ACCIDENTS AT WORK AND WORK RELATED HEALTH PROBLEMS

COMPLEMENTARY INDIVIDUAL QUESTIONNAIRE

Survey objective is to assure information referring to health problems caused or worsened by the conditions existent at work, risk factors occurring in the process of economic activity, cases of professional diseases, accidents at work, number of days of work incapacity resulted from them, effects of those events over day to day activity and professional activity.

Questionnaire is to be filled-in for persons aged 15 years and over (born before month |_| | 1992) who work or who ever worked.

Month to be transcribed from form DH

- Only for questions marked \(\mathbb{M}\) multiple replies are accepted.
- Answer the questions by placing an X in the boxes marked \(\square\) or text in spaces indicated by a broken line _ _ _ _ _ _.
- The figures following the \(\Rightarrow\) sign to the right of some boxes indicate the number of the next question to be answered after marking the answer in the corresponding box.
- If a box is not followed by the \(\Rightarrow\) sign, go to the next question.
- The symbols below or next to code boxes are only for information processing purposes.

IDENTIFICATION OF THE PERSON INTERVIEWED

Data taken from the CL questionnaire

Centre code ........................................................................................................... | | | | | CENTR
Dwelling code ..................................................................................................... | | | | | LOC
CL serial number in dwelling box........................................................................ | | | | | CL
Number of the person in the CL questionnaire................................................... | | | | | NRP
Name and forename of the person ......................................................................
Date of birth ...........................................................................................................

day | | | | ZIN
month | | | | LUNN
year | | | | ANN

Confidential
For statistical research purposes only

Government Order No 9/1992 concerning the organization of official statistics, as subsequently amended and expanded: “Natural persons are obliged to provide the official statistical services with their personal data and those concerning their household and economic activities as necessary for carrying out censuses and statistical surveys”.

Ad hoc module is carried out according to Commission Regulation (EC) No 341/2006 adopting the specifications of the 2007 ad hoc module on accidents at work and work-related health problems.

Institutul Național de Statistică
Bd. Libertății nr. 16, Sector 5, București – cod 050706
### ACCIDENTS AT WORK

**Attention!**

In terms of coverage, „accident at work” refers to:
- **accidents at work**, which according to the Law no. 319/2006 represents body violent injury, as well as acute professional intoxication, taking place during the work process or when fulfilling job tasks and that causes temporary work incapacity of at least 3 days or invalidity;
- **easy accident** which according to the Law no. 319/2006 is the event having as result superficial injury, necessitating only first medical care and causing temporary work incapacity of less than 3 days;
- **any event that produce only minor injuries** for which medical treatment is not needed and which does not cause work incapacity.

By the place where it occurred, accident may be:
- **at the workplace**, in the working process or during breaks (only if person was inside the premises of the enterprise);
- **during a journey in the course of work** (road/traffic, parking, stations, transport means, public places, another workplace beside that usual one of injured persons)

Are **excluded** accidents during travel from work to home and from home to work as well as those occurred during leisure time.

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**FILTER** – are eligible for the next questions (1 to 7) only persons who during the reference week worked or had a job from which he/she was temporary absent or had worked anytime during the last 12 months, that is to say.:

<table>
<thead>
<tr>
<th>in the reference week (same as in the CI questionnaire) the person:</th>
<th>then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>worked or had a job from which he/she was temporary absent and</td>
<td>continue with questions 1 - 7</td>
</tr>
<tr>
<td>did not work nor had a job from which he/she was temporary absent and did not work nor had a job from which he/she was temporary absent</td>
<td>continue with questions 1 - 7</td>
</tr>
<tr>
<td>had worked anytime during the last 12 months</td>
<td>skip to question 8</td>
</tr>
<tr>
<td>ceased work more than 12 months ago</td>
<td>skip to question 8</td>
</tr>
</tbody>
</table>

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1. **During the last 12 months have you had any accident at work?** (in main or secondary job)

   - YES ................................................. 1️⃣
   - NO .................................................. 2️⃣

   **read:** if during the last 12 months you suffered two or more accidents next questions refers to the most recent one

2. **How many accidents of this type did you have?**

   - One ................................................. 1️⃣
   - Two or more ................................. 2️⃣

   **FILTER** – if in the reference week (same as in the CI questionnaire) the person:

<table>
<thead>
<tr>
<th>worked or had a job from which he/she was temporary absent</th>
<th>then:</th>
</tr>
</thead>
<tbody>
<tr>
<td>did not work nor had a job from which he/she was temporary absent and</td>
<td>continue with question 5</td>
</tr>
<tr>
<td>had worked anytime during the last 12 months</td>
<td>skip to question 6</td>
</tr>
<tr>
<td>ceased work more than 12 months ago</td>
<td>skip to question 6</td>
</tr>
</tbody>
</table>

3. **What type of accident you had?**

   - Accident at the workplace ............................................. 1️⃣
   - Accident occurred during a journey in the course of work:
     - road traffic accident ............................................. 2️⃣
     - another type of accident .......................................... 3️⃣

