LABOUR FORCE SURVEY

AD HOC MODULE

2007

Accidents at Work and Work-Related Health Problems

(ATPS 2007)

QUESTIONNAIRE
**FILTER 1 (F1)**

Persons aged 15 or more, employed in the reference week or having had a job whose date of abandon is not prior to more than 1 year to the reference week → S1

Persons aged 15 or more, not employed in the reference week and whose date of abandon from last job is prior to more than 1 year to the reference week → F2

Other situations → END

### ACCIDENTS AT WORK (EXCEPT ILLNESSES) OCCURRED IN THE LAST 12 MONTHS

**S1 (c209_a)**

Remember the last 12 months prior to the week from ... to ... (inclusive) [reference week]. During that period, did you have any accident at work? Consider accident at work as “a discrete occurrence at the workplace or during the time spent at work, which leads to physical or mental harm”, for instance: Acute poisonings; third party aggressions; road traffic accidents; falls; etc.

Do not consider illnesses.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes..........................................................................................................................</td>
<td>1</td>
</tr>
<tr>
<td>No ..........................................................................................................................</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know/Refuse .................................................................</td>
<td>9</td>
</tr>
</tbody>
</table>

**S2 (c209_b)**

How many accidents at work?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>One.........................................................................................................................</td>
<td>1</td>
</tr>
<tr>
<td>Two or more ............................................................</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know/Refuse .................................................................</td>
<td>9</td>
</tr>
</tbody>
</table>
For the following questions, consider the most recent accident at work.

What kind of accident at work?
- Road traffic accident ................................................................. 1
- Other accident, rather than a road traffic accident ...................... 2
- Don’t Know/Refuse ...................................................................... 9

What was the job you were in when that accident at work occurred?
(choose the first suitable option).
- Main current job ........................................................................... 1
- Secondary current job ................................................................. 2
- Last job (interviewed is not employed) ........................................... 3
- Job one year ago ........................................................................... 4
- Other job ....................................................................................... 5
- Don’t Know/Refuse ...................................................................... 9
INTERVIEWER: show card S5

S5 (c211/212)

How much time were you unavailable to work due to that accident?

Still absent from work in the last day of the reference week due to accident’s recovery, but expecting to resume work later .......................................................................................................................... 1
Not expecting to return to work, because of the accident ................................................................................ 2

Did not stay away from work or resumed to work in the same day
the accident occurred .................................................................................................................................................. 3
Returned the day after the accident ......................................................................................................................... 4
Between two and less than five days after the accident ............................................................................................ 5
Between five days and less than two weeks after the accident ................................................................................. 6
Between two weeks and less than one month after the accident ............................................................................. 7
Between one and less than three months after the accident .................................................................................. 8
Between three and less than six months after the accident ..................................................................................... 9
Between six and less than nine months after the accident ...................................................................................... 10
Nine or more months after the accident .................................................................................................................. 11
Don’t Know/Refuse .................................................................................................................................................. 99

FILTER 2 (F2)

Persons employed during the reference week or having had an employment before, no proxy interviews accepted → S6
Else → END
HEALTH PROBLEMS RELATED WITH WORK SUFFERED IN THE LAST 12 MONTHS (except accidents at work)

S6 (c214_a)

Remember the last 12 months prior to the week from ... to ... (inclusive) [reference week]. During that period, did you suffer from any health problem (illness, disability or other physical or psychic problem), that had been caused or worsened by work?

Exclude accidents at work.

Yes ...............................................................................................................................................................................................    1 ❑
No .............................................................................................................................................................................................    2 ❑ → F4

Don’t Know/Refuse ............................................................................................................................................................    9 ❑ → F4

F4

S7 (c214_b)

How many health problems?

One .....................................................................................................................................................................................    1 ❑ → S8
Two or more .................................................................................................................................................................    2 ❑

Don’t Know/Refuse .............................................................................................................................................................    9 ❑ → F4

F4

S8ax (c215/216_ax)

For the following questions, consider just the more serious health problem.
**INTERVIEWER:** show card S8

### S8 (c215/216)

**How do you classify that health problem?**

- 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 problems ............................................................................................................. 4
- Skin problems .................................................................................................................................. 5
- Hearing problems ............................................................................................................................. 6
- Stress, depression or anxiety ............................................................................................................ 7
- Headaches and/or eyestrain .............................................................................................................. 8
- Heart disease or apoplexy, or other problems in the circulatory system .................................... 9
- Infectious disease (virus, bacteria or other type of infection) ....................................................... 10
- Other health problems ..................................................................................................................... 11
- Don't Know/Refuse ......................................................................................................................... 99

