of work?

1. Yes, considerably .................................................................  □  > IX

2. Yes, to some extent .................................................................  □  > IX

3. No .................................................................

   > end (if VI and VII = 3)

   > IX (if VI or VII ≠ 3)

4. Don’t know .................................................................  □  > IX

5. Refusal .................................................................  □  > IX

IX. Do you have any personal help, or get any other type of assistance, for example special equipment or work arrangements to do your work?

1. Yes .................................................................  □  > XI

2. No .................................................................  □  > X

3. Don’t know .................................................................  □  > X

4. Refusal .................................................................  □  > X

5. Not applicable (VI, VII and VIII ≠ 1 e 2, or Q14, Q15 e Q16 ≠ 1 [LFS]) .......  □

   > end (if VI, VII and VIII ≠ 1 e 2)

   > X (if Q14, Q15 and Q16 ≠ 1 [LFS])

X. Would you need any personal help or other type of assistance, for example special equipment or work arrangements in order to work?

1. Yes .................................................................  □  > XI

2. No .................................................................  □  > end

3. Don’t know .................................................................  □  > end
4. Refusal ………………………………………………………………………………………………………………………………………………………………………... □ > XI

5. Not applicable (Q14, Q15 or Q16 = 1 [LFS]) ………………………………………... □ > XI

XI. Which type or types of assistance do you get/need?

1. Assistance with kind of work …………………………………………………………………………………………………………………………………………………... □ > end

2. Assistance with amount of work ………………………………………………………………………………………………………………………………………………………………………... □ > end

3. Assistance with mobility to get to and from work ………………………………………………………………………………………………………………………………………………………………………... □ > end

4. Assistance with mobility at work ……………………………………………………………………………………………………………………………………………………………………………………………... □ > end

5. Support and understanding by superiors and colleagues ……………………………………………………………………………………………………………………………………………………………………………………………... □ > end

6. Other ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………... □ > end

7. Don’t know ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………... □ > end

8. Refusal ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………... □ > end

9. Not applicable (IX ≠ 1 and X ≠ 1, 4 and 5) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………... □ > end