The objective of this research is to provide information about health problems caused or aggravated by the conditions existent at the workplace, risk factors in the process of economic activity, cases of professional diseases, accidents at work, days number of work disability, effects of these events over daily activity and related to the labour market.

The questionnaire is fulfilled for all persons aged 15 years and over (born before month / / 1998) and who work (or who have a job from which are temporarily absent) or who worked before, no matter when. It is written from the LG form.

- Only questions marked with M accept multiple answers.
- Answer for the questions writing X in the closed boxes or text in the spaces indicated by a broken line.
- The figures followed by the ➔ sign near a box indicate the number of the next question after an answer is marked in that box.
- If the marked box is not followed by the ➔ sign, it will pass to the next question.
- The symbols written under or next the boxes of codes are for processing information only.

THE IDENTIFICATION OF THE INTERVIEWED PERSON

Date are taken from the DQ questionnaire

<table>
<thead>
<tr>
<th>Centre code</th>
<th>Dwelling code</th>
<th>Serial number DQ within the dwelling</th>
<th>Person’s number from the DQ questionnaire</th>
<th>Person’s name and surname</th>
<th>Birth date</th>
<th>The result of the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Accept the interview</td>
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<td>Refuse the interview</td>
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<td></td>
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<td>2</td>
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</tbody>
</table>

According to the Law no. 226/2009 with subsequent completions and changes, concerning the organisation and the carrying out of the official statistics in Romania, which stipulate:
- "The present law is applied to all physical and juridical persons resident in Romania, as well to those non-resident, which carry out activities on Romania territory";
- "The suppliers of data are obliged to release, for free, to the official statistics producers, correct, actually and complete data, at terms, with periodicities, in forms and by the collecting methods comprise in the national annually statistics programme and according with the methodological standards".

According to Law 677/2001, INS is personal data operator - notified with number 15.

Statistical research carried out according to the 16th of March 2010 Commission Regulation no. 220/2010 regarding the adoption of the ad-hoc module programme, which cover 2013, 2014 and 2015, for labour force sample survey.
ACCIDENTS AT WORK

FILTER 1 – answer for the next questions (from 1 to 10) only persons who, in the reference week worked or had a job from which temporarily absent or worked any time during the last 12 months, meaning:

<table>
<thead>
<tr>
<th>If in the reference week (the same from IQ) person:</th>
<th>then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>worked or had a job from which temporarily absent</td>
<td>(a)</td>
</tr>
<tr>
<td>worked not or had not a job from worked any time</td>
<td>(b)</td>
</tr>
<tr>
<td>which temporarily absent and stopped to work with</td>
<td>(c)</td>
</tr>
<tr>
<td>more than 12 months behind</td>
<td></td>
</tr>
</tbody>
</table>

1. In the last 12 months had you any accident at working place or during your working hours?

   Are included:
   - accidents at working place (even if you were in pause), as well as those from outside the employer unit if occurred during the working hours and if you performed your job tasks;
   - accidents after which you were injured (even if resulting in minor injuries, superficial), as well as those after which you were not injured (eg. slides, kicks, falls etc.)

   Are excluded accidents occurred outside working hours, as well as those occurred on the way from home to work.

   YES ................................................................. 1□
   NO ........................................................................... 2□ 11

2. Were you injured in one of those accidents?

   Are included also those minor injured, superficial (eg. bruises, scrapes, superficial burns etc.) even if no treatment or medical care was required and the respondent did not sick leave. Are included also intoxications and injuries caused by other person’s acts of aggression.

   YES ................................................................. 1□
   NO ........................................................................... 2□ 11

3. How many such accidents, resulting in your personal injury, have you suffered in the last 12 months?

   One ................................................................. 1□
   Two or more ....................................................... 2□

   read: If in the last 12 months have you suffered two or more of such accidents, for the next questions please refer to the most recent one.

4. The most recent accident you suffered was a road traffic one?

   Are considered “road traffic accidents” those occurred on a public road or in a public/private parking whether if you were in a vehicle or walking.

   YES ................................................................. 1□
   NO ........................................................................... 2□

5. What was the accident date?

   month ................................................................. 1 2 3
   year ................................................................. 1 2 3 4 5

   LUNAC

6. The working place where you performed at the accident date is the one you previously mentioned (in the questionnaire IQ) to Q. ...?

   • main current job ................................................... 1□
   • secondary current job ......................................... 2□
   • last job before work ceased .................................. 3□
   • job one year ago .................................................. 4□
   • some other job .................................................... 5□

   LOCMACACA

FILTER 2 - if in the reference week (the same from IQ) person:

<table>
<thead>
<tr>
<th>worked (d)</th>
<th>salt to question 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>had a job from which temporarily absent (e)</td>
<td>continue with question 7</td>
</tr>
</tbody>
</table>

7. In the week / month you were absent from job. Were you absent from work because you were unable to work due to this accident?