   **FILTER** – if in the reference week (same as in the CI questionnaire) the person:

<table>
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<tr>
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<th>then:</th>
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<tbody>
<tr>
<td>did not work nor had a job from which he/she was temporary absent and</td>
<td>continue with question 5</td>
</tr>
<tr>
<td>had worked anytime during the last 12 months</td>
<td>skip to question 6</td>
</tr>
<tr>
<td>ceased work more than 12 months ago</td>
<td>skip to question 6</td>
</tr>
</tbody>
</table>

4. **What was the accident date?**

   - month ................................................. 1️⃣
   - year ................................................. 2️⃣

5. **Which was your job when the accident occurred?**

   - Main current job (the one referred at question 15 in CI questionnaire) ............................................. 1️⃣
   - Second current job (the one referred at question 48 in CI questionnaire) ............................................. 2️⃣
   - Job held exactly one year ago (the one referred at question 95 in CI questionnaire) ............................................. 3️⃣
   - Some other job ................................................. 4️⃣

   **FILTER** – if in the reference week (same as in the CI questionnaire) the person:

<table>
<thead>
<tr>
<th>worked or had a job from which he/she was temporary absent</th>
<th>then:</th>
</tr>
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<tbody>
<tr>
<td>did not work nor had a job from which he/she was temporary absent and</td>
<td>continue with question 5</td>
</tr>
<tr>
<td>had worked anytime during the last 12 months</td>
<td>skip to question 6</td>
</tr>
<tr>
<td>ceased work more than 12 months ago</td>
<td>skip to question 6</td>
</tr>
</tbody>
</table>

6. **Which was your job when the accident occurred?**

   - Last job before ceasing work (the one referred at question 62 in CI questionnaire) ............................................. 1️⃣
   - Job held exactly one year ago (the one referred at question 95 in CI questionnaire) ............................................. 2️⃣
   - Some other job ................................................. 3️⃣

7. **How long were you absent from work after the accident?** (To be taken into account the number of calendar days)

   - not at all (I continued the activity in the same day) ............................................. 1️⃣
   - only in the day of the accident ............................................. 2️⃣
   - 1 (full) day ................................................. 3️⃣
   - 2 (full) days ................................................. 4️⃣
   - 3 (full) days ................................................. 5️⃣
   - 4 days to 2 weeks ............................................. 6️⃣
   - 2 weeks to 1 month ........................................... 7️⃣
   - 1 to 3 months .............................................. 8️⃣
   - 3 to 6 months .............................................. 9️⃣
   - 6 to 9 months ............................................. 10️⃣
   - 9 months or more ........................................ 11️⃣
   - I have not been working since then but my health condition will allow me to restart work in the future ............................................. 12️⃣
   - I have not been working since then and I believe health will not allow me to work ever again ............................................. 13️⃣

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HEALTH RELATED PROBLEMS RELATED TO PROFESSIONAL ACTIVITY (except those caused by the accidents mentioned at questions 1 - 7)

Attention!
Physical or mental health problems caused or worsened at workplace/professional activity are affections caused following a trade or profession because of physical, chemical or biological agents characteristic to the workplace or overcharge of various body organs or systems in the work process as well as many factor determination diseases, where some determinant factors are professional, permanent disability situations or any other health problems if the respondent considers they were caused or worsened at workplace/professional activity, no matter if medical treatment, medical leave or absence from work were necessary or not.

Are also included temporary/ permanent disability situations or any other health problems if the respondent considers they were caused or worsened at workplace/professional activity, no matter if medical treatment, medical leave or absence from work were necessary or not.

Are excluded wounds, injuries and intoxications caused by the accidents mentioned in the previous section of the questionnaire as well as affections/diseases that are a direct consequence from them.

8. During the last 12 months have you had any health problems caused or made worse by work (current or a previous one)? (excluding wounds, injuries, intoxications caused by accidents at work as well as affections/diseases occurred afterwards)

YES ................................................................. 1 ☐
NO ..................................................................... 2 ☐

9. How many affections have you had during the last 12 months?

One ................................................................. 1 ☐
Two or more ...................................................... 2 ☐

Read: if during the last 12 months you have suffered two or more illness next questions refers to the most serious one

10. What type of affection you had? (in order to achieve a correct coding, please consult the Methodological Notes – page 8)
- bone, joint or muscle problem mainly affecting:
  - neck, shoulders, arms or hands ........................................................... 1 ☐
  - hips, legs, feet ................................................................................. 2 ☐
  - back ............................................................................................... 3 ☐
- breathing or lung problem................................................................. 4 ☐
- dermatological (skin) problem .......................................................... 5 ☐
- hearing problem ............................................................................... 6 ☐
- stress, depression, anxiety or strain ................................................ 7 ☐
- headache and/or eyestrain ............................................................... 8 ☐
- heart disease or attack or other problem of the cardio-vascular apparatus .................................................. 9 ☐
- infectious disease (virus, bacteria, or other type of infectious agents) ....................................................... 10 ☐
- other types of affection (please specify) ......................................... 11 ☐

Please specify the name and the code of the disease

(if the disease is not mentioned in the list of occupational diseases then code 999 will be used) [_______]...