### S9 (c217)

**Does that health problem limit your ability to carry out normal day to day activities either at work or outside work?**

- No ................................................................................................................................................... 1
- Yes, slightly ....................................................................................................................................... 2
- Yes, considerably .............................................................................................................................. 3
- Don't Know/Refuse .......................................................................................................................... 9

**INTERVIEWER:** show card S10
**S10 (c218_219)**

**How much time during the last 12 months were you absent from work due to that health problem?**

Absent from work in the 12 months prior to the last day of the reference week, but due to reasons not related to the health problem caused or worsened by work (for instance, retirement, holidays or other working leave, suspension of work, unemployment, impediment caused by other type of health problem, etc.) ........................................................................................................................................... 1

Does not expect to work again due to this illness ........................................................................................................ 2

Without absence from work or less than one day of absence ........................................................................ 3

At least one day of absence, but less than four ........................................................................................................ 4

At least four days of absence, but less than two weeks .......................................................................................... 5

At least two weeks of absence, but less than one month .......................................................................................... 6

At least one month of absence, but less than three .................................................................................................. 7

At least three months of absence, but less than six ................................................................................................. 8

At least six months of absence, but less than nine ................................................................................................. 9

At least nine months of absence .......................................................................................................................... 10

Don’t Know/Refuse ................................................................................................................................................. 99

**FILTER 3 (F3)**

**Persons that had health problems in the last 12 months and whose last employment is not prior to 1999 (no proxy interviews accepted) → S11**

Else → END

**S11 (c220)**

**What was the job that caused or worsened that health problem?**
FILTER 4 (F4)

Persons employed during the reference week (no proxy interviews accepted) → S12
Else → END

FACTORS AT WORK THAT CAN AFFECT THE MENTAL WELL-BEING OR PHYSICAL HEALTH

**S12a (c221_a)**

At your workplace, are you exposed to harassment or bullying that may affect your mental well-being?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know/Refuse</td>
<td>9</td>
</tr>
</tbody>
</table>

**S12b (c221_b)**

At your workplace, are you exposed to violence or threat of violence that may affect your mental well-being?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know/Refuse</td>
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</table>
Labour Force Survey
Ad Hoc Module 2007 «Accidents at Work and Work-Related Health Problems»
Questionnaire

FILTER 5 (F5)

More than one answer “yes” in questions S12a to S12c → S13
Else → S14a

S12c (c221_c)

At your workplace, are you exposed to time pressure or overload of work that may affect your mental well-being?

Yes ................................................................................................................................................. 1
No ................................................................................................................................................. 2
Don’t Know/Refuse .......................................................................................................................... 9

S13 (c221_d)

From the factors you indicated that may affect your mental well-being, which one do you consider as the main factor?

Harassment or bullying .................................................................................................................. 1
Violence or threat of violence ........................................................................................................ 2
Time pressure or overload of work ............................................................................................... 3
Don’t Know/Refuse .......................................................................................................................... 9

S14a (c222_a)

At your workplace, are you exposed to chemicals, dusts, steams, vapours, smokes or gases that may affect your physical health?
<table>
<thead>
<tr>
<th>Question</th>
<th>Response 1</th>
<th>Response 2</th>
<th>Response 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>S14b (c222_b)</td>
<td>Yes</td>
<td>No</td>
<td>Don't Know/Refuse</td>
</tr>
<tr>
<td>At your workplace, are you exposed to noises or vibrations that may affect your physical health?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>S14c (c222_c)</td>
<td>Yes</td>
<td>No</td>
<td>Don't Know/Refuse</td>
</tr>
<tr>
<td>At your workplace, are you exposed to hard postures or work movements or handling of heavy loads that may affect your physical health?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>S14d (c222_d)</td>
<td>Yes</td>
<td>No</td>
<td>Don't Know/Refuse</td>
</tr>
<tr>
<td>At your workplace, are you exposed to a risk of accident that may affect your physical health?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

**FILTER 6 (F6)**

More than one answer “yes” in questions S14a to S14d → S15
Else → END
From the factors you indicated that may affect your physical health, which one do you consider as the main factor?

- Chemicals, dusts, steams, vapours, smokes or gases ................................................................. 1
- Noise or vibration ...................................................................................................................... 2
- Hard postures or work movements or handling of heavy loads .............................................. 3
- Risk of accident ........................................................................................................................ 4
- Don’t Know/Refuse ................................................................................................................... 9

THANK YOU FOR YOUR COLLABORATION