   YES ................................................................. 1□ 9
   NO ........................................................................... 2□ 10

   ABSP

8. The reason for not working is your work inability due to this accident?

   YES ................................................................. 1□ 9
   NO ........................................................................... 2□ 10

   NLUCA

9. Do you believe the health status will allow you to work again?

   YES ................................................................. 1□ 11
   NO ........................................................................... 2□

   INCD1

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10. What was the work off period because of this accident?
You can answer indicating the number of calendar days, weeks or months work off due to the accident. Do not include the day of accident. Try to give an answer exactly as is possible.
- Number of days: ................................................. ZILEACM
- Number of weeks: .................................................. SAPTACM
- Number of months: .................................................. LUNIACM

11. Beside the accidents previously mentioned, during the last 12 months had you any other kind of physical or mental health problems? Any health problem in this period should be considered.
YES .......................................................................................................... 10
NO .................................................................................................................. 20

12. Any of these health problems was caused or aggravated by your job (or your professional activity performed in the past)?
YES .................................................................................................................. 10
NO .................................................................................................................. 20

13. How many of these health problems, caused or aggravated by your job, have you suffered in the last 12 months?
One .................................................................................................................. 10
Two or more ..................................................................................................... 20

Read: if in the last 12 months you have suffered two or more of these health problems, caused or aggravated by your professional activity (current or in past), for the next questions please refer to what you consider the most seriousness one.

14. What kind of health problems you had? (for a proper classification, please read the methodological notes – page 7)
- health problems of bones, joints or muscles which affect mainly:
  - neck, shoulders, arms or hands ................................................................. 10
  - kips, knees, legs or feet ............................................................................... 20
  - back ............................................................................................................ 30
- health problems of breathing or lung .......................................................... 40
- dermatologic (skin) problems ..................................................................... 50
- hearing problems .......................................................................................... 60
- stress, depression or anxiety ........................................................................ 70
- headaches and/or eyes strain ...................................................................... 80
- heart diseases, heart attack or other problems cardio-vascular apparatus .................................................................................................................. 90
- infectious diseases (caused by viruses, bacteria or other types of infectious agents) ........................................................................................................... 100
- stomach, liver, kidney or other digestive problems ................................... 110
- other health problem ..................................................................................... 120

Please specify the name and code of the health problem: .................................
(if the health problem is not included in the classification from the ANNEX, fulfil the code 999)

15. Do you consider this health problem limit your capacity to perform normally the professional or personal activity day by day?
Not at all ............................................................................................................ 10
In some extent ................................................................................................... 20
Very much ......................................................................................................... 30

16. The job which caused / aggravated the health problem is the one you previously mentioned (in the questionnaire IQ) to Q. ...?
- main current job ............................................................................................. 10
- secondary current job .................................................................................... 20
- last job before work ceased .......................................................................... 30
- job one year ago .............................................................................................. 40
- some other job ................................................................................................ 50

Filter 3 - if in the reference week (the same from IQ) person:

<table>
<thead>
<tr>
<th></th>
<th>then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>worked</td>
<td>(g) salt to question 20</td>
</tr>
<tr>
<td>had a job from which temporarily absent</td>
<td>(h) continue with question 17</td>
</tr>
<tr>
<td>worked not and had not a job from which temporarily absent</td>
<td>(i) salt to question 18</td>
</tr>
</tbody>
</table>

17. In the week day /_/_/ month /_/_/ you were absent from job. Were you absent from work because you were unable to work due to this health problem?
YES .......................................................................................................... 10
NO .................................................................................................................. 20

18. The reason for not working is your work inability due to this health problem?
YES .......................................................................................................... 10
NO .................................................................................................................. 20
19. Do you believe the health status will allow you to work again?
YES .................................................................................................................. □ □ 21
NO .................................................................................................................. □ □ □

20. In the total, in the last 12 months, how long you couldn’t work because of this health problem?
You can answer indicating the number of calendar days, weeks or months. Summing up all the days off because of the health problem, in the last 12 months previously date of day |_ |_ | month |_ |_. Try to give an answer exactly as is possible.
• Number of days ........................................................................................................ |_ | | | | | | ZILEACM
• Number of weeks .................................................................................................... |_ | | | | | | SAPTACM
• Number of months .................................................................................................. |_ | | | | | | LUNIACM

21. To what from the next factors, which can affect your mental health, are you exposed to the current job?
- pressure (short-term delivery) and overload of work (multiple tasks/activities simultaneously) .................................................. 1□
- physical violence or threat with physical violence ........................................... 2□
- harassment or physical violence ........................................................................... 3□

22. Please indicate the main factor, from the point of view of the possible effects to your mental health.
(If to the question no. 21 was marked a single answer from 1 to 6, exactly the same answer will be repeated also for the question no. 22).
- harassment or physical violence ........................................................................... 3□

23. To what from the next factors, which can affect your physical health, are you exposed to the current job?
- difficult work postures, moving work .......................................................... 1□
- handling of heavy loads ...................................................................................... 2□
- strong noise or vibrations ................................................................................. 3□
- chemicals, dust, smoke, fumes, gas ................................................................. 4□

24. Please indicate the main factor, from the point of view of the possible effects to your physical health.
(If to the question no. 23 was marked a single answer from 1 to 6, exactly the same answer will be repeated also for the question no. 24).
- activities involving strong visual focus ............................................................. 5□
- risk of accidents ................................................................................................. 6□
- chemicals, dust, smoke, fumes, gas ................................................................. 4□
- activities involving strong visual focus ............................................................. 5□
- risk of accidents ................................................................................................. 6□

25. Ho answered for the questions?
- person himself ..................................................................................................... 1□
- other member of the household ......................................................................... 2□
- other person ........................................................................................................ 3□

26. Fulfilled date
day ....................................................................................................................... |_ | | | | | | ZIC
month .................................................................................................................. |_ | | | | | | LUNC
fulfilled duration .................................................................................................. |_ | | | | | | minute

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