11. Do you consider that this affection limits your ability to carry on normally activity in your professional or day to day personal life?

Not at all .......... 1 ☐
To some extent ................. 2 ☐
Very much.......... 3 ☐

Filter – only eligible for the next question only persons who ceased work more than 12 months ago, that is to say:

if in the reference week (same as in the CI questionnaire) the person: 1.

worked or had a job from which he/she was temporary absent (f) skip to question 13

did not work nor had a job from which he/she was temporary absent and

which he/she was temporary absent and

had worked anytime during the last 12 months (g) skip to question 14

ceased work more than 12 months ago (h) continue with question 12

12. What is the reason for not working at all during the last 12 months?
- Entirely because of the affection and I believe my health condition:
  - will allow me to work again ............................................................. 1 ☐
  - will not allow me to work ever again ............................................. 2 ☐
- Because of the affection as well as for other reasons (part of the time because of the affection and the time remaining to the 12 months because of other reasons)
  - between 1 and 3 days, and the rest of the time did not work for other reasons .................................................. 3 ☐
  - 4 to 2 weeks, and the rest of the time did not work for other reasons .................................................. 4 ☐
  - 2 weeks to 1 month, and the rest of the time did not work for other reasons .................................................. 5 ☐
  - 1 to 3 months, and the rest of the time did not work for other reasons .................................................. 6 ☐
  - 3 to 6 months, and the rest of the time did not work for other reasons .................................................. 7 ☐
  - 6 to 9 months, and the rest of the time did not work for other reasons .................................................. 8 ☐
  - 9 months or more but less than 12 months ........................................ 9 ☐
- Only because of other reasons than the affection (old age retirement, unemployment, family responsibilities, etc.) ........................................................ ... 10 ☐
13. During the last 12 months have you had at least 1 day off work due to this affection?  

YES, and after the last period of absence I:  
• return to work ......................................................................................................................... 1 □  
• have not return to work yet but my health condition would/will allow me to do so......................................................................................................................... 2 □  
• have not return to work and my health condition will NOT allow me to work ever again ................................................................. 3 □  

NO ........................................................................................................................................ 4 □  

14. During the last 12 months have you had at least 1 day off work due to this affection?  

YES, and after the last period of absence I:  
• return to work ......................................................................................................................... 1 □  
• have not return to work yet but my health condition would have allowed me to do so......................................................................................................................... 2 □  
• have not return to work and my health condition will NOT allow me to work ever again ................................................................. 3 □  

NO ........................................................................................................................................ 4 □  

15. During the last 12 months how much time off work have you had due to this affection?  

• between 1 and 3 days ........................................ 1 □  
• 4 days to 2 weeks .............................................. 2 □  
• 2 weeks to 1 month ............................................. 3 □  
• 1 to 3 months .................................................. 4 □  
• 3 to 6 months .................................................... 5 □  
• 6 to 9 months .................................................... 6 □  
• 9 months or more ............................................. 7 □  

16. Which was the job that caused/made worse the affection?  

• Main current job (the one referred at question 15 in CI questionnaire) .................................................. 1 □  
• Second current job (the one referred at question 48 in CI questionnaire) .............................................. 2 □  
• Job held exactly one year ago (the one referred at question 95 in CI questionnaire) ................................................. 3 □  
• Some other job ................................................................. 4 □  

17. Which was the job that caused/made worse the affection?  

• Last job before ceasing work (the one referred at question 62 in CI questionnaire) ........................................... 1 □  
• Job held exactly one year ago (the one referred at question 95 in CI questionnaire) ................................................. 2 □  
• Some other job ................................................................. 3 □  

18. At which of the following factors that may affect your mental health do you consider you are exposed at your current workplace?  

• harassment or bullying ........................................ 1 □  
• violence or threat of violence ................................ 2 □  
• time pressure (short deadlines) or overload of work (multiple activities) ................................................. 3 □  

19. Please indicate the main factor from the point of view of the effects that it may have on your mental health:  

• time pressure (short deadlines) or overload of work (multiple activities) ................................................. 3 □  

20. At which of the following factors that may affect your physical health do you consider you are exposed at your current workplace?  

• chemicals, dust, fumes, smoke or gases ............... 1 □  
• noise, vibration .................................................. 2 □  
• difficult work postures, work movements, handling of heavy loads ................................................................. 3 □  
• risk of accidents .................................................. 4 □  

21. Please indicate the main factor from the point of view of the effects that it may have on your physical health:  

• difficult work postures, work movements, handling of heavy loads ................................................................. 3 □  
• risk of accidents .................................................. 4 □  

22. Who answered the questions?  

• person him/herself .................................................. 1 □  
• another member of the household .................... 2 □  
• other person ............................................................. 3 □  

23. Date of filling in  

• day ............................................................................. 1 □  
• month ......................................................................... 2 □  
• Duration of interview ..................................................... 3 □  

■ RASPC  

■ BOLI1  

■ ABOP  

■ LOCMABO  

■ LOCMAA1  

■ PRISMP  

■ PRISF  